

Canada's Agreement on Internal Trade (AIT): Some things to think about for the practice and mobility of psychology and other health practitioners

KAREN R. COHEN, Ph.D., CPA Executive Director



What is the AIT?... The AIT, an agreement first signed by federal and provincial and territorial governments in 1994, is intended to facilitate the mobility of Canada's people, investments and services across the country.

Chapter 7 of the AIT is directed to the mobility of people and specifies that a qualified worker in one jurisdiction must have access to similar employment in other Canadian jurisdictions. With the AIT, governments hope to create more efficient labour markets, create more opportunities for employers and employees as well as contribute to a collective sense of citizenship.

In January of 2009, to promote compliance with the AIT, amendments to Chapter 7 were endorsed by Canada's first ministers. The amendments were intended to ensure full mobility of workers, clarify expectations and outcomes related to certification and better articulate commitments requisite to complying with Chapter 7.

The objectives of Chapter 7 include the promotion of common standards for certification of workers whenever and wherever possible. It requires that provinces and territories agree to certify workers, already certified in another Canadian jurisdiction, without the imposition of further training, experience, examinations or assessment. A jurisdiction can impose additional requirements to certify a worker who is already certified elsewhere in Canada only if these additional requirements are in the service of a "legitimate objective", an obvious example of which is public protection. A legitimate objective must meet with the approval of government. Any additional requirements of, or conditions imposed on, a worker certified in another jurisdiction can be no more onerous than those demanded of workers already certified in the receiving jurisdiction or applying for certification for the first time within the jurisdiction. Finally, these additional requirements or conditions cannot be disguised restrictions to mobility.

The application of the AIT for health professions...

When the Chapter 7 amendments to the AIT were presented most recently to the Health Action Lobby of which CPA is a member (see footnote), the representatives of the national associations of health professions voiced some common concerns. One was whether the AIT was intended to effect federal regulation of the health professions. We were re-assured that federal regulation was far from the intent or purview of the AIT. Governments have agreed to direct occupations to create the means for mobility of workers. They have not mandated what standards, criteria or mechanisms to which regulatory bodies must subscribe or enforce in the service of mobility. Although govern-

ments are not defining or enforcing any particular licensing standard, they are mandating that the regulatory bodies come up with one. The challenge is that regulatory bodies do not necessarily share a common view of what that common standard should be.

As reported in the Ottawa Citizen <http://www.ottawacitizen.com/health/Mobility+risks+patient+health+regulators/1925988/story.html>, the Federation of Medical Regulatory Authorities of Canada is concerned about threats to patient safety when a physician, certified in one jurisdiction, is certified and allowed to practice in another jurisdiction whose standards would not have permitted him or her the same kind of certification. The Ottawa Citizen article quotes the Registrar of one of the medical colleges in Canada: "...the AIT removes the ability of medical regulators to set standards for licensure."

An important question in need of an answer is whether governments will take the position that any standard (even if it is the least rigorous or onerous of jurisdictions' standards) that is acceptable and successful in one jurisdiction, must be acceptable to all jurisdictions. If so, this means that mobility then becomes based on the least onerous entry to practice standard when, one might argue, it should be based on a consensus or commonly held standard among regulators. A consensus or common standard provides more content validity than one that is not commonly held – whether the uncommon standard is one that is more or less rigorous than the majority standard. A more valid standard should provide better public protection and, it is public protection that is the overriding mandate of regulatory bodies.

Herein lays an important role for the professional associations, accrediting and credentialing bodies of our health professions – namely, to call for and support the regulatory bodies in coming up with a standard upon which to facilitate mobility that is based on some consensus view of the training and experience necessary to practice as a health professional. This standard should not be either the least or most rigorous of standards but the one commonly subscribed to and demonstrably predictive of competent practice.

The application of the AIT for psychology practitioners...

The Mutual Recognition Agreement (MRA), developed in 2001, and revised in 2004, by psychology regulators to comply with the AIT (<http://www.cpa.ca/documents/MRA.pdf>) went a long way towards addressing variability in

registration requirements across jurisdictions and assuring a mechanism to facilitate mobility for psychologists and psychological associates across Canada. It appears now, however, with the amendments to Chapter 7 of the AIT, the MRA and some of its provisions will be trumped.

As mentioned, and often to a greater extent in psychology than in other health professions in Canada, the entry to practice requirements of psychology practitioners vary considerably from jurisdiction to jurisdiction. There is variability around degree (masters versus doctoral), academic requirements (graduation from a psychology programme with a graduate degree in psychology versus the completion of specific graduate psychology or equivalent courses) title (psychologist versus psychological associate) and, to some lesser extent, scope of practice (differences among jurisdictions in what titles and activities are restricted).

When government presented to the HEAL meeting in April 2009, they were non-committal about how the different title issues in psychology would be affected by the AIT. The MRA currently affords the applicant the title to which they are entitled in the receiving jurisdiction by virtue of degree, rather than the title he or she held in the jurisdiction in which he or she was first certified. In other words, a psychologist registered with a master's degree in Alberta or Nova Scotia becomes a psychological associate when registered and practicing in Ontario or B.C. It is not clear whether this will continue to be the case under the AIT. If not, the issue is further complicated when the mobility applicant, certified in one jurisdiction, gains access to a title in the receiving jurisdiction that a first time applicant, with the same credentials, would never have access to.

In addition to the uncertainty around title, there is the variability and uncertainty around standards articulated earlier in the article. In psychology, we do not just have variability in degree requirements (masters versus doctoral) we also have variability in what needs to constitute the graduate degree itself. Some jurisdictions require completion of a psychology graduate programme but some allow the completion of a psychology graduate degree and some allow for a graduate degree, not necessarily in psychology, but which includes courses judged to be equivalent to a graduate degree in psychology.

In 2006, CPA reported on a survey of the Canadian Council of Departments of Psychology (CCDP) intended to collect information about terminal masters programmes in psychology in Canada. The results of this survey were reported in the fall 2006 issue of *Psygnopsis* and I repeat some of them verbatim here. Only twenty-six percent of respondent programmes (5 out of 19) reported having a master's degree programme intended to graduate students with qualifications for registration as a psychologist or psychological associate in an area of professional psychology (e.g., clinical, counseling, school, neuropsychology). Thirty-seven percent offered a master's degree in an area of psychology that graduates used to obtain registration as a psychologist or

psychological associate, even though the programme was not intended to train registered practitioners.

While there are only a few master's programmes that are intentionally training future practitioners through a comprehensively defined and articulated training model and philosophy, there are several departments of psychology that are graduating individuals with a master's degree in an area of psychology that was not intended for professional practice, yet their graduates do go on to register as a psychologist or psychological associate.

There is a difference between a degree and a programme. A programme endeavors to provide organized and comprehensive training, in this instance, in professional psychology. A degree, in the absence of a programme, may graduate students who lack certain competencies that are crucial to the practice of psychology. This creates a greater burden on the regulatory bodies which then have to ascertain whether the graduate of the non-professional programme in fact amassed the competencies necessary for licensure and competent practice in psychology.

Another facet of this topic that was brought to light through our survey is that there are universities that offer terminal master's degrees in departments other than psychology (e.g., departments of Educational Psychology in Faculties of Education). Unfortunately, this information was not available through our survey because the CCDP membership, of course, is limited to departments of psychology. However, a quick perusal of Educational Psychology department websites found numerous university-based programmes, primarily in Counseling Psychology, which offered terminal master's degrees

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CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Advancing
Psychology for All

L'avancement de la
psychologie pour
la collectivité

¹ The information presented in this section was developed with the aid of slides presented to the Health Action Lobby (HEAL) in April 2009 by a staff representative of the Labour Mobility Coordinating Group, Forum of Labour Market Ministers. HEAL, of which CPA is a member, is an organization made up of national associations of health professional associations and health care organizations.

NEWS / NOUVELLES

Honorary President, 2009-2010 Dr. Kay Redfield Jamison

MARTIN M. ANTONY, Ph.D., CPA President



Please join me in welcoming Dr. Kay Redfield Jamison as Honorary President of CPA for 2009-2010! Dr. Jamison is Professor of Psychiatry at the Johns Hopkins University School of Medicine and co-director of the Johns Hopkins Mood Disorders Center. She is also Honorary Professor of English at the University of St. Andrews in Scotland, and was previously director of the UCLA Affective Disorders Clinic.

Dr. Jamison has a distinguished career as a psychologist and researcher in the area of bipolar disorder. Her book, *Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression* (now in its second edition, published by Oxford University Press in 2007), is the definitive text on this topic, and was chosen in 1990 as the Most Outstanding Book in Biomedical Sciences by the American Association of Publishers (plus, it has a prominent spot on my bookcase). Dr. Jamison is also an accomplished and passionate author of several books for a general audience, in which she shares her insights as a psychologist, a scientist, and an individual who has had to face her own personal challenges related to mental illness and loss. For example, her 1995 memoir, *An Unquiet Mind* chronicled her experience living with bipolar disorder, and was on the New York Times bestseller list for five months. Her latest book, *Nothing Was the Same: A Memoir*, was just published in September of this year, and looks back at her relationship with her husband, Dr. Richard Wyatt (a renowned scientist who worked in the area of schizophrenia), and the effects of losing him to cancer in 2002.

Dr. Jamison received her Ph.D. in clinical psychology in 1975 from the University of California, Los Angeles. She has published 7 books, and more than 125 scientific papers, chapters, and other publications. Her books have been translated into more than 25 languages. She has also served as executive producer and writer for a series of award-winning public television specials about manic-depressive illness and the arts, and she has given over 275 presentations and talks about her work.

Dr. Jamison has received more than 75 prestigious honours and awards. Some of these include the American Suicide Foundation Research Award, the John D. and Catherine T. MacArthur Fellowship (MacArthur Award), the UCLA Distinguished Alumna Award, the UCLA Award for Creative Excellence, the Siena Medal, the Endowment Award from the Massachusetts General Hospital/Harvard Medical School, the Fawcett Humanitarian Award from the National Depressive and Manic-Depressive Association, the Steven V. Logan Award for Research into Brain Disorders from the National Alliance for the Mentally Ill, the William Styron Award from the National Mental Health Association, the Falcone Prize for Research in Affective Illness from the National Alliance for Research on Schizophrenia and Depression, and the Yale University McGovern Award for excellence in medical communication. In 1997, she was selected by Time Magazine as a Hero in Medicine, and her books have been on "best books of the year" lists in publications such as the Boston Globe, Discover Magazine, Entertainment Weekly, San Francisco Chronicle, Seattle Post Intelligencer, Seattle Times, and Washington Post.

I look forward to welcoming Dr. Jamison to the CPA convention in Winnipeg, in June 2010.



Présidente honoraire, 2009-2010 D^{re} Kay Redfield Jamison

MARTIN M. ANTONY, Ph.D., président de la SCP



Je vous invite à vous joindre à moi pour souhaiter la bienvenue à D^{re} Kay Redfield Jamison à titre de présidente honoraire de la SCP en 2009-2010! D^{re} Jamison est professeure de psychiatrie à la Johns Hopkins University School of Medicine et codirectrice du Johns Hopkins Mood Disorders Center. Elle est également professeure honoraire d'anglais à l'University of St. Andrews d'Écosse et elle a déjà occupé la direction de la UCLA Affective Disorders Clinic.

D^{re} Jamison a une carrière distinguée en tant que psychologue et chercheuse dans le domaine du trouble bipolaire. Son livre, *Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression* (aujourd'hui rendu à sa deuxième édition, publié par Oxford University Press en 2007), est le texte définitif sur ce sujet et a été choisi en 1990

comme le livre le plus exceptionnel en sciences biomédicales par l'American Association of Publishers (sans dire qu'il occupe une place de choix dans ma bibliothèque). D^{re} Jamison est également une auteure accomplie et passionnée de plusieurs livres grand public, où elle partage ses perspectives en tant que psychologue, scientifique et une personne qui a dû faire face à ses propres défis personnels sur le plan de la maladie mentale et du sentiment de perte. Par exemple, son mémoire de 1995, *An Unquiet Mind* dressait une chronique de son expérience de vie avec le trouble bipolaire et a été sur la liste des best-sellers du New York Times pendant cinq mois. Son dernier livre, *Nothing Was the Same: A Memoir* vient d'être publié en septembre de cette année et remémore sa relation avec son mari, D^r Richard Wyatt (un scientifique de grande renommée qui a travaillé dans le domaine de la schizophrénie) et les effets de son décès des suites d'un cancer en 2002.

D^{re} Jamison a obtenu un Ph.D. en psychologie clinique en 1975 de l'University of California, à Los Angeles. Elle a publié sept livres et plus de 125 articles, chapitres

et autres publications scientifiques. Ses livres ont été traduits en plus de 25 langues. Elle a également été productrice exécutive et auteure d'une série d'émissions spéciales pour la télévision publique qui s'est méritée des prix sur le sujet du trouble bipolaire et les arts et elle a donné plus de 275 présentations et colloques au sujet de ses travaux.

D^{re} Jamison a reçu plus de 75 honneurs et prix de prestige. Notamment l'American Suicide Foundation Research Award, la John D. and Catherine T. MacArthur Fellowship (prix MacArthur), le UCLA Distinguished Alumna Award, le UCLA Award for Creative Excellence, la Siena Medal, l'Endowment Award de la Massachusetts General Hospital/Harvard Medical School, le Fawcett Humanitarian Award de la National Depressive and Manic-Depressive Association, le Steven V. Logan Award for Research into Brain Disorders from the National Alliance for the Mentally Ill, le William Styron Award de la National Mental Health Association, le Falcone Prize for Research in Affective Illness from the National Alliance for Research on Schizophrenia and Depression et le Yale University McGovern Award for excellence in medical communication. En 1997, elle a été désignée Hero in Medicine (héroïne en médecine) par le Time Magazine et ses livres ont figuré sur les listes « des meilleurs livres de l'année » de publications comme le Boston Globe, la Discover Magazine, le Entertainment Weekly, le San Francisco Chronicle, le Seattle Post Intelligencer, le Seattle Times et le Washington Post.

Je serai très heureux de souhaiter la bienvenue à D^{re} Jamison au congrès de la SCP de Winnipeg en juin 2010.

AIT

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that graduates could use to obtain registration as a psychologist or psychological associate in provinces that register at a master's level.

Some of these programmes do not incorporate substantive psychological content in their curriculum, yet these graduates may attempt to obtain registration as a psychologist or psychological associate in provinces that register at a master's level. Of some concern, was that some of these programmes, offered within Faculties of Education, are not developed or administered by psychology departments at all. This means that professionals, other than psychologists, are training students who will go on to registration as psychologists or psychological associates.

Having entry to practice standards that allow for completion of equivalent coursework and degree, rather than completion of a psychology degree within a programme that is designed to develop and graduate practitioners, poses daunting challenges for psychology's professional identity. The mental health marketplace is a crowded

one. Many health providers, regulated and unregulated, have similar and overlapping scopes of practice (think of the several who lay claim to expertise in psychotherapy, for example). Public systems are challenged to do more with less and what may have once been psychology positions have been replaced by a lesser trained and a less expensive resource. These decisions may be based on economics rather than on any evidence about which provider, with what kind of training, is best equipped to successfully treat which person with what kind of problem.

Those child and school psychologists among us are well aware of the challenges when cognitive and intellectual testing is undertaken by other kinds of workers or providers within school environments where psychological services are either not funded or in short supply. If we support an entry to practice standard that permits equivalent courses or degree, rather than completion of a degree within an organized and coherent psychology programme designed to graduate psychology practitioners, challenges of this sort will only be potentiated. How can we, as a profession, lay claim to a unique or specialized skill set or expertise in the absence of an identifiable programme within which these skills or expertise are developed, researched and taught?

CPA has long held the position that the practice of psychology would be better served were we to have a common entry to practice standard across Canada's jurisdictions. The public would be better served were the titles and qualifications of psychologists clear and consistently applied. CPA accredits doctoral programmes in professional psychology rather than degrees and has suggested that the professional degree programme (e.g. PsyD) might be a way to harmonize the training standard for practitioner psychologists. Again to reiterate the survey reported in the fall 2006 issue of *Psygnopsis*, the professional degree programme may provide for an efficient route to practice for those psychologists who want to be practitioners and may better accommodate the mid-career masters-prepared professional who wants to further his or her training.

The past few years have witnessed the increased credentialism of several health professions. In 2001, the Canadian Association of Occupational Therapists endorsed the masters degree as the entry to practice standard – this move in response to increasing demands on, and competencies required of, its professionals http://www.caot.ca/pdfs/FAQS_Masters_employers_gov%20rev%20april%202008.pdf. For similar reasons, the Canadian Physiotherapy Association has called for sup-

port for the master's degree as the entry to practice standard for physiotherapists <http://www.physiotherapy.ca/Public/PublicUploads/222543EnvironmentalFactors.pdf>.

Our own profession has witnessed change in legislation in Quebec (parenthetically, the jurisdiction where half the county's psychologists reside and practice) where the entry to practice standard for psychologists is now the doctoral degree.

Again to borrow from the 2006 survey, whether masters or doctoral preparation, the profession, and the clients we serve, will most benefit if the training we provide to our practitioners is organized, comprehensive and teaches to the competencies the profession has earmarked as essential to competent registered practice. This is the message we need to convey to our regulatory bodies to support them in coming up with the consensus standards to facilitate mobility for Canada's psychology practitioners. Even more importantly, this is the standard that we owe to the public our science and practice serves. For more or ongoing information about this issue, please stay tuned to the practice pages of CPA's website and/or get in touch with Dr. Cohen at executiveoffice@cpa.ca

NEWS / NOUVELLES

Executive Office Highlights

K.R. COHEN, Ph.D., CPA Executive Director



Fueled by a very successful convention in Montreal, there has been no rest for the weary at CPA. The following highlights some of the activities underway, and not elsewhere covered in this issue, as we enter a new academic and training year.

Publication of psychological tests... Many of you may have followed the many stories in the press about Wikipedia's publication of the Rorschach plates along with some sample responses. CPA made multiple media appearances (CBC, CTV, Globe and Mail) expressing its concern about the implications of making psychological test material public. CPA's position on the publication of psychological tests can be found at <http://www.cpa.ca/Advocacy2009>. CPA, and many of its provincial and territorial associa-

tion partners, are very concerned about access and use of psychological tests and this issue is being addressed currently by our newly created Practice Directorate and its Council.

Honouring Honourifics... Following its many media appearances in August, CPA turned its attention to the use of honourifics by Canadian media. Head Office was in touch with the editorial office of the Canadian Press Stylebook who confirmed that the guide directs the use of the title

"Dr." for regulated health care professionals and specifically includes psychologists in that group in accordance with provincial legislation. CPA addressed the issue, with reference to the Stylebook, in a letter sent to major, national media outlets. We also made the letter available to provincial and territorial professional and regulatory associations of psychology in the event that any wanted to adapt the letter for use with their local media. Please contact Dr. Cohen for more information at executiveoffice@cpa.ca.

Electronic Practice Network... CPA is pleased to announce that it received a contribution from the Public Health Agency of Canada (PHAC) to further develop its electronic practice network. The network administers a web-based survey to subscribed psycholo-

gists to gather data about their demographic and practice characteristics as well as demographic and clinical characteristics of the clients they treat. A description of the current project, and the report on the pilot project that gave rise to it, can be found at <http://www.cpa.ca/Practice2009>. More information can also be obtained from the network's Project Manager, Ashley Ronson at practicenetwork@cpa.ca.

Other practice and research collaborations... CPA has taken the lead on a proposal on behalf of the Mental Health Table (a Table of national associations of health care providers) to secure funding for a national forum on **access to mental health service**. The proposed forum will engage national and international leaders and decision makers to explore gaps, needs and opportunities in access-

ing mental health service in Canada. CPA was asked by the Health Action Lobby to take on a secretariat role in the development of a project that will assess the **health and workplace of health care providers across health professions**. CPA, and its section on Industrial and Organizational Psychology, have begun development of the project proposal. It is hoped that assessment of the workplace health of health care providers will contribute to the development of supports for Canada's health human resource. CPA has been involved in the attention to **psychological factors in population-based health prevention and promotion programmes**. We are hoping to secure funding to develop materials to aid in public education around the importance of mental health and psychological factors in health and wellbeing.

Faits saillants du bureau de la direction

K.R. COHEN, Ph.D., directrice générale de la SCP



Après le congrès très réussi de Montréal, nous n'avons pas vraiment eu le temps de reprendre notre souffle à la SCP. Nous présentons ici les faits saillants des activités en cours et qui n'ont pas été abordés dans le présent numéro, au moment où nous sommes sur le point d'entamer une nouvelle année universitaire et de formation.

Publication des tests psychologiques... Un grand nombre d'entre vous avez eu vent des nombreux articles et entrevues dans les médias au sujet de la publication par Wikipedia des planches de Rorschach ainsi que certaines réponses types. La SCP a fait de nombreuses apparitions dans les médias (CBC, CTV, Globe and Mail) pour exprimer sa préoccupation quant aux implications de rendre public le matériel d'essai psychologique. La position de la SCP sur la publication des tests psychologiques peut se trouver à l'adresse <http://www.cpa.ca/Advocacy2009>. La SCP, et de nombreuses associations provinciales et territoriales partenaires, sont très préoccupées par l'accès et l'utilisation des tests psychologiques et cette question fait actuellement l'objet d'un examen par notre nouvelle Direction générale de la pratique et son conseil.

Honorer les honorables... À la suite de ses nombreuses apparitions dans les médias au mois d'août, la SCP a accordé son attention à l'utilisation des titres dans les médias canadiens. Le siège social est entré en communication avec le bureau de la rédaction du Guide de rédaction de la presse canadienne qui confirme que le guide stipule l'emploi du titre « Dr » pour les professionnels de soins de santé réglementés et inclut spécifiquement les psychologues dans le groupe, conformément à la législation provinciale. La SCP a soulevé la question, en référence au Guide de rédaction, dans une lettre qui a été envoyée

aux principaux médias nationaux. Nous avons également mis la lettre à la disposition des organismes professionnels et réglementaires provinciaux et territoriaux de psychologie au cas où ils voudraient adapter la lettre pour une utilisation dans leurs médias locaux. Veuillez communiquer avec Dr^e Cohen pour plus d'information à l'adresse executiveoffice@cpa.ca.

Réseau électronique de la pratique... La SCP a le plaisir d'annoncer qu'elle a reçu une contribution de l'Agence de santé publique du Canada (ASPC) afin de développer davantage son réseau électronique de la pratique. Le réseau administre une enquête en ligne aux psychologues abonnés pour recueillir des données au sujet de leurs caractéristiques démographiques et de leur pratique ainsi que les caractéristiques démographiques et cliniques des clients qu'ils soignent. Une description du projet en cours, et le rapport sur le projet pilote qui lui a donné suite, se trouvent à l'adresse <http://www.cpa.ca/Practice2009>. Vous pouvez également obtenir plus d'information du questionnaire de projet du réseau, Ashley Ronson à practicenetwork@cpa.ca.

Autres collaborations en pratique et en recherche... La SCP a pris la direction d'une proposition au nom de la Table de la santé mentale (une table des associations nationales de fournisseurs de soins de santé) afin d'obtenir le financement d'un forum national sur l'**accès au service de santé**

mentale. Le forum proposé engagera des leaders nationaux et internationaux et des décideurs pour explorer les lacunes, les besoins et les occasions dans l'accès au service de santé mentale au Canada. Le Groupe d'intervention action santé a demandé à la SCP d'assumer le rôle de secrétariat dans l'élaboration d'un projet qui évaluera la **santé et le lieu de travail des fournisseurs de soins de**

santé dans toutes les professions de la santé. La SCP, et sa section de psychologie industrielle et organisationnelle, ont débuté l'élaboration de la proposition de projet. Il est à espérer que l'évaluation de la santé au travail des fournisseurs de soins de santé contribuera à la mise en place de services de soutien en ressources humaines en santé au Canada. La SCP a été engagée dans l'attention

accordée aux **facteurs psychologiques dans les programmes de prévention et de promotion de la santé axés sur la population**. Nous espérons obtenir le financement pour élaborer du matériel qui contribuera à l'éducation publique au sujet de l'importance de la santé mentale et des facteurs psychologiques de la santé et du bien-être.

Update on the Restructuring of the Granting Councils

ELIZABETH VOTTA-BLEEKER, Ph.D., CPA Associate Executive Director



As noted in previous editions of Psynopsis, CIHR, SSHRC and NSERC have been re-structuring their research programs. The impact of the re-structuring has been felt across the membership and sparked many concerns/questions. To address these concerns, CPA has continued to meet with representatives of the Councils.

With respect to student applications only, the following table summarizes which Council will fund students based on their program and research intent. Students in a clinical program whose research focus is health can apply to CIHR; those in a clinical program whose focus is not health can apply to SSHRC. Students in an experimental program whose research focus is health can apply to CIHR; those whose research focus is not health can apply to either NSERC or SSHRC.

Unlike NSERC, program of student enrolment is not an eligibility criterion for SSHRC or CIHR. Research that is intended to improve health, produce more effective health services and products, strengthen the Canadian health care system or involves a clinical trial with a health research orientation is not eligible for SSHRC support but is eligible for CIHR support.

Applicants are advised to visit both CIHR's and SSHRC's website for information on the mandates of CIHR's 47 committees and SSHRC's selection committees, which were modified in the re-structuring. For example:

- Committees 20 (Health Studies, Social Work) and 27 (Psychology 2) were eliminated.
- Committee 10 (Psychology) will adjudicate proposals in the broad areas of Social, Developmental and Personality Psychology.
- Committee 28 (Education 3) will adjudicate proposals in Educational Psychology.
- Committee 30 (Social Work, Library/Information Science, Career Guidance) is new and replaces Committee 20.

Applicants are advised to review SSHRC's Guidelines for the Eligibility of Subject Matter, noting the criteria related to health and psychology research. Applicants are invited to contact CIHR and/or SSHRC program officers with any questions about eligibility. For the Standard Research Grants program, applicants are advised to provide a summary of their research, as well as permission to share the information between the Coun-

cils to facilitate the consultation process between CIHR and SSHRC.

Applicants can not apply to two agencies with the same proposal. For future Fall applications, applicants are advised to send a Notice of Intent to Apply (NOI) to SSHRC and register with CIHR as per the Fall deadline; once funding applicability has been determined, applicants can then withdraw either their CIHR registration or their SSHRC NOI. Applicants who miss the Fall CIHR deadline and are not eligible for SSHRC, can apply to CIHR as per February/March deadline. Applicants interested in applying to SSHRC's Standard Research Grants program, are advised to submit the NOI; while not mandatory, if submitted, program officers can review the information, contact the applicant for more information and then consult with CIHR as necessary.

CPA remains committed to ensuring that psychology research, which is inter-disciplinary in nature and spans all of the granting councils, is adequately represented in terms of funding opportunities. Members are encouraged to contact the specific granting council with questions/concerns, as well as forward their questions/concerns to CPA c/o executiveoffice@cpa.ca.

Joint Talks Between CPA and APA

MARTIN M. ANTONY, Ph.D., CPA President

This summer, the American Psychological Association (APA) brought its annual convention to Toronto. This provided an opportunity for several joint meetings between our two associations to discuss issues that are relevant to the science and practice of psychology across our borders. One such meeting occurred on August 6, 2009, and included a group of senior staff and board members from both associations.

Among the dozen or so people at the meeting were myself and Karen Cohen (CPA Executive Director), and our APA counterparts, James Bray (APA President) and Norman Anderson (APA Chief Executive Officer). The meeting was designed to identify areas of shared interest, areas where we might learn from one another, and processes for facilitating future collaborations. In this article, I highlight some of the topics that were covered during the meeting.

Cost effectiveness and advocating for access to psychological services. Access to psychological services continues to be a challenge in both Canada and the United States. We discussed our mutual interest in advocating for access and sharing data on the cost effectiveness of psychological services. There was also some discussion of the possibility of jointly writing a white paper on the topic of cost effectiveness and access.

Mutual Recognition of APA and CPA Accreditation. The issue of mutual recognition of APA and CPA accreditation was raised at our joint meeting, as well as the possibility of developing international standards for accreditation in psychology. Any substantial discussion related to this issue was deferred to another meeting that included members of CPA's Accreditation Panel and APA's Committee on Accreditation. See Karen Cohen's article in this issue of Psynopsis, providing an update on these discussions.

Healthcare Coverage. In the context of healthcare reform that is now under review in the United States, staff and board members from APA were very interested in learning about differences between the Canadian and American healthcare systems, and in psychology's role in the Canadian healthcare system. We had an opportunity to dispel some misunderstandings about the Canadian system that were being promoted in the American media. Also, APA shared with us information about recent changes to mental health parity legislation, in which health insurance plans that offer benefits for mental health or substance use problems, must offer similar levels of coverage for these problems as they do for medical or surgical needs.

Clinical Guidelines. Both the Canadian and American Psychiatric Associations have developed clinical guidelines for the management of various psychological problems. Neither the American nor Canadian Psychological Associations have such guidelines, and there was some discussion at our meeting about the possibility of moving forward in that area in the future.

Cultural Competence. We discussed some of the differences between Canadian and American perspectives on multiculturalism (e.g., Canada's vertical mosaic that encourages cultural uniqueness vs. the American "melting pot" approach to multiculturalism). In addition, APA staff and board members raised the question of whether we might be able to help them in their efforts to understand and improve the ways in which psychologists become culturally competent.

A number of other topics were discussed briefly, including the (1) challenges of ensuring that all doctoral students have access to internship training and accountability of doctoral programs for ensuring such access, (2) the need for our associations to focus more on applications of psychology outside of mental health and healthcare, and (3) the possibility of holding regular meetings between APA and CPA officers and staff in the future.

Overall, it was a very collegial and productive discussion that is sure to lead to some exciting and meaningful collaborations in the future. For example, this summer there was significant media attention devoted to the story of a Saskatchewan emergency room physician who posted the original Rorschach images on Wikipedia (the Globe and Mail, Toronto Star, and many other newspapers also reproduced the images in their stories). The issue of public accessibility to psychological tests is an important one. A recent perusal of the eBay website revealed that several tests used to assess cognitive and intellectual functioning (including various editions of the Wechsler tests) are available for purchase. In the coming months, CPA will consider possible ways of addressing this issue, and collaboration with APA seems likely. Stay tuned!

Pourparlers entre la SCP et l'APA

MARTIN M. ANTONY, Ph.D., président de la SCP

Cet été l'American Psychological Association (APA) a tenu son congrès annuel à Toronto. Il a été ainsi possible de tenir plusieurs réunions mixtes entre nos deux associations afin de discuter de questions qui sont pertinentes à la science et la pratique de la psychologie d'un côté comme l'autre de nos frontières. Une de ces réunions a eu lieu le 6 août 2009 et incluait un groupe de cadres et de membres du conseil d'administration des deux associations.

À peu près une douzaine de personnes assistaient à cette réunion dont moi-même et Karen Cohen (directrice générale de la SCP) et nos homologues de l'APA, James Bray (président de l'APA) et Norman Anderson (président-directeur général de l'APA). Le but de la réunion était de définir des domaines d'intérêt commun, des domaines où nous pourrions apprendre l'un de l'autre et des processus pour faciliter la collaboration à l'avenir. Dans le présent article, je souligne certains des sujets qui ont été abordés au cours de la réunion.

Le rapport coût-efficacité et la représentation pour l'accès aux services psychologiques. L'accès aux services psychologiques continue d'être un défi au Canada et aux États-Unis. Nous avons discuté de nos intérêts mutuels dans la représentation pour l'accès et la communication des données sur le rapport coût-efficacité des services psychologiques. Nous avons également discuté de la possibilité de rédiger conjointement un livre blanc sur les sujets du rapport coût-efficacité et l'accès.

Reconnaissance mutuelle de l'agrément de l'APA et de la SCP. Cette question de la reconnaissance mutuelle de l'agrément de l'APA et de la SCP a été soulevée à notre réunion mixte, ainsi que la possibilité d'élaborer des normes internationales d'agrément en psychologie. Toute discussion substantielle liée à cette question a été reportée à une autre réunion qui incluait les membres du jury d'agrément de la SCP et du Comité d'agrément de l'APA. Reportez-vous à l'article de Karen Cohen dans le présent numéro de Psynopsis, qui présente une mise à jour de ces discussions.

Couverture des soins de santé. Dans le contexte de la réforme des soins de santé qui est maintenant débattue aux États-Unis, le personnel et les membres du conseil d'administration de l'APA étaient très intéressés à comprendre les différences entre les régimes de soins de santé canadien et américain et le rôle de la psychologie dans le système de soins de santé canadien. Nous avons eu l'occasion de dissiper certaines inexactitudes au sujet du système de soins de santé canadien qui sont véhiculées dans les médias américains. Aussi, l'APA nous a communiqué de l'information au sujet de changements ré-

cents apportés à la loi sur la parité de la santé mentale, où les régimes d'assurance-santé qui offrent une couverture pour des problèmes de santé mentale ou de consommation d'alcool ou de drogue, doit assurer des niveaux semblables de couverture pour ces problèmes à ceux pour les besoins médicaux ou chirurgicaux.

Lignes directrices cliniques. Les associations des psychiatres du Canada et des États-Unis ont élaboré des lignes directrices cliniques pour la gestion de divers problèmes psychologiques. Ni l'American Psychological Association non plus que la Société canadienne de psychologie se sont dotés de telles lignes directrices et on a discuté à notre réunion de la possibilité d'aller de l'avant dans ce domaine à l'avenir.

Compétence culturelle. Nous avons discuté de certaines différences entre les perspectives canadiennes et américaines sur le multiculturalisme (p. ex. la mosaïque verticale du Canada qui encourage l'unicité culturelle par opposition à l'approche américaine du « creuset » au multiculturalisme). En outre, le personnel de l'APA et les membres du conseil d'administration ont demandé si nous pouvions leur venir en aide dans leurs efforts pour comprendre et améliorer les façons que les psychologues peuvent devenir culturellement compétents.

Un certain nombre d'autres sujets ont fait l'objet de discussions brèves, notamment les 1) défis d'assurer que tous les étudiants au doctorat aient accès à une formation en internat ou en stages et la responsabilité des programmes de doctorat pour assurer un tel accès, 2) la nécessité pour nos associations de se concentrer davantage sur les applications de la psychologie à l'extérieur de la santé mentale et des soins de santé et 3) la possibilité de tenir des réunions régulières entre les représentants de l'APA et de la SCP et le personnel à l'avenir.

Dans l'ensemble, ce fut une discussion très collégiale et productive qui mènera très certainement à des collaborations passionnantes et significatives à l'avenir. Par exemple, cet été il y a eu beaucoup d'attention médiatique consacrée à l'histoire de l'urgentologue de Saskatchewan qui a posté les planches de Rorschach originales sur Wikipedia (le Globe and Mail, Toronto Star et de nombreux autres quotidiens



ont aussi reproduit les images dans leurs articles). La question de l'accessibilité publique aux tests psychologiques est importante. Un examen récent du site Web eBay a révélé que plusieurs tests utilisés pour évaluer le fonctionnement cognitif et intellectuel (y compris diverses éditions des tests de Wechsler) peuvent être achetés. Au cours des mois à venir, la SCP examinera des moyens possibles de corriger cette situation et la collaboration avec l'APA semble inévitable. Restez à l'écoute!

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EDUCATION / ÉDUCATION

Training and Education Are we learning enough about medications?

PETER J. BIELING, Ph.D., Leader, Education



Say the word “medication” to most clinical psychologists who are members of CPA and the most likely association is probably going to be “prescription privileges.” That association is inevitably followed with complex affect and cognitions, maybe even getting to the root of our professional identities and self-schemas. But that’s not the direction I’m going in when I use the word medication in this column.

The Education and Training Committee has discussed the possibility of doing a survey on a group of professionals who we think could tell us a great deal about the job we’re doing in doctoral and internship training programs, recent graduates who are in the first few years practice or whatever work they’ve taken on. We think this group is well placed to reflect on the kinds of things they have been trained for well, and what kinds of things they wish they had been more prepared for. This is data that, in the context of accreditation standards around programme evaluation, many doctoral programmes and internships already collect. This data, were it compiled and shared among stakeholders, could be useful for programs and even, in the long run, accreditation standards.

That brings us back to medication. Talking to colleagues about this topic (after you partial out the whole prescription controversy) a clear pattern emerges— once you get out in the field and really start to practice you realize you don’t know nearly enough about the actual use and effects of medications. And thanks to the internet, books on the topic, colleagues, and good old hands on experience, you create for yourself a bit of knowledge around the medications patients are commonly on, the upsides and downsides, develop common language about medications to communicate with the rest of a multi-disciplinary team and a lexicon to collaborate with patients and be a sounding board (usually offered with the caveat, “I am not trained to prescribe”). This knowledge, wisdom, perhaps de-mystification around medications obviously ends up being outside of formal training requirements, “on the job” training so to speak. And this more easy familiarity with medications stands in stark contrast to how most trainees approach the question, which can be both regimented and under-informed. When asked by patients about medications, many trainees retreat to the standard “you’ll have to ask your doctor about that”. There can be struggles to spell medications correctly or even conceptually differentiate them, let alone figure out what class they are in. For example, in the confusion about whether a patient mentioned that she is on clonazepam- or was it clozapine- a spelling mistake could be forgiven and is easily corrected. Not understanding the difference between those two medications and what that might mean for diagnosis and treatment is a far larger problem. Other issues come to mind, a student saying

nothing in response to a patient declaring they were going “cold turkey” on their Paxil and haven’t told anyone else, not knowing psychotropic from blood pressure and diabetes medications, and “double listing” medications because of failure to distinguish trade names from generic.

Sometimes there’s a sense that students are trying to avoid this topic when talking to patients. And maybe that’s because it’s uncharted, vulnerable territory for them. But it isn’t difficult. In psychiatric hospital settings (and probably many other health care sectors) every staff member who is in the circle of care, whether their training is a college certificate or doctoral program, comes to learn about medications while seemingly still respecting that they cannot prescribe and acknowledging their limits. It comes down to client centered care since the medications are important to so many of our patients and they are unlikely to ever have enough time with a physician to discuss all their questions and concerns. Perhaps it’s even good that patients seek input from “non-prescribers” who may have a different or neutral perspective.

It also seems unlikely that the widespread use of psychotropic medications is going to decrease anytime soon, and there is plenty of data from surveys that most psychologists encounter patients on medications and that most psychologists believe that medications are an important component of treatment for mental illnesses. So why not formalize the training we receive in medications and their use? Why not be specific about this in our accreditation standards? Approaches to training in pharmacological issues have been formalized elsewhere, for example there is now a conceptual framework that describes three different levels of training in medication use and the kinds of knowledge required for each of those levels. Most would agree that a formal course on pharmacotherapy taught by an expert within a doctoral and/or internship training program will sow better seeds of learning than ad-hoc knowledge that is picked up in pieces after formal training has ended. Indeed, these are some of the issues and questions that are currently under discussion by CPA’s task force on Prescriptive Authority.

Whatever happens down the road with prescription privileges, it would be a shame if we lost sight of the other really important thing about psychotropic medications— knowing about them.

Formation et éducation En savons-nous suffisamment au sujet des médicaments?

PETER J. BIELING, Ph.D., Chef, éducation



Dès qu’on parle de « médicaments » avec la plupart des psychologues cliniques qui sont membres de la SCP, ils pensent sans doute tout de suite au débat entourant la question de l’autorisation de « prescrire des ordonnances. » Cette association est inévitablement suivie d’émotions et de cognitions complexes, allant peut-être même jusqu’à la racine de nos identités professionnelles et nos schémas de soi. Mais ce n’est pas vers quoi je vais lorsque j’utilise le mot médicament dans la présente rubrique.

Le Comité de l’éducation et de la formation a discuté de la possibilité d’effectuer une enquête auprès d’un groupe de professionnels qui, nous pensons, pourrait nous révéler beaucoup au sujet du travail que nous effectuons dans le cadre des programmes de doctorat et de formation en internat et stages, c’est-à-dire les diplômés récents qui ont débuté depuis quelques années leur pratique ou tout autre travail connexe. Nous croyons que ce groupe est bien placé pour réfléchir sur le genre de choses pour lesquelles ils ont été bien formés et le genre de choses pour lesquelles ils souhaiteraient avoir été mieux préparés. Il s’agit de données qui, dans le contexte des normes d’agrément relatives à l’évaluation de programme, de nombreux programmes de doctorat et d’internat (ou stages) recueillent déjà. Ces données, si elles étaient compilées et communiquées aux intervenants, pourraient servir aux programmes et même, à long terme, aux normes d’agrément.

Cela nous ramène aux médicaments. En parlant aux collègues à ce sujet (après avoir occulté toute la controverse au sujet de l’autorisation de prescrire des ordonnances) une tendance claire se dessine : une fois que vous entrez dans le domaine et débutez réellement la pratique vous constatez qu’en réalité vous n’en savez vraiment pas suffisamment au sujet de l’utilisation et des effets des médicaments. Et grâce à Internet, aux livres sur le sujet, aux collègues et la bonne vieille expérience pratique, vous créez pour vous-même un peu de connaissances au sujet des médicaments les plus administrés aux patients, de leurs avantages et de leurs inconvénients, vous élaborez une langue commune au sujet des médicaments qui vous permet de communiquer avec le reste de l’équipe multidisciplinaire ainsi qu’un lexique pour collaborer avec les patients et offrir une rétroaction (qui s’accompagne habituellement avec la mise en garde, « Je n’ai pas reçu la formation qui me permet de prescrire des médicaments »). Cette

connaissance, cette sagesse, même cette démythification des médicaments s’acquière de toute évidence à l’extérieur de la formation officielle, « sur le tas » pour ainsi dire. Et cette plus grande familiarité avec les médicaments pose un contraste marquant sur la façon que la plupart des stagiaires abordent la question, qui peut soit être régimentée et sous-informée.

Lorsque les patients posent des questions au sujet de leurs médicaments, de nombreux stagiaires s’en remettent à la réponse classique « vous devriez poser cette question à votre médecin traitant ». Il peut y avoir des problèmes à épeler correctement le nom des médicaments, ou même à les différencier de façon conceptuelle, sans parler ici de la difficulté à déterminer à quelle classe ils appartiennent. Par exemple, il peut y avoir une méprise à savoir si un patient a indiqué qu’il prenait du clonazepam ou du clozapine, une erreur d’orthographe facilement pardonnable et facile à corriger. Ne pas comprendre la différence entre ces deux médicaments et ce qu’ils signifient pour un diagnostic et un traitement pose un problème beaucoup plus important. D’autres questions nous viennent à l’esprit, un stagiaire ne répondant rien à un patient qui lui a déclaré qu’il commençait « un sevrage brutal » du Paxil et qu’il n’en avait pas glissé mot à personne, parce qu’il ne savait pas la différence entre un psychotrope et un médicament contre l’hypertension et le diabète. Et que dire du problème de « double listage » des médicaments parce qu’on ne sait pas distinguer les marques de commerce du produit générique?

Il arrive qu’on a l’impression que les étudiants essaient d’éviter le sujet lorsqu’ils parlent aux patients. Et peut-être que la raison en est qu’il s’agit d’un territoire inexploré et où ils se sentent vulnérables. Mais ce n’est pas difficile. Dans le contexte d’un hôpital psychiatrique (et probablement de nombreux autres secteurs de soins de santé) tous les membres du personnel qui sont dans le cercle de soins, qu’ils aient obtenu un certificat collégial ou



un doctorat, en viennent à comprendre l’utilisation des médicaments tout en respectant le fait qu’ils ne peuvent pas les prescrire et reconnaissent leurs limites. En bout de ligne, il s’agit du soin axé sur les clients étant donné que les médicaments sont importants pour un très grand nombre d’entre eux, et il est fort peu probable qu’ils auront suffisamment de temps pour discuter à fond de leurs questions et de leurs préoccupations avec leur médecin. Il est peut-être même bon que les patients cherchent à obtenir l’opinion de « personnes qui ne prescrivent pas de médicaments » et qui pourraient avoir une perspective différente ou neutre.

Il semble aussi peu probable que l’utilisation généralisée de médicaments psychotropiques diminuera dans un avenir plus ou moins rapproché et la plupart des enquêtes révèlent que les psychologues rencontrent des patients qui prennent des médicaments et que la plupart d’entre eux sont d’avis que les médicaments sont un élément important du traitement des maladies mentales. Alors pourquoi ne pas officialiser la formation que nous recevons sur les médicaments et leur utilisation? Pourquoi ne pas être spécifique à ce sujet dans nos normes d’agrément? Les approches pédagogiques sur les questions pharmacologiques ont été officialisées ailleurs; par exemple, il y a maintenant un cadre conceptuel qui décrit trois niveaux différents de formation concernant l’administration des médicaments et le genre de connaissances requis pour chacun de ces niveaux. La plupart d’entre nous conviendront qu’un cours officiel sur la pharmacothérapie enseigné par un expert au sein d’un programme de formation au doctorat et/ou d’internat (ou de stages) produira de meilleurs résultats d’apprentissage qu’une connaissance ponctuelle glanée ici et là après la formation officielle. En ce sens, certains des problèmes et des questions font actuellement l’objet de discussion d’un groupe de travail de la SCP sur l’autorité de prescrire des médicaments.

Peu importe ce qui se produira éventuellement en ce qui a trait à l’autorisation de prescrire des médicaments, il serait honteux de perdre de vue une autre chose réellement importante au sujet des médicaments psychotropiques - les connaître.

Dealing Effectively with the Media

DAVID J. A. DOZOIS, Ph.D., Leader, Science

Psychologists regularly receive calls from the media asking for their professional opinion on a given topic or requesting an interview about their research findings. Notwithstanding "years of rigorous training as scientists and professionals, most psychologists receive their first and only training with the media by the seat of their pants, with most of us seeking the services of a tailor immediately thereafter" (Canadian Psychological Association, 2005, p. 1).

Many of us prefer to avoid speaking with the media, fearing that journalists will distort the findings from our research or misquote us. Yet the media offers an important opportunity to reach a vast audience which is important to promote our research, our employment institutions and our discipline. Psychology is uniquely positioned to inform the media because the media is interested in stories about how humans and animals think, feel and behave.

The CPA released a brochure that discusses a number of important issues for dealing with the media (e.g., preparing for television, radio and print interviews; honorifics; factors that facilitate effective communication, etc.). This brochure can be accessed at <http://www.cpa.ca/media>.

My objective in this brief column is to provide some general tips for speaking to the media. Some of these strategies are adopted from a workshop presented this summer by Ann Hutchinson, Director of Media Relations at The University of Western Ontario.

1. Understand the purpose. If a journalist approaches you, in person or by telephone, ensure that you understand what he or she wants in the interview, which publication or programme this information is being used for and how the media proposes to use your comments. In the case of radio and television, it is helpful to find out whether the interview will be live or recorded and the format of the programme.

2. Take time to prepare. Although the media works on a tight clock, you don't need to feel caught off-guard. You should feel free to tell reporters that you will call them back within a short timeframe (e.g., half an hour). Doing so will allow you to collect your thoughts, consult colleagues and organize your message. Media relations officers at hospitals, research institutes and universities can be a valuable resource.

Ann Hutchinson suggests that you take some time to write down responses to the following questions: What is the key message I want to convey? What facts/statistics support my main message? What examples or stories can I tell to illustrate my points? What is the answer to the one question I hope they don't ask?

3. Get back to the media quickly. We may be frustrated with a journalist's need for a quick turn-around; however, that is the way the media operates. The closer our responses are to the end of a workday, the higher the probability that the reporter will be in a rush during the interview and the greater the chance for error.

4. Prepare a key message. In your preparations, generate a list of the key points that you would like to make. Following this, develop short (10-15 seconds) sound-bites that concisely explain your key message. The more times you repeat your key message in the interview, the more likely it is to be picked up by the media.

5. See the question as a springboard. You are not limited by the parameters of the interviewer's questions. If you are clear about what your key message is, you will be able to effectively articulate an answer that is consistent with your agenda.

6. Be concise and simple. Journalists value researchers who are able to explain the complexity of their work in a clear and simple manner. Remember who your target audience is and avoid jargon. Stories or analogies are often a great way to illustrate your point and help people to understand the work that you do. Remember that the general public is typically not science-literate and their retention of scientific details is often limited. So make the story interesting, provide a hook and speak using a conversational rather than academic style.

7. Don't be shy. Often psychologists feel as though they can only speak to the media about topics that fall directly within the limited scope of their research programs or practice domains. Although, ethically, it is important that we do not step outside of our boundaries of competence, those boundaries are often broader than we give ourselves credit for. Given our training, we have the ability to share a considerable amount of information with the public to advance psychology for all and to promote our profession.

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Faire face efficacement aux médias

DAVID J. A. DOZOIS, Ph.D., Chef, science

Les psychologues sont souvent sollicités par les médias qui demandent leur opinion professionnelle sur un sujet donné ou une entrevue au sujet de leurs conclusions de recherche. Compte tenu « des années de formation rigoureuse en tant que scientifiques et professionnels, la plupart des psychologues subissent leur baptême des médias par improvisation, la plupart d'entre nous ne sachant plus trop quoi penser par la suite » (Société canadienne de psychologie, 2005, p. 1).

Un grand nombre d'entre nous préférons éviter de s'adresser aux médias par crainte que les journalistes interprètent mal les conclusions de notre recherche ou nos propos. Toutefois, les médias offrent une occasion importante de s'adresser à un vaste auditoire, ce qui est important pour promouvoir notre recherche, les institutions qui nous emploient et notre discipline. La psychologie jouit d'un atout exceptionnel parce que les médias sont intéressés par les anecdotes sur la façon que les humains et les animaux pensent, se sentent et se comportent.

La SCP a publié une brochure qui décrit un certain nombre de questions importantes servant à apprivoiser les médias (p. ex. se préparer pour les entrevues à la télévision, à la radio et dans les journaux; les titres, les facteurs qui facilitent la communication efficace, etc.). On peut accéder à cette brochure à l'adresse [www.cpa.ca/cpasite/userfiles/Documents/publications/Apprivoiser les medias.pdf](http://www.cpa.ca/cpasite/userfiles/Documents/publications/Apprivoiser%20les%20medias.pdf)

Mon objectif dans cette courte rubrique est de fournir des conseils généraux sur la façon de s'adresser aux médias. Certaines des stratégies sont adaptées d'un atelier présenté cet été par Ann Hutchinson, directrice des relations avec les médias à l'Université de Western Ontario.

1. Comprenez l'objet. Si un journaliste vous approche, en personne ou au téléphone, assurez-vous que vous comprenez ce qu'il ou elle veut dans l'entrevue, la publication ou l'émission où cette information sera présentée et la façon que les médias entendent utiliser vos commentaires. Dans le cas de la radio et de la télévision, il est utile de déterminer si l'entrevue sera en direct ou enregistrée ainsi que le format de

l'émission.

2. Prenez le temps de vous préparer. Même si les médias fonctionnent dans des délais serrés, vous n'avez pas besoin de vous sentir pris au dépourvu. Vous devriez vous sentir libre d'indiquer aux journalistes que vous les rappellerez sous peu (p. ex. d'ici une demi-heure). Ce faisant vous aurez le temps de rassembler vos idées, de consulter vos collègues et d'organiser le message que vous voulez faire passer. Les agents de relations avec les médias dans les hôpitaux, les instituts de recherche et les universités peuvent être une ressource précieuse.

Ann Hutchinson suggère de prendre le temps d'écrire vos réponses aux questions suivantes : Quel est le message clé que je veux transmettre? Quels sont les faits/statistiques à l'appui de mon message principal? Quels exemples ou anecdotes puis-je rapporter pour illustrer mes points? Quelle est la réponse à la question que j'espère qu'on ne me posera pas?

3. Rappelez le journaliste le plus rapidement possible. Nous pouvons être frustrés par le délai serré d'un journaliste; cependant, c'est la façon que les médias fonctionnent. Plus nos réponses sont données en fin de journée, plus élevée est la probabilité que le journaliste soit pressé au cours de l'entrevue et plus les possibilités d'erreur sont élevées.

4. Préparez un message clé. Dans votre préparation, produisez une liste des points clés que vous voulez faire passer. Ensuite, élaborer de courtes capsules (10 à 15 secondes) qui expliquent de façon précise votre message. Plus vous répétez votre message clé dans l'entrevue, meilleures sont les probabilités qu'il soit retenu par les médias.

5. Voyez la question comme un tremplin. Vous n'êtes pas li-



mité par les paramètres des questions de l'intervieweur. Si votre message clé est clair dans votre esprit, vous serez en mesure d'articuler effectivement une réponse cohérente avec votre message.

6. Soyez précis et simple. Les journalistes apprécient les chercheurs qui sont en mesure d'expliquer la complexité de leur travail d'une manière claire et simple. N'oubliez pas qui est votre public cible et évitez le jargon. Les anecdotes et les analogies sont souvent une excellente façon d'illustrer votre propos et d'aider aux personnes à comprendre facilement le travail que vous faites. Souvenez-vous que le grand public ne connaît habituellement pas la science et son souvenir des détails scientifiques est souvent limité. Rendez donc votre anecdote intéressante, mettez-y un haméçon et parlez en utilisant un style conversationnel plutôt qu'universitaire.

7. Ne soyez pas timide. Souvent les psychologues croient qu'ils ne peuvent s'adresser aux médias que sur des sujets qui sont directement liés à leurs programmes de recherche ou leurs domaines de pratique. Même si d'un point de vue éthique il est important que vous ne débordiez pas des vos limites de compétences, ces limites sont souvent plus vastes que vous ne le croyez. Compte tenu de notre formation, nous avons la capacité de communiquer une quantité considérable d'information au public pour faire progresser la psychologie pour la collectivité et promouvoir notre profession.

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PRACTICE / PRATIQUE

Universal Access to Psychology and Health Care Reform

LORNE SEXTON, Ph.D., Leader, Practice

P sychologists agree that a major advocacy issue is to increase access to psychology services. In CPA's ongoing advocacy, a brief was submitted (June 2009) by Dr. Karen Cohen (CPA Executive Director) to Leona Aglukkaq, Minister of Health, entitled *Canadian Psychological Association (CPA) Summary Position on Health Human Resource and Access to Health Services*. This stated that "It is particularly important to CPA to work with policy and decision-makers to enhance access to mental health services."

There are two main barriers to Canadians' access to psychologists: lack of supply and the absence of universal funding. Regarding supply, I wrote down an instructive quote from former CPA Executive Director John Service at a Manitoba Psychological Society AGM, (March 2008): "The main issue facing psychology is the inadequacy of our supply. There are not enough psychologists, there aren't enough being produced, and that is a vacuum that others will fill if we can't." CPA has commissioned an important Task Force on Supply and Demand (see Psynopsis, Spring 2009).

The second issue of universal access funding is probably trickier. The social reformer in me strongly favours universal access to psychologists as health service providers. But does psychology know what it wants? It is not clear what psychology associations would do were we afforded an opportunity to explore expanded or full coverage for psychology services. Some practitioners may find it difficult to accept the limits of universal health care.

The current American health care debate is instructive about the regulation of costs required to afford universal access, and this debate has adjusted my understanding of Canada's universal health care system and psychology's potential place within it. In the American debate, Canada's health system has received both credit and criticism (e.g., wait times). On the other hand, to paraphrase the words of the Mayo Clinic CEO, "America hasn't had a health care system". This non-system provides severe limits and disproportionate access via the private sector for most Americans (40% of health care costs) and relatively limitless government care for military veterans and Medicare for the elderly (60%). The Americans have lower wait times for hip replacement because this occurs mainly in populations where "lavish" (to quote economist Paul Krugman) Medicare money is available. Costs in both private and public sectors have escalated. Poorly regulated health care is bankrupting America (the highest in the world at 18% of GDP and rising). Cost is a primary political driving force behind American health reform as much or more than the more advertised need for universality.

At the point of writing this column, I have just returned from the

August APA Convention. The outcome of the USA health debate is uncertain. It is reassuring that APA officials feel that the Mental Health Parity and Addiction Equity Act of 2008 has positioned American psychology reasonably well for any change.

The point to be taken from the American debate is that any viable health system is a two edged access sword. A viable health care system provides equal and adequate access to all, but also allocates and prioritizes access through regulation of costs, rationing, and required efficiencies. In advocating for universal psychology access, it is necessary to come to terms with the reality that a universal health care system is also an allocation (rationing) system.

Medicine in Canada has faced these controversial issues, albeit reluctantly. Physicians in Canadian health care provide an effective universal access, but struggle with and debate the ongoing impact of allocation. Universal coverage for physicians and medical care requires a combination of rationing limits via institutional budgets, hospital length of stay expectations, best practice guidelines based on comparative effectiveness, procedure limits, fee limits, extra billing limits and opting-out limits.

Currently, access to Canadian psychology services is arguably over-rationed in both the public and private sectors. Private insurance limits access to private practitioners, and government budgets severely restrict the public resource. To improve this degree of over-rationing, there must be a viable economic model, attractive to public or private funding bodies, that establishes a better cost-effective balance between universality and allocation. It is easy to argue for increased or universal access; winning the argument requires embracing some form of service allocation.

Why are we not advocating more strongly for universal coverage? If asked tomorrow whether or not to include psychology under provincial health plans, would we say "yes" or "no"? Would we have a model to propose that might interest governments and foster this discussion? Are we in a position to propose a model of universal access that works for the public need and the public purse, and also fosters viable professional careers?

Accès universel à la psychologie et réforme des soins de santé

LORNE SEXTON, Ph.D., Chef, pratique

L es psychologues conviennent que l'amélioration de l'accès aux services de psychologie demeure une question de représentation de la plus haute importance. Un mémoire a été présenté en juin 2009 par D^{re} Karen Cohen (directrice générale de la SCP) à Leona Aglukkaq, ministre de la Santé, intitulé *Canadian Psychological Association (CPA) Summary Position on Health Human Resource and Access to Health Services*, dans le cadre des activités courantes de représentation de la SCP. Ce document soulignait « qu'il est particulièrement important que la SCP travaille avec les décideurs en vue d'améliorer l'accès aux services de santé mentale ».

Il y a deux principaux obstacles à l'accès de la population canadienne aux psychologues : le manque d'offre de psychologues et l'absence de financement universel. Au sujet de l'offre, j'ai noté une citation éclairante de John Service, l'ancien directeur général de la SCP, à l'occasion d'une assemblée générale annuelle de l'Association des psychologues du Manitoba (mars 2008) : « La principale question à laquelle la psychologie doit faire face est l'inadéquation de notre offre de psychologues. Il n'y a pas suffisamment de psychologues, il n'y en a pas suffisamment qui sortent des universités et il y a un vide que d'autres combleront si nous ne parvenons pas à le faire. » À ce propos, la SCP a mis sur pied un groupe de travail important sur l'offre et la demande de psychologues (voir Psynopsis, printemps 2009).

La seconde question du financement universel est probablement plus épineuse. Le réformateur social en moi favorise fortement l'accès universel aux psychologues en tant que fournisseurs de services de santé. Mais est-ce que la psychologie sait ce qu'elle veut? Nous ne sommes pas certains ce que les associations de psychologie feraient si on nous donnait la possibilité d'explorer la couverture étendue ou complète des services de psychologie. Certains praticiens pourraient trouver difficile d'accepter les limites des soins de santé universels.

Le débat actuel entourant les soins de santé aux États-Unis nous éclaire au sujet de la réglementation des coûts requis pour permettre l'accès universel, et ce débat a recentré ma compréhension du système de soins de santé universels du Canada et la place éventuelle que la psychologie pourrait occuper. Dans le cadre du débat américain, le système de santé canadien a reçu des éloges et a essuyé des critiques (p. ex. les temps d'attente). En revanche, pour paraphraser les mots du

PDG de la clinique Mayo « les États-Unis n'ont jamais eu de système de soins de santé ». Ce « non-système » crée des lacunes graves et donne un accès disproportionné par le secteur privé à la plupart des Américains (40 % des coûts de soins de santé) et le gouvernement assure la prestation de soins à peu près sans limite aux anciens combattants et offre un régime d'assurance-maladie aux personnes âgées (60 %). Les Américains jouissent de temps d'attente moins longs pour le remplacement de la hanche étant donné que cette intervention est surtout effectuée pour des populations qui peuvent profiter de « l'opulence » du régime d'assurance-maladie pour citer l'économiste Paul Krugman. Les coûts dans les secteurs privé et public ont grimpé. Un régime de soins de santé mal réglementé mène les États-Unis à la faillite (les coûts les plus élevés au monde à 18 % du PIB et toujours en hausse). Le coût demeure un principal fer de lance politique qui sous-tend la réforme des soins de santé aux États-Unis, autant ou davantage que le besoin d'universalité qui fait l'objet d'une plus grande publicité.

Au moment de rédiger cette rubrique, je revenais tout juste du congrès de l'APA au mois d'août. Le résultat du débat sur la santé aux États-Unis est incertain. Il est rassurant de voir que les représentants de l'APA croient que le Mental Health Parity and Addiction Equity Act de 2008 a assez bien positionné la psychologie américaine pour faire face à tout changement.

Le point à retenir du débat américain est que tout système de santé viable est une arme à deux tranchants. Un système de soins de santé viable fournit l'accès égal et adéquat à tous, mais alloue et priorise aussi l'accès par la réglementation des coûts, le rationnement et effectue les économies requises. En faisant des représentations pour octroyer



l'accès universel aux services de psychologie, il faut également comprendre la réalité qu'un système de soins de santé universels est aussi un système d'allocation (rationnement).

La médecine au Canada a dû faire face à ces questions controversées, encore que ce soit avec beaucoup de réserves. Les médecins dans le système de soins de santé canadien fournissent un accès universel efficace, mais ils doivent aussi composer avec l'impact de l'allocation et en débattre. La couverture médicale universelle impose une combinaison de limites de rationnement dans le cadre des budgets des établissements, des attentes d'hospitalisation, des lignes directrices pour les pratiques exemplaires basées sur l'efficacité comparative, des limites de procédure, des limites de frais, des limites de facturation supplémentaire et des limites dans les options de non-participation.

Actuellement, on pourrait soutenir que l'accès aux services de psychologie au Canada est surrationné dans le secteur public et privé. L'assurance privée limite l'accès aux praticiens privés et les budgets gouvernementaux limitent grandement la ressource publique. Afin d'améliorer le niveau de surrationnement, il doit y avoir un modèle économique viable, attrayant pour les organismes de financement publics ou privés, qui établit un meilleur équilibre coût-efficacité entre l'universalité et l'allocation. Il est facile de préconiser un accès accru ou universel, mais pour faire valoir l'argument il faut convenir d'une certaine forme d'allocation de service.

Pourquoi ne faisons-nous pas davantage de représentations pour une couverture universelle? Si on nous demandait demain s'il faut ou non inclure la psychologie dans les régimes d'assurance-santé provinciaux, que serait notre réponse? Aurions-nous un modèle à proposer qui pourrait intéresser les gouvernements et favoriser la discussion? Sommes-nous dans une position pour proposer un modèle d'accès universel qui fonctionne pour le bien et les deniers publics, tout en favorisant le foisonnement des carrières professionnelles?

SECOND CALL FOR NOMINATIONS FOR PRESIDENT-ELECT AND FOUR DIRECTORS ON THE CPA BOARD OF DIRECTORS FOR 2010

Nominations are required for President-elect and four Directors who will assume office at the 2010 Annual General Meeting. Three Director-at-large positions are to be nominated by all members as defined in By-Law IX (1) B*. One position is reserved for an **experimental psychologist who is conducting basic research**. In addition, one seat is reserved for a **Masters level psychologist**, as provided in By-Law IX (1) B (ii).

One Director for Designated Scientist-Practitioner is to be nominated through Sections as defined in By-Laws IX.A.

The President-elect is nominated by all members as defined in By-Law IX.3. Please note that nominations for at-large Directors and President-elect require the support of **five Members/Fellows** as defined in By-Law IX.3(i).

INSTRUCTIONS FOR NOMINATIONS FOR PRESIDENT-ELECT AND THREE DIRECTORS-AT-LARGE

Members and Fellows of the Canadian Psychological Association are invited to nominate for the President-elect and three Director-at-large positions on the Board of Directors. One position is reserved for an **experimental psychologist who is conducting basic research**. However as prescribed in By-Law IX (1) B (ii)* **the Board of Directors has reserved one seat for a Masters level Psychologist**.

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 four letters of support** that states 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 **November 9, 2009** at CPA Head Office and should be sent preferably by email to:

admindirector@cpa.ca

Dr. Catherine M. Lee
Chair, Nominating Committee
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

INSTRUCTIONS FOR ONE SECTION-NOMINATED DESIGNATED DIRECTOR SCIENTIST-PRACTITIONER POSITION

Designated Directors who are nominated by the Sections represent the three categories of Scientist, Scientist-Practitioner and Practitioner. For the 2010 elections, nominations are required for one Scientist-Practitioner seat.

As presented in By-Law IX, any CPA Member or Fellow who is a member of a section(s) may submit a nomination(s) to any section(s) of which they are a member. The sections shall establish their own procedures for the consideration of nominations received from their members for designated board seats.

All sections are invited to submit nominations for the section-nominated designated position of **Scientist-Practitioner**.

Scientist-Practitioners can be defined as one of the following: (a) A Scientist whose primary activities are in research and teaching and who focuses mainly on the application of psychological principles to specific applied problems. The main concern of this scientist is to produce research findings that are readily applicable to real world problems. This person differs from the traditional Scientist in the direct concern for the applicability of research findings to contemporary, real world problems.

OR

(b) A Practitioner who uses research methodology in solving real world problems. This type of Practitioner is not simply concerned with solving the particular problem at hand, but attempts to conduct research which will be useful to others in the field who have similar problems. This person differs from the traditional Practitioner in the use of research methodology in her or his work and in the

concern for generalizability of findings produced through the research performed to solve specific problems to other situations.

The submission of each nomination will include the written consent of the nominee, the curriculum vitae of the nominee, and a supporting letter from the nominator.

The name(s) of section nominee(s) for the designated Director Scientist-Practitioner position must be received at CPA Head Office by **November 9, 2009** and should be sent preferably by email to:

admindirector@cpa.ca

Ms. Juanita Mureika
Chair, CPA Committee on Sections
Canadian Psychological Association
141 Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

PRESENT BOARD REPRESENTATION

So that you may be aware of the present balance of the Board, its current voting membership is as follows:

President:

Martin M. Antony, Ryerson University, Toronto, ON, Clinical

Past President:

Catherine M. Lee, University of Ottawa, Ottawa, ON, Clinical

President-elect:

Peter Graf, University of British Columbia, Vancouver, BC, Brain, Behaviour and Cognition

Directors retiring 2010

Scientist-Practitioner - Peter Bieling, McMaster University & St. Joseph Hospital, Hamilton, ON, Clinical

At-large - Juanita Mureika, N.B. Department of Education, School Psychology, Fredericton, NB

At-large - Aimée Surprenant, Memorial University, St. John's, NL, NSERC Scientist

Director representing the Canadian Psychological Association's Section on Students - Kelly Smith, Doctoral Student, Queen's University, Kingston, ON

Directors retiring 2011

Scientist - David Dozois, University of Western Ontario, London, ON, Clinical

Practitioner - Lorne Sexton, University of Manitoba, Winnipeg, MB, Health Psychology

Director retiring 2012

At-large - Jean-Paul Boudreau, Ryerson University, Toronto, ON, Developmental

Director representing the Council of Canadian Departments of Psychology (CCDP) - Suzanne E. MacDonald, York University, Toronto, ON, Clinical

***BY-LAW IX - NOMINATIONS - IS AVAILABLE ON CPA WEB SITE:**

<http://www.cpa.ca/aboutcpa/by-laws/>.

SECOND CALL FOR NOMINATIONS FOR ELECTION TO THE STATUS OF FELLOW OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION 2010

The Committee on Fellows invites you to recognize the distinguished contributions of your colleagues by nominating them for consideration by the Committee. Nominees must be Members in good standing of the Association. Should the nominee not be selected as a Fellow the year submitted, he or she will automatically be reconsidered in each of the next two years.

Any Member, except current members of the CPA Board of Directors, can be nominated for Fellow status. Members may not nominate themselves and current CPA Board members may not nominate. As noted in the By-Laws, there are three ways to achieve Fellow status: (1) distinguished contributions to the advancement of the science of psychology; (2) distinguished contributions to the advancement of the profession of psychology; and (3) exceptional service to national or provincial associations of psychologists.

Nominations must be made as follows:

1. Nominations must include a current curriculum vitae for the nominee and **at least three endors-**

ing letters written in the last calendar year by current Fellows or Members. Preferably, the nominators should be drawn from three different institutions, with no more than one coming from the nominee's home institution.

2. The letters of nomination should be specific about the ways in which the nominee's research or practice has contributed to the advancement of the science or profession of psychology or as to ways the person's service to national or provincial associations of psychologists have been exceptional. In the case of nominations based upon accomplishments other than published theory or research, the specific innovative contributions and their impact on psychology should be described.

3. The letters of nomination should point out evidence of the quality of journals in which the nominee has published, awards received, etc. In the case of nominations based upon exceptional service to national or provincial associations of psychologists, the letters of nomination should point the nature of the associations (e.g., nature of the associations, number of

members, services they provide).

4. Normally, the nominee should have completed his or her post-secondary training 10 years prior to being nominated for Fellow status. Someone with less than 10 years experience following graduation, but more than 5 years of experience, could be elected Fellow if his or her contributions or services have been found by the Committee to be truly exceptional.

Nominations must be submitted preferably by email (in PDF format) by **NOVEMBER 30**, and must be accompanied by the nominee's curriculum vitae/resume, together with **supporting statements by at least three nominators**, to:

admindirector@cpa.ca

Dr. Catherine M. Lee
Chair, CPA Committee on Fellows and Awards
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3
The list of CPA Fellows is available on the CPA Web Site at <http://www.cpa.ca/aboutcpa/cpaawards/cpafellows/>.

Looking for CPA related documents?

Access to Careers in Psychology, CPA Journals Online, Membership Directory, Annual Reports, List of Fellows, CPA Awards, Information on Sections, Continuing Education, and so much more at www.cpa.ca



A F F A I R E S D E L A S C P

RAPPEL DE MISES EN CANDIDATURE AU CONSEIL D'ADMINISTRATION DE LA SCP POUR LES POSTES DE PRÉSIDENT DÉSIGNÉ ET DE QUATRE POSTES DE DIRECTEURS POUR 2010

Des mises en candidature sont requises pour les postes de président désigné et de quatre directeurs qui assumeront leurs fonctions lors de l'assemblée générale annuelle de 2010. Trois directeurs non désignés doivent être nommés par tous les membres tel que stipulé dans le règlement IX (1) B*. Un poste est réservé à un(e) psychologue engagé dans la recherche fondamentale. De plus, tel que stipulé dans le règlement IX (1) B (ii), le conseil d'administration a réservé un siège de directeur non désigné à un(e) psychologue détenant une Maîtrise. Un poste de directeur désigné scientifique praticien nommé par les sections est aussi requis comme le stipule le règlement IX.A.

Conformément au règlement IX.3, le président désigné et les directeurs non désignés sont nommés par tous les membres et les mises en candidature doivent être appuyées par cinq membres ou fellows.

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LES POSTES DE PRÉSIDENT DÉSIGNÉ ET DE TROIS DIRECTEURS NON DÉSIGNÉS

Les membres et fellows de la Société canadienne de psychologie sont invités à faire des mises en candidature pour les postes de président désigné et de trois directeurs non désignés, dont un poste est réservé à un(e) psychologue engagé dans la recherche fondamentale. De plus, tel que stipulé dans le règlement IX (1) B (ii)*, le conseil d'administration a réservé un siège de directeur non désigné à un(e) psychologue détenant une Maîtrise.

Chaque candidature devra être accompagnée du curriculum vitae du candidat et devra inclure ses antécédents en matière de formation, le(s) poste(s) qu'il occupe présentement et qu'il occupait auparavant ainsi qu'un résumé de ses activités professionnelles ou dans le domaine de la recherche. La mise en candidature devra être également accompagnée d'une lettre du présentateur et quatre lettres d'appui mentionnant le poste pour lequel ce candidat est nommé et, finalement, la mise en candidature devra renfermer une déclaration à l'effet que la personne nommée accepte de se porter candidate à l'élection.

Assurez-vous de faire parvenir vos mises en candidature pour les postes de président désigné et de directeurs non désignés accompagnées des pièces nécessaires pour appuyer ces candidatures au plus tard le 9 novembre 2009, préférablement par courriel, à l'adresse suivante :

admindirector@cpa.ca

D^{re} Catherine M. Lee

Présidente du Comité des mises en candidature
Société canadienne de psychologie
141 avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5J3

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LE POSTE DE DIRECTEUR DÉSIGNÉ SCIENTIFIQUE PRATICIEN NOMMÉ PAR LES SECTIONS

Les directeurs désignés nommés par les sections représentent les trois catégories de membres de la SCP : scientifique, scientifique praticien et praticien. Pour les élections de 2010, des candidatures pour un poste de scientifique-praticien sont requises.

Tel que stipulé dans le règlement IX, tout membre ou fellow de la SCP qui est également membre d'une ou de plusieurs sections peut présenter une mise en candidature à la section (ou sections) dont il est membre. Les sections ont la responsabilité de déterminer leurs propres procédures pour examiner les mises en candidature qu'elles auront reçues de leurs membres pour les postes désignés du conseil.

Toutes les Sections sont invitées à faire des mises en candidature pour les postes vacants de scientifique-praticien.

Les scientifiques-praticiens peuvent être définis comme étant soit, a) un scientifique dont les activités principales se situent dans le domaine de la recherche et de l'enseignement et qui se concentre sur l'application des principes psychologiques à des problèmes appliqués spécifiques. Ses principales activités professionnelles sont de faire des découvertes dans le domaine de la recherche pouvant facilement s'appliquer aux problèmes du monde réel. Cette personne se distingue du scientifique traditionnel

par sa préoccupation directe pour l'aspect applicable des découvertes découlant de sa recherche aux problèmes contemporains du monde réel.

OU

b) un praticien qui utilise une méthodologie de recherche afin de résoudre les problèmes du monde réel. Ce genre de praticien ne se contente pas de résoudre un problème particulier mais il s'occupe de faire de la recherche qui sera utile à d'autres professionnels dans le même domaine et ayant des problèmes semblables. Cette personne se distingue du praticien traditionnel dans le sens qu'il utilise la méthodologie de la recherche dans son travail et dans son souci de généraliser les découvertes émanant de la recherche afin de résoudre des problèmes spécifiques et de les appliquer à d'autres situations.

La présentation de chaque candidature comprendra le consentement du candidat ainsi que son curriculum vitae et une lettre du présentateur du candidat.

Chacune des sections doit faire parvenir le nom de leurs candidats aux postes de directeur désigné scientifique et praticien au responsable du Comité sur les sections avant le 9 novembre 2010 préférablement par courriel à l'adresse suivante :

admindirector@cpa.ca

Mme Juanita Mureika

Présidente du Comité sur les Sections
Société canadienne de psychologie
141, avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5H3

COMPOSITION ACTUELLE DU CONSEIL D'ADMINISTRATION

Président

Martin M. Antony, Ryerson University, Toronto, ON, psychologie clinique

Présidente sortante

Catherine M. Lee, Université d'Ottawa, Ottawa, ON, psychologie clinique

Président désigné

Peter Graf, University of British Columbia, Vancouver, BC, cerveau, comportement et cognition

Directeurs dont le mandat se termine en 2010

Scientifique-praticien - Peter Bieling, McMaster University et St. Joseph Hospital, Hamilton, ON, psychologie clinique

Non désigné - Juanita Mureika, Département de l'éducation du N.B., Frédéricton, NB, psychologie scolaire

Non désigné - Aimée Suprenant, Memorial University, St. John's, NL, scientifique CRSNG

Directrice représentant la Section des étudiants en psychologie de la SCP - Kelly Smith, étudiant au doctorat, Queen's University, Kingston, ON

Directeurs dont le mandat se termine en 2011

Scientifique - David Dozois, University of Western Ontario, London, ON, psychologie clinique

Praticien - Lorne Sexton, University of Manitoba, Winnipeg, MB, psychologie de la santé

Directeurs dont le mandat se termine en 2012

Non désigné - Jean-Paul Boudreau, Ryerson University, Toronto, ON, psychologie du développement

Directrice représentant le Conseil canadien des départements de psychologie (CCDP) - Suzanne E. MacDonald, York University, Toronto, ON, psychologie clinique

Veuillez consulter notre site web pour prendre connaissance du règlement IX - Mise en candidature au <http://www.cpa.ca/aproposdelascp/reglementsgeneraux/>.

RAPPEL DE PRÉSENTATION DE MISE EN CANDIDATURE POUR LE TITRE DE FELLOW DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Le Comité des fellows vous invite à souligner la contribution de vos collègues en lui présentant leur candidature. Les candidats doivent être membres en règle de la Société.

Si le ou la candidate n'est pas élu(e) l'année de mise en candidature, il ou elle sera éligible pour les deux années suivantes.

Tous les membres, sauf les membres actuels du Conseil d'administration de la SCP, peuvent être mis en candidature au titre de fellow. Les membres ne peuvent pas se mettre eux-mêmes en candidature et les membres du Conseil d'administration actuels ne peuvent pas proposer de candidature. Comme il est indiqué dans le règlement, il y a trois façons d'obtenir le statut de fellow : 1) une contribution éminente au développement scientifique de la psychologie; 2) une contribution éminente au développement professionnel de la psychologie; et 3) un service exceptionnel aux associations nationales ou provinciales de psychologues.

Les mises en candidature doivent être faites de la façon suivante :

1. Les mises en candidature doivent inclure le curriculum vitae à jour de la personne en nomination et au moins trois lettres d'appui rédigées au cours de la dernière année civile par des fellows ou des

membres actuels. Préférablement, les personnes qui font les mises en candidature devraient provenir de trois organismes différents, un seul au plus venant du même organisme que celui de la personne mise en candidature.

2. Les lettres de mise en candidature doivent être précises quant aux façons dont la recherche ou la pratique de la personne en nomination a contribué au développement scientifique ou professionnel de la psychologie ou aux façons dont le service de la personne à son association nationale ou provinciale de psychologues a été exceptionnel. Dans le cas de mises en candidature fondées sur des réalisations autres que de la théorie ou de la recherche publiée, les contributions novatrices précises et leur incidence sur la psychologie devraient être décrites.

3. Les lettres de mise en candidature devraient mettre en valeur la qualité des revues ou la personne en nomination a publié, les prix qu'elle a reçus, etc. Dans le cas d'une mise en candidature fondée sur un service exceptionnel à son association nationale ou provinciale de psychologues, les lettres de mise en candidature devraient souligner la nature des associations (p. ex. la nature des associations, le nombre de membres, les services fournis, etc.).

4. Normalement, la personne mise en candidature devrait avoir terminé sa formation post-secondaire dix ans avant sa mise en candidature au titre de fellow. Une personne possédant moins de dix ans d'expérience après avoir obtenu son diplôme, mais plus de cinq années d'expériences, pourrait être élu fellow si sa contribution ou son service a été trouvé vraiment exceptionnel par le Comité.

Les mises en candidature doivent parvenir préférablement par courriel (en format PDF) au plus tard LE 30 NOVEMBRE et doivent être accompagnées du curriculum vitae du candidat ou de la candidate et au moins trois lettres d'appui à l'adresse suivante :

admindirector@cpa.ca

D^{re} Catherine M. Lee

Président du Comité

des fellows et des prix

Société canadienne

de psychologie

141 avenue Laurier ouest,
bureau 702, Ottawa, Ontario
K1P 5J3

Veuillez consulter la liste des fellows actuels sur notre site web <http://www.cpa.ca/aproposdelascp/prixdelascp/fellowsdelascp/>.

71st Annual Convention • 71^e Congrès annuel

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JUNE 3-5 JUIN 2010

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DELTA WINNIPEG – WINNIPEG CONVENTION CENTRE

**Honorary President's
Address
Allocution de la
Présidente d'Honneur**



Kay Redfield Jamison, Ph.D.

Kay Redfield Jamison is Professor of Psychiatry at the Johns Hopkins University School of Medicine and co-director of the Johns Hopkins Mood Disorders Center. She is also Honorary Professor of English at the University of St. Andrews in Scotland. She is co-author of the standard medical text on manic-depressive illness, which was chosen in 1990 as the most outstanding book in biomedical sciences by the American Association of Publishers, and author of *Touched with Fire*, *An Unquiet Mind*, *Night Falls Fast*, and *Exuberance*. Dr. Jamison has written more than 100 scientific articles about mood disorders, suicide, creativity, and lithium. Her memoir, *An Unquiet Mind*, which chronicles her own experience with manic-depressive illness, was cited by several major publications as one of the best books of 1995. It was on *The New York Times* bestseller list for five months and translated into twenty languages. *Night Falls Fast: Understanding Suicide* was a national bestseller and selected by *The New York Times* as a Notable Book of 1999. Her book, *Exuberance: The Passion for Life*, was selected by *The Washington Post*, *The Seattle Times*, and *The San Francisco Chronicle* as one of the best books of 2004 and by *Discover* magazine as one of the best science books of the year. Her most recent book is *Nothing Was the Same: A Memoir*. Dr. Jamison is the recipient of numerous national and international scientific awards, including a MacArthur Award.

Kay Redfield Jamison est professeure de psychiatrie à la Johns Hopkins University School of Medicine et codirectrice du Johns Hopkins Mood Disorders Center. Elle est également professeure honoraire d'anglais à l'Université de St. Andrews en Écosse. Elle est coauteure du manuel médical standard sur le trouble bipolaire, qui a été choisi en 1990 par l'American Association of Publishers comme le livre le plus exceptionnel dans les sciences biomédicales, et elle est l'auteure de *Touched with Fire*, *An Unquiet Mind*, *Night Falls Fast* et *Exuberance*. Dre Jamison a rédigé plus de 100 articles scientifiques au sujet des troubles de l'humeur, le suicide, la créativité et le lithium. Son mémoire, *An Unquiet Mind*, qui relate son vécu de personne aux prises avec le trouble bipolaire, a été cité par plusieurs publications majeures comme l'un des meilleurs livres de 1995. Son livre a fait partie de la liste des best-sellers du *New York Times* pendant cinq mois et a été traduit en vingt langues. *Night Falls Fast: Understanding Suicide* a été un best-seller national et choisi par *The New York Times* comme l'un des livres remarquables de 1999. Son livre, *Exuberance: The Passion for Life*, a été choisi par *The Washington Post*, *The Seattle Times* et *The San Francisco Chronicle* comme l'un des meilleurs livres de 2004 et par la revue *Discover* comme l'un des meilleurs livres scientifiques de l'année. Elle vient de publier récemment un livre intitulé *Nothing Was the Same: A Memoir*. Dre Jamison est récipiendaire de nombreux prix scientifiques nationaux et internationaux, y compris du prix MacArthur aux États-Unis.

**The Family of Psychology
Keynote Address
Conférence "La Famille
de la Psychologie"**



Robert J. Sternberg, Ph.D.

Robert J. Sternberg is Dean of the School of Arts and Sciences, Professor of Psychology, and Adjunct Professor of Education at Tufts University. He was previously IBM Professor of Psychology and Education in the Department of Psychology, Professor of Management in the School of Management, and Director of the Center for the Psychology of Abilities, Competencies, and Expertise at Yale. Sternberg was the 2003 President of the American Psychological Association, is President-Elect of the International Association for Cognitive Education and Psychology, and Chair of the Publications Committee of the American Educational Research Association. He is the author of about 1200 journal articles, book chapters, and books, and has received over \$20 million in government and other grants and contracts for his research, conducted in five different continents. The central focus of his research is on intelligence, creativity, and wisdom, and he also has studied love and close relationships as well as hate. Sternberg has been listed in the *APA Monitor on Psychology* as one of the top 100 psychologists of the 20th century, and is listed by the ISI as one of its most highly cited authors in psychology and psychiatry.

Robert J. Sternberg est doyen de l'École des arts et sciences, professeur de psychologie et professeur auxiliaire d'éducation à la Tufts University. Il a aussi été professeur de la chaire IBM de psychologie et d'éducation du Département de psychologie, professeur de gestion à l'École de gestion et directeur du Center for the Psychology of Abilities, Competencies, and Expertise à l'Université Yale. Dr Sternberg a été président en 2003 de l'American Psychological Association, il est président désigné de l'International Association for Cognitive Education and Psychology et président du comité des publications de l'American Educational Research Association. Il a signé quelque 1200 articles de revues, de chapitres de livres et de livres, et on lui a octroyé plus de 20 millions de dollars en subventions et contrats gouvernementaux pour sa recherche, menée sur cinq continents différents. Le point de mire de sa recherche est l'intelligence, la créativité et la sagesse et il s'est également intéressé à l'amour et aux relations étroites ainsi qu'à la haine. Monsieur Sternberg figure sur la liste de l'*APA Monitor on Psychology* comme l'un des 100 plus grands psychologues du XXe siècle et est listé par l'ISI comme l'un des auteurs les plus souvent cités en psychologie et en psychiatrie.

**Science & Applications
Address
Conférence
"Science & Applications"**



Edward A. Connors, Ph.D., C.Psych.

Ed is a Psychologist registered in Ontario. He is of Mohawk and Irish ancestry and is a band member of Kahnawake Mohawk Territory. He has worked with First Nations communities across Canada since 1982 in both urban and rural centres. Dr. Connors served as a board member and vice president of the Canadian Association of Suicide Prevention between 1990-98. He has worked as Clinical Director of an infant mental health centre in Regina and a suicide prevention program for First Nations communities in Northwestern Ontario. While developing the latter Dr. Connors apprenticed with Elders in traditional First Nations approaches to healing. His current practice incorporates traditional healing knowledge while also employing his training as a Psychologist. He and his wife Donna, manage a health planning firm which provides health consultation and psychological services to First Nations communities throughout the Georgian Bay region. He also serves as an elder/advisor for Enoahitig Learning and Healing Lodge and the Native Mental Health Association of Canada. Dr. Connors is a committee member with the Mental Health Commission of Canada and a board member of the Mental Health Centre Penetanguishene, Ontario.

Ed est un psychologue agréé en Ontario. Il est de descendance mohawk et irlandaise et il est membre de la bande du territoire mohawk de Kahnawake. Il travaille avec les collectivités des Premières nations depuis 1982 en milieu urbain et rural. Dr Connors a siégé à titre de membre du conseil d'administration et de vice-président de l'Association canadienne pour la prévention du suicide entre 1990 et 1998. Il a été directeur clinique d'un centre de santé mentale de l'enfant à Regina et d'un programme de prévention du suicide dans les collectivités des Premières nations du Nord-Ouest de l'Ontario. C'est en travaillant à la mise sur pied de ce programme que Dr Connors a appris auprès des aînés les approches traditionnelles à la guérison des Premières nations. Sa pratique actuelle intègre les connaissances de la guérison traditionnelles ainsi que celles de sa formation de psychologue. Lui et sa conjointe Donna, gèrent une entreprise de planification de la santé qui fournit un service de consultation sur la santé et des services de psychologie aux collectivités des Premières nations partout dans la région de la baie Georgienne. Il agit aussi à titre d'aîné/conseiller de l'Enaahitig Learning and Healing Lodge et de la Native Mental Health Association of Canada. Dr Connors est un membre de comité de Commission de la santé mentale du Canada et membre du conseil d'administration du Centre de santé mentale de Penetanguishene, en Ontario.

**Deadline for submissions
November 15, 2009**

For more information please visit our
website at www.cpa.ca

**Appel de communications – Date limite de soumission :
15 novembre 2009**

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Canadian Journal of Behavioural Science Call for Nominations Editor: 2011-2014

The Board of Directors of the Canadian Psychological Association has opened nominations for the Editorship of Canadian Journal of Behavioural Science for the years 2011-2014. Candidates must be members of CPA and should be available to start receiving manuscripts January 1st, 2010 to prepare for issues to be published in 2011.

To nominate candidates, prepare a brief statement of approximately one page in support of each nomination. Nomination, accompanied by the nominee's vitae, should be submitted before November 2nd, 2009 to:

Publications Committee Chair
c/o Head Office
Canadian Psychological Association
141 Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3

Interested individuals may obtain more information directly from the Editor, Dr. Greg Irving at Wilfrid Laurier University, 519.884.0710 x 3707 – E-mail: girving@wlu.ca

Revue canadienne des sciences du comportement Demande de mises en candidature Rédacteur en chef: 2011-2014

Le Conseil d'administration de la Société canadienne de psychologie sollicite des mises en candidature pour le poste de rédacteur en chef de la Revue canadienne des sciences du comportement pour la période 2011-2014. Les candidats doivent être membres de la SCP et doivent être disponibles pour recevoir des manuscrits à compter du 1er janvier 2010, pour publication en 2011.

Les mises en candidature doivent comprendre un énoncé d'environ une page portant sur le candidat en nomination ainsi que son curriculum vitae. Les mises en candidature doivent être soumises avant le 2 novembre 2009 à l'adresse suivante :

Président du Comité des publications
Société canadienne de psychologie
141, avenue Laurier ouest, bureau 702, Ottawa, Ontario K1P 5J3

Les personnes intéressées peuvent obtenir des renseignements complémentaires en communiquant avec le rédacteur en chef de la revue Dr. Greg Irving, Wilfrid Laurier University, 519.884.0710 x 3707
Courriel : girving@wlu.ca

Canadian Psychology Call for Nominations Editor: 2011-2014

The Board of Directors of the Canadian Psychological Association has opened nominations for the Editorship of Canadian Psychology for the years 2011-2014. Candidates must be members of CPA and should be available to start receiving manuscripts January 1st, 2010 to prepare for issues to be published in 2011.

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141 Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3

Interested individuals may obtain more information directly from the Editor, Dr. John Hunsley at John.Hunsley@uottawa.ca.

Psychologie canadienne Demande de mises en candidature Rédacteur en chef : 2011-2014

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INTERNATIONAL RELATIONS COMMITTEE

The XXXII Interamerican Congress of Psychology in Guatemala

JANEL GAUTHIER, Ph.D., Chair,
CPA International Relations Committee
JOHN BERRY, Ph.D., Secretary



The 32nd Interamerican Congress of Psychology (Guatemala, June 28-July 2, 2009) held under the auspices of La Sociedad Interamericana de Psicología (SIP - Interamerican Society of Psychology) was attended by 2000 persons representing 35 countries. Ten of them were from Canada.

Guatemala has a relatively small number of psychologists (5,000 with 1,650 certified to practice). Under the leadership of Dr. Maria del Pilar Grazioso, Guatemalan psychologists organized one of the best SIP congresses we ever attended.

The main theme was "Psychology: A Path Toward Peace and Democracy." There was a special focus in the scientific programme on health and quality of life, social violence and human rights, gender, political-legal constructions, effects and consequences of poverty, impact of natural disasters, organizational and labour challenges, education and training, and assessment.

Most of the presentations were in Spanish with simultaneous English translation available for invited keynote presentations. We were the only invited keynote speakers from Canada. JB presented on the positive well-being of immigrants and refugees, and JG spoke about the relevance of the *Universal Declaration of Ethical Principles for Psychologists* for peace and democracy in today's changing world.

The social and cultural events, high on ceremony, were attended by ranking government and other officials.

Former CPA Honorary President, Albert Bandura, received the Interamerican Psychologist Award for lifetime achievement and a standing ovation during the opening ceremony held at the National Theater. The next day, he received an honorary doctorate from *La Universidad del Valle de Guatemala*.

The conference president, Dr. Maria del Pilar Grazioso, and Guatemalan psychologists were also honoured during a ceremony held at the *Palacio de la Cultura*. After the end of the Guatemalan civil war in 1996, the government created a statue that symbolizes the peace treaty. Each day, they place a new white rose on the statue to symbolize the peace. On special occasions, a person is allowed to change the rose to honour their contributions. This ceremony honoured the incredible work of Dr. Grazioso in developing psychology in Guatemala. She

was named an Ambassador of Peace, one of the highest honours for a Guatemalan citizen.

The APA hosted a reception in honour of SIP at the National Museum of Archaeology and Ethnology and the Carlos Merida Museum of Modern Art which were opened just for this reception.

The College of Psychologists of Guatemala held a reception at the ex-convent Santo Domingo where a local musical group played marimba, the traditional instrument used to create the music of Guatemala, and guests had the opportunity to dance.

Psychology in Latin America is growing rapidly. There is a lot to learn from our colleagues in Central and South America and opportunities for collaboration are plentiful. We encourage you to join SIP and to attend the next Interamerican Congress of Psychology to be held in 2011 in Medellin, Colombia.

Founded in 1951, SIP leadership includes members of North, Central, and South America, and the Caribbean. The official languages of the association are Spanish, English, Portuguese and French. Since 1967, the SIP publishes *The Interamerican Journal of Psychology*. For membership application, go to the SIP homepage (<http://www.sipsych.org/english/home.htm>).

A Visit to Rwanda: Enriching Perspective, Enriching Skills

ADIJA MUGABO, Masters Candidate in the Counselling Psychology Program at the University of Western Ontario



Experiencing life as a foreigner has been an incredibly eye-opening opportunity. As a Master's Candidate in Counselling Psychology, spending the summer in Rwanda has profoundly enhanced my ability to empathize with what life is possibly like for immigrants back home in Canada.

Living in such a divergent environment for the first time, certain things have entered my mind that I have never had the opportunity to fully process until now. Being Rwandan is part of my heritage. My father was born in

Rwanda and came to Canada in the 1970's. Like many immigrants who have been in Canada for an extended period of time, he fiercely preserved his identity as a Rwandan while still feeling very Canadian. However, I've always

felt that coming from such a small country in East Africa is kind of like having secret; very few people in Canada can share this experience. Membership was limited to a few people I knew through my father and we gathered and conversed in a way that no one else could. But during those two months, being Rwandan wasn't a secret anymore. It was a way of life that I could share with millions of people. I was no longer the expert in my milieu of all things Rwandan. I was a novice surrounded by a wealth of learning opportunities.

This realization has made me

very excited to commence my internship in the fall and to begin my practical training as a counselling psychologist. Working with immigrants is an undeniable part of the practice experience for Canadian mental health practitioners. People born outside of the country now make up 20% of the population, and the number of immigrants in Canada is expected to reach somewhere between seven and 9.3 million by 2017. Each one of these individuals who seek psychological services brings their own culture with them, offering a portal into another set of life experiences that can enrich the psy-

chologist's empathic capacity and broaden his/her worldview. Many will be provided the opportunity to share their 'secret' with the psychologist - a secret which is an integral to their functioning and growth.

Indeed, this travel experience has not only shaped my view of the globe while abroad but I believe it will enhance how I relate to other Canadians who have come from afar and my appreciation of how they balance where they've been and where they hope to be in the future.

Ethical Guidelines for Supervision: Another First for CPA

DR. JEAN PETTIFOR, CPA Committee on Ethics



Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration was adopted by the Canadian Psychological Association Board of Directors on February 7, 2009. The Committee on Ethics, chaired by Carole Sinclair, responded to a need expressed by CPA members for ethical guidelines for supervision. A sub-committee (Jean Pettifor, chair; Michelle McCarron; Greg Schoepp; Annie Stark; and Don Stewart) prepared the draft document after widespread consultation.

The purpose of the Guidelines is to provide an ethical framework for maintaining an effective and mutually respectful working alliance between supervisor and super-

visor that enhances the learning experience. Psychologists recognize that supervision is a specialized area of psychological activity that has its own foundation of knowledge and skills. The Guidelines document has several unique features.

First, it applies to all areas of psychological activity, thus expanding their usefulness beyond today's emphasis in the supervision literature on only clinical practice.

Second, it primarily addresses relationships rather specific good practice standards, such as how many hours of supervision are required, or the content of supervisory meetings.

Third, supervisees and supervisors are considered to be mutually responsible for maintaining ethical relationships. Both contribute to the success or failure of the relationship and the quality of the learning experience. At the same time the power differential is acknowledged and the supervisor is seen to have the greater responsibility in resolving difficulties.

Fourth, all the guidelines are linked to the four ethical principles of the Canadian Code of Ethics for Psychologists: Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. This structure has been established by CPA in previous documents, and indicates that guidelines represent applications of the Code to special areas of practice rather than a proliferation of stand-alone documents.

The Guidelines are already in use for educational purposes in Canada. They also have been received positively by psychologists in other countries, and were presented at a symposium on supervision at the European Congress of Psychology in Oslo in July.

We believe that the Ethical Guidelines for Supervision in Psychology is another first in Canadian Psychology's contribution to the ongoing discourse on ethical practice.

The Guidelines can be downloaded from the CPA website at <http://www.cpa.ca/cpsite/userfiles/Documents/COESupGuideRevApproved7Feb09revisedfinal.pdf>

CPA CONVENTION

Lessons from Montreal

PETER GRAF, Ph.D., CPA 2009
Convention Committee Chair



A team of volunteers surveyed about 200 attendants at our Montreal convention. The results showed a clear majority (81%) who rated the convention hotel as "excellent". A solid majority (80%) agreed that CPA should make efforts to increase attendance at some sessions, and (57%) agreed that the convention program offered the right mix of breadth and depth (15% disagreed with the program mix; 28% remained neutral on this item). In addition, a decisive majority (71%) of the sub-sample who completed an item on the new format of the conversation session responded favourably.

Of course we are delighted with these results. However, future efforts and the rest of this column will focus on other issues, two of which were targeted by other survey items and elicited less clear-cut results.

The 2009 convention program was provided on a handsome CPA-branded, re-usable USB stick. A majority (53%) of respondents liked the USB-stick convention program, and a similar majority (57%) disagreed with CPA providing paper copies of all convention materials. In con-

trast to these endorsements of the USB option, however, we received the strong message that the dearth of paper copies of the program made it difficult to navigate the Montreal convention. As a result, we will look at options for the production of printed convention programmes at future conventions. Cost will be an important factor in selecting production options – producing the abstract in its entirety in both print and on a USB key will be prohibitive. We will continue to produce the full abstract book on a USB stick but, in response to 2009 convention feedback, we will explore the possibility of a condensed printed programme that enables registrants ready access to the title of the presentation, the names of its authors, and where and when it will be held.

The convention committee was tasked a few years ago with reducing the number of concurrent sessions (note: 50% of respondents agreed that the number of concurrent sessions in Montreal was about right), and we have already taken two major steps toward this objective: Encouraging the poster as the default format for reporting empirical research and offering the round-table format for conversation sessions. More education of submitters and reviewers, as well as perhaps other creative interventions are required to correct the mistaken perception that posters are 2nd class presentations. We have also been made painfully aware that not all conversation sessions are amenable to the round-table format. To make the convention a more positive experience for all, please contact

the CPA convention staff as soon as possible if your conversation session does not lend itself to the round-table format.

A minor but perennial convention 'beef' concerns sessions that do not start or end on time. To correct this problem, we will ensure that a moderator is appointed for every session, and moderators will be tasked with keeping presenters on time. All persons making a submission to the next convention will be asked about their willingness to serve as moderator. Please volunteer for this purpose, and if you are a presenter, please stay within your allotted time.

Calls for improvements were also triggered by the complexity of the convention program which is due in part to sessions varying in length from 30 min to 1 1/2 hours. In the Montreal program we had to accommodate 48 30-min theory-review sessions, all of which were self/speaker moderated. To simplify the program and make it feasible to staff each session with a moderator, theory reviews will henceforth be scheduled in groups of three in 1 1/2 hour sessions. A review of the 2009 abstracts suggested that a substantial proportion of the theory review submissions did not meet the criteria for this type of submission. For 2010, we ask that participants be careful to ensure that their submission meets the relevant criteria. Doing so will increase the likelihood that your submission will be accepted and allow us to better meet presenters' needs.

ACCREDITATION PANEL UPDATE

KAREN R. COHEN, Ph.D., CPA Executive Director
PETER HENDERSON, Ph.D., Chair, Accreditation Panel



2009 Draft revision of Accreditation Standards and Procedures. As has been widely communicated among stakeholders, CPA's Accreditation Standards and Procedures for Doctoral

Programmes and Internship is undergoing its 5th revision. A draft is posted on the CPA website along with an invitation to stakeholders to submit feedback. The deadline for submission of feedback is January 15th, 2009. Please visit <http://www.cpa.ca/accreditation/2009draftrevisionoftheaccreditationstandardsandproceduresfordoctoralprogrammesandinternshipsinprofessionalpsychology/>.

International Accreditation News. In August 2009, Drs. Peter Henderson (Chair, Accreditation Panel) and Karen R. Cohen (Executive Director, CPA) met with counterparts at the American Psychological Association to discuss initiatives and opportunities for international accreditation and mutual recognition.

CPA was eager to invite the APA to participate in the development of a new agreement to optimize mobility of psychologists. As proposed, a mutual recognition agreement between CPA and APA would communicate to employers, training sites, and regulators that the accrediting bodies of professional psychology view accredited programs as substantially equivalent and, all other factors being equal, their graduates should be treated equivalently. Mutual recognition agreements have been developed and employed by other professions (as an example, see the Washington Accord among engineers). The proposed agreement would give doctoral programmes and internships some assurance that their domestically accredited programmes would continue to be

of value and attraction to international students.

We suggested that given CPA and APA's long history of collaboration on accreditation, the similarity of our accreditation systems, and our collective commitment to support mobility, especially when APA accreditation of Canadian programmes sunsets in 2015, the CPA and APA could develop the new agreement which could serve as a prototype for agreements on accreditation internationally and with other member counties. Next steps toward this goal include confirmation of delegates from each association, empowered by their respective governing bodies, to draft a new agreement. A tentative meeting has been arranged for February 2010.

Changes at the Accreditation Office. In July 2009, CPA was sorry to receive the resignation of Dr. Daniel Lavoie from his post as Registrar for the Accreditation Panel. Dr. Lavoie will, however, maintain a more part-time role within the Accreditation Office as its Associate Registrar, with a responsibility for Francophone programmes. In September 2009, CPA welcomes Dr. Heather Macintosh as CPA's new Registrar. Dr. Macintosh has considerable experience in accreditation, having served on the Accreditation Panel for three years as its first student member. She will work at a .35 FTE out of CPA Head Office. CPA is glad to welcome Dr. Macintosh to the CPA team and to be able to support Dr. Lavoie's continued role with us as well.

The Accreditation Panel would

also like to take this opportunity to sincerely thank all of those professionals and academics who volunteered their valuable time and expertise in serving as site visitors for the Panel in the 2008-09 academic year. The accreditation process is dependent, to a great extent, on your expertise, your volunteerism, and identification with the profession of psychology. Many thanks to Drs.:

Sylvie Belleville
Clarissa Bush
Pam Cooper
Janice Cohen
Kenneth Craig
Anna-Beth Doyle
Henry Edwards
Jeffrey Fagen
Paul Greenman
Alan King
Jane Ledingham
Steward Longman
Robert McIlwraith
Lachlan McWilliams
Kerry Mothersill
William Ray
Teréz Rétfalvi
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Carl von Baeyer
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Richard Young



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Advocacy for Children's Mental Health

PATRICIA L. PETERS, Ph.D., C. Psych.

The recent CPA convention in Montreal was an exciting opportunity to discuss ideas and strategies regarding mental health care for our children and youth. As a follow-up to the convention, I would like to share my recent involvement in a grass-roots group advocating for children's mental health in Guelph and the surrounding Wellington county.

Roughly four years ago, a group of 15 community organizations wanted to make changes in the local children's mental health system. AD VOX ("Adding our Voices Together") evolved from this group of 15, inspired by a program first developed in Windsor. Spear-headed by the efforts of Judy Coulman and Lorraine Bruce-Allen, AD VOX was adapted for the unique characteristics of Guelph and Wellington county, including the diversity of rural and urban populations. AD

VOX adds together the voices of parents, service providers (e.g., psychologists, police officers, addiction counsellors) and community members (many from education, business, and the legal system) in order to educate and advocate at a local level. AD VOX gives talks to school boards, service groups, politicians, etc., in order to increase community awareness, interest, and action.

A typical AD VOX presentation lasts 30 to 40 minutes, and starts with an introduction based

on local needs and national statistics about children's mental health. Then, parents speak of their experience supporting a child with mental health problems. They also represent the voices of their children and adolescents. Not surprisingly, their stories highlight the service gaps and the desperate situations that families often experience trying to access effective, consistent, and affordable treatment. The presentation continues with service providers speaking of their experience. As one of the service providers, I try to bring the perspective of hope, helping the audience to understand the availability and effectiveness of treatments for many of the most prevalent mental health problems affecting our young people. Finally, the community members, who are in the audience, offer their perspective on children's mental health, as lawyers, retired princi-

pals, or business people, for example. All those involved have been touched by children's mental health in some way. The collective product of an AD VOX presentation distills hundreds of experiences into a remarkably coherent and powerful message.

The inclusive and collaborative model of AD VOX recognizes that no one discipline or group is likely to be successful acting alone to promote children's mental health. Members of AD VOX are all keenly aware that the "silos" approach to providing mental health care for our young people does not work. Fortunately, timing is on our side, given the mandate of the Mental Health Commission of Canada and the increasing awareness and interest at the local level. As an example of the growing momentum, AD VOX was delighted to host Dr. Simon Davidson this spring. Dr. Davidson, Chair of the

Child and Youth Advisory Committee for the Mental Health Commission of Canada, spoke at a luncheon of approximately 70 community leaders in Guelph and Wellington county, including politicians, social service workers, health officials, and media representatives. Dr. Davidson spoke again at an evening event open to the public. The community response to both events was very positive. According to Dr. Davidson, the AD VOX model is generating interest at local, provincial, and national levels.

I encourage fellow psychologists and psychological associates to lend their voices to local advocacy efforts in order to improve mental health care for children and youth in Canada. If you are interested in more information about AD VOX, please contact me at plpeters@sympatico.ca

Responding to Client Stress in These Stressful Economic Times

JENNIFER A. NEBEN, OISE U of T, 1st year, area of studies: Ph.D. Counseling Psychology Program

With the recent downturn in the economy and the steady borage of employment layoffs within many Canadian workplaces this past year, the impact of financial stress is likely an increasing concern of many counseling psychology clients. Financial stress and unemployment have indeed been linked to depression and anxiety.

As a psychology student I have seen first hand how issues such as marital conflict and/or pre-existing anxiety can be exacerbated by the additional burden of financial hardship. Job loss or reduced work hours can also pose an impediment to some individuals obtaining ongoing counseling for themselves or family members and may even lead to some clients ending counseling sessions prematurely.

As a result of job loss causing increased stress and potentially affecting the willingness or ability of clients to pay for counseling, job loss greatly affects both psychologists and psychology students alike. As a counseling psychology PhD student I am particularly interested in the issue of our struggling economy not just because funding grants and opportunities are jeopardized, but also because job stress leads to changes in client needs and to clients seeking reduced rate counseling. My M.A. practicum site has indeed recently reported receiving an increased number of calls from clients seeking reduced intern rates. The practice is also receiving more calls from men who are experiencing psychological distress as a result of losing their job and according to recent newspaper headlines men all across Canada are calling crisis lines and reporting job-related stress in unprecedented numbers.

As psychologists and students, we can better respond to client needs by having increased knowledge about the psychological impacts of job loss and available options for addressing associated stress. For example, teach clients to recognize the ways that they cope with stress (both healthy and unhealthy) and help them to capitalize on positive coping strategies, such as maintaining balanced thinking, brainstorming, simplifying their finances and remaining organized. Encourage healthy stress-reducing activities such as walking and exercise, relaxation and social support. Also help clients to understand what

money and work mean in terms of their own values and identity. Lastly, recognize when a referral to another professional, such as a financial planner, debt counselor, or career counselor may be warranted.

Strategies for managing stress and recognizing the need for an outside professional are not just important for clients; they also important for psychology professionals themselves who are supporting clients who face more problems, have fewer resources, attend sessions less frequently and may also be requesting reduced fees. The counseling psychology practice where I completed my placement has decided to offer a free stress management consultation to individuals who have recently lost their job. Although this could be helpful to some clients, offering free services could pose additional challenges for psychology professionals. Aside from potential issues with motivation, many clients will likely require additional sessions to adequately address their needs and decisions will then have to be made about how to ethically respond, particularly if community referrals for free counseling services are not available. These issues present concerns for professionals who may then subsequently experience their own increase in work-related stress. As a result students and professionals must be fully aware of the issue of compassion fatigue and the need for self-care. When responding to increased demands from clients, professionals could consider increasing their use of professional peer support or supervision. To address client financial needs professionals may consider seeing some clients less frequently and/or in groups. For professionals who choose to offer pro bono or reduced fee services, decisions will need to be made on how to balance public need with the need of maintaining a viable professional practice.

International Cross-Cultural Section Who is the International Cross-Cultural (ICC) section?

RANDAL G. TONKS, Ph.D., Chair, CPA International / Cross-Cultural Section

Since our inception our members have been promoting the development of policies and actions that facilitate greater awareness of and constructive work in dealing with cross-cultural issues in research and practice across a wide variety of areas. Student membership is free and each year we provide awards for the best student paper and poster presentations. This year the John W. Berry Award goes to Maya Yampolski for her paper "Computer-adaptive measurement of acculturation in multicultural contexts: The Multicultural Assessment Preferences and Identities (MAP-ID)" while the Frances E. Aboud award goes to Darcy Dupuis for his poster on "Terror Management and Acculturation: The Effects of Mortality Salience on Acculturation Attitudes toward Culturally Close and Culturally Distant Immigrant Groups". For more information about our activities check out our website: <http://tonks.disted.camoun.bc.ca/iccp>.

Women & Psychology Annual Student Awards

E.B. BROWNLIE, Ph.D., Student Awards Coordinator, CPA Section for Women and Psychology

The Section on Women and Psychology (SWAP) is pleased to announce that Anne Marie Mikhail is the 2009 winner of the SWAP Student Paper Award. The winning paper, entitled "Career Development of Second-Generation Immigrant Women: A Pilot Study" was presented at the 2009 CPA annual convention. Ms. Mikhail is working on a Ph.D. in Psychology at McGill University under the supervision of Dr. Ada Sinacore, who co-authored the paper. The \$500 award was presented to Ms. Mikhail at the SWAP business meeting during the convention.



Ms. Anne Marie Mikhail

SWAP also awards \$200 travel bursaries to students presenting papers or posters particularly relevant to women and/or feminism at the CPA convention. This year, travel bursaries were awarded to Rebecca Harriman (University of Saskatchewan), Jessica McCutcheon (University of New Brunswick), and Melissa Castro (Ponce School of Medicine).

Studying Clinical Psychology at the University of Montreal

ANGELA KYPARISSIS, University of Montreal, 3rd year, area of studies: Ph.D. in Research and Intervention (Clinical Psychology option), DANITKA GIBBS, M.Ps., Université de Montréal, 4ème année, domaine d'études : Ph.D. en recherche et intervention (option psychologie clinique)



History of the Department

The University of Montreal's Department of Psychology was founded in 1942 by the Reverend Father Noël Mailloux and was known, at the time, as the Institute of Psychology. It was the first French-speaking Psychology Department in North America.

Clinical Programs

Aside from the research-oriented Master's and Ph.D. degrees in Psychology, the University of Montreal offers two programs in Clinical Psychology to potential Graduate students. The CPA-accredited Clinical Psychology Ph.D. in Research and Intervention is best suited for students who are not only interested in pursuing professional careers as psychologists, but who also wish to pursue academic careers or continue to conduct research in other institutions. In fact, both clinical and research training are integral aspects of this program. It is important to note however, that the Research and Intervention program also offers future students the options to study Clinical Neuropsychology or Industrial and Organizational Psychology. For students who wish to orient their careers more towards clinical practice, the Clinical Psychology Doctorate (Psy.D.) has recently become an option at the University, since September of 2008. The two programs are equivalent in terms of clinical training, and upon completion, both give access to licensed practice in most provinces/states in North America. They differ, in that fewer credits are ac-

corded to research (24 credits vs. 63 credits) and more to courses (46 credits vs. 36 credits) in the Psy.D. program than in the Clinical Psychology Ph.D. program.

Psychology Clinic

At the University of Montreal, Clinical Psychology students have the opportunity to complete three years of clinical training with either a child/adolescent or adult population at the Psychology Clinic located in the department. Students obtain training while simultaneously providing services to the community in various areas, such as psychological evaluation, and individual, couples, and family therapies. Practica are supervised by experienced clinical psychologists, some of whom are department faculty members. Upon completion, students can then apply for internship at local hospitals or clinics. It is important to mention however, that the department is considering the possibility of offering practica at local facilities other than the Psychology Clinic to second and third-year students in the future.

"Testothèque"

The "Testothèque" is a service affiliated to the Psychology Clinic and is physically located next to the clinic's reception area. It is a test library, which catalogues over 1 000 psychological tests. These are made available to students and all members of the Quebec Order of Psychologists who wish to consult them. Students can access the

tests to study them and/or administer them to clients and research participants with their supervisor/research director's guidance.

Etcetera

Numerous teaching assistantships for Undergraduate and Graduate-level courses are offered to Graduate students as well as the possibility of teaching entire courses during advanced stages of study. Similarly, practicum supervision assistantships designed to help first-year clinical students master the use of psychological tests are offered to advanced clinical students. Opportunities to apply for various departmental and Faculty of Graduate and Post-Doctoral Studies scholarships are also available. In addition, Psychology students can benefit from an uplifting student life: They have access to the "Psychic," a student café located in the department that hosts several evening parties, and "jam sessions" where amateur musicians showcase their talents during lunch time. They can also participate in the "PsyShow," an annual talent show, which takes place at Club Soda in downtown Montreal, and in various intramural sports, such as hockey and basketball. Finally, Montreal is a beautiful city with a diversified choice of restaurants, fine museums, and an incredible nightlife, which are sure to keep students busy.

Website

For more information on the Clinical Psychology programs (and other programs), Psychology Clinic, and "Testothèque" at the University of Montreal, please visit the website: <http://www.psy.umontreal.ca>.

Étudier la psychologie clinique à l'Université de Montréal

ANGELA KYPARISSIS, University of Montreal, 3rd year, area of studies: Ph.D. in Research and Intervention (Clinical Psychology option), DANITKA GIBBS, M.Ps., Université de Montréal, 4ème année, domaine d'études : Ph.D. en recherche et intervention (option psychologie clinique)



Histoire du département

Le département de psychologie de l'Université de Montréal a été fondé en 1942 par le Révérend Père Noël Mailloux. Anciennement connu sous le nom d'Institut de psychologie, c'était le premier département de psychologie francophone en Amérique du Nord.

Programmes cliniques

Mis à part les programmes en recherche offerts au 2^e et 3^e cycle, le Département de psychologie de l'Université de Montréal offre deux programmes en psychologie clinique aux futurs étudiants gradués. Le programme recherche/intervention en psychologie clinique convient davantage aux étudiants qui s'intéressent non seulement à la pratique professionnelle, mais qui envisagent également la possibilité de poursuivre une carrière académique ou de continuer à faire de la recherche scientifique dans un autre milieu. En effet, la formation clinique, de même que le développement de compétences avancées en recherche, font partie intégrante de ce programme. Notez que le programme recherche/intervention, agréé par la Société canadienne de psychologie, offre également l'option de poursuivre ses études en neuropsychologie clinique ou en psychologie du travail et des organisations. Pour les étudiants qui se destinent plutôt à la pratique professionnelle, le Doctorat en psychologie clinique (D.Psy.) est devenu une option à l'Université depuis septembre 2008. Ces programmes sont équivalents sur le plan de la formation clinique et donnent accès à l'exercice de la profession dans la plupart des provinces/états de l'Amérique du Nord. Ils diffèrent cependant quant au nombre de crédits accordés à la recherche et aux

cours : moins de crédits sont accordés à la recherche (24 crédits vs 63 crédits) et plus de crédits sont accordés aux cours (46 crédits vs 36 crédits) dans la programme D.Psy. que dans le programme de Ph.D. en psychologie clinique.

Clinique universitaire de psychologie

Les étudiants en psychologie clinique de l'Université de Montréal ont l'opportunité de compléter trois années de formation auprès d'une clientèle enfants/adolescents ou d'une population adulte à la clinique universitaire de psychologie du département. Les étudiants poursuivent leur formation tout en offrant des services psychologiques variés à la communauté tels que des évaluations psychologiques et de la thérapie individuelle, de couple et familiale. Les stages sont supervisés par des psychologues cliniciens expérimentés dont certains sont des professeurs du département de psychologie. Au terme de leurs stages, les étudiants peuvent ensuite entamer leur internat en milieu hospitalier ou dans diverses cliniques. Il s'avère cependant important de mentionner que le département examine la possibilité d'offrir, dans le futur, des stages dans des milieux de formation autres que la Clinique universitaire de psychologie aux étudiants inscrits en 2^e et en 3^e année.

Testothèque

La Testothèque est un service rattaché à la clinique universitaire de psychologie et est située à côté de la réception de la clinique. Elle regroupe plus de 1000 tests psychologiques. Ces tests sont mis à la disposition des étudiants et de tous les membres de l'Ordre des psychologues du Québec qui désirent les consulter. Les étudiants peuvent avoir

accès aux tests pour les étudier et/ou les administrer aux clients et aux sujets de recherche sous la direction du superviseur clinique ou du directeur de recherche.

Et cetera

Plusieurs assistanats à l'enseignement sont offerts aux étudiants gradués dans le cadre des cours de premier cycle et des cycles supérieurs. Les étudiants qui sont plus avancés dans le programme ont également la possibilité d'obtenir des charges de cours. De même, des assistanats en supervision clinique, qui ont pour but d'aider les étudiants inscrits en première année du programme à utiliser certains tests psychologiques, leur sont également offerts. Il est également possible de poser sa candidature pour plusieurs bourses offertes par le Département de psychologie et par la Faculté des études supérieures et postdoctorales. Par ailleurs, pour égayer leur vie étudiante, les étudiants en psychologie ont accès au « Psychic », un café étudiant situé dans le département qui accueille plusieurs événements sociaux et séances de « jam » où des musiciens amateurs peuvent démontrer leur talent. Ils peuvent également participer au « PsyShow », un spectacle amateur qui a lieu annuellement au Club Soda au centre-ville de Montréal, et à de nombreuses activités sportives telles que le hockey et le basketball. Finalement, Montréal est une ville splendide offrant un choix diversifié de restaurants et de musées, de même qu'une trépidante vie nocturne.

Site Web

Pour obtenir plus d'information sur les programmes de psychologie clinique (et les autres programmes en psychologie), la clinique universitaire et la testothèque de l'Université de Montréal, veuillez consulter le site Web suivant: <http://www.psy.umontreal.ca>.



CAREER ADS IN PSYCHOLOGY
CARRIÈRES EN PSYCHOLOGIE

www.cpa.ca/careers



STUDENTS

Promoting Self-harm Awareness and Education on Campus

JILL SCHOONDERBEEK, University of Guelph, 2nd year MA in Clinical Psychology in Applied Developmental Emphasis



A serious mental health issue gaining more attention from researchers and clinicians is self-harm among university students. Self-harm is the act of hurting one's body on purpose without suicidal intent (e.g., cutting, burning, etc.). Rates of self-harm in university populations have consistently ranged from 11% to 24% (Rodham & Hawton, 2009) but have been as high as 38% (Gratz, Conrad, & Roemer, 2002).

Moreover, about 70% of young adults who report a history of self-harm indicate they have repeatedly self-harmed (Whitlock, Eckenrode, & Silverman, 2006). Unfortunately, very few of these individuals ever seek professional help. Part of this seems to be due to the stigma attached to self-harm, the fear of how others will react to it, a lack of awareness of resources and financial barriers, to name a few.

Oftentimes, self-harm occurs in the absence of a formal diagnosis; however, this does not mean that there are not underlying psychological symptoms in need of intervention. In addition to symptoms and diagnoses, self-harm is associated with several negative outcomes including compromised

social relationships and even an elevated risk of suicide. Rates of suicide among individuals who have self-harmed are significantly higher than among those who have not.

The consequences associated with self-harm, coupled with the reality that only some seek help for it, highlights the importance of and need for self-harm awareness and help-seeking promotion within university populations. Young adults are an important age group to consider, especially since many young adults move away from home to attend university where they make many adjustments and face new stresses. Young adults are forced to be more independent and make many significant decisions on their own,

including decisions about their health and well-being. Therefore, a central goal for university campuses should be to increase self-harm awareness and education for young adults, who need to know when and where to seek professional help, and for mental health care professionals, in order to ensure best practice when it comes to recognizing symptoms in vulnerable individuals and tailoring services accordingly.

Creating an environment in which self-harm is addressed is important considering the high prevalence rate among young adults. There are several approaches that campuses can take to ensure all students have the appropriate information about self-harm and knowledge of helpful services. For example, informational pamphlets could be distributed, public education sessions could be provided on campus by professionals and campus libraries could showcase books promoting mental health and, specifically, self-harm. Advertisements in student newspapers could direct students to appropriate campus resources or showcase particular books that promote mental health awareness. Psychology depart-

ments could ensure that introductory psychology courses address self-harm and other mental health issues that tend to arise, or intensify, in young adulthood. In this way, students would be informed about self-harm, could help reduce the stigma by reacting in a supportive way to friends who may be struggling with self-harm and feel confident in their ability to direct their friends, or themselves, to appropriate help providers.

It is important to work toward enhancing self-harm awareness and its prevention and treatment. Currently, many researchers and clinicians are working towards achieving these goals. For instance, Dr. Stephen P. Lewis and the CARES (Collaborative Awareness and Research Efforts in Self-harm) lab at the University of Guelph is actively involved in several initiatives to better understand, prevent and treat self-harm. However, in order to have the biggest impact when promoting awareness about self-harm, and help-seeking for it, it is important for researchers and clinicians to partner together to ensure the greatest impact in addressing this issue.

For more information on self-harm, please visit the following websites:

CARES (Collaborative Awareness and Research Efforts in Self-harm)
<http://cares.psy.uoguelph.ca>

S.A.F.E. (Self Abuse Finally Ends) Alternatives
www.selfinjury.com/index.html

Secret Shame
www.crystalpalace.net/~llama/psych

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- Rodham, K., & Hawton, K. (2009). Epidemiology and phenomenology of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 37-62). Washington, DC: American Psychological Association.
- Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*, 117, 1939-1948.

Welcome Students!

PHILIP JAI JOHNSON, M.A., M.Sc., Chair, CPA Section for Students



With over 1800 members, the Section for Students is the largest section within CPA. Our aim is to provide a supportive environment for undergraduate and graduate students in Psychology – by promoting intellectual discussion on student life, professional opportunities, and mental health resources via a listserv.

These issues are also addressed through various workshops and a student social organized by members of the executive at the Annual CPA Convention. We also encourage student involvement by soliciting submissions to *Psynopsis*, and by recruiting Campus Representatives at various Canadian institutions. If you would like to be more involved in our section, please contact the Chair, Philip Jai Johnson, at philip.johnson@mail.mcgill.ca.

Dear Students,

Hope everyone has had an exciting yet restful summer, and I would now like to take this opportunity to welcome all of you to a new academic year. It is also with much pleasure that I introduce to you the new Executive of CPA's Section for Students for 2009-2010:

Chair

Philip Jai Johnson, Doctoral Student – Clinical Psychology, McGill University

Past Chair & Student Representative on CPA's Board of Directors

Kelly Smith, Doctoral Student – Clinical Psychology, Queen's University

Chair-Elect

Rana Pishva, Masters Student – Clinical Psychology, Queen's University

Campus Representative Coordinator

Nicole Wilson, Masters Student – Industrial/Organizational Psychology, Saint Mary's University

Secretary/Treasurer

Pamela Seeds, Doctoral Student – Clinical Psychology, University of Western Ontario

Undergraduate Affairs Coordinator

Margaret Hilton, Undergraduate Student – Psychology Honours, University of Toronto

Communications Officer

Annie Drouin, Doctoral Student – Clinical Psychology, University of Ottawa

Website & Listserv Manager

Kelly Hayton

I would also like to take this opportunity to thank Lindsay Uman, the outgoing Past-Chair of the Section, for her guidance and enthusiasm over the last few years – it has been a pleasure working with you, and I wish you all the very best with your career!

The Section for Students is the largest section in CPA, comprising of over 1800 members from various universities and colleges (www.cpa.ca/students). The Section provides opportunities for students to learn from each other and to begin preparing for their careers in psychology. The past several years have seen a growth in our Section's membership, and some exciting initiatives are currently underway. The newly-created Communications Position, filled in by Annie Drouin, has helped us immensely in addressing the needs of both Anglophone and Francophone students, establishing us as a truly representative Canadian student organization.

Furthermore, Kelly Smith and Lindsay Uman have developed a comprehensive set of bylaws for our Section, which you can find on our website (www.cpa.ca/students/studentsinpsychology/sectionbusiness). In 2009-2010, the Section will continue to be involved in a number of initiatives and events, such as ensuring student representation on all the CPA Sections, promoting Psychology month in February, conducting formalized elections for Executive positions, and liaising with the National Health Sciences Student's Association (NHSSA). We will also continue to recruit student submissions for *Psynopsis* (www.cpa.ca/publications/psynopsis/). If you are interested in submitting an article to

Psynopsis about a student-relevant topic or in writing a 'Campus Corner' profile, please contact Rana Pishva, Chair-Elect, rana.pishva@queensu.ca.

In keeping with past years, the Section will actively prepare student-based workshops for presentation at the annual CPA Convention. The 71st Annual Convention will be held in Winnipeg from June 3-5, 2010.

In addition to learning about the latest developments in a wide variety of research fields and networking with students from across the country, the convention will be a phenomenal opportunity to explore a city that is renowned for its historical and natural attractions, fine dining, and thriving local music scene.

You can also meet other students in a more relaxed environment at the convention, when our Section hosts the very successful Annual Student Social Night – so be sure to mark your calendars!

Finally, our Campus Representative Program continues to thrive, as we aim to have undergraduate, graduate, and faculty CPA representatives at every Canadian university and college.

Becoming a student representative is a great way to become more involved with CPA, and to act as a liaison between CPA and the students in your department. To see if the rep position at your institution is vacant, please visit our website (www.cpa.ca/students/studentsinpsychology/campusrepresentation/).

For more information on becoming a student rep, please contact Nicole Wilson, Campus Representative Coordinator, nicole.wilson1@smu.ca.

In closing, I am proud to be the Chair of this vibrant and dynamic section, and to work with a highly dedicated team of students who are committed to ensuring that your voice is heard within CPA.

If you have an idea for an event or initiative that you feel might be of interest to our Section, please do not hesitate to contact me at philip.johnson@mail.mcgill.ca.

I am also happy to address any questions or concerns you may have. Thank you all for making our Section a success and I wish you all an exciting and inspiring new academic year!

NEWS

The Canadian Psychological Association Foundation (CPAF) Giving Back to Psychology

DR. KENNETH D. CRAIG, CPAF President



It is a pleasure to provide an update on an active and productive past year for the Canadian Psychological Association Foundation, the CPA initiative founded in 2001 to provide opportunities for charitable acts to enhance the lives and communities of Canadians through Psychology.

Available Campus Representative Positions!

The following institutions have Campus Representative positions available:

U of Alberta (grad & undergrad)
Athabasca (grad & undergrad)
Brandon (undergrad)
UBC (undergrad)
UBC-Okanagan (grad)
Brock (undergrad)
Cape Breton (undergrad)
Carleton (undergrad)
Dalhousie (undergrad)
U of Guelph (grad)
Laurentian (grad & undergrad)
U Laval (undergrad)
McMaster (grad)
Memorial (undergrad)
U de Moncton (grad & undergrad)
U de Montréal (undergrad)
Mount Allison (undergrad)
Mount St Vincent (grad & undergrad)
UNB-Fredericton (undergrad)
UNB-Saint John (grad & undergrad)
UNBC (grad & undergrad)
U of Ottawa (undergrad)
U du Québec à Montréal (undergrad)
U du Québec à Trois-Rivières (grad & undergrad)
Queen's (undergrad)
U of Regina (undergrad)
Royal Military College of Canada (undergrad)
Ryerson (undergrad)
St. Francis Xavier (undergrad)
St Thomas (undergrad)
U de Sherbrooke (grad & undergrad)
Simon Fraser (undergrad)
U of Toronto-Mississauga (grad & undergrad)
U of Toronto-Scarborough (undergrad)
Trent (grad & undergrad)
Trinity Western (undergrad)
Vancouver Island (undergrad)
U Victoria (undergrad)
U of Waterloo (undergrad)
Wilfrid Laurier (grad & undergrad)
York (undergrad)

For updated information on available campus representative positions, please also visit our website at: www.cpa.ca/students/studentsinpsychology/campusrepresentation/.

For more information on becoming a campus representative, please contact Nicole Wilson, Campus Representative Coordinator, nicole.wilson1@smu.ca.

Composition of the Board

The newly reorganized Board now includes representation from the community at large, psychologists who are not elected to the CPA Board, and CPA Directors. We were delighted to welcome Dr. Roberta McKay, a dermatologist from Regina who has a long history as a distinguished community volunteer, as our public member. Other members of the CPAF Board are Dr. Peter Bieling, Dr. Jean-Paul Boudreau, and Dr. David Dozois. Dr. Karen Cohen, CPA Executive Director will also serve as a CPAF Director. Linda McPhee, will serve as the CPAF Executive Director on a part-time basis. Linda is the CPA Director of Communications and Stakeholder Relations. This is a wonderfully compatible group committed to working towards the CPAF objectives and it is a pleasure to work with them as CPAF President. I also take pleasure in thanking the former Board of the Foundation, comprised of members of the CPA Board, and the President of CPAF until June of 2009, Dr. Thomas Hadjistavropoulos, for their dedication and service to the Foundation.

Awards: 2009 Innovative Access to Psychological Services

The dramatic shortfall between the needs of Canadians for psychological services and access to these services led the CPAF Board to establish a 2009 award programme recognizing and supporting innovation and excellence in the delivery of psychological services and/or in the training of psychologists to deliver such services. We are well aware of the ingenuity and dedication of many psychologists and their agencies to ensuring services become available and want to honour and support their accomplishments. We will disburse in 2009 up to \$25,000 to support up to 3 awards to services that target children, older adults or rural and northern communities. Details on eligibility and nomination requirements are available through the CPA website <http://www.cpa.ca/cpafoundation/awards-2009innovativeaccessstopsychologicalservices/>. Please submit nominations to assist us in recognizing the best that psychology can deliver.

Strategic Development

Two meetings of the new Board have focused upon strategic development designed to enhance the programmes and activities of the Foundation. Because our effectiveness is limited by the financial and human resources available, the CPAF Board is pursuing three possibilities for fund-raising programmes:

The support of psychologists

I am convinced that this must be and will be the strongest resource available to the Foundation. It has been the bread and butter of the Foundation for years. Through voluntary contributions, social events at the CPA Convention, and revenue from the silent auction held on the occasion the CPA President's Reception at the Convention, thousands of dollars has become available to CPAF annually. This amounted to \$9,957 for 2008. We are convinced that the generosity of psychologists would amount to substantially more if CPAF were to mount the programmes of interest to psychologists committed to charitable activities. According to a Statistics Canada Survey of Giving, Volunteering and Participating, Canadians contributed \$10 billion in 2007, a remarkable level of contribution. We want to participate in this.

The support of individuals in the communities we serve

Psychological services are of great benefit to large numbers of Canadians. The most obvious are those suffering mental health problems and/or the burden of illness with its commonplace psychological difficulties. But research and psychological services also are invaluable to healthy people interested in maximizing their vocational, educational, and interpersonal capabilities. Surely we are in a position to demonstrate to these people and family, friends, employers, community members and others that support of the Foundation would multiply the benefits of psychologists' contributions.

The support of organizations

In keeping with the reality that the strongest support for the Foundation will come from psychologists, I was delighted to learn that the CPA Board voted at its June, 2009 meeting to donate 15% of any surplus in revenue at year end to the CPAF. The contributions of course will vary with CPA economic wellbeing over the years, but the commitment represents a strong endorsement of the success and objectives of CPAF and we look forward to a continuing strong association with CPA. However, this should only represent the beginning of generous contributions and we look to the business community and non-profit organizations. The Board is beginning to explore a number of possibilities and would welcome suggestions and proposals from CPA members. We will commit time and resources to developing these.



New Member of the CPA Board of Directors

DR. SUZANNE E. MACDONALD

CCDP Representative, Dr. Suzanne MacDonald is a professor in the Department of Psychology at York University, appointed to the graduate programs in both Psychology and Biology. She received her PhD in animal learning and behavior from the University of Alberta, and then did postdoctoral work at the University of British Columbia, before moving to York in 1990. In addition to maintaining an active research and teaching career, Suzanne has held several senior administrative positions at York, including four years as Associate Vice President (Research), Associate Dean, and Graduate Director. She is currently serving as Chair of the Department of Psychology.



She has three main areas of research expertise:

- Memory and cognition in nonhuman primates, including gorillas, orangutans and a variety of monkey species
- Psychological well-being of captive animals
- Reproductive behavior of critically endangered species, including Vancouver Island marmots, African elephants, cheetahs, Sumatran tigers, jaguars, etc.

Much of her research is conducted at the Toronto Zoo, where she has volunteered as their "Behaviorist" for almost 20 years. She has served on the Zoo's Board of Management as well as the Zoo Foundation Board, as well as a number of other nonprofit organizations. She currently serves as a Board member for Lewa Canada, a nonprofit organization established for the conservation and protection of endangered wildlife in Kenya, and works in the field in northern Kenya with a variety of species, including elephants, black and white rhinos, and Grevy's zebra.

CPA SECTIONS

Directions and Opportunities

JUANITA MUREIKA, L.Psych., CPA Board Liaison with Sections

The Sections of CPA are the lifeblood of CPA. Sections provide an important forum for discussion and debate among Canadian psychologists with similar interests. Sections also take an active and essential role in identifying keynote speakers and providing sessions for the annual Convention and pre-convention workshops, developing the CPA Fact Sheets, and providing a sounding board and consultation for CPA on topics related to their areas of expertise when media, the public, or the government raise issues.

CPA currently has 31 Sections and 1 Interest Group. Membership in the Sections ranges from over 1000 (2 Sections) to under 100 (3 Sections). Most Sections collect annual dues to support their interests and projects. All maintain a webpage on the CPA website, and their mission statements are published in *Psynopsis* each fall as an invitation to new members. All Sections are expected to have an annual business

meeting at the CPA Convention, and all are expected to submit an annual report to CPA, which is published in the CPA Annual Report. All Sections have access to list-serves operated by CPA, and as of September 2009, for purposes of accountability, all members of the CPA list-serves must be CPA members.

The richness of the number of Sections is that it reflects the variety and breadth of interest areas

of Canadian psychologists. Within the past 5 years, we have seen new Sections on Aboriginal Psychology, Sports and Exercise, Substance Abuse and Dependence, and most recently, Extremism and Terrorism.

The challenge, however, to the number of Sections currently operating within CPA is that there is overlap in membership and specialty areas. As a result, some Sections struggle to recruit and maintain a working executive, to review submissions for the Convention, to submit annual reports and hold annual business meetings – in effect, to remain viable.

The question is, does CPA have too many Sections for a population base of approximately 6500 members? APA, for example, has a membership of approximately 150,000 and only 54 divisions. Would CPA do better with less; and if so, is there a way of grouping or combining Sec-

tions to focus the energy and interests of our members more productively?

In the past, clustering of Sections has been suggested. This was not a popular idea at the time, but now is an opportune time to revisit that idea. There may be Sections which now are struggling but which would grow and flourish through an amalgamation with another Section with parallel or overlapping areas of interest, thus making both groups stronger. If so, what is the process by which Sections which would like to consider amalgamation could identify

themselves? Could CPA facilitate that process for those Sections?

CPA is proud of its Sections and relies on them for their subject and practice matter expertise. The Board is attempting to find the most effective way to support all Sections as healthy and contributing members of the CPA family. If you have thoughts on how to enrich our Sections, or if your Section is one that would like to consider amalgamation, please contact us through the CPA office at sections@cpa.ca. I am anxious to hear your thoughts.

UNIVERSITY OF SASKATCHEWAN

College of Arts and Science

Department of Psychology

Applications are being accepted for a **tenure-track position in clinical psychology** at the Assistant Professor rank, effective July 1, 2010.

Applicants with research and applied interests in **any area of clinical psychology** are invited to apply, but preference will be given to applicants with a focus in health (broadly defined as mental or physical health), especially health issues with respect to children. We are committed to hiring outstanding scientist-practitioners who can make significant contributions to the research and teaching missions of the department, who are committed to interdisciplinarity, and who can forge productive links with other areas of graduate programming in the department (i.e., Basic Behavioural Science, Culture and Human Development, Applied Social Psychology). Requirements for the positions include: Ph.D. (complete or near completion) in clinical psychology, a strong research record, evidence of effectiveness in teaching and supervision, completion of an internship in an accredited or equivalent setting, and eligibility for registration as a psychologist in Saskatchewan.

The Department's doctoral program in clinical psychology is a well-established scientist-practitioner program that is fully accredited by the Canadian and American Psychological Associations. The Department has 25 full-time faculty members, and 4 affiliate members from St. Thomas More College. There are over 75 graduate students completing an MA or PhD across the four graduate programs.

The University of Saskatchewan is located in Saskatoon, Saskatchewan, a city with a diverse and thriving economic base, a vibrant arts community and a full range of leisure opportunities. The University has a reputation for excellence in teaching, research and scholarly activities, and offers a full range of undergraduate, graduate, and professional programs to a student population of about 20,000. The university is one of Canada's leading research-intensive universities.

The College of Arts & Science offers a dynamic combination of programs in the humanities and fine arts, the social sciences, and natural sciences. There are over 8,000 undergraduate and graduate students in the College and over 300 faculty including 12 Canada Research Chairs. The College emphasizes student and faculty research, interdisciplinary programs, community outreach and international opportunities.

Successful candidates will demonstrate excellence or promise of excellence in teaching and graduate supervision. They will be expected to develop a vigorous, externally-funded research program.

Applications will be accepted until **November 15, 2009, or until the position is filled**. Please submit a curriculum vitae, copies of relevant publications and teaching evaluations, and a cover letter detailing how your research and clinical practice, past, present, and future would contribute to the clinical program. Applicants should also arrange to have three letters of reference sent to:

Head, Department of Psychology
University of Saskatchewan, 9 Campus Drive
Saskatoon, Saskatchewan, Canada S7N 5A5
Phone (306) 966-6668, Fax: (306) 966-6630

For further information about the clinical psychology program, please see <http://artsandscience.usask.ca/psychology/programs/clinical/>.

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. The University is strongly committed to employment equity. The University especially welcomes applications from Aboriginal persons, members from visible minorities, women, and persons with disabilities, and encourages members of the designated groups to self-identify on their applications.

CPA Sections

To learn more visit <http://www.cpa.ca>.

Aboriginal Psychology

Dr. Dana Bova, bovad@tbh.net

Adult Development and Aging Psychology

Dr. Yves Turgeon, yturgeon@health.nb.ca

Brain and Behaviour

Dr. Robert St. John, stjohn-r@rmc.ca

Clinical Neuropsychology

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Clinical Psychology

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Community

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Counselling Psychology

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Criminal Justice

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Developmental Psychology

Dr. Jennifer Sullivan, jfsulliv@stfx.ca

Environmental Psychology

Dr. Jennifer A. Veitch, jennifer.veitch@nrc-cnrc.gc.ca

Extremism and Terrorism

Dr. Wagdy Loza, wml1@sympatico.ca

Family

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Health Psychology

Dr. Tavis Campbell, t.s.campbell@ucalgary.ca

History & Philosophy of Psychology

Dr. John Connors

Industrial and Organizational Psychology

Dr. Peter A. Hausdorf, Phausdor@uoguelph.ca

International and Cross-Cultural

Dr. Randall Tonks, tonks@camosun.bc.ca

Perception, Learning and Cognition

Dr. James M. Clark, clark@uwinnipeg.ca

Psychoanalytic & Psychodynamic

Dr. Paul Jerry, pajerry@gmail.com

Psychologists in Education

Dr. Don Saklofske, don.saklofske@ucalgary.ca

Psychology and Religion

Dr. Marvin McDonald, mcdonald@twu.ca

Psychology in the Military

Dr. Peter Bradley, Bradley-p@rmc.ca

Psychopharmacology

Dr. David Nussbaum, dnussbaum@utsc.utoronto.ca

Psychophysiology Interest Group

Dr. Alex Vincent, alex.vincent@sympatico.ca

Rural & Northern Psychology

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Sexual Orientation and Gender Identity Issues

Dr. Todd G. Morrison, Todd.Morrison@usask.ca

Social and Personality

Dr. Sean E. Moore, sean.moore@ualberta.ca

Sport & Exercise Psychology

Peter Crocker, pcrocker@interchange.ubc.ca

Students

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Substance Abuse / Dependence

Dr. David Teplin, info@drdavidteplin.com

Teaching of Psychology

Dr. Nicholas F. Skinner, nskinner@uwo.ca

Traumatic Stress

Dr. Alain Brunet, Alain.brunet@douglas.mcgill.ca

Women and Psychology

Teresa Janz, Teresa.Janz@statcan.ca

CAREERS / CARRIÈRES

CPA welcomes Dr. John Conway as CPA Historian



CPA is very pleased to announce the appointment in August 2009 of Dr. John Conway, as CPA Historian. Among Dr. Conway's priorities will be the documentation of CPA's officers and seminal reports and activities, the review of materials with a view to making Library & Archives Canada deposits, adding to our oral history with interviews of senior and distinguished psychologists in Canada. Dr. Conway, a former President of CPA, is Emeritus Professor of Psychology at the University of Saskatchewan. He now resides in Ottawa. To reach Dr. Conway, email him at historian@cpa.ca.

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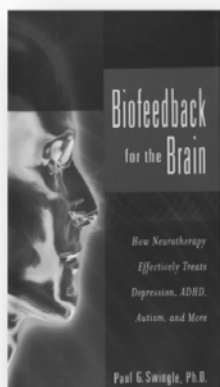
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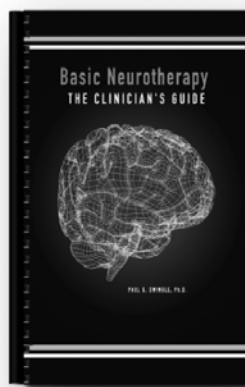


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Many thanks to all departments of psychology who participated in the programme. The CPA strongly believes that students are the future of psychology and that they should be encouraged by having their achievements recognized. Congratulations to the following students for their outstanding thesis for the academic year 2008-2009.

Merci à tous les départements de psychologie qui ont participé au programme. La Société canadienne de psychologie croit fermement que l'avenir de la psychologie réside dans les étudiants et qu'il est important de les appuyer en reconnaissant leurs réalisations. Félicitations à tous les étudiants et étudiantes suivants pour la qualité exceptionnelle de leur dissertation pour l'année 2008-2009.

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