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Psychology on the Front Line of Primary Care

**La loi 21 : un pas de géant pour la
profession de psychologue au Québec**

CPA Prescriptive Authority Task Force Update

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Editor in Chief / Rédactrice en chef

Karen R. Cohen

Managing Editor / Directrice des services de rédaction

Linda McPhee

Revision / Révision

Linda McPhee

Design / Production

Raymond Léveillé

Translation / Traduction

Marcel Racette

Advertising / Publicité

Linda McPhee

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Psychology on the Front Line of Primary Care

Jean Grenier, Ph.D. C.Psych.

In the past 10 years, I've been fortunate (although some would disagree and say "poor you"...) to practice as a psychologist in various settings, simultaneously: university, hospital and private practice. This work across settings involves the traditional array of roles, in varying degree from week to week: teaching, research, administrative and clinical. It has recently dawned on me how much this blend, not just of professional roles and activities, but of conducting these activities in different settings and in the company of various colleagues from psychology as well as from other disciplines, has opened my eyes to what is happening both within and outside the profession.

Teaching residents in family medicine and conducting research activities on collaboration between Psychology and Medicine unknowingly brought me to get acquainted with Primary Care Psychology. About a year and a half ago, because of contacts made through teaching and research, I had the privilege of being invited to join a newly developed Family Health Team (FHT). With my research interests focusing on collaboration between psychology and medicine in primary care, it did not take me long to realize that this was a golden opportunity to link research to practice, and vice-versa. Wearing my educator, researcher, and clinician hat, I accepted, with one request: that the FHT become a training opportunity/site for doctoral level psychology candidates, under my supervision. The 11 family physicians (most of whom have university affiliation and supervise residents) and program managers wholeheartedly accepted this proposition and viewed this as an opportunity for them to contribute both to the wellbeing of their patients as well as to the academic community. Since then, an ongoing flow of 2 practicum students and one psychology intern have access to training in a primary care setting, in a state-of-the-art, paperless, multidisciplinary medical practice.

The team is made up of 11 family physicians, nurses, a social worker, 2 clinical kinesiologists, a dietician, a pharmacist, a psychologist, and doctoral level residents or trainees in family medicine, kinesiology and psychology. The atmosphere is very collegial and all of the professionals value the contributions of psychology. Without exaggeration, since my arrival a little more than a year ago, I must have been told close to a dozen times by several family physicians and other professionals, how much they appreciated having a psychologist on the team.

Currently, a new committee made up of professionals in family medicine, psychology, and kinesiology as well as managers, has started to focus on integrating applied research initiatives and performance measurements to some clinical and non-clinical activities of the FHT.

Why does primary care need psychology? It's simple. Research shows that up to 70% of medical visits entail some element of a psy-

chological or behavioral nature, ranging from common depression and anxiety, to medical problems or diseases linked to unhealthy behaviors, or physical ailments linked to psychological distress. Severe psychiatric problems account for less than 3% of all mental health problems. Family physicians have difficulty answering all of these needs. Typically, physicians focus on the biomedical aspects of health; this is the core of their training and quite frankly, their main "raison d'être". There are also competing demands, time constraints, and economic pressures placing psychosocial concerns at a lower priority.

Students ask me what is different about practicing in primary care. I usually explain that to be efficient in primary care, they will need to understand how it differs from fee-for-service private practice or specialized hospital clinic.

Primary Care Psychology has to do with a way of thinking or an approach to practice as much as it has to do with procedures, competencies, time management skills and physical proximity to family physicians. Practicing in primary care requires understanding how the health care system works; what are the different care and funding models and the rationale for why interprofessional collaboration is at the core of primary care reform. To become an efficient resource to the primary health care team and to a larger extent, primary care as a system, psychologists need to view themselves as "generalists" able to deal with the needs and expectations of patients having a wide range of both medical and psychological conditions. One thus needs to become comfortable and knowledgeable with a variety of medical conditions, medical terms and treatments.

Primary care psychologists must be aware that they are a resource for patients and the team, and that this resource is limited and must be managed judiciously. Traditional, one hour, weekly sessions may not be the norm. Sessions preferably need to be focused and some may last 15-30 minutes. Reports and notes must be short and to the point, and serve as a vehicle for communication and collaboration with the physicians and the team.

To many, including decision makers, what distinguishes psychologists from other primary mental health care providers is not always clear. At a micro level, psychologists need to explicitly educate/socialize the team in regards to the nature, length, and depth, of their training. In fact, it is part of the basics of interprofessional collaboration to know what the other professions do and how they got to be who they are.

At a more macro level, what has struck me since the beginning of my involvement with primary care is the absence of psychology from primary care compared to medicine, nursing, social work, and counselors. Until more recently, in many primary care conferences and consultative venues about health care I attended, there was rarely a psychologist to be found or even referred to in terms of profession.

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Front Line

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In some primary care venues, there is a lack of understanding of psychologists' roles and contributions compared to social workers or counselors. My interpretation is that psychologists are too often seen solely as direct services providers or psychotherapists and the question that is inevitably raised is: why have a psychologist provide psychotherapy when so many other mental health care providers can and do provide very good counseling services or psychotherapy? I often discuss this with students when we talk about their budding professional identity as psychologists and what they can contribute to primary care alongside the other health professions. We usually end up discussing how important it is for psychologists to highlight judiciously all of their potential contributions and not just their ability to provide counseling or psychotherapy. This includes the psychologist's role as 1) diagnostician; including the ability to provide early detection of psychological problems before they escalate as well as decipher complex psychological problems intertwined with medical issues; 2) direct service provider of psychological treatments and interventions for depression and anxiety disorders or more complex cases that don't necessarily require the intervention of a psychiatrist and that fall outside the scope of practice of counselors; 3) consultant; an invaluable resource for the family physicians and the team in matters pertaining to psychology,

behavioral, and psychological interventions as well as the provider-patient relationship; 4) educator; about psychological and behavioral matters not only to the team but to patients in an overall preventative and population-based perspective; and 5) researcher or leader in research-related matters; linking science and research to clinical practice, ability to provide in-house research, implementation and evaluation of services.

Being knowledgeable in, and prioritizing evidence-based treatments when appropriate, and offering treatment choices to patients as opposed to counseling or psychotherapy, is also one of the elements that can distinguish psychologists from other professionals who provide mental health services.

By lucky circumstances I have discovered primary care. It has been educative and rewarding to work with and learn from other health care providers and the patients to whom we provide care on the front line. Psychologists don't typically train with family physicians and often do not have access to training opportunities in primary care settings. This definitively needs to change. Primary care is a prime environment where one can experience hands on, the evolution of psychology from being a mental health profession, to a health profession.

CPA has made a pod cast on the role of psychologists in primary care for the Health Council of Canada. It can be accessed from the following link: www.canadavalueshealth.ca/mp3/KarenCohen_CPA_Dec72009.mp3.

Psynopsis Takes on a New Look

Avid readers will note that Psynopsis has a new look. The makeover includes changes to both format and content. Historically, the quarterly newsletter kept the membership abreast of Board and Head Office activities and initiatives and gave updates on membership benefits and services. Though this kind of reporting will continue, Psynopsis will also include articles that bring the readership developments in research and practice across the discipline and profession. In this issue, we bring you several articles that highlight activity in health psychology, correctional psychology, and primary care. Says CPA President Dr. Martin Antony, "There is a tremendous amount of very interesting work being done by Canadian psychologists. Psynopsis can be an important vehicle for disseminating information about this work." Continues Dr. Antony, "Please consider taking an opportunity to let the membership know about the work you are doing or about developments in your area of study or practice by making a submission".

The new Psynopsis will also launch a "Have your Say" column to which we invite submissions from the membership. If you have an idea, viewpoint, suggestion about any issue related to the science or practice of psychology or CPA please do consider making a submission.

In addition to the changes in content, Psynopsis has a new 8 ½ by 11 format. This will enable the membership to easily download and print the electronic version in a readable font. Though we will continue to produce print versions of Psynopsis for now (though in a magazine format because the 8 ½ by 11 pages are considerably smaller than newspaper size), we are hoping that with the new page size the membership will have less need of receiving the printed version by sur-



face mail. "Printing and mailing costs for Psynopsis approximate \$30,000 annually – funds for which we can find any other number of uses on behalf of the membership." says Dr. Cohen, Psynopsis Editor-in-Chief and CPA Executive Director. With the new format, we can easily read Psynopsis on-line or download and print it page by page, all on 8 ½ by 11 pages.

Submissions to the new Psynopsis should be no more than 1000 words for articles that profile developments in science or practice and 400 words for "Have your Say" submissions. Send them to CPA's Managing Editor, Linda McPhee, at communications@cpa.ca. For more information or suggestions, please contact either Ms. McPhee or Dr. Cohen at executiveoffice@cpa.ca.

A Giant Leap Forward for the Profession of Psychology in Quebec

When passing Bill 21 on June 18, 2009, the National Assembly of Québec significantly improved psychology's scope of practice. Rose-Marie Charest, President of the Ordre des psychologues du Québec, spent years trying to get these legislative amendments to finally become a reality. Here, she explains how this new law is a major leap forward for the practice of psychology.

CPA: What are the key changes stemming from Bill 21?

R-MC: Once the regulations under the Bill come into effect, anyone wanting to use the title psychotherapist and to practice psychotherapy in Quebec will have to be registered. The Quebec government has delegated the regulation of the practice of psychotherapy, and the registration of psychotherapists, to the Ordre des psychologues du Québec. This is a precedential move since, for the first time in Canada, the practice of psychotherapy will be managed by a board of psychologists.

CPA: What are the requirements for registration as a psychotherapist?

R-MC: Psychologists and medical doctors will be allowed to practice psychotherapy without having to obtain any additional registration because their respective scopes of practice are inclusive of psychotherapy. Other professionals who want access to the title psychotherapist will have to be one of the following professionals: social workers, psychoeducators, guidance counsellors, nurses and occupational therapists. These designated professionals must also hold at least a master's degree in the field of mental health and have already acquired a solid knowledge of this field, both in theory (at least 51 specified credits) and in practice (at least 300 hours of practical training and 100 hours of individual supervision).

Exceptions will be made, via a "grandfather" clause, for those who are not members of the foregoing professions but who have been practicing psychotherapy, to apply for registration as a psychotherapist. These people will be required to hold at least a bachelor's degree in the field of mental health and human relations. They must also have practiced psychotherapy for a total of 600 hours over the last three years, completed 90 hours of continuing education over the last five years as well as have received 500 hours of individual supervision.

Save for those who qualify for the grandfather clause, a master's degree will become the minimum diploma required of anyone wish-



Rose-Marie Charest, President of the Ordre des psychologues du Québec

ing to practice psychotherapy in Quebec. As many of your readers are aware, registration for psychologists in Quebec moved from the masters to doctoral level in 2006. All professionals authorized to practice psychotherapy, including psychologists and physicians, will be required to complete 90 hours of continuing education every 5 years in order to maintain their right to practice.

CPA: What was the Ordre's contribution in getting this bill passed?

R-MC: This Bill is the successful outcome of a very lengthy process. Way back in 1992, the Ordre des psychologues du Québec and the Collège des médecins had denounced the fact that anyone could practice psychotherapy in Quebec. And yet, for the longest

time, the government seemed intent on registering psychotherapists rather than regulating the practice of psychotherapy. Further, the criterion upon which registration was proposed was deemed clearly insufficient by the Ordre des psychologues.

CPA: What are the most significant benefits, both for the profession and the public?

R-MC: This new Bill recognizes the complexity, specificity and the risks involved in practicing psychotherapy, which is now defined as "a psychological treatment of a mental health problem". Thus, for example, a person who is not registered but who refers to him or herself as a "psychosocial caregiver" providing treatment to people suffering from depression or any other mental problem could be sued by the trustee of the Ordre des psychologues for the illegal practice of psychotherapy. With the regulation of psychotherapy, the public will be better protected.

Another implication of the Bill, and an important development for psychologists, is the fact that the assessment of mental health problems, which is the equivalent of making a psychological diagnosis, is now a reserved act to which, for the first time, psychologists have access. This clearly positions psychologists as primary caregivers within Quebec's health system.

With Bill 21, the profession of psychology has made a giant leap forward. While important challenges lay ahead, we remain confident that the Ordre des psychologues and its members will live up to the level of confidence the Quebec government has bestowed upon them.

Un pas de géant pour la profession de psychologue au Québec

Le 18 juin 2009, par l'adoption du projet de loi 21, l'Assemblée nationale du Québec a confié de nouvelles responsabilités à l'Ordre des psychologues, notamment la délivrance du permis de psychothérapeute. Rose-Marie Charest, Présidente de l'Ordre des psychologues du Québec, a travaillé pendant des années pour que de tels amendements législatifs voient le jour. Elle nous explique en quoi cette loi représente une avancée majeure pour la pratique professionnelle de la psychologie.

SCP : Quels sont les principaux changements qui découlent de l'adoption de la loi 21 ?

R-MC : Dès que la réglementation entourant la loi entrera en vigueur, toute personne qui souhaite porter le titre de psychothérapeute et pratiquer la psychothérapie au Québec devra détenir un permis pour le faire. Or, c'est l'Ordre des psychologues du Québec qui a été désigné par le gouvernement pour gérer ces permis. Il s'agit d'un précédent, car ce sera la première fois au Canada où l'exercice de la psychothérapie sera encadré par un ordre de psychologues.

SCP : Quels seront les critères pour pouvoir obtenir ce permis de pratique ?

R-MC : Les psychologues et les médecins seront autorisés à pratiquer la psychothérapie sans permis supplémentaire. Leur code de déontologie s'applique pour que seuls ceux qui en ont les compétences l'exercent. Les autres professionnels qui souhaiteront obtenir le permis de psychothérapeute devront faire partie de l'un ou l'autre des ordres professionnels suivants : travailleurs sociaux, psychoéducateurs, conseillers d'orientation, infirmières et ergothérapeutes. Ces personnes devront également détenir, au minimum, un diplôme de maîtrise dans le domaine de la santé mentale et avoir acquis une bonne base théorique (au moins 51 crédits) et pratique (au moins 300 heures de stage et 100 heures de supervision individuelle).

En vertu d'une clause "grand-père", certaines personnes qui exercent déjà la psychothérapie, mais qui ne font partie d'aucun des ordres professionnels mentionnés pourront faire une demande de permis. Pour ces derniers, on exigera au minimum un baccalauréat dans le domaine de la santé mentale et des relations humaines, 600 heures de pratique de la psychothérapie au cours des trois dernières années, 90 heures de formation continue au cours des cinq dernières années ainsi que 50 heures de supervision individuelle.

En somme, à l'exception des bénéficiaires de la clause grand-père, c'est la maîtrise qui deviendra le niveau de diplomation minimal pour quiconque voudra pratiquer la psychothérapie au Québec. Rappelons qu'en ce qui concerne les psychologues, depuis 2006, c'est le doctorat qui est le diplôme exigé pour l'admission à l'Ordre. De plus, les professionnels autorisés, y inclus les psychologues et les médecins, devront compléter 90 heures de formation continue chaque 5 ans pour conserver leur droit de pratique.



SCP : De quelle façon l'Ordre a-t-il contribué à faire adopter cette loi ?

R-MC : Cette loi est l'aboutissement d'un long processus. Déjà en 1992, l'Ordre des psychologues et le Collège des médecins avaient dénoncé le fait que n'importe qui pouvait faire de la psychothérapie au Québec. Or, le gouvernement a longtemps voulu régler ce problème en "réservant" seulement le titre de psychothérapeute et non l'activité de psychothérapie et ce, selon des critères jugés nettement insuffisant par l'Ordre des psychologues.

SCP : Quels sont les principaux gains pour la profession et pour le public ?

R-MC : La loi équivaut à une reconnaissance de la complexité, de la spécificité et du caractère à haut risque de l'activité psychothérapeutique qu'on définit désormais essentiellement comme **"un traitement psychologique pour un trouble mental"**. Ainsi, une personne sans permis qui s'afficherait sous le titre "d'intervenant psycho-social" par exemple et qui proposerait un traitement aux personnes souffrant de dépression ou de tout autre trouble mental pourrait être poursuivie par le syndic de l'Ordre des psychologues pour pratique illégale de la psychothérapie. Le public sera donc beaucoup mieux protégé.

Un autre gain majeur pour la profession est la réserve de l'activité d'évaluation des troubles mentaux, équivalant au diagnostic psychologique, qui positionne clairement les psychologues comme des intervenants de première ligne dans le système de santé québécois.

La profession de psychologue fait donc un immense pas en avant grâce à la loi 21 et les défis à relever seront importants. Cela dit, nous sommes confiants que l'Ordre et ses membres seront à la hauteur de la confiance que le gouvernement québécois vient de leur témoigner.

The Role of Science in Clinical Psychology Training and Practice



*Martin M. Antony,
Ph.D., CPA President*

The last few months have seen renewed interest in the ongoing debate about the importance of science in clinical psychology training and practice. The November issue of the American Psychological Society's journal, *Psychological Science in the Public Interest*, included an article by Timothy Baker, Richard McFall, and Varda Shoham (2009) on the future of clinical psychology. In it, the authors argued that clinical psychologists feel ambivalent about the importance of science in clinical practice, and as a result often give more weight to their own personal experience than they do to scientific evidence and research. They further argued that clinical psychology today resembles the state of medicine more than 100 years ago, when physicians practiced without the benefit of empirical research on the effectiveness of their interventions.

Although effective treatments exist for a wide range of psychological disorders, many psychologists are not using these approaches, and are losing out on an opportunity to be leaders in the delivery of evidence-based treatments for psychological disorders, according to Baker et al. With escalating healthcare costs and increasing demands for mental health services, Baker and colleagues argue that an emphasis on evidence-based practice is now more important than ever. Those who deliver psychological care need to pay more attention to research on efficacy (the extent to which treatments work under controlled conditions), effectiveness (the extent to which a treatment works in a "real world" context), scientific plausibility (the science of why a particular treatment works), and cost effectiveness.

Baker et al. (2009) argue that the failure of psychology to adapt to findings from science lies in the way we train new psychol-

ogists. They highlight the fact that more than half of psychologists in the United States are now trained in the PsyD model, mostly in for-profit, free standing programs that have no formal ties to universities. The authors advocate for a new system of accreditation that recognizes only programs that deliver high quality training in clinical science. In December 2007, the Psychological Clinical Science Accreditation System (PCSAS; <http://www.pcsas.org>) was launched for this purpose. This new system of accreditation evaluates the extent to which programs teach students to produce and apply clinical science. According to their website, PCSAS started accepting applications for accreditation in June 2009, and completed its first round of reviews in November 2009. A second round of reviews is scheduled for May 2010.

Of course, psychologists have been arguing for decades about the extent to which science can inform practice. However, there are two differences now. First, a new system of accreditation has now been launched, and it is unclear what impact this will have on the field, at least in the United States, or on the extent to which programs that are accredited by PCSAS will continue to seek accreditation through the American and Canadian Psychological Associations as well. Also, this time, the debate is happening more publically than it has in the past. For example, in addition to their article in *Psychological Science in the Public Interest*, Baker, McFall, and Shoham also published an article in the *Washington Post* on November 15, 2009 in which they laid out many of the same arguments. Various other media outlets have also published stories on this topic, including popular journals such as *Nature* and *Science*. In addition, on December 4, National Public Radio aired a discussion (on their weekly show, *Science Friday*) in which three prominent psychologists (Dianne Chambless, Richard McFall, and Bruce Wampold) shared their views on the issue (<http://www.sciencefriday.com/program/archives/200912046>).

CPA's Accreditation Panel has been in touch with PCSAS to encourage communication between our groups. It will be important for Canadian psychology to keep an eye on what is happening with regard to accreditation of psychology programs south of the border, and to pay attention to the question of whether Canadian psychologists are being adequately trained in evidence-based approaches to assessment and treatment. CPA accreditation standards state clearly that all students must receive adequate research training, including instruction in research design, test construction, statistics, and research ethics. Students are also required to receive training in empirically supported interventions, and in program development and evaluation.

Finally, it is important to note that there are important differences between models of training in Canada and the United States. CPA accreditation criteria require that doctoral programmes operate within a chartered Canadian university and PhD, EdD and PsyD programmes are accountable to the same set of accreditation standards inclusive of training in empirically supported interventions. Although students of PhD and PsyD programmes might differ in the amount or scope of research activity they take on pre and post graduate, the same expectations for instruction in research design, test construction, statistics and research ethics apply to any CPA accredited doctoral programme. This highlights another important distinction of CPA accreditation in that Canadian standards continue to be more articulated or prescriptive than is the case in the United States. Comment on this development is welcomed. *Psynopsis* will continue to report on this issue, particularly as it relates to Canadian training programs.

Le rôle de la science dans la formation et la pratique de la psychologie clinique

Martin M. Antony, Ph.D., président de la SCP

Nous avons assisté au cours des derniers mois à un regain d'intérêt dans le débat en cours au sujet de l'importance de la science dans la formation et la pratique de la psychologie clinique. Le numéro de novembre de la revue *Psychological Science in the Public Interest* de l'American Psychological Society, publiait un article de Timothy Baker, Richard McFall et Varda Shoham (2009) sur l'avenir de la psychologie clinique. Dans cet article, les auteurs faisaient valoir que les psychologues cliniques se sentent ambivalents quant à l'importance de la science dans la pratique clinique et que, par conséquent, ils accordent souvent plus de poids à leur propre expérience personnelle qu'ils ne le font aux données et à la recherche scientifiques. En outre, ils font valoir que la psychologie clinique aujourd'hui ressemble à l'état de la médecine il y a plus de 100 ans, l'époque où les médecins pratiquaient sans l'avantage de la recherche empirique sur l'efficacité de leurs interventions.

Même si des traitements efficaces existent pour une vaste gamme de troubles psychologiques, un grand nombre de psychologues n'ont pas recours à ces approches et ratent l'occasion d'être des chefs de file dans la prestation de traitements fondés sur des données empiriques pour des troubles psychologiques, aux dires de Baker (et coll). Avec l'escalade des coûts des soins de santé et la demande accrue de services de santé mentale, Baker et ses collègues soulignent que la pratique axée sur des données empiriques est maintenant plus importante que jamais auparavant. Les personnes qui assurent la prestation de soins psychologiques doivent accorder plus d'attention à la recherche sur l'efficacité (l'étendue à laquelle les traitements fonctionnent dans des conditions contrôlées), l'efficacité (l'étendue à laquelle un traitement fonctionne dans un contexte de « monde réel »), la plausibilité scientifique (la science du « pourquoi » un traitement particulier fonctionne) et le rapport coût-efficacité.

Baker et coll. (2009) font valoir que le défaut de la psychologie de s'adapter aux conclusions de la science repose dans la façon que

nous formons les nouveaux psychologues. Ils mettent en lumière le fait que plus de la moitié des psychologues aux États-Unis sont maintenant formés dans le modèle D.Psy., surtout dans des programmes à but lucratif, autonomes, qui n'ont pas de liens officiels avec les universités. Les auteurs prêchent pour un nouveau système d'agrément qui ne reconnaît que les programmes qui offrent une formation de haute qualité en science clinique. En décembre 2007, le Psychological Clinical Science Accreditation System (PCSAS; <http://www.pcsas.org>) a été lancé à cette fin. Ce nouveau système d'agrément évalue dans quelle mesure les programmes enseignent aux étudiants à produire et à appliquer la science clinique. Selon leur site Web, le PCSAS a commencé à accepter les demandes d'agrément en juin 2009 et terminé sa première ronde d'examen en novembre 2009. Une deuxième ronde d'examen est prévue en mai 2010.

Évidemment, les psychologues débattent depuis des décennies de l'étendue à laquelle la science peut éclairer la pratique. Cependant, il y a aujourd'hui deux différences. Tout d'abord, un nouveau système d'agrément a maintenant été mis en place et l'impact qu'il aura sur le domaine n'est pas clair, au moins aux États-Unis, ou l'étendue à laquelle les programmes qui seront agréés par le PCSAS continueront de vouloir obtenir l'agrément de l'American Psychological Association ou de la Société canadienne de psychologie. Aussi, à ce jour, le débat s'amène sur la place publique plus que jamais auparavant. Par exemple, en plus de leur article dans *Psychological Science in the Public Interest*, Baker, McFall et Shoham ont aussi publié un article dans le *Washington Post*, le 15 novembre dernier, où ils ont fait valoir un grand nombre des mêmes arguments. Plusieurs autres médias ont également publié des histoires sur ce sujet, y compris des revues populaires comme *Nature and Science*. De plus, le 4 décembre, la radio publique nationale a diffusé une discussion (à l'émission hebdomadaire, *Science Friday*) où trois psychologues bien en vue (Dianne Chambless, Richard McFall et Bruce Wampold) ont fait connaître leurs points de vue sur la question (<http://www.sciencefriday.com/program/archives/200912046>).

Le jury d'agrément de la SCP a souligné au PCSAS qu'il fallait encourager la communication entre les deux groupes. Il sera important pour la psychologie canadienne de garder un œil sur ce qui se produit en regard de l'agrément des programmes de psychologie au sud de la frontière et d'accorder une attention à la question de savoir si les psychologues canadiens sont formés adéquatement aux approches d'évaluation et de traitement fondées sur des données empiriques. Les normes d'agrément de la SCP indiquent clairement que tous les étudiants doivent recevoir une formation en recherche adéquate, y compris de la formation en conception de recherche, en élaboration de tests, en statistiques et en éthique de la recherche. Les étudiants doivent également recevoir de la formation dans des interventions avec des fondements empiriques et l'élaboration et l'évaluation de programme.

En dernier lieu, il est important de noter qu'il y a des différences importantes entre les modèles de formation au Canada et aux États-Unis. Les critères d'agrément de la SCP exigent que les programmes de doctorat s'obtiennent au sein d'une université à charte canadienne et que les programmes de Ph.D., de D.Ed. et de D.Psy. doivent respecter le même ensemble de normes d'agrément, y compris la formation aux interventions reposant sur des données empiriques. Même si les programmes de Ph.D. et de D.Psy. diffèrent dans l'importance ou la portée des activités de recherche que les étudiants entreprennent au cours du premier cycle et aux études supérieures, les mêmes attentes dans la formation en conception de recherche, en élaboration de tests, en statistiques et en éthique de la recherche s'appliquent à tout programme de doctorat agréé par la SCP. Cela souligne une autre distinction importante de l'agrément de la SCP : les normes canadiennes continuent d'être plus articulées ou prescriptives que celles des États-Unis. Vos commentaires sur cet état de fait seront bien accueillis. *Psynopsis* continuera de rappeler cette question, particulièrement dans la mesure où elle se rapporte aux programmes de formation canadiens.

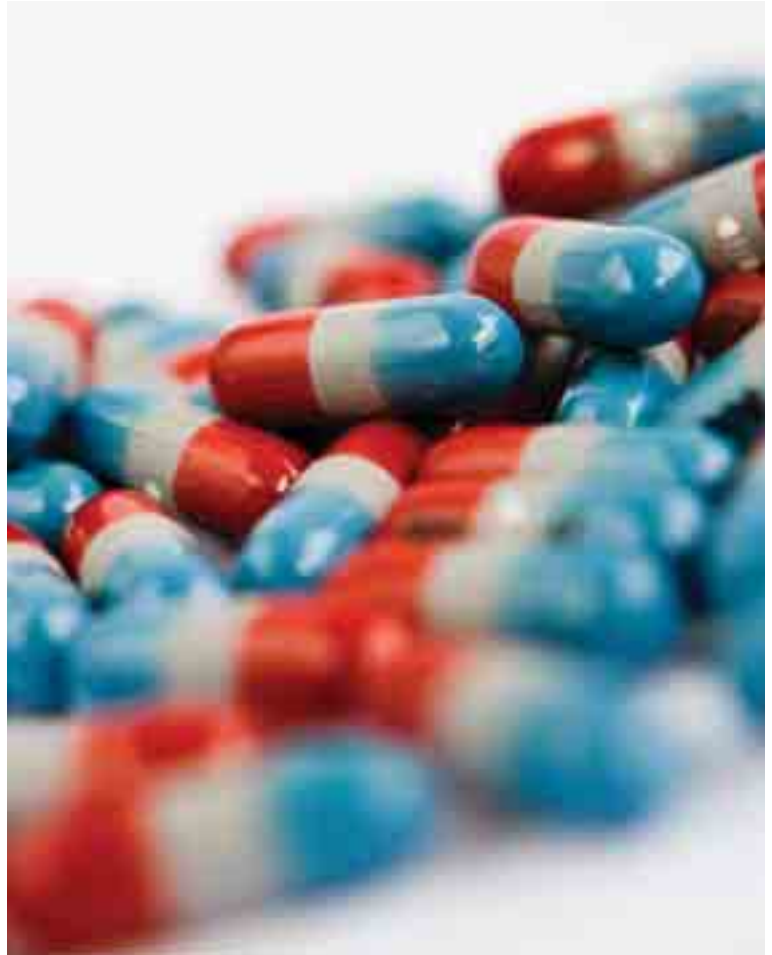
Lorne Sexton, Ph.D., Chair, RxP

In September 2008, in response to growing interest in the prescriptive authority issue, CPA initiated a Prescriptive Authority (RxP) Task Force. Task Force representatives were obtained from CPAP, ACPRO, CRHSPP, CCPPP, and five CPA Sections. An exceptionally experienced group of psychologists stepped forward, representing the full range of opinion. In June 2009, the Task Force circulated an interim progress report; this article summarizes these preliminary ideas. The CPA Task Force report should be completed in 2010. At this point CPA has not taken a position on this issue.

Since 1995, the official position of the American Psychological Association has been the pursuit of prescription privileges (RxP). RxP was conceptualized by APA as an extended class of practice, applicable to a minority of practitioners who would receive extensive post-doctoral training and practicum supervision (referred to as Level 3). The significant time and cost of these programs has limited the numbers being trained. Currently, approximately 65 psychologists have prescriptive authority in New Mexico, Louisiana, and the American military. Legislative lobbying is active in several additional states. Interest in RxP in Canada has been much slower to develop. Recently, the Ontario Psychological Association devoted an edition of *Psychology Ontario* to discussion of RxP (May 2009).

What has been somewhat lost in the heated Level 3 RxP debate, is APA's delineation of psychopharmacological training requirements at Level 1 (basic knowledge) and Level 2 (collaborative practice), creating a continuum of psychologist pharmaceutical knowledge and decision making involvement. CPA Task Force members have found these concepts useful. An excellent discussion of the need for psychologists to have an increased understanding of psychopharmacology was provided by Peter Bieling in a recent *Psynopsis* column (Fall 2009).

Basic psychopharmacology education (Level 1) is obtained by a physiological psychology prerequisite and a one semester course in psychopharmacology. While many Canadian professional psychology programs require psychopharmacological courses, this is not a specific accreditation requirement. Collaborative practice education (Level 2) requires further classroom and case training towards the goal of medication consultation roles with licensed prescribers (but not independent authority for the psychologist). Contemporary primary health care models emphasize collaborative practice, and Level 2 trained collaborative practice psychologists would be better prepared to provide knowledgeable input into medication decision making, especially for combined treatment approaches.



Psychology is historically a biopsychosocial scientific discipline. Brain-behaviour relationships are as intrinsic to psychological science as are behavioural approaches. Patients who seek psychologist consultation frequently use or are considering prescription medications for psychological conditions. Psychologists can only fully serve these patients if they have bio-psychopharmacological as well as psychosocial knowledge to offer. Professional psychology standards should include defining the pharmacological training and continuing education required to adequately understand the impact of medications (Level 1) and provide responsible recommendations to patients and collaborating medical practitioners (Level 2).

In Canada, we often seek political evolution rather than revolution, and there is wisdom to approaching RxP as evolution. Regardless of whether psychologists ultimately take the Level 3 RxP step, psychopharmacological knowledge and credibility are required in order to serve patient needs. It can not be evolutionarily unwise to build a broader foundation of expertise, and keep an open mind as to what will be required in the future.

ERRATA

On page 18 of the Fall Issue of *Psynopsis*, Dr. Teresa Janz's title was omitted. We apologize for the error.

IN BRIEF: CPA WORKING ON YOUR BEHALF

Karen R. Cohen, Ph.D., CPA Executive Director and Lisa Votta-Bleeker, Ph.D., CPA Associate Executive Director

There is no lack of activity or opportunity for Canadian psychology and staff working on your behalf have been busy. What follows are some highlights with links to more information or resource on each topic as these are available.

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CPA co-chairs the Health Action Lobby (HEAL) and in this capacity delivered a budget brief to the House of Commons Standing Committee on Finance in October. HEAL is an alliance of 38 health care organizations and professional associations. Its key messages to government focused on Canada's health human resource and the need for investment in the infrastructure, personnel and technology necessary to training Canada's health human resource. To view HEAL's 2010 pre-budget brief, go to http://www.cmha.ca/data/1/rec_docs/2340_HEAL2010PreBudgetFinalBriefAug1409.pdf.

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Health human resource is a key agenda item at several of Canada's tables of psychology (CPA's supply and demand task force) and others (HEAL). CPA has been in discussion with the Federal Healthcare Partnership about its mandate to address recruitment and retention of health professionals across 7 federal departments (Correctional Service Canada, Department of National Defence, Veterans Affairs Canada, Public Health Agency of Canada, Citizenship and Immigration Canada, Health Canada, and the Royal Canadian Mounted Police). Chief among the health professionals that government is keen to recruit and retain are psychologists, physicians and nurses. The Partnership is planning a session and booth at the CPA convention in June to talk to psychologists and psychology students about needs and opportunities in the federal government.

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The Mental Health Commission of Canada (MHCC) convened its Into the Light conference in November 2009. At the conference, the MHCC launched its framework for Canada's mental health strategy. The strategy was drafted in 2008 and revised based on wide consultation and

feedback (including CPA's at <http://www.cpa.ca/cpasite/userfiles/Documents/commentsonstratdraftREVApril09.pdf>). The conference also launched the MHCC social stigma movement campaign to redress the stigma and discrimination of mental disorders. The CPA, as chair of the Mental Health Table (a table of 10 national health professional associations) is working with the MHCC on a project to look at stigma and discrimination experienced by people with mental health problems within health provider communities. See the CPA website <http://www.cpa.ca/practice/mentalhealthcommissionofcanada/> for more MHCC related activity and information.

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CPA's newly launched Practice Directorate is pleased to announce the appointment of Dr. John Service as its first Director. Dr. Service will work two days a week in implementing the Directorate's strategic objectives to brand psychology in the service of advocacy, particularly around access to service and education and training. The Directorate has been meeting with government relations consultants for assistance in developing the strategic alliances and messages necessary to moving an advocacy message forward.

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Training in advocacy and how to impact public policy is key on the agenda of many of CPA's and Canadian psychology's constituencies. A pre-convention workshop is being planned which will include some didactics about how government works and bills are passed and some hands on training on how to take an issue from concept to strategy to "ask". Follow the convention webpage for further details.

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CPA continues to be involved in various emergency preparedness activities particularly as related to H1N1. CPA has developed and posted on our website various public information resources on psychosocial aspects of emergencies (<http://www.cpa.ca/practice/emergencypreparednessandresponse/>). CPA has agreed to another 1-year term as co-Chair and Secretariat of the

National Emergency Psychosocial Advisory Consortium (NEPAC). NEPAC's mandate is to serve as a pool of expertise to advise, support, collaborate, champion and provide resources on psychosocial preparedness in an emergency or disaster to the public, communities, health professionals, administrators and decision-makers across all levels and sectors. At the last CPA convention, we presented preliminary findings on a survey we administered to individual practitioners and jurisdictional professional associations on the psychological capacity to respond to a disaster that affects Canadian communities. A final report of the results is now available on CPA's website.

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CPA's Science Directorate continues to advocate on behalf of psychology to Canada's granting councils. Following the Federal Government's 2009 Budget, CIHR, SSHRC and NSERC conducted a strategic review in which they reviewed their mandates, re-structured their funding criteria and identified areas where operations could be streamlined to be made more efficient. One of the ways in which the granting agencies have re-structured has been through the elimination of various programs or aspects of granting programs. The impacts of these decisions on psychology students, faculty and universities are widespread. CPA has developed a position statement on the issue that is posted on its website. The position statement will form the basis for a letter-writing campaign.

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Through its membership on the Canadian Consortium for Research (CCR), CPA has been lobbying for increased funds for basic research in the next Federal budget via pre-budget briefs to the House of Commons Finance Committee, as well as meetings with Members of Parliament. In October, the CPA participated in meetings with Marc Garneau, Liberal MP, Science and Technology Critic, as well as Honourable James Flaherty, Conservative MP, Minister of Finance.

Karen R. Cohen, Ph.D., directrice générale de la SCP et Lisa Votta-Bleeker, Ph.D., directrice générale associée de la SCP

Ce ne sont pas les activités non plus que les occasions pour la psychologie canadienne qui manquent, et le personnel qui travaille en votre nom a été très occupé. Nous présentons certains des faits saillants ainsi que, le cas échéant, des liens qui vous donnent plus d'information ou de ressources sur chaque sujet.

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La SCP copréside le **Groupe d'intervention action santé (HEAL)** et à ce titre on a présenté, en octobre, un mémoire prébudgétaire au Comité permanent des finances de la Chambre des communes. HEAL est une alliance de 38 organismes et associations professionnelles de soins de santé. Ses messages clés au gouvernement se concentrent sur les ressources humaines du Canada dans le domaine de la santé et la nécessité d'investir dans l'infrastructure, le personnel et la technologie nécessaires pour la formation des ressources humaines du Canada en santé. Pour consulter le mémoire prébudgétaire de 2010 de HEAL, rendez-vous à http://www.cmha.ca/data/1/rec_docs/2340_HEAL2010PreBudgetFinalBriefAug1409.pdf.

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Les ressources humaines en santé demeure un des points principaux à l'ordre du jour de plusieurs tables de psychologie au Canada, notamment le groupe de travail sur l'offre et la demande de la SCP, HEAL et autres. La SCP discute avec le **Partenariat fédéral pour les soins de santé** au sujet de son mandat afin de se pencher sur le recrutement et la conservation des professionnels de la santé dans sept ministères fédéraux (Service correctionnel du Canada, ministère de la Défense nationale, ministère des Anciens combattants, Agence de santé publique du Canada, Citoyenneté et Immigration Canada, Santé Canada et la Gendarmerie royale du Canada). Les psychologues, les médecins et les infirmières sont, au premier chef, les professionnels de la santé que le gouvernement tient le plus à recruter et à conserver. Le partenariat entend tenir une séance et un stand au congrès de la SCP en juin afin de parler aux psychologues et aux étudiants en psychologie des besoins et des débouchés de



La CCR rencontre le ministre des finances

carrière au sein de la fonction publique fédérale.

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Dans le cadre de son adhésion au Consortium canadien pour la recherche (CCR), la SCP a fait des **représentations** pour le financement accru de la recherche fondamentale dans le prochain budget fédéral par le biais de son mémoire prébudgétaire présenté au Comité des finances de la Chambre des communes, ainsi que dans le cadre de réunions avec des députés. En octobre, la SCP a participé à des réunions avec Marc Garneau, député libéral, critique en science et en technologie, ainsi qu'avec l'honorable James Flaherty, député conservateur, ministre des Finances.

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La **Commission de la santé mentale du Canada (CSMC)** vient de tenir en novembre 2009 sa conférence intitulée En pleine lumière à l'occasion de laquelle elle a fait connaître son cadre stratégique en matière de santé mentale pour le Canada. Cette stratégie a été ébauchée en 2008 et révisée dans le cadre d'une vaste consultation et d'une série de rétroactions (dont celle de la SCP qui se trouve à : <http://www.cpa.ca/cpasite/userfiles/Documents/commentsonstratdraftREVApril09.pdf>). La conférence a également marqué le lancement de la campagne de mouvement social de la CSMC visant à contrer le stig-

mate et la discrimination engendrés par les troubles mentaux. La SCP, qui assure la présidence de la Table de la santé mentale (une table réunissant 10 associations professionnelles en santé nationales), travaille avec la CSMC à un projet d'examen de la stigmatisation et la discrimination subies par les personnes atteintes de problèmes de santé mentale au sein des communautés de fournisseurs de soins de santé. Rendez-vous au site Web de la SCP à l'adresse (<http://www.cpa.ca/practice/mentalhealth-commissionofcanada/>) pour en apprendre davantage sur les activités et l'information liées à la CSMC.

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La **Direction générale de la pratique** nouvellement mise sur pied par la SCP a le plaisir d'annoncer la nomination de D^r John Service en tant que son premier directeur. D^r Service travaillera deux journées par semaine dans la mise en oeuvre des objectifs stratégiques de la direction générale visant à définir la psychologie dans le service de représentation, particulièrement en ce qui concerne l'accès au service et à l'éducation et à la formation. La direction générale a rencontré des consultants en relations gouvernementales afin d'obtenir de l'aide dans l'élaboration d'alliances et de messages stratégiques nécessaires pour faire avancer le message de représentation.

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Suite à la page 12

Suite de la page 11

La formation en représentation et la façon d'avoir un impact sur la politique publique est au cœur d'un grand nombre d'organismes clients de la SCP et de la psychologie canadienne. Un atelier pré-congrès est prévu qui fera appel à certains didactiques sur la façon que le gouvernement fonctionne et que des lois sont votées et une formation pratique sur la façon d'amener une question depuis le concept jusqu'à la stratégie de « demander ». Rendez-vous à la page Web du congrès pour de plus amples détails.



La SCP continue de s'engager dans diverses activités de **préparation en cas d'urgence** particulièrement en ce qui touche la grippe H1N1. La SCP a rédigé et affiché sur son site Web diverses ressources d'information publique sur les aspects psychologiques des urgences

(<http://www.cpa.ca/practice/emergency-preparednessandresponse/>). La SCP a accepté un autre mandat d'une année à la coprésidence et au secrétariat du National Emergency Psychosocial Advisory Consortium (NEPAC). Le NEPAC a pour mandat de constituer un bassin de compétences permettant de conseiller, de soutenir, de collaborer, de parrainer et de fournir des ressources sur l'état de préparation psychosocial en cas d'urgence ou de catastrophe publique, à l'intention des collectivités, des professionnels de la santé, des administrateurs et des preneurs de décisions à tous les paliers et dans tous les secteurs. Au dernier congrès de la SCP, nous avons présenté les conclusions préliminaires d'une enquête qui a été menée auprès de praticiens et d'associations professionnelles provinciales individuels sur la capacité psychologique de réagir à une catastrophe qui s'abatrait sur les collectivités canadiennes. Un rapport final des résultats est maintenant disponible sur le site Web de la SCP.



La **Direction générale de la science** de la SCP multiplie les représentations au nom de la psychologie auprès des conseils subventionnaires du Canada. Dans la foulée du budget du gouvernement fédéral de 2009, les IRSC, le CRSH et le CRSNG ont procédé à un examen stratégique dans le cadre duquel les différents mandats ont été évalués, les critères de financement ont été restructurés et les domaines où les opérations pourraient être rationalisées pour une plus grande efficacité ont été identifiés. La restructuration à l'intérieur des organismes subventionnaires s'est fait en éliminant divers programmes ou aspects des programmes de subvention. Les impacts de ces décisions sur les étudiants en psychologie, le corps professoral et les universités sont énormes. La SCP a préparé un énoncé de position sur la question et est maintenant affiché sur son site Web. Cet énoncé de position constituera la base pour une campagne de rédaction de lettres.

Psynopsis fait peau neuve!

Les lecteurs avides noteront que Psynopsis a un nouveau look. Le format et le contenu ont tous deux été transformés. Historiquement, le bulletin trimestriel tenait les membres au courant des activités et des initiatives du conseil d'administration et du siège social et faisait des mises à jour sur les avantages et les services aux membres. Même si ce genre d'article sera encore publié, Psynopsis fera paraître davantage d'articles qui informeront les lecteurs en recherche et en pratique d'un bout à l'autre de la discipline et la profession. Dans le présent numéro, nous vous présentons plusieurs articles qui mettent en lumière les activités en psychologie de la santé, du milieu correctionnel et des soins primaires. Le président de la SCP, Dr Martin Antony, déclare « Il y a un volume incroyable de travaux très intéressants qui sont entrepris par des psychologues canadiens. Psynopsis peut être un rouage important de la diffusion de l'information au sujet de ces travaux ». Et il ajoute, « Il faudrait songer à profiter de l'oc-

casion pour apprendre aux membres ce que vous faites ou les nouveaux progrès dans votre domaine d'étude ou de pratique en nous proposant des articles ».

Le nouveau Psynopsis inaugurera aussi la rubrique « La parole est à vous » dans laquelle nous invitons des articles de nos membres. Si vous avez une idée, un point de vue, une suggestion au sujet d'une question liée à la science ou à la pratique de la psychologie ou à la SCP, n'hésitez à nous faire valoir vos idées.

En plus des changements de contenu, Psynopsis a un nouveau format de 8 ½ sur 11. Ce format permettra aux membres de télécharger facilement et imprimer la version électronique dans une police de caractères lisible. Même si nous continuerons de produire des versions imprimées de Psynopsis pour l'instant (bien qu'en format magazine parce que les pages de 8 ½ sur 11 sont considérablement plus petites que le format journal), nous espérons qu'avec le nouveau format de page les membres auront moins

besoin de recevoir la version imprimée par courrier. « Les coûts d'impression et d'expédition par la poste de Psynopsis sont d'environ 30 000 \$ annuellement – des fonds que nous pourrions très certainement consacrer à d'autres usages au nom de nos membres » déclare Dr Cohen, rédactrice en chef de Psynopsis et directrice générale de la SCP. Avec le nouveau format, nous pouvons facilement lire Psynopsis en ligne ou le télécharger et l'imprimer page par page, en format 8 ½ sur 11.

Les soumissions au nouveau Psynopsis ne devraient pas compter plus de 1 000 mots pour des articles qui décrivent les questions scientifiques ou de pratique et de 400 mots pour des soumissions à la rubrique « La parole est à vous ». Faites-les parvenir à la directrice des services de rédaction de la SCP, Linda McPhee, à communications@cpa.ca. Pour plus d'information, ou pour nous faire parvenir vos suggestions, veuillez communiquer soit avec M^{me} McPhee ou Dr Cohen à executiveoffice@cpa.ca.

What's on the Agenda for the Mental Health Commission of Canada (MHCC)?

Karen R. Cohen, Ph.D., CPA Executive Director

On November 29th through December 1st, the MHCC hosted its “Into the Light Conference” in Vancouver. Approximately 700 participants inclusive of health care providers and researchers, policy and decision makers, as well as persons with lived experience were in attendance. Conference themes revolved around some of the MHCC key objectives; chiefly the MHCC’s anti-stigma and anti-discrimination campaign, its finalized framework for a national mental health and mental illness strategy in Canada and its At Home/Chez Soi project (the latter a project looking at housing for those with severe mental health disorders across 5 Canadian locations).

Information on the above and other of the MHCC’s initiatives can be found at <http://www.mentalhealthcommission.ca/English/Pages/default.aspx>. Only a few of the conference’s highlights will be overviewed here.

As may be well known, a key initiative of the MHCC is to redress the stigma or discrimination experienced by persons with mental health problems and disorders. It will do so by looking at reducing and redressing stigma among children and youth, health care providers and the workplace. The Mental Health Table (an alliance that CPA founded, and of which it is co-chair, that is comprised of 11 national associations of health professionals), has been liaising with the MHCC in developing a project designed to assess stigma within health care environments.

Within the next few months, the MHCC will be launching its Partner’s Campaign, a social movement to create a network that will improve mental health services and supports in Canada. The MHCC has reached out to national associations of stakeholders (including CPA) to ask that we join the campaign and bring information about its launch to our membership once it becomes available. In the meantime, information about the partner campaign can be found at

<http://www.mentalhealthcommission.ca/English/Pages/Partners-forMentalHealth.aspx>.

Toward Recovery and Wellbeing, the MHCC’s final framework for a mental health strategy for Canada was launched at the recent Vancouver conference. The final framework followed from a series of cross Canada consultations and stakeholder feedback during 2009. CPA reviewed the framework in 2008 when it was in its draft form and provided the MHCC feedback that can be found at <http://www.cpa.ca/cpaweb/userfiles/Documents/commentsonstrat-draftREVApril09.pdf>.

The framework is the template for the implementation of a national mental health strategy and the MHCC appears very aware that stakeholder engagement is critical to its success. In large measure,

health care is a provincial/territorial jurisdiction and system changes will need to engage providers, consumers and policy makers in each jurisdiction.

There is widespread acknowledgement at the MHCC and other health tables that Canada needs a mental health system in which the right service, delivered by the right provider reaches the right person at the right time and in the right place. To paraphrase what we heard at the MHCC conference, we need a health system that is consumer or service based rather than our current, provider-based system. There is widespread acknowledgement that there are real and significant barriers to accessing service, particularly in mental health. Barriers take several forms and include when service isn’t or is decreasingly publicly funded (e.g. public sector psychological services), when there are long wait lists for publicly funded mental health service that is in short supply, or when there are bottlenecks for service because specialized service (e.g. from a psychologist or social worker) can only follow medical referral.

Despite the widespread acknowledgement of the barriers to accessing service, there are no ready solutions. Spending more on health care is not on anybody’s agenda. On the other hand, mental disorders come at tremendous cost to individuals, families and society – these estimated at billions of dollars annually in Canada. This, coupled with the ubiquity of mental health problems over the course of a person’s lifetime (one person in five), there is also increasing acknowledgement that as a society concerned about the physical, psychological and emotional health of its residents, we cannot afford not to spend more wisely on mental health care. Delivering the right service to the right person from the right provider at the right time and in the right place cannot easily be accommodated by our current and largely sole provider-based public health care system. Moving to a service or consumer based system will not come without a change to how Canada thinks about health care delivery nor will it come without a redistribution of resource.

In the coming months, CPA through its Practice Directorate will be looking at opportunities and mechanisms to overcoming these barriers so that psychological service might become more accessible for the 1 in 5 Canadians who will experience a mental health problem in their lifetimes. We will be consulting government relations specialists as well as examining models and mechanisms where federal governments in other countries (e.g. England, Australia) have taken initiatives to make psychological service more accessible.

These are important and exciting times for mental health and mental disorders in Canada. The research and practice of psychology has pivotal contributions to make and a role to play. Stay in touch and stay tuned.

Qu'est-ce qui est à l'ordre du jour de la Commission de la santé mentale du Canada (CSMC) ?

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

Du 29 novembre jusqu'au 1^{er} décembre, la CSMC a tenu sa conférence « En pleine lumière » à Vancouver. Environ 700 participants composés de fournisseurs et de chercheurs en soins de santé, des décideurs, ainsi que des personnes possédant tout simplement un vécu étaient au rendez-vous. Les thèmes de la conférence portaient sur certains des objectifs clés de la CSMC, notamment la campagne anti-stigmatisation et anti-discrimination de la CSMC, la dernière main à son cadre stratégique pour la santé mentale et la maladie mentale nationale au Canada ainsi que son projet At Home/Chez Soi (ce dernier projet examine la question du logement pour les personnes souffrant de troubles de santé mentale graves dans cinq villes du Canada).

L'information sur les initiatives de la CSMC et autres se trouve à l'adresse <http://www.mentalhealthcommission.ca/francais/Pages/default.aspx>. Nous ne passons ici en revue que quelques-uns des faits saillants de la conférence.

Comme vous le savez peut-être, l'une des initiatives clés de la CSMC est de contrer la stigmatisation ou la discrimination dont sont victimes les personnes atteintes de problèmes ou de troubles de santé mentale. Elle veillera à le faire en cherchant à réduire et à contrer la stigmatisation chez les enfants et les jeunes, les fournisseurs de soins de santé et le milieu de travail. La Table de la santé mentale (une alliance fondée par la SCP et dont elle est coprésidente, qui est constituée de 11 associations nationales de professionnels de la santé), a assuré la coordination avec la CSMC dans l'élaboration d'un projet conçu pour évaluer la stigmatisation au sein des milieux de soins de santé.

Au cours des prochains mois à venir, la CSMC lancera sa campagne Partenaires en santé mentale, un mouvement social visant à créer un réseau qui permettra d'améliorer les services de santé mentale et de soutien au Canada. La CSMC est intervenue auprès des associations nationales d'intervenants (y compris la SCP) pour demander qu'on se joigne à la campagne et relaye l'information au sujet de son lancement à ses membres lorsqu'elle sera disponible. En attendant, l'information au sujet de la campagne se trouve à <http://www.mentalhealthcommission.ca/English/Pages/PartnersforMentalHealth.aspx>.

Vers le rétablissement et le bien-être, le cadre de travail final de la CSMC pour une stratégie en santé mentale pour le Canada a été lancé dernièrement à la conférence de Vancouver. Le cadre de travail final suivait une série de consultations et de rétroaction des intervenants au cours de 2009 partout au Canada. La SCP a examiné l'ébauche du

cadre de travail en 2008 et fourni une rétroaction à la CSMC qu'on peut trouver à l'adresse : <http://www.cpa.ca/cpasite/userfiles/Documents/commentsonstratdraftREVApril09.pdf>.

Le cadre de travail est le modèle de mise en œuvre d'une stratégie de santé mentale nationale et la CSMC semble très bien comprendre que l'engagement des intervenants est essentiel à son succès. Dans une large mesure, la santé mentale est du ressort provincial-territorial et des changements devront être apportés au système pour engager les fournisseurs, les consommateurs et les décideurs dans chaque administration.

On reconnaît généralement à la CSMC et à d'autres tables de santé que le Canada a besoin d'un système de santé mentale où le bon service, dont la prestation est assurée par le bon fournisseur touche la bonne personne, au bon moment et au bon endroit. Pour paraphraser ce que nous avons entendu à la conférence de la CSMC, nous avons besoin d'un système de santé qui est axé sur le consommateur ou le service plutôt que de notre système actuel, fondé sur le fournisseur. On reconnaît généralement qu'il y a des obstacles réels et importants d'accès au service, particulièrement en santé mentale. Les obstacles se présentent sous plusieurs formes, entre autres lorsque le service n'est ou n'est pas de moins en moins financé par les deniers publics (p. ex. les services de psychologie dans le secteur public), lorsqu'il y a de longues listes d'attente pour des services de santé mentale en pénurie financés par les deniers publics ou lorsqu'il y a des bouchons pour la prestation d'un service spécialisé (p. ex. d'un psychologue ou d'un travailleur social) parce qu'il ne peut se faire qu'après une recommandation médicale.

Malgré la reconnaissance générale des obstacles à l'accès au service, il n'y a pas de solutions toutes faites. Une augmentation des dépenses en soins de santé n'est pas prévue au programme d'aucune administration. En revanche, les troubles mentaux coûtent énormément cher aux individus, aux familles et à la société : ils sont évalués à des milliards de dollars annuellement au Canada. À cela il faut ajouter l'ubiquité des problèmes de santé mentale au cours de la vie d'une personne (une personne sur cinq) et une reconnaissance croissante qu'en tant que société préoccupée par la santé physique, psychologique et émotive de ses citoyens, nous ne pouvons pas nous permettre de ne pas dépenser plus intelligemment dans les soins de santé mentale. La prestation du bon service, à la bonne personne, du bon fournisseur, au bon moment et au bon endroit, ne peut pas facilement être accommodée par notre système actuel et en plus grande partie fournisseur unique de soins publics. Le passage à un système axé sur le service ou le consommateur ne se fera pas sans modifier la façon de penser au sujet de la prestation de soins de santé non plus qu'il ne se fera sans une nouvelle répartition de la ressource au pays.

Au cours des mois à venir, la SCP, par le biais de sa Direction générale de la pratique, examinera les occasions et les mécanismes pour surmonter ces obstacles de manière à ce que les services de psychologie puissent devenir plus accessibles pour un Canadien sur cinq qui sera aux prises avec un problème de santé mentale au cours de sa vie. Nous allons consulter des spécialistes en relations gouvernementales tout en examinant des modèles et des mécanismes où les gouvernements fédéraux dans d'autres pays (p. ex. l'Angleterre, l'Australie) ont pris des initiatives pour rendre les services de psychologie plus accessibles.

Il s'agit de moments importants et palpitants pour la santé mentale et les troubles mentaux au Canada. La recherche et la pratique de la psychologie a des contributions essentielles à faire et un rôle à jouer. Tenez-vous à l'écoute.

An Opportunity To Make A Difference: The Importance of Depression Management in Diabetes and Cardiovascular Disease

Michael Vallis, Ph.D., R.Psych.
Capital Health and Dalhousie University
Halifax, NS

The combined impact of diabetes and cardiovascular disease poses one of the most significant threats to the future health of Canadians, and one of the reasons why some believe that the lifespan of the next generation will shorten (Daar, et al., 2007; Olshansky, et al., 2005). As psychologists, promoting health behaviours to reduce disease risk is an important contribution that we can make to the health of Canadians. One area where we can contribute is with regard to depression; a “bread and butter” construct for psychologists but for few other healthcare team members. Despite evidence, depression does not receive the attention that it deserves in the management of diabetes and cardiovascular disease (Li, Ford, Strine, & Mokdad, 2008).

There is overwhelming evidence of an association between depression on the one hand and diabetes and cardiovascular disease on the other (Dunbar, et al., 2008; Lichtman, et al., 2008; Marano, et al., 2009). A safe assumption is that the risk of depression is 2-3 times the base rate of those without these diseases (Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, 2008; Lichtman, et al., 2009; Vamos, Mucsi, Keszei, Kopp, & Novak, 2009).

Depression is a major factor that impairs the outcomes in those who develop cardiovascular disease and diabetes (Katon, et al., 2009; Koopmans, et al., 2009; Lin, et al., 2009; Patten, et al., 2009; Vileikyte, et al., 2009) and living with diabetes and cardiovascular disease can increase burden and the likelihood of depressive reactions (Schram, Baan, & Pouwer, 2009). Assessing depression in cardiology is more than just assessing mood. The concept of the depressive personality, type D, is characterized by negative affectivity and social inhibition and has been identified as a risk factor for cardiovascular disease (Pelle, Pedersen, Szabo, & Denollet, 2009). The Cardiac Depression Scale has been developed specifically to assess depression in those with cardiovascular disease (Hare & Davis, 1996). Within diabetes, the trend has been to assess quality of life more broadly, as illustrated by a recent measure that has gained much acceptance; the Diabetes Distress Scale (Polonsky, et al., 2005). These assessment methods address disease-specific aspects of depression in diabetes and cardiovascular disease.

There is much that psychologists can do to decrease the burden of diabetes and cardiovascular disease. First, we can participate within interdisciplinary care teams (Morgan, Dunbar, Reddy, Coates, & Leahy, 2009). A recent development within cardiology is the stepped collaborative care model (Rozanski, Blumenthal, Davidson, Saab, & Kubzansky, 2005) in which all cardiac patients are

screened for depression and psychological distress. If mild, patients may be followed by the physician within the clinic using ongoing monitoring. If moderate, a case manager is recommended, someone who could address adherence and provide support. If severe, a mental health specialist is recommended. This is the ideal place for a psychologist, who can not only provide intensive intervention but can be of great value in categorizing patients into steps and supporting team members in managing less severe cases.

Second, psychologists can identify individuals with depression that predates diabetes and cardiovascular disease and provide intervention prophylactically, given the evidence that those with depression are at increased risk of developing cardiometabolic diseases. This is not as farfetched as it might seem, given the widespread recognition of prediabetes and even prehypertension. These labels reflect the fact that biomedical disturbances that predate the diagnostic criteria for a diagnosis have been identified. Third, we can encourage those who are identified as depressed within their medical care settings be referred for intervention. The Canadian Diabetes Association Clinical Practice Guidelines, for instance, recommends that all individuals with diabetes be routinely screened for depression (Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, 2008). While this will do much to reduce the under-identification of those depressed it will be critical to provide effective treatment resources for those so identified.

Interventions for depression are many and can be implemented in a flexible manner in many circumstances. There have been a number of clinical trials of psychological intervention in cardiology and diabetes. Most of these interventions employ cognitive behavioural and/or interpersonal psychotherapy. Within cardiology, there is the SADHART trial (Jiang, et al., 2008), the CREATE trial (Lesperance, et al., 2007), the MIND-IT (van den Brink, et al., 2002) and the ENRICH trial (Froelicher, et al., 2003). Within diabetes there has been the PROSPECT study (Bogner, Morales, Post, & Bruce, 2007), the IMPACT trial (Gilmer, Walker, Johnson, Philis-Tsimikas, & Unutzer, 2008) and the PREDIAS trial (Kulzer, Hermanns, Gorges, Schwarz, & Haak, 2009).

With increasing societal concern about the prevalence of cardiac disease and diabetes, and the established relationship between psychological factors and the onset and course of these conditions, the need is acute for psychologists to train and practice as members of diabetes and cardiovascular teams. Not only will a large segment of the population who suffer their diabetes or cardiovascular disease benefit but the opportunity to enrich interdisciplinary healthcare teams is more than worth the effort. If you build it, they will come.

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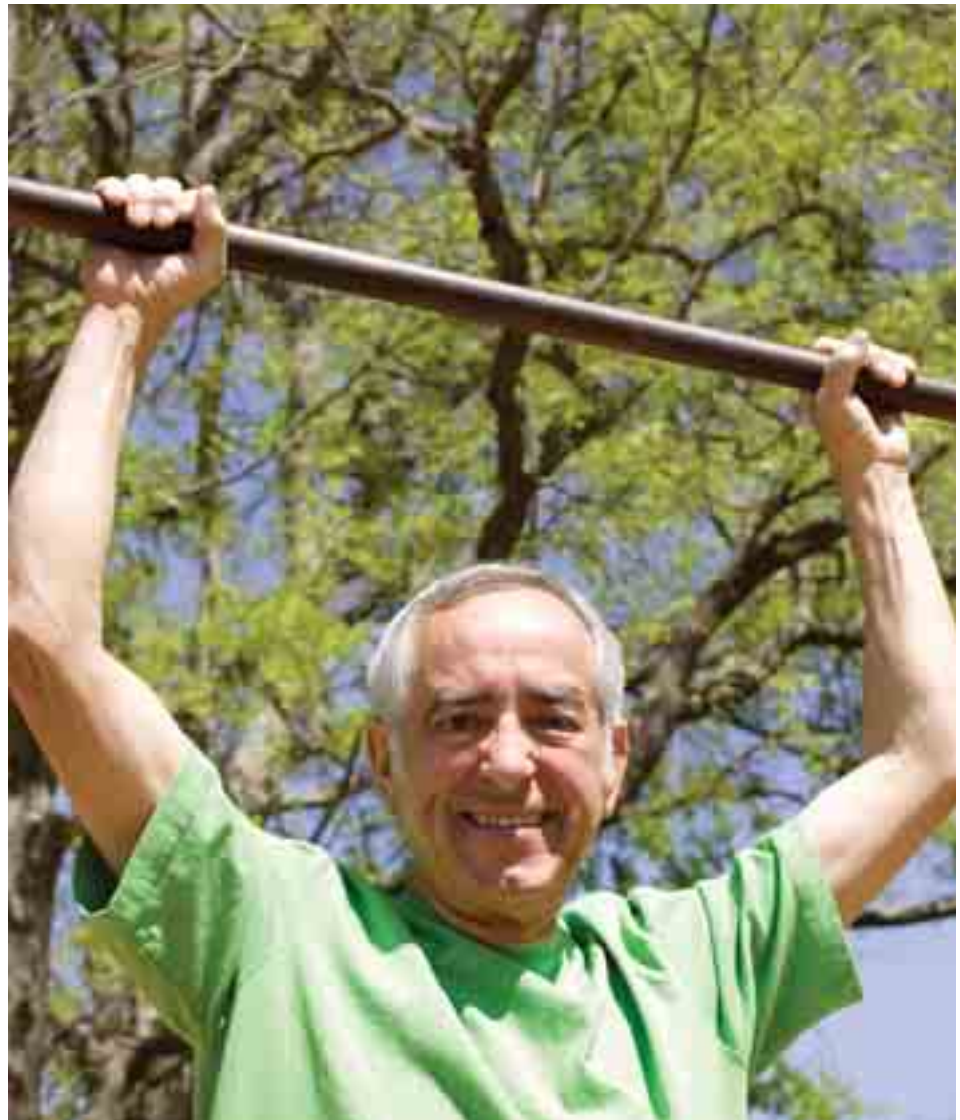
Why Should We Encourage Canadians To Be More Active? Effects Of Physical Activity On Cognitive Function In The Elderly

Diala Ammar, Ph.D.

Canada, just like most other industrialized nations, is experiencing a demographic growth in two segments of the population, those age 85 years or older and baby boomers, born between 1946 and 1964 (e.g. Smith & Hetzel, 2000). It is estimated that in the next 40 years, there will be five times the number of those age 85 years and older (Federal Interagency Forum on Aging-Related Statistics). The steady shift in the demographic pyramid is posing new challenges towards finding optimal care, support, and favorable healthy aging. The good news is that recent positive trends include increased longevity and decreased disability. To protect and promote these trends, we (as professionals, researchers, individuals in the community) have greater responsibility in finding opportunities that establish healthy independent living among the elderly. Without this vigorous dedication, our health-care system would be paralyzed. For example, the Conference Board of Canada has estimated that only a 1% increase in physical activity could lead to annual health care savings of \$10.2 million for heart disease, \$877,000 for adult-onset diabetes and \$407,000 for colon cancer (Public Health Agency of Canada). According to Canada's Physical Activity Guide to Healthy Active Living for Older Adults, 60% of older adults are insufficiently active.

The contribution of physical activity is increasingly supported by epidemiological and experimental scientific evidence. Physical activity can extend years of active independent living, prevent premature death from chronic diseases like diabetes and cancer, depression, chronic heart disease, and reduce disability (e.g. Bean, Vora, & Frontera, 2004). In addition, a positive correlation has been shown between physical activity and cognitive function.

As defined broadly by Jedrzewski et al. (2007), cognitive health includes "improve-



ment, maintenance, or minimal decline of cognitive function and absence, delay of onset, or slowing the progression of dementia" (p.99). There is growing scientific support for implementing physical activity strategies for limiting or lowering the risk of dementia. Several recent studies have reported that physical activity could contribute in decreasing the risk of dementia and Alzheimer's disease (e.g. Kramer et al.,

2006). Though connection between physical activity and cognitive function has been established, there is no clear evidence as to the amount and type of exercise to recommend. Several studies have suggested walking, whereas one study recommended a combination of aerobic and strength training for optimal cognitive function. Future and needed guidelines will depend on further research.

Psychology in Prison

Jean Folsom, Ph.D., Past Chair, Criminal Justice Section, CPA

In 2006, more than one-out-of-ten male offenders had a psychiatric diagnosis on admission to the federal prison system. This represented an increase of 71% over the previous nine years. During the same nine-year period, the number of women offenders diagnosed with a psychiatric disorder rose by 61% to one-out-of-five women. Typical diagnoses include the major psychotic disorders, anxiety, depression, antisocial personality and alcohol and drug abuse. These rates are much higher than that of a comparable community sample (ex. 0.5% of men in the community are diagnosed with a major mental illness versus 8% in federal prison and 7% versus 22% for depression, respectively). Deinstitutionalization and homelessness have likely played a role in this phenomenon. It should not come as a surprise, then, that the federal penitentiary service is the largest employer of psychologists in Canada.

What are psychologists doing in prison? Psychologists have been working within the federal prison system since 1955. Although working in a correctional environment, at first glance, may appear daunting, it provides very interesting and rewarding work for psychologists. There are opportunities to develop programs and strategies related to criminogenic needs, to carry out specialized assessments, and to provide clinical treatment. Psychologists are also conducting research to evaluate treatment and programming efficacy as well as exploring new areas such as the psychology of terrorism, thereby adding to the knowledge base of forensic, correctional and clinical psychology. The field itself is among the most quickly evolving due to extensive research over the past few decades on the prediction of criminal behaviour and on evidence-based treatments. For example, whereas it used to be held that you could not effectively treat sexual offending, research has shown that sexual recidivism can be reduced by about 40% with Cognitive Behav-



our Therapy. A similar dismal view was held about treating people with personality disorders yet Dialectical Behaviour Therapy is proving effective for women offenders with Borderline Personality Disorder.

The majority of correctional psychologists have traditionally been involved in the determination of risk to reoffend or in carrying out individual or group treatments related to offending behaviour. In recent years, however, there has been an increased focus on the mental health of offenders in federal prisons and a growing need for psychologists to provide basic mental health care. The realization of the increasing numbers of offenders with mental illnesses in the federal correctional system has led to the development of a Mental Health Strategy

and to an increase in the demand for psychologists in order to tackle the problem. The hallmark of the Strategy is its plan to provide a continuum of mental health care from admission to release into the community and up to the end of an offender's sentence. The Strategy provides that all offenders are screened for mental health problems on admission and receive an in-depth assessment, if warranted. Much as people with mental illnesses in the community are generally managed by community-based services and providers, most offenders with mental health problems are placed in regular institutions where they can access psychological as well as other mental

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The Significance of CPA's Ratification of the Universal Declaration of Ethical Principles for Psychologists

Jean Pettifor, Ph.D., and Carole Sinclair, Ph.D., CPA Committee on Ethics

In November 2008, the Canadian Psychological Association ratified the Universal Declaration of Ethical Principles for Psychologists. Led by Canadian psychologist, Dr. Janel Gauthier of Laval University, a past-president of CPA, this Declaration was six years in the making. It was based on research and world-wide consultations, and carried out under the auspices of the International Union of Psychological Science and the International Association of Applied Psychology, both of which adopted the Declaration in July 2008.

The Declaration is not a code of ethics. It is a statement of ethical principles and related values that are general and aspirational, rather than specific or prescriptive. It is up to individual countries to translate the principles into specific standards relevant to local or regional cultures, customs, beliefs, and laws. The four ethical principles of the Declaration are Respect for the Dignity of Persons and Peoples, Competent Caring for the Well-Being of Persons and Peoples, Integrity, and Professional and Scientific Responsibilities to Society.

What is the significance of CPA's ratification of the Declaration for Canadian psychology? The ethical principles of the Canadian Code of Ethics for Psychologists were developed at a time when Canadian psychologists were almost exclusively of European origin

with a "Western" world view. Although the ethical principles of the Code are very consistent with those of the Universal Declaration, the ethical discourse that occurred in the development of the Declaration involved representatives from five continents holding a variety of world views. This discourse resulted in definitions and explanations of ethical principles that reflected an integration of those world views. It may be helpful to consider some aspects of the Declaration in the upcoming revision of the Canadian Code. For instance the Code's principles of Respect for the Dignity of Persons and Responsible Caring might be more responsive to the increasing multicultural nature of Canadian society, and to the increasing international work of Canadian psychologists, if reference to "peoples" were added. Although the CPA concept of respect includes valuing the inherent worth of individual persons, the Declaration goes further in recognizing that personal identity is connected to others both in the present and across generations and history.

The Declaration of Ethical Principles for Psychologists is a milestone in psychology's relatively short history of ethics discourse. The future will tell how much the Declaration will influence Canadian psychologists and their global colleagues in building a better world. The Declaration is available on the CPA website at http://www.cpa.ca/cpasite/userfiles/Documents/Universal_Declaration_asADOPTEDbyIUPsySIAAP_July2008.pdf.

Psychology in Prison

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health services. For those offenders with acute or demanding mental health needs, there are in-patient settings at Regional Treatment Centres — psychiatric hospitals whose catchment area happens to be the other prisons in the region.

In contrast to the current situation in many community hospitals in which the role of psychologists is diminishing, psychologists within the correctional system play a major leadership role and are involved at every step of the Strategy. Many of the regional and national coordinators of the components of the Strategy are psychologists. A psychologist oversees the mental health assessments that are completed on newly ad-

mitted offenders. Psychologists also complete the in-depth assessments that are required on some of these offenders.

Thus, there has been a significant shift in the role of the psychologist within the correctional system, with the provision of mental health care becoming an increasingly important component. Psychologists are frequently called upon to provide crisis intervention for offenders. Offenders are at increased risk for depression and suicide. A large percentage of offenders at Treatment Centres are diagnosed with schizophrenia.

In terms of treatment approaches, Cognitive Behaviour Therapy is the most frequently employed due to the extensive literature on its effectiveness in dealing with criminal behaviour (for example, see the work of Don Andrews, Jim Bonta and Paul Gendreau). It has also been shown to be an evidence-based treatment for depression and schizophrenia and is thus frequently used by

correctional psychologists in dealing with mental health problems. However, as is the case in most settings, psychologists may choose from a variety of intervention techniques and can use their professional judgement in selecting the most appropriate therapeutic approach to address an individual offender's mental health needs.

The single biggest challenge facing the correctional system in the next few years is the increase in the numbers of offenders that will result from proposed legislative changes such as expanding the list of crimes that carry mandatory minimum sentences to include drug offences and to the end of Statutory Release. As the population of offenders swells in the system, more offenders with mental health problems will enter the system and have more difficulty earning early release. This will place an additional burden on the correctional system and an increasing role for psychologists.

Doing Psychology Internationally While on Sabbatical Abroad

Randal G. Tonks, Ph.D.

My sabbatical abroad involved a semester of travel and investigation in southern Mexico during the summer of 2008. This sabbatical leave was guided by three major goals: first to identify and establish potential sites for international educational opportunities for Canadian students, second to examine and record various forms of acculturation, and third to search out indigenous forms of psychology in the region.

The first task was developed against the backdrop of my previous field-school experiences in Santiago de Cuba in 2004. At that time I led a field-school for Canadian students studying intercultural communication with me along with Spanish language and Cuban culture at the Universidad d'Oriente de Santiago de Cuba. Searching for interdisciplinary opportunities, I was looking for institutions and locations that would enable future field-schools in the areas of cross-cultural psychology, anthropology, environmental psychology and biology, among others.

The most promising site was in Mérida at the Universidad Marista de Mérida (UMM). Aside from the rich historical and cultural vibrancy of Mérida, also known as 'the Paris of the Yucatan', this small university offered an excellent Spanish language program for foreign students directed by Dr. Gabriella Gonzalez. UMM also is developing integrated sustainable agricultural and farming practices with indigenous peoples, flora and fauna from the region.

Eco-tourism and concern over declining species also has come to the forefront of cultural debates in the region. As Cancun has grown along with the spread of resorts down the Mayan Riviera and across to the Gulf Coast, cultural traditions and practices are changing with the flood of tourists from around the globe. The resulting acculturative pressures have led to a great deal of change in the small coastal villages. Changing from being fishing based to eco-tourist based economies; social mobility and the pursuits of cell phones, internet, and motor scooters come into conflict with traditional practices and community dynamics.

Elsewhere, high in the mountains near San Cristóbal de las Casas, similar changes are coming to the Mayan villages scattered throughout the valleys and hillsides. Many of these indigenous people are moving to the larger cities (especially Cancun) and are taking on more urban and American lifestyles. Nonetheless, many others are still maintaining traditional practices, including centuries old techniques for farming, making textiles and pottery as well as medicinal and spiritual practices. The Museo de la Medicina Maya in San Cristóbal is a centre for the maintenance of these traditional practices which exhibit the acculturative integration of elements from Mayan and Spanish traditions.

Also in San Cristóbal is la Casa Na Bolom, the former home of Swiss anthropologist Frans Blom who worked with indigenous peoples throughout the region. This Casa offers a rich archive of Blom's pioneering work with the Maya and, most notably, the La-



cadon Maya. Today the Lacadon, who live along the Guatemalan border, have taken a more measured approach to culture change than have others, such as restricting the flow of tourists to their ruins and forests.

Much as this early anthropological field research led to the development of accounts of social rituals and traditions, the work of eminent Mexican psychologist Rogelio Diaz-Guerrero provides a rich account of indigenous psychology in Mexico. His two volume series on *Psicología del Mexicano* stands out prominently. A great deal of his work is published in English as well, for those interested in exploring his legacy.

Upon returning home, the final phase of acculturation occurred for me and my family who accompanied me on this adventure. As with so many other sojourners, we went through various stages and phases of acculturation. As a participant observer, I took copious notes on the trials and tribulations of international travel including the acculturative stresses we experienced. However, it was the return home that was most difficult. Back to the mundane, back to the classroom and back to having to return to my Canadian identity that I had partially left behind during those months abroad.

As I reflect now, more than a year later, I can say that doing psychology internationally means facing diversity and unknowns, but it also involves great experiences and new understandings. Experiencing these challenging and enriching activities and planning ahead for the next time around is exciting as I continue to foster international relations and conduct psychology in the international field.

Dr. Randal Tonks teaches at Camosun College, Victoria, BC. He wrote this piece for the International Relations Committee.

Please see enclosed election ballot including instructions for online voting.



Kevin Alderson
Candidate for President-elect

“To work in the world lovingly means that we are defining what we will be for, rather than reacting to what we are against” – Christina Baldwin

My career over the past 23 years as a psychologist has been personally rewarding, and I have given back extensively to the profession as well. Beginning as a practitioner, I continued seeing clients while spending years as the Head of Counselling and Health Services at Mount Royal College.

After finishing doctoral study, I focused some of my passion toward promoting social change and social justice. I became a professor at the University of Calgary in 2001, and since then, I have written about social justice, particularly for people with nondominant sexualities and gender expressions.

I have walked the walk as well. In 2004, I was kicked around in Canadian and American venues as I fought for something I believe in strongly: same-sex marriage. After co-authoring *Same-Sex Marriage: The Personal and the Political* with Dr. Kathy Lahey, I walked into one bombshell after another. So be it – I fought and I continue to do so.

Most recently, I have been lobbying the Alberta government through letter writing to reinstate funding for gender reassignment surgery (GRS). While acting as a CPA section chair (i.e., SOGII), two of us began writing fact sheets and a policy statement that we hope CPA will soon adopt as official documents regarding gender expression of all kinds. Once in place, I will recommence my lobby efforts to help governments hear CPA’s message on this subject. It is time that all Canadians are provided necessary interventions, not just those who already have a strong voice.

I teach multicultural counselling and I am currently working on two books that will add to the multicultural and counselling literature. I continue seeing a few clients a week in private practice with couples, families, and individuals.

Practice and scholarship are inextricably linked. I am the Editor in Chief of the *Canadian Journal of Counselling*. I am honoured to play a national leadership role in publishing new research meant to enhance applied psychology.

I am strongly committed to the synergy between academia and practice. One of my goals as your President would be to ensure that all practitioners can access PsycInfo or a comparable search engine for those without it. It is important that practitioners remain abreast of current best practices, and the demands of full-time work make it difficult, especially for generalists in smaller communities. Our best protection against malpractice complaints is ethical, competent practice.

Another area I would like to encourage is that psychologists build a stronger voice as consultants to government and other institutions that make decisions affecting people. We collectively have expert knowledge, and decision makers need to hear from us directly, not just through skewed media lenses. In this way, I believe we will add appreciably to the credibility of our profession.

If I am elected to this position, I promise that I will bring my focused efforts, passion, and dedication to this important role in Canadian psychology. Thank you for considering me as a candidate.



David J. A. Dozois
Candidate for President-Elect

It is my honour to be nominated as a candidate for CPA President-Elect. I have had the privilege to be consistently involved in the leadership of CPA in some capacity (committees, Sections, board) since I was a graduate student. CPA has been my professional home and CPA members are my professional family. I have a strong passion for Canadian psychology. It is my conviction that CPA has become more robust in recent years and that a number of exciting developments (e.g., the Practice and Science Directorates) will continue to strengthen the Association. Together with CPA members, Sections, staff and board, I would like to contribute to this momentum and propel Canadian psychology forward so that we can advance psychology for all.

I am a faculty member of the Department of Psychology at the University of Western Ontario. My research focuses on the role of cognition in depression and anxiety and cognitive-behavioural theories and therapy. I have published 88 peer-reviewed articles, book chapters and co-edited books, and presented over 200 conference papers. I have served as the Chair of the Research Grants Committee for the Ontario Mental Health Foundation (OMHF). I am currently on the editorial board for two journals and serve on the Education and Dissemination Committee of the Academy of Cognitive Therapy. In addition to my scholarly and administrative work, I have a small private practice. I was fortunate to receive early career awards from the Canadian Psychological Association, the Canadian Institutes of Health Research, and the National Alliance for Research on Schizophrenia and Depression, and the OMHF. This past year, I became a Fellow of the CPA Section on Clinical Psychology, was named Psychologist of the Year from the London Regional Psychological Association and received the John Dewan prize from the OMHF.

I have been involved in various leadership roles within CPA for almost 15 years. I have been a member of the Professional Affairs Committee (1995-1997), Educational and Training Committee (1997-1998), PsyD Taskforce Committee (1997-1998), Student Section (1995-1998; as Chair from 1995-1997) and Clinical Section (2001-2006; as Chair in 2004). I have served on the CPA Board of Directors, in the capacity of Director of Science, since 2005.

If elected as CPA President, I will focus on a number of objectives: (1) foster growth of the Association to better meet the needs of all members of CPA, including experimental psychologists and

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francophone members; (2) facilitate the generation, translation and dissemination of psychological science; (3) encourage the Science and Practice Directorates to proactively meet the needs of our profession and the public; (4) help CPA to become an international leader in evidence-based practice; (5) advocate for increased resources for basic and applied research; and (6) promote the value of psychological assessment and treatment.

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



Sylvie Bourgeois
Director-at-large position
Elected by acclamation

Dr. Sylvie Bourgeois holds a Ph.D. in Psychology (clinical) from Concordia University. She is a licensed psychologist with both the College of Psychologists of Ontario and the College of Psychologists of New Brunswick. Throughout her professional career, Dr. Bourgeois has provided psychological services to various adult populations in a diversity of settings. Her clinical work with high-risk occupational groups inspired her to join the RCMP in the field of occupational health. From 2007 to 2009, she managed the health service delivery to Canadian police officers deploying to and returning from high-risk policing peace operations. Her successes include developing strategies related to the mitigation of risks to the psychological health of police officers throughout the deployment cycle and leveraging the capacities of public and private health service providers. Recently promoted to Chief Psychologist, Occupational Health & Safety Branch of the RCMP, she is responsible for the development and implementation of national psychological health policies and initiatives. She also actively participates on various whole-of-government working groups on mental health. She feels privileged to serve on the Board of Directors and excited to have the opportunity to contribute actively to CPA's mandate.



Dawn Hanson
Director-at-large position reserved for
a Master's level Psychologist
Elected by acclamation

Dawn Hanson has a Master's degree in Psychology from the University of Manitoba. She is certified as a school clinician, working for over 25 years as a school psychologist in Winnipeg. She is the chairperson of the Professional Development Committee for the Child Guidance Clinic Psychology Department. Dawn has served in several positions on the board of the Manitoba Association of School Psychologists (MASP) and is the current President of MASP. In addition to clinical work in both public and private practice, Dawn is a practicum supervisor for the School Psychology Training Program at the University of Manitoba.

Dawn is a certified Triple P practitioner. She enjoys working with families and facilitating parent education and support groups.

She is keenly interested in the applied research literature related to the emotionally and behaviourally disordered (EBD) student population. Helping the parents and teachers of EBD children better cope with the challenges of teaching or raising an EBD child is an important focus of her current work. Dawn is married with two adult children. In her spare time, she enjoys reading literary fiction and running distance races.



Aimée Surprenant
Director-at-large position reserved for an
Experimental Psychologist conducting basic
research - Elected by acclamation

Aimée M. Surprenant (Ph.D., Yale University) is a professor in the Department of Psychology at Memorial University of Newfoundland and is the Director of the CFI and NSERC funded Cognitive Aging and Memory Laboratory (CAMEL). Prior to joining the faculty at Memorial, she was a post-doctoral fellow at Indiana University and then a faculty member in the Department of Psychological Sciences at Purdue University. Her research focuses on the effects of noise on memory as well as the impact of age-related sensory decline on memory. She is an author or co-author on over 25 refereed articles as well as editor or author of 4 books. She is on the editorial boards of the *Journal of Experimental Psychology: Learning, Memory, and Cognition*, *Memory & Cognition*, and the *Canadian Journal of Experimental Psychology*. As chair of CPA's membership committee she is working on a number of initiatives designed to retain current members as well as adding benefits in order to recruit new members to the association.



Mary Pat McAndrews
Scientist-Practitioner - Elected by acclamation

I completed my Ph.D. at the University of Toronto and a Post-Doctoral Fellowship in Neuropsychology at the Montreal Neurological Institute. Both experiences were instrumental in forging my commitment to a scientist-practitioner model and led to my current roles (in various forms since 1994) as a Neuropsychologist in the Krembil Neuroscience Centre at the University Health Network, a Senior Scientist at the Toronto Western Research Institute, and an Associate Professor of Psychology at the University of Toronto. My work attempts to characterize retrieval processes subserved by structures in the medial temporal lobe through behavioral, electrophysiological, and functional neuroimaging studies of memory in a variety of clinical populations including patients with temporal lobe epilepsy, amnesic MCI, and individuals with focal radiation or brain stimulation to this region. The overall goal is to conduct research that can provide new insights into the cognitive neuroscience of memory (e.g., differentiation amongst candidate processes) and which may also be useful in clinical neuroscience (e.g., determination of functional integrity in neurosurgical populations). Thus, my clinical and research goals and activities inform and enhance one another. As I am concerned that the opportunities for future scientist-practitioners may be under increasing threat in the health-care system, due to a host of factors including financial pressures, I am eager to help ensure that this model remains a robust force in Canadian Psychology.



Kevin Alderson
Candidat au poste de président désigné

« Travailler dans un monde avec amour signifie que nous définissons ce que nous allons appuyer, plutôt que de réagir à ce à quoi nous sommes opposés » – Christina Baldwin

Ma carrière au cours des 23 dernières années à titre de psychologue a été enrichissante d'un point de vue personnel et j'ai aussi tenté de remettre beaucoup dans la profession. À titre de praticien, j'ai continué de voir des clients tout en passant de nombreuses années à la direction des services de counseling et de santé au Mount Royal College.

Après avoir terminé mes études de doctorat, j'ai concentré une partie de ma passion vers la promotion du changement et de la justice sociale. Je suis devenu professeur à l'Université de Calgary en 2001 et depuis ce temps, j'ai écrit au sujet de la justice sociale, particulièrement pour les personnes ayant des sexualités et des expressions sexuelles non dominantes.

J'ai aussi prêché par l'exemple. En 2004, on m'a attaqué dans des forums canadiens et américains étant donné que j'ai défendu une cause dans laquelle je crois fortement : le mariage de conjoints de même sexe. Après avoir coécrit *Same-Sex Marriage: The Personal and the Political* avec D^{re} Kathy Lahey, j'ai marché dans un champ de mines. Advienne que pourra : j'ai combattu et je continuerai de le faire.

Plus récemment, j'ai fait des représentations auprès du gouvernement albertain par la rédaction de lettres demandant le rétablissement du financement de la chirurgie pour le changement de sexe (CCS). Alors que j'agissais à titre de président de la section de la SCP (c.-à-d. la SGOIS), deux d'entre nous avons commencé à rédiger des feuillets d'information et un énoncé de politique, qui nous l'espérons sera adopté par la SCP en tant que document officiel au sujet de l'expression sexuelle de tous les types. Une fois en place, je recommencerais mes efforts de représentation pour aider les gouvernements à entendre le message de la SCP sur ce sujet. Il est temps de faire les interventions nécessaires pour tous les Canadiens, non pas seulement ceux qui ont déjà une voix.

J'enseigne le counseling multiculturel et je travaille actuellement à deux livres qui s'ajouteront à la documentation sur le multiculturalisme et le counseling. Je continue à voir un petit nombre de clients de façon hebdomadaire dans la pratique privée – des couples, des familles et des individus.

La pratique et la mission professorale sont liées de façon inextricable. Je suis rédacteur en chef du *Canadian Journal of Counselling*. Je suis honoré de jouer un rôle de leadership national dans la publication de la nouvelle recherche visant à améliorer la psychologie appliquée.

Je suis fermement engagé dans la synergie entre l'université et la pratique. L'un de mes objectifs en tant que votre président serait d'assurer que tous les praticiens peuvent accéder à *PsycInfo* ou à un moteur de recherche comparable pour ceux qui ne l'ont pas. Il est important que les praticiens demeurent au courant des pratiques exemplaires actuelles et les exigences du travail à temps plein rendent difficiles, particulièrement pour les généralistes dans de petites collectivités. Notre meilleure protection contre les plaintes de faute professionnelle est une pratique éthique et compétente.

Dans un autre domaine, j'aimerais aussi encourager les psychologues à faire entendre une voix plus forte en tant que consultants du gouvernement et d'autres institutions qui prennent des décisions qui touchent les personnes. Collectivement, nous possédons une connaissance d'expert et les décideurs doivent nous entendre directement, non pas seulement par le biais des médias. De cette façon, je crois que nous ajouterons de façon considérable à la crédibilité de notre profession.

Veillez voir ci-inclus le bulletin de vote ainsi que les directives pour voter en ligne.



Si je suis élu à ce poste, je promets que je déploierai tous les efforts, la passion et le dévouement à ce rôle important en psychologie canadienne. Je vous remercie de m'avoir considéré comme candidat.



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

Je suis honoré d'avoir été nommé à titre de candidat au poste de président désigné de la SCP. J'ai eu le privilège d'avoir constamment été engagé dans le leadership de la SCP à divers titres (comités, sections, comité d'administration) depuis l'époque où j'étais un étudiant fraîchement diplômé. La SCP a été mon foyer professionnel et les membres de la SCP sont ma famille professionnelle. Je suis passionné par la psychologie canadienne. Je suis convaincu que la SCP est devenue plus forte au cours des dernières années et qu'un certain nombre de faits nouveaux palpitants (les directions générales de la pratique et de la science) continueront de renforcer notre association. Ensemble avec les membres de la SCP, les sections, le personnel et le conseil d'administration, j'aimerais continuer cette lancée et propulser vers l'avant la psychologie canadienne de manière à ce que nous puissions faire avancer la psychologie pour toute la collectivité.

Je suis membre du corps professoral du département de psychologie de l'Université Western Ontario. Ma recherche se concentre sur le rôle de la cognition dans la dépression et l'anxiété et les théories et la thérapie cognitivo-comportementales. J'ai publié 88 articles évalués par les pairs, des chapitres de livres et des livres en collaboration et j'ai présenté plus de 200 conférences. J'ai servi à titre de président du Comité des subventions de recherche pour la Fondation Ontarienne de la Santé Mentale (FOSM). Je siège actuellement au comité de rédaction de deux revues ainsi qu'au Education and Dissemination Committee de l'Academy of Cognitive Therapy. En plus de mon travail universitaire et administratif, je gère une petite pratique privée. Tôt dans ma carrière, j'ai eu la bonne fortune de recevoir des prix de la Société canadienne de psychologie, des Instituts canadiens de recherche en santé, de la National Alliance for Research on Schizophrenia and Depression et de la FOSM. Au cours de l'année qui vient de s'écouler, je suis devenu fellow de la section de psychologie clinique de la SCP, j'ai été nommé psychologue de l'année par la London Regional Psychological Association et j'ai reçu le prix John Dewan de la FOSM.

J'ai assumé divers rôles de leadership au sein de la SCP pendant presque 15 ans. J'ai été membre du Comité des affaires professionnelles (1995-1997), Comité de l'éducation et de la formation (1997-1998), Comité du groupe de travail sur le D.Psy. (1997-1998), à la section des étudiants (1995-1998; à titre de président de 1995 à 1997) et de la section clinique (2001-2006; à titre de président en 2004). Je siège au comité d'administration de la SCP, à titre de directeur de la science, depuis 2005.

Si je suis élu président de la SCP, je me concentrerai sur un certain nombre d'objectifs : 1) favoriser la croissance de la SCP afin de mieux répondre aux besoins de tous les membres, y compris les psychologues expérimentaux et les membres francophones, 2) faciliter la production, la traduction et la diffusion de la science psychologique, 3) encourager

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les directions générales de la science et de la pratique de répondre de façon proactive aux besoins de notre profession et du public, 4) aider la SCP à devenir un chef de file international dans la pratique fondée sur des données probantes, 5) faire des représentations pour accroître les ressources en recherche élémentaire et appliquée et 6) promouvoir la valeur de l'évaluation et du traitement psychologiques.

La SCP a joué un rôle essentiel dans la progression de la psychologie canadienne et a fait la promotion des forces complémentaires de ses scientifiques et de ses praticiens. Compte tenu de mes antécédents à l'université et dans la pratique, conjugués à mon expérience à titre de membre du conseil d'administration de la SCP, je crois que je peux bien représenter les divers intérêts de la SCP. J'espère bien avoir la possibilité de vous servir à titre de président de la SCP.



Sylvie Bourgeois
Poste de directeur(trice) non désigné
- Élu(e) par acclamation

D^{re} Sylvie Bourgeois détient un Ph.D. en psychologie (clinique) de l'Université Concordia. Elle est une psychologue agréée auprès de l'Ordre des psychologues de l'Ontario et du Collège des psychologues du Nouveau-Brunswick. Au cours de sa carrière professionnelle, D^{re} Bourgeois a assuré la prestation de services psychologiques à diverses populations adultes dans divers contextes. Son travail clinique auprès de groupes professionnels à risque élevé l'a incité à se joindre à la GRC dans le domaine de la santé au travail. De 2007 à 2009, elle a dirigé la prestation de services de santé aux agents de police canadiens qui sont déployés et qui reviennent d'opérations de maintien de la paix à risque élevé. Elle a réussi à élaborer des stratégies liées à l'atténuation des risques à la santé psychologique des agents de police pendant le cycle de déploiement et à miser sur les capacités des fournisseurs de santé publics et privés. Récemment promue au poste de psychologue en chef de la Direction de la santé et la sécurité au travail de la GRC, elle est responsable de l'élaboration et de la mise en œuvre de politiques et d'initiatives en santé psychologique nationales. Aussi, elle participe activement à divers groupes de travail sur la santé mentale au sein de la fonction publique fédérale. Elle se sent privilégiée de siéger au conseil d'administration et enthousiasme à l'idée d'avoir l'occasion de contribuer activement au mandat de la SCP.



Dawn Hanson
Poste de directeur(trice) non désigné réservé
pour un psychologue au niveau de la maîtrise
Élu(e) par acclamation

Dawn Hanson possède une maîtrise en psychologie de l'Université du Manitoba. Clinicienne scolaire agréée, elle a travaillé pendant plus de 25 ans dans le milieu scolaire de Winnipeg. Elle est présidente du Comité de développement professionnel du Child Guidance Clinic Psychology Department. Dawn a occupé plusieurs postes au sein du conseil du Manitoba Association of School Psychologists (MASP), dont elle assume actuellement la présidence. En plus de son travail clinique dans la pratique publique et privée, Dawn est superviseuse du programme du School Psychology Training Program à l'Université du Manitoba.

Dawn est praticienne agréée du Triple P. Elle aime travailler avec les familles et faciliter l'éducation des parents et des groupes de soutien. Elle est très intéressée à la documentation en recherche appliquée relative à la population étudiante souffrant de troubles de l'émotivité et du

comportement (TEC). Son travail actuel se concentre tout particulièrement à aider les parents et les enseignants d'enfants souffrant de TEC à mieux faire face aux défis d'enseignement et de parentage. Dawn est mariée et mère de deux enfants adultes. Dans ses passe-temps, elle aime lire des œuvres littéraires et s'adonner à la course à pied sur de longues distances.



Aimée Surprenant
Poste de directeur(trice) non désigné réservé pour
un psychologue expérimental menant de la
recherche fondamentale - Élu(e) par acclamation

Aimée M. Surprenant (Ph.D., Yale University) est professeure au département de psychologie de l'Université Memorial de Terre-Neuve et elle est directrice du Cognitive Aging and Memory Laboratory (CAMEL) subventionné par la FCI et le CRSNG. Avant d'entrer à la faculté de Memorial, elle était fellow postdoctorale à l'Indiana University et ensuite membre du corps professoral au Department of Psychological Sciences à la Purdue University. Sa recherche est axée sur les effets du bruit sur la mémoire ainsi que l'impact du déclin sensoriel lié à l'âge sur la mémoire. Elle est auteure ou coauteure de plus de 25 articles évalués par des pairs ainsi que l'éditrice ou l'auteure de quatre livres. Elle fait partie du comité rédactionnel du Journal of Experimental Psychology : Learning, Memory, and Cognition, Memory & Cognition et de la Revue canadienne de psychologie expérimentale. À titre de présidente du Comité des membres de la SCP, elle travaille à un certain nombre d'initiatives visant à retenir les membres actuels et à ajouter des avantages afin d'en recruter de nouveaux.



Mary Pat McAndrews
Scientifique-praticienne - Élu(e) par acclamation

J'ai terminé mon Ph.D. à l'Université de Toronto et j'ai obtenu un fellowship postdoctoral en neuropsychologie à l'Institut neurologique de Montréal. Les deux expériences ont contribué à forger mon engagement envers un modèle scientifique-praticien et à m'acquitter de mes rôles actuels (sous diverses formes depuis 1994) soit à titre de neuropsychologue au Krembil Neuroscience Centre de l'University Health Network, de scientifique principale au Toronto Western Research Institute ou de professeure adjointe de psychologie à l'Université de Toronto. Mon travail tente de caractériser les processus de récupération sous-servis par les structures dans le lobe temporal médian par les études de mémoire comportementales, électrophysiologiques et fonctionnelles dans une variété de populations cliniques, notamment les patients souffrant d'une épilepsie du lobe temporal, de TLC amnésique et des individus ayant une radiation focale ou une stimulation cérébrale dans cette région. Le but global est de mener de la recherche qui peut créer de nouvelles perspectives dans la neuroscience de la mémoire cognitive (p. ex. la différenciation entre les processus candidats) et qui peut être aussi utile en neuroscience clinique (p. ex. la détermination de l'intégrité fonctionnelle dans les populations neurochirurgicales). Ainsi, mes objectifs et mes activités cliniques et de recherche s'informent et s'améliorent l'une et l'autre. Étant donné que je suis inquiète que les occasions pour les scientifiques-praticiens futurs pourraient être de plus en plus menacées dans le système de soins de santé, à cause d'une myriade de facteurs, dont les pressions financières, je suis déterminée à aider à assurer que ce modèle demeure résolument en vigueur dans le milieu de la psychologie canadienne.

Congratulations: 2009 Access to Innovative Psychological Services Awards

Kenneth D. Craig, Ph.D., CPAF President

We are pleased to announce the recipients of the 2009 Awards for Access to Innovative Psychological Services. These Awards were created by the Foundation to celebrate and support outstanding contributions in the delivery of psychological services to Canadians. Nominations received led us to appreciate there is much to celebrate about the delivery of psychological services in Canada.

The Awards programme recognizes the dramatic shortfall between the needs of individuals and communities and the seriously limited availability of psychological services capable of improving the health, competence, and resourcefulness of Canadians in their everyday lives. Psychologists have had to exercise considerable initiative to provide these services. The Awards represent public recognition of the excellence and importance of services to Canadians in their roles as family members, in the workplace, in educational and healthcare settings, and in the community, and recognizes the innovative leadership of those responsible for their direction. The Board of the Canadian Psychological Association Foundation described these services as exemplary in modeling solutions to major health and mental health problems confronting Canadians. In 2009, CPAF targeted children, older adults, and rural and northern communities. In addition to the Award, a total of \$25,000 was distributed among the three programmes in support of the psychological services they render.

A. Child Care Resources/Ressources sur la garde d'enfants in the Sudbury/Manitoulin District of Northern Ontario was recognized as responsive to major community needs in developing its Autism Diagnostic Team and building professional expertise in diagnosis of Autism Spectrum Disorders (ASD). The interdisciplinary ASD diagnostic team is committed to goals of reducing wait times for diagnosis, maintaining or increasing the number of children seen for diagnosis, and advancing family and community satisfaction with the procedures and communications surrounding this complex diagnosis. We would anticipate this will contribute to further development of best practice guidelines and policy both within the northern communities served by The North Region Autism Intervention Program and its Intensive Behaviour Intervention program and elsewhere. We are pleased to acknowledge contributions to the programme of Dr. Terri Barriault C.Psych, Psychologist & Clinical Director, North Region Autism Intervention Program as Psychologist and Clinical Director, Psychometrist, Lynn Laverdiere Ranger, and Marilyn Loiselle, Clinical Coordinator, for development and administration of the service, as well as collaboration in the programme of local pediatricians and a Speech-Language Pathologist. This signals collegiality and cooperation needed in the delivery of high quality, integrated health services at the community level.

B. The University of Calgary Applied Psychological and Educational Services (U-CAPES) was recognized for its programme and plans to enhance assessment, diagnostic, and consultation services to children and youth in Calgary and surrounding rural areas. The programme is committed to delivering clinical services, professional development, and applied research/program evaluation as well as training to both School and Applied Child Psychology and Counselling Psychology graduate students in Calgary and surrounding rural regions. U-CAPES is innovative in many respects and has received recognition for its dynamic and responsive service delivery model. The service operates as a revenue-producing centre, deriving income from psychological consultations, various research contracts with community, governmental and educational organizations, and workshops. Beyond supporting operating costs, surplus supports graduate student funding and programme support. We are pleased to acknowledge leadership of the programme by Dr. Kelly Dean Schwarz, Registered Psychologist (AB), as Director, U-CAPES, Division of Applied Psychology, Faculty of Education, the University of Calgary.

C. The University of Regina Centre on Aging and Health was recognized for its programme on Self-management of Pain in Older Adults with Chronic Pain and its plans to train graduate students in Clinical Psychology in addressing the substantial need to control persistent pain suffered by older adults. The programme has developed an evidence-based self-management program that is well-systematized in the widely-disseminated volume *Pain Management for Older Adults: A Self-help Guide* (Hadjistavropoulos, T. & Hadjistavropoulos, H.: IASP Press, 2008), and will implement the programme through the training of graduate students in the programme in Clinical Psychology at the University of Regina. We are pleased to recognize Dr. Thomas Hadjistavropoulos, Director of the Centre on Aging and Health, and Dr. Heather Hadjistavropoulos, Director of Clinical Training in the Department of Psychology, for their leadership and dedication to development of the self-management programme, and commitment to training professionals who will have the skills needed to work with these older adults.

Your support earnestly requested

The Canadian Psychological Association Foundation is a registered Canadian charity established to advance psychology in the public interest. The CPAF funds activities that improve the lives and communities of Canadians through psychological research, assessment and treatment, education and training and developments in public policy. We represent an extension of the efforts of individual psychologists and organizations of psychologists committed to caring for people. CPAF exists and thrives only to the extent that it is supported through contributions. Please make a charitable donation to CPAF this year.

2010 Convention in Winnipeg: A Blend of Old and New

Peter Graf, Ph.D., CPA Convention Committee Chair

Winnipeg is at the geographical centre of Canada, a striking blending of cosmopolitan urbanity with prairie warmth and hospitality. The city is rich with history, architecture and artists. Once the trading center for the Cree, Ojibwa and the Assiniboin Nations, it attracted first French explorers and traders, then Scottish farmers, and today is home to 200 ethnic groups speaking over 100 languages. Winnipeg is justly described as the “cultural cradle of Canada”, as a beautiful blend of old and new, traditional and avant-garde.

Winnipeg is an apt model for the CPA convention which brings together psychology scientists, practitioners, educators and students from all corners of Canada as well as from abroad. The convention is our trading center for discoveries, innovations and ideas. It helps to ensure that our science is translated into, as well as informed by, education and practice and that practice and education remain on a solid foundation of science. Most importantly, the convention serves to connect us at a personal level and it fosters awareness that we together – psychology scientists, practitioners and educators – are a formidable force for improving the health, welfare and quality of life of all Canadians.



Like Winnipeg, the 2010 convention is a blend of old and new. It will feature an exciting line-up of invited speakers (described elsewhere in this issue), and a wide range of symposia, paper presentations and poster sessions offered in the traditional format.

For the first time, there will be an internship fair at the 2010 Winnipeg convention, delivered in collaboration with the Canadian Council of Professional Psychology Programs. There will be speakers to talk about the internship application process, and internship programme faculty will be available for informal discussion with students and to showcase their respective internship programmes.

Like last year, the conversation sessions will be arranged as round table talks, but they will be advertised more effectively in a condensed printed program. And also like last year, the convention abstracts will be posted online in advance of the convention, and all conference registrants will receive then a memory stick. However, in order to facilitate navigation on the convention floor, we will again distribute printed convention programs, albeit in a highly ‘condensed’ format. The condensed printed program will list all sessions, their start and end times and room locations, as well as the authors and titles of all presentations, and there will be an author index as well as a few pages for writing notes. Our goal is to make the convention the best it can be.

PRE-CONVENTION WORKSHOPS

Date: Wednesday, June 2, 2010

**Location: Delta Winnipeg – 350 St. Mary Avenue
Winnipeg, Manitoba R3C 3J2**

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

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

Deadline for workshop registration: May 3, 2010.

Those who register for any of the pre-convention workshops are eligible for reduced Convention fees only until May 3, 2010.

ATELIERS PRÉCONGRÈS

Date : mercredi le 2 juin 2010

**Lieu : Delta Winnipeg – 350 St. Mary Avenue
Winnipeg, Manitoba R3C 3J2**

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

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

La date limite pour les inscriptions aux ateliers : le 3 mai 2010.

Les personnes qui s'inscrivent à tout atelier précongrès sont admissibles à des frais réduits pour assister au congrès et elles doivent s'inscrire au plus tard le 3 mai 2010.

**Please register online at www.cpa.ca/convention/registration
Veuillez vous inscrire en ligne au www.cpa.ca/congres/fraisinscription**

PRE-CONVENTION WORKSHOPS

WORKSHOP # 1 CE CREDITS 7.5

Mental, Spiritual and Emotional Health of Aboriginal Peoples and other Diverse Populations: Theory, Research and Practice

Presented by:

Teresa Janz, Ph.D., Statistic Canada, Ottawa, ON
Dana Bova, Ph.D., St. Joseph's Health Centre, Thunder Bay, ON

Sponsored by:

CPA Section on Women and Psychology
CPA Section on Aboriginal Psychology

Duration:

8:30am – 5:00pm (7.5 hours of instructional hours)
(Coffee and snacks provided at mid morning and afternoon breaks)

CPA/Partner Organization Members:

\$65.00 + \$3.25 GST = \$68.25

Student Affiliates and Student Non-Affiliates:

\$35.00 + \$1.75 GST = \$36.75

Non-Members:

\$80.00 + \$4.00 GST = \$84.00

This preconference institute will examine issues relevant to the mental, spiritual, and emotional health of First Nations, Métis, and Inuit Peoples. The day will begin with an invited speaker who will discuss a broad framework for understanding this topic. The remainder of the day will consist of a mixture of refereed papers or workshops on issues regarding theoretical frameworks relevant to the following topics:

- Social determinants of psychological health (e.g., culture and tradition, Aboriginal identity, socio-economic status, family status, employment, sexual orientation, racism, education and colonization).
- Feminist, interdisciplinary, and community-based approaches.
- Strengths and challenges in applying intersectionality frameworks to research, teaching, and/or practice.
- Violence or sexual assault against Aboriginal women and the impact on communities.
- Racism and methods to dispel stereotypes.
- Challenges and inspirations for fostering positive mental health in Aboriginal children and adolescents (e.g., prevention and treatment programmes) in both urban and rural settings. For example, discussion of key policy areas such as reducing violence, improving education and employment outcomes, housing, and access to justice will also be included.
- Presentations of traditional and western practices in institutions and the community that contribute to mental, spiritual, or emotional health will also be encouraged.

WORKSHOP # 2 CE CREDITS 6.0

The Truth About Lies: Using Psychology to Detect Deception

Presented by:

Stephen Porter, Ph.D., and Leanne ten Brinke, Ph.D. Student,
University of British Columbia-Okanagan, Kelowna, BC

Sponsored by:

CPA Section on Criminal Justice Psychology

Duration:

9:00am - 4:30pm (6.0 hours of instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$250.00 + \$12.50 GST = \$262.50

Student Affiliates and Student Non-Affiliates:

\$150.00 + \$ 7.50 GST = \$157.50

Non-Members:

\$350.00 + \$17.50 GST = \$367.50

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

Dr. Stephen Porter is professor, researcher, and consultant in the area of psychology and law. He received his undergraduate degree in psychology from Acadia University in 1992, and went on to receive his Ph.D. in forensic psychology at UBC in 1998. After a decade as a faculty member in the clinical psychology program at Dalhousie University, where he created the first undergraduate program in forensic psychology in Canada, he returned to UBC as a professor of psychology. There he is helping to build a thriving centre of forensic psychology. Dr. Porter has published numerous scholarly articles on deception detection, forensic aspects of memory, and criminal behaviour/psychopathy. He is the co-author of the popular text *Forensic Psychology: First Canadian edition* (Thomson Nelson, 2006). As a registered forensic psychologist, Dr. Porter is frequently consulted by Canadian courts and has been qualified as an expert witness in various areas, including “dangerousness and risk for violence” and “memory and the factors involved in credibility assessments”. Further, he is regularly consulted by police in serious crime investigations. He has also provided empirically-supported training in deception detection to law enforcement, hundreds of trial judges and other adjudicators.

WORKSHOP # 3 CE CREDITS 4.0

Competent to Supervise? How do we Prepare Students for Supervision

Presented by:

Dr. Elizabeth Church, Mount Saint Vincent University, Halifax, Nova Scotia

Sponsored by:

The Canadian Council of Professional Psychology Programs (CCPPP)

Duration:

9:00am - 2:30pm (4.0 hours of instructional hours)
(Light breakfast, lunch and health breaks provided)

CCPPP members:

\$65.00 + \$3.25 GST = \$68.25

Students:

\$25.00 + \$1.25 GST = \$26.25

Non-CCPPP members:

\$75.00 + \$3.75 GST = \$78.75

The Canadian Council of Professional Psychology Programs (CCPPP) is pleased to sponsor this workshop on competence in supervision. Supervision is one of psychologists' most frequent activities and has increasingly been recognized as an essential competence for professional psychologists. Yet, most Canadian psychologists have received little or no formal instruction and training in how to supervise, and many Canadian programs are grappling with how to incorporate supervision training. In this workshop, participants will learn about the knowledge base, skills, and attitudes required for competence in supervision and will be presented with models for developing and evaluating supervision competence. Participants will have the opportunity to identify barriers to training in supervision, as well as strategies for integrating training into already demanding programs and internships. The workshop will also engage participants in a discussion about how to articulate a framework for training in supervision that might help move our profession towards Canadian standards for competence in supervision. The workshop is worth 4.0 Continuing Education Credits. It will run from 9:00-2:30 and will include lunch and health breaks.

The CCPPP AGM will follow from 3:00-5:00 and is open to everyone. Registration is required only for the workshop.

Our speaker and facilitator for the day will be Dr. Elizabeth Church, Professor and Program Head of School Psychology at Mount Saint Vincent University in Halifax. Until 2003, she was Training Director of a CPA-accredited pre-doctoral internship at Memorial University of Newfoundland, where she also taught in the Faculty of Medicine and Women's Studies. Dr. Church has extensive experience in supervision, having supervised candidates for registration and masters and doctoral students from clinical, counseling, and school psychology programs across Canada and the United States for over 20 years. She has presented many workshops

on different aspects of supervision. She currently co-chairs the CPA Task Force on Supply and Demand of Psychology and was the CPA Chair of the Education and Training Committee while she served on the CPA Board of Directors 2005-2008.

WORKSHOP # 4 CE CREDITS 6.5

Advocating for the Science and Practice of Psychology: The How, What, When, Where and Whys

Presented by:

To be announced

Sponsored by:

The Canadian Psychological Association

Duration:

9:00am – 5:00pm (6.5 hours of instructional hours)
(Coffee and mid-morning/afternoon snacks will be provided; lunch will not be provided)

CPA Members and Partner Organization Members:

To be announced

Student Affiliates and Student Non-Affiliates:

To be announced

Non-Members:

To be announced

Promoting science, practice and education in psychology is core to CPA's mandate and critical to the successful impact of the discipline and the profession. Support for research facilitates the creation and dissemination of knowledge and support for practice helps to ensure that people receive the services they need. Many of CPA's and Canadian psychology's constituencies recognize the need for training in advocacy and how to impact public policy. Advocacy can vary in its focus and its target audience. We advocate for funding, policy and legislation, and health services just to name a few. We advocate to granting councils, politicians at the federal, provincial and municipal levels, and to health care administrators. This workshop, facilitated by a government relations consultant, will provide participants with an understanding of the how, what, when, where and whys of advocacy. The session will begin with an overview of advocacy, focusing on how government works and bills are passed. Participants will then break out into one of two sessions – one will focus on advocating for science and another on advocating for practice. The break out sessions will provide some hands-on training on how to take an issue from concept to strategy to "ask". Participants will come together in a closing session to share their learnings from the break out sessions.

**For the latest information on the Pre-Convention Workshops
please visit us at www.cpa.ca.**

**Pour de plus amples informations sur les ateliers précongrès
veuillez visiter notre site web au www.cpa.ca.**

CPA PRESIDENTIAL ADDRESS / ALLOCATION PRÉSIDENTIELLE

**Recent Advances in the Treatment of
Anxiety Disorders**
Martin M. Antony, Ph.D., CPA President



HONORARY PRESIDENT'S ADDRESS / ALLOCATION DE LA PRÉSIDENTE D'HONNEUR

**A Professional, Public, and Personal Life
in Moods**
Kay Redfield Jamison, Ph.D., The Johns
Hopkins Hospital, Baltimore, MD



THE FAMILY OF PSYCHOLOGY KEYNOTE ADDRESS / CONFÉRENCE « LA FAMILLE DE LA PSYCHOLOGIE »

**Why so Many Leaders in Society are Rotten and
What We Can Do about It, If We Really Want To**
Robert J. Sternberg, Ph.D., Tufts University,
Medford, MA



SCIENCE AND APPLICATIONS KEYNOTE ADDRESS / CONFÉRENCE « SCIENCE & APPLICATIONS »

First Nations "Psychology" is Alive and Well
Edward A. Connors, Ph.D., Onkwatenro 'Shon:
A Health Planners, Orillia, ON



CPA INVITED SPEAKERS / CONFÉRENCIERS INVITÉS PAR LA SCP



Rewriting the Rules? Non-Monogamies and Other Adventures in Non-Normative Relationships
Meg Barker, Ph.D., The Open University, Milton Keynes, United Kingdom

**The Place of Evidence in Policy and Programming: How Interacting belief Systems
Influence Decision Makers Strengthening Research-Practice Relationships**
Benjamin Levin, Ph.D., OISE, University of Toronto, Toronto, Ontario



**Replacing Multiculturalism with Omniculturalism to Meet the Challenge
of Radicalization, Terrorism, and Fractured Globalization"**
Fathali M. Moghaddam, Ph.D., Georgetown University, Washington, DC

**Making a River Flow Back Up a Mountain: Survey Research as a Vehicle for
Constructive Change in Disadvantaged Cultural Communities**
Donald M. Taylor, McGill University, Montreal, Quebec



**From Flipping Coins to Looking at Both Sides of Them:
Assessing Violence Risks and Strengths over the Short-Term**
Christopher D. Webster, Private Practice, Toronto, Ontario

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



**Beating the Odds: Promoting Self-Recovery from Gambling Problems
with Brief Motivational Interventions**
David Hodgins, University of Calgary, Calgary, Alberta

**The Role of Emotions in Employee and Organizational Health:
A Social Exchange Theory Perspective**
Lois E. Tetrick, George Mason University, Fairfax, VA



ACCOMMODATIONS

Convention Hotel:

Delta Winnipeg Hotel

350 St. Mary Avenue, Winnipeg, Manitoba, R3C 3J2

Phone: 204-942-0551

Toll-Free: 1-888-311-4990

Reservation: 1-888-890-3222

Room	Single/Double Occupancy
Delta Premier	\$ 157.00 (Plus applicable taxes)
Signature Club	\$ 182.00 (Plus applicable taxes)
Suites	\$ 202.00 (Plus applicable taxes)

Make a reservation online at

www.cpa.ca/convention/traveltips/accommodations

or contact the toll-free number at 1-888-311-4990.

HÉBERGEMENT

Hôtel dans lequel le congrès aura lieu :

Delta Winnipeg Hotel

350 St. Mary Avenue, Winnipeg, Manitoba, R3C 3J2

Téléphone : (204) 942-0551

Sans-Frais : 1-888-311-4990

Réservation : 1-888-890-3222

Chambre	Occupation Simple/Double
Delta Premier	157 00 \$ (avantage T.P.S.)
Signature Club	182 00 \$ (avantage T.P.S.)
Suites	202 00 \$ (avantage T.P.S.)

Effectuez une réservation en ligne au

www.cpa.ca/congres/conseilsdevoyages/hebergement

ou composez le 1-888-311-4990.

SOCIAL EVENT

AN EVENING OF FUN AND FUNDRAISING AT THE WINNIPEG ART GALLERY ON FRIDAY, JUNE 4

This year's event will take place at the Winnipeg Art Gallery, which has the largest collection of Inuit art in the world. The evening will begin with a sit-down dinner followed by a guided tour of the Gallery. Come meet your friends and colleagues at the Gallery and support the CPA and the CPA Foundation. For more information and event details, please visit www.cpa.ca/convention/socialevent.

ÉVÈNEMENT SOCIAL

UNE SOIRÉE DE PLAISIR ET DE COLLECTE DE FONDS À LA GALERIE DES BEAUX-ARTS DE WINNIPEG LE VENDREDI 4 JUIN

L'événement de cette année aura lieu à la Galerie des beaux-arts de Winnipeg qui compte la plus grande collection d'art d'Inuit au monde. La soirée débutera par un souper et sera suivie d'une visite guidée de la Galerie. Joignez-vous à vos amis et vos collègues à la Galerie et appuyez la SCP et la Fondation de la SCP. Pour plus d'information et des détails sur l'événement, veuillez vous rendre à l'adresse www.cpa.ca/congres/evènementsocial.



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

Adult Development and Aging / Développement adulte et vieillissement

Section Business Meeting / Réunion d'affaires des sections

Brain and Behaviour / Cerveau et comportement

Section Business Meeting / Réunion d'affaires des sections

Clinical Psychology / Psychologie Clinique

Section Keynote Speaker / Conférencier invité par la section

"Flying Blind: The Challenge of Informing Consumers about Treatment Choices for Common Mental Health Problems"

John R Walker, University of Manitoba/St. Boniface General Hospital

Section Business Meeting / Réunion d'affaires des sections

Counselling Psychology / Psychologie du counseling

Section Keynote Speaker / Conférencière invitée par la section

"Accreditation and Internships: Developing the Infrastructure of Canadian Counselling Psychology"

Ada Sinacore, McGill University

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Criminal Justice Psychology / Psychologie et justice pénale

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Psychologists in Education / Psychologues en éducation

Section Keynote Speaker / Conférencier invité par la section

"Mental Health Promotion: The (Educational or) School Psychologist's Role."

John R Walker, University of Manitoba/St. Boniface General Hospital

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Environmental Psychology / Psychologie de l'environnement

Section Keynote Speaker / Conférencier invité par la section

"Psychology's Contributions to Combating Global Climate Change: The 2009 APA Task Force Report"

Robert Gifford, University of Victoria

Section Business Meeting / Réunion d'affaires des sections

Extremism and Terrorism / Extrémisme et terrorisme

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Health Psychology / Psychologie de la santé

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

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

Section Keynote Speaker / Conférencier invité par la section

Teaching the History of Psychology: The Whys and Hows

Joseph J. Pear, University of Manitoba

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Industrial and Organizational Psychology / Psychologie Industrielle et Organisationnelle

Section Keynote Speaker / Conférencier invité par la section

"LEGAL BRIEFS: An Overview of Law for the I/O Psychologist"

Erika Ringseis, McCarthy Tétrault

Section Business Meeting / Réunion d'affaires des sections

Psychoanalytic and Psychodynamic Psychology / Psychologie Psychoanalytique et Psychodynamique

Section Keynote Speaker / Conférencier invité par la section

"Otto Weininger Memorial Award Address"

Section Business Meeting / Réunion d'affaires des sections

Psychopharmacology

Section Keynote Speaker / Conférencier invité par la section

"Integration of Psychopharmacology into Clinical Practice: What Every Psychological Practitioner Should Know"

Morgan T. Sammons, California School of Professional Psychology

Section Business Meeting / Réunion d'affaires des sections

Rural and Northern Psychology / Psychologie des communautés rurales et nordiques

Section Business Meeting / Réunion d'affaires des sections

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

Section Business Meeting / Réunion d'affaires des sections

Social and Personality Psychology / Psychologie sociale et de la personnalité

Section Business Meeting / Réunion d'affaires des sections

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

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Students in Psychology / Étudiants en psychologie

Section Keynote Speaker / Conférencier invité par la section

"Best Practices for New Psychology Teachers"

Nicholas F. Skinner, King's University College

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Teaching of Psychology / Enseignement de la psychologie

Section Keynote Speaker / Conférencier invité par la section

"Supporting the Development of Critical Thought and Effective Communication: The Pedagogical Power of Peer Assessment via peerScholar"

Steve Joordens, University of Toronto, Dwayne Pare, University of Toronto

Section Business Meeting / Réunion d'affaires des sections

Women and Psychology / Femmes et psychologie

Section Keynote Speaker / Conférencière invitée par la section

"Culture in Psychotherapy: A Perspective from a Multicultural Therapist"

Shaké G Toukmanian, Ph.D., York University

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

CPA SECTION FOR STUDENTS

Open positions on the Executive for 2010-11 Call for applications!

We are looking to fill the following positions on the Section for Students Executive for 2010-11. With over 1800 members and counting, the Section for Students is the largest section within CPA. This is a unique and rewarding opportunity to become involved with CPA, and to assist your student peers with having their voices heard!

The **Chair-Elect** is an exciting position on the Executive for someone who is interested in being involved with a dynamic and fast-growing Section within the CPA. The Chair-Elect assists in decision-making and the organization of section activities, participates in the annual conference preparation, plans yearly initiatives within the Section, and works closely with the Chair over the course of the year. The Chair-Elect specifically manages student submissions to *Psynopsis*, making sure that there are student articles in every issue throughout the year. After the year-long term, the Chair-Elect advances to the position of Section Chair and then Past-Chair. In total, the position is a three-year commitment, with one year spent in each of the positions.

The Chair-Elect is a joint position with a three-year term as the **Student Representative on the CPA Board of Directors**. The position on the Board of Directors involves acting as a liaison between the CPA Board of Directors and the student membership of CPA, and allows for student representation and vote with regard to CPA policy and governance decisions. This rewarding position requires attendance at three meetings per year (one of which is held in conjunction with the Annual Convention). Attendance and participation for this position will commence with the 2010 Annual Convention in Winnipeg and the term will run from June 2010 to June 2013 inclusive.

The role of the **Campus Representative Coordinator** is to increase the exposure of the association at university campuses across Canada. This includes recruiting new undergraduate and graduate students and faculty members to represent CPA at their respective institutions. In addition, the Coordinator handles inquiries of students and faculty members who are interested in becoming involved as Campus Representatives. The Coordinator also assists the representatives with ideas for how to increase the exposure of CPA at their home institutions, and responds to any questions or concerns the representatives may have. The Coordinator also provides input into decision-making and participates in other activities of the Section. This is a 2-year position with the option to re-apply for a second term.

The **Secretary/Treasurer** is responsible for accurate record-keeping by taking notes of all Section Executive meetings and teleconferences and preparing electronic documents of meeting minutes. The maintenance of the budget and the reimbursement

of Executive members for Section-related purchases are completed by this individual. The Secretary/Treasurer also provides input into decision-making and participates in other activities of the Section. This is a 2-year position with the option to re-apply for a second term.

The **Undergraduate Affairs Coordinator** acts as a liaison between CPA and undergraduate students. The Undergraduate Affairs Coordinator should take the initiative to create and implement materials that may be useful to undergraduate students both during their undergraduate degrees and in preparation for future goals (e.g., seeking employment, applying to graduate school). In addition, the Undergraduate Affairs Coordinator assists the Campus Representative Coordinator with recruiting students for vacant undergraduate campus representative positions. The person holding this position should ideally be an undergraduate student in order to be in touch with undergraduate student needs and current issues. The Undergraduate Affairs Coordinator also provides input into decision-making and participates in other activities of the Section. This is a 2-year position with the option to re-apply for a second term.

For more information:

Please send inquiries to Philip Jai Johnson (Chair, CPA Section for Students, 2009-10) at philip.johnson@mail.mcgill.ca.

To apply:

All applicants must be current CPA Section for Students members.

Please send the following to Kelly Hayton (Website/Listserv Manager, CPA Section for Students) at cpa_ss@yahoo.ca: 1) a *Statement of Intent* that indicates what position you are applying for, why you would like to hold the position, and what qualities you will bring to the position (approximately 250-300 words). This statement will be circulated on the CPA webpage and *Psynopsis*; 2) a short *Biography* including information on academic activities and goals, as well as personal interests (250-300 words); 3) CV (no more than 3 pages) including references. Successful applicants will be requested to provide a headshot for publication at a later date. Materials can be submitted in either English or French.

Deadline: ALL APPLICATIONS MUST BE RECEIVED BY THURSDAY, FEBRUARY 11, 2010.

See the full posting in French on our website: www.cpa.ca/students.

Veillez visiter notre site internet <http://www.cpa.ca/etudiant-senpsychologie> pour la version française de cette annonce.



Help is just a click away: The trend of online social networking and support groups, and what it means for the next generation of helping professionals

*Sally Jade Powis, BCS, MC (2011)
University of Calgary, Faculty of Education*

Log-in to Facebook. Check friends' status updates. Update my status to let everyone know I am going to present at my first conference today. Log out.

Log-in to supportgroups.com. Enter the eating disorders support groups section, and read about how members of a group are coping and recovering from their eating disorder. Write a supportive message to a member who shares how she successfully ate three meals and three snacks for the past seven days. Log out.

Relationships formed online range from friendships to romantic partnerships. If Facebook were a country, and all of its members made up its population, it would be the world's fourth-largest country. A 2001 study showed that 90 million Americans sought support through online groups dealing with common interests, concerns, and beliefs. Social media, from Facebook to dating sites and online support groups, are not simply a fad; rather, it is a fundamental shift in the way we communicate.

The growth of free online support groups does not mean there is no longer a need for psychologists and counselors. Rather, these

new methods of communicating and developing support systems are simply another tool that we can utilize to better understand behaviour and help patients.

The Internet offers users the chance to be selective and choose with whom and where to interact with others. Online support groups, which began cropping up in the 90's, have become a mass social phenomenon with hundreds of thousands of them based around a myriad of mental, physical, emotional, and social concerns in existence today. People joining these sites form "vir-

Continued on page 33

Coming together or moving apart? Separation and fragmentation within psychology

Daniel Kopala-Sibley, Doctoral Candidate, McGill University

Many of us entering academic psychology did so with broad, if not lofty, goals. We wanted to understand the human “mind” as comprehensively as possible. But hasn’t that been the ideal of psychology since Plato, to comprehend the human psyche as a whole? In the past century, however, it seems to me that our discipline has become divided, some might say fragmented, even, into increasingly narrow specializations, and the ideal of comprehending the ‘whole’ seems both lost and impossible. Indeed, philosopher Gilbert Ryle argued for the “abandonment of the notion that ‘psychology’ is the name of a unitary inquiry or tree of inquiries” (Ryle, p.305, 1949).

This is potentially dangerous. Psychology may become so fragmented that researchers risk no longer being able or willing to see the discipline in a comprehensive, purposeful manner. This arguably places our field at a critical time in its development: at what point do we attempt to tie various sub-fields together? Equally important, especially for graduate students, is the question of whether a successful career requires ultra-specialization.

New graduate students aiming for a research career quickly learn that success requires finding some minute, understudied problem, and becoming the go-to person on that subject. Perhaps this contention is accurate; the days of the grand theorists, such as Freud, Skinner, and Rogers, all of whom sought to understand human nature, really are over and graduate students are condemned to pursue a hyper-focused sub-discipline of psychology.

To say this is not to fall into a “renaissance-man syndrome” in which we foolishly believe we can know or understand all that psy-

chological research has to offer. Attempting to synthesize the many ideas within psychology requires collaboration between a variety of disciplines; it does not require knowledge of the entire field on the part of one researcher.

Some researchers, however, are looking to big theories to tie together a wide range of empirical evidence. For instance, Tooby and Cosmides’ evolutionary psychology has been praised for its ability to explain a wide range of human behaviours. Indeed, it attempts to “assemble out of the disjointed, fragmentary, and mutually contradictory human disciplines a single, logically integrated research framework” (Tooby & Cosmides, 2005, p.5).

Of course, this theory may not be the big integrative theory; but it is an example of an impressive step in the right direction. Furthermore, the value of such a theory rests on the assumption that a large, integrative theory is more useful than ‘smaller’ theories in individual sub-fields. Regardless, at the graduate level, perhaps students should not despair. A career spent pulling ideas together is, in my view, as laudable as one spent carving out a niche. Arguably, if the field of psychology is to move forward, we must begin to bring together our diverse sub-disciplines. Otherwise, psychology may not, in fact, deserve to be considered a “unitary tree of inquiries.”

References

Ryle, G. (1949). *The Concept of Mind*. London: Hutchinson.
Tooby, J. & Cosmides, L. (2005). *Evolutionary psychology: Conceptual foundations*. In D. M. Buss (Ed.), *Evolutionary Psychology Handbook*. New York: Wiley.

Networking

Continued from page 32

tual communities”, given the constant contact with peers and depth of relationships formed. The most common type of online support group format is the discussion board, where peers post and answer to postings. Advantages of online support groups span from the flexibility, availability, and convenience of the online format, to the high level of anonymity that is beneficial for stigmatized conditions, and little to no cost attached to the help, information, and sup-

port obtained from peers in the group.

Advances in technology can and should be used to our advantage. We must learn more about the type of social support sought out and provided via online discussion boards for a variety of mental health issues, and the mechanisms that make online support groups useful. Further, we need to learn what combination of face-to-face and computer-mediated help is best for varying ages, genders and presenting problems.

Research is already showing online therapy is helpful for a number of physical and mental health issues. A popular use has been with holding one-on-one face-to-face ther-

apy in conjunction with group therapy for patients with cancer who range in age from late-twenties to early 70’s. Recent studies are even looking into the use of therapy via text messaging for bulimic patients.

As we progress through our degrees and careers, we can integrate our experiences in building relations online into our career, exploring the ways communication technology can be used in assessment, intervention and therapy.

In the words of intellect and scientist Albert Einstein, “We can’t solve problems by using the same kind of thinking we used when we created them.”

Mindfulness and Mental Health: Self-Care for the Student

Karlee Fellner, M.Ed.

I'll never forget my client looking at me sympathetically and saying, "You look exhausted. Take the hour off—I'll come back next week."

Such is the irony of many students' experiences in psychology. In a profession based entirely on the promotion of mental health, we receive our training in programs saturated with assignments, research, and practicum, leaving no time to pause for self-care of our own well-being.

Not only is this an unpleasant experience that contradicts the tenets of our discipline, but it may also negatively affect clinical work for students in practicum-based programs (Shapiro, Brown & Biegel, 2007). With so little spare time, then, what are we to do?

There are many techniques people use to reduce stress, but ironically, they may induce stress in the student who feels pressured to make time to practice them. Having grappled with this myself, I was excited to learn about the practice of mindfulness.

Mindfulness meditation involves purposefully attending to our present experience without judgement. This is attained

through "non-doing" (Kabat-Zinn, 1994, p. 35) - taking time out from our responsibilities and obligations to simply be present with our moment-to-moment experiences of ourselves and our environments. Not only does this allow us to come out of our thinking and be conscious of what is happening in the here and now, but it also involves the cultivation of acceptance and caring toward the self. This practice is invaluable given the self-doubt and criticism that many students feel at various points throughout their training.

A particular advantage of mindfulness is that it can be practiced anywhere and anytime, even while we're completing daily tasks. Though putting aside time to sit and meditate may be ideal, we can practice mindfulness in a variety of situations: attending to our breathing on the bus, observing our physical sensations as we lie in bed, noticing the textures and flavours of our dinner, or being fully present with our experience as we wash the dishes.

Shapiro and colleagues (2007) found that teaching mindfulness techniques to counselling psychology graduate students was associated with decreases in anxiety, perceived stress, rumination, and negative affect, as well as increases in self-compassion and positive affect. In addition, they found that the amount of time dedicated to mindfulness practice does not have a significant effect on well-being. Therefore, even devoting minimal time to practice is beneficial.

As students of psychology, it is our responsibility to seek out feasible and effective self-care methods. Through such techniques, we look after our own well-being and provide an example to other professions and our clients of how to maintain balance in the face of demanding schedules and high levels of stress. Mindfulness offers a practical way to do this, as all it requires is your presence, and "when it comes right down to it, wherever you go, there you are" (Kabat-Zinn, 1994, p. xiii).

References

Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of Mindfulness-Based Stress Reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, 105-115.

References

Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of Mindfulness-Based Stress Reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, 105-115.



PSYCHOLOGIST

Written and spoken competence in English is required

WorkSafeNB is accepting applications for a permanent position of psychologist in Work Recovery located in Grand Bay-Westfield, New Brunswick.

Reporting to the manager, Work Recovery Program, the psychologist will provide psychological services to maximize clients' psychological functioning to assist in the clients' return to work. The psychologist will review clients' emotional and social adjustment to determine the coping abilities of the clients; interpret results of psychological testing and write summary reports; provide individual and group counselling with a focus on depression, anxiety, stress management; and, participate as a member of the team.

The candidate must be licensed under the *College of Psychologists Act*, or eligible to be licensed as defined by the College of Psychologists of New Brunswick, and must have a minimum of two years clinical experience. The candidate must have experience with MS Office products, particularly Word.

WorkSafeNB offers a competitive salary starting at \$2,537.47 bi-weekly, with excellent benefits. This competition will remain open until a suitable candidate is found. Please apply in writing to:

Manager, Staffing

Competition Number: 09-725000-01 (C)

WorkSafeNB

PO Box 160, Saint John NB E2L 3X9

Fax 506 642-0718 or E-mail employment@ws-ts.nb.ca

Candidates must demonstrate on their application how they have acquired the education and experience required for the position.

WorkSafeNB reserves the right to raise minimum qualifications depending on the number of applications. WorkSafeNB is an equal opportunity employer and promotes a scent-reduced environment.

WorkSafeNB is committed to preventing workplace injuries and illness through education and the enforcement of the Occupational Health and Safety Act. For more information about WorkSafeNB, or this and other employment opportunities, please visit our website at www.worksafenb.ca



Nicole Aubé, Ph.D.

On May 12th, 2008, an earthquake measuring 8.0 on the Richter scale jolted Szechuan, China, leading to 69,227 deaths and 6 times as many injured. This earthquake shook the whole Chinese nation and the World. Since then, the local medical and mental health teams have worked hard to remedy the devastating post-earthquake effects. In the Fall 2008, two 2 psychologists from Canada accepted an invitation from the Chinese government to offer help. Dr. Jeanne LeBlanc and Dr. Yaya Andrade (both from Vancouver and with experience in crisis work) went to Chengdu to present a series of workshops to assist the local experts with the overwhelming psychological demands before them. The workshops were well received but still only a drop of water on a hot stone.

Following this first visit, the chief psychiatrist at Chengdu hospital (the 'home' of the mental health team looking after earthquake survivors), Dr. Yuanyin, identified that additional training would be beneficial for the local practitioners to deal with the psychological sequelae of the earthquake. In October 2009, Dr. Jeanne LeBlanc and myself followed up with a second series of workshops, spread over three days, on complex PTSD, Adjustment and Rehabilitation after Disability, various formats of therapy for traumatized victims, Stress Management and worker care. The workshops attracted 120 practitioners from the region and were very well received.

The duo of Psychologists providing the workshops was accompanied by Dr. Wolfgang Linden from UBC, who volunteered to give two additional lectures that were mostly related to the psychosomatic aspects of hospital care. One talk focused on innovative non-drug treatments for high blood pressure, and the other (impromptu) talk compared the treatment of patients with cancer to those with cardiac diseases.

When it came time to part, bonds had been created and our volunteer efforts had been greatly appreciated. Plans are in the works to collaborate on research. It was a fabulous exchange of knowledge, a great new experience, and an intense immersion into a very unique culture. It was a rather challenging experience for us as presenters to prepare and conduct workshops using translators; we learned to tolerate the slow pace with which such teaching can be done and were humbled by the fact that the burden of translation has to rest with our hosts because our Chinese language skills are minimal. Our Chinese hosts welcomed us so cordially and we felt privileged to be the recipients of this welcoming and gratifying attitude. We feel that we have new friends on the other side of the Pacific.

Is there a take-home message? There sure is. If you ever thought of out-of-country volunteer work, it does not have to be for 6 months in a stretch, in a war-torn country. Some of that same satisfaction can arise, in smaller dosages maybe, in experiences like these. We highly recommend them.



NATIONAL CORE FOR NEUROETHICS
LA NEUROETHIQUE



THE UNIVERSITY OF BRITISH COLUMBIA

Researchers at UBC invite you to participate in an NIH/NIMH-funded study of practitioner views about brain imaging and mental health:

Advanced Neuroimaging: Ethical, Legal and Social Issues

(NIH/NIMH R01 #MH 9R01MH84282-05)

We are conducting a study to understand how new uses and perceptions of brain scan technology and genetic testing may affect people living with mental health disorders, their family members, and the practitioners who treat them. We currently seek professionals who work with adults and children with mood, psychotic and anxiety disorders to participate in an audio recorded, semi-structured interview.

Participation: One-time, telephone interview, up to 20 minutes
Compensation: \$50 gift certificate
Confidentiality: Confidentiality is fully maintained using alphanumeric codes for all research records.

Your participation is needed now. For more information or to schedule an interview, please contact our research coordinator at emily.borgelt@ubc.ca or 604-822-0748.

Thank you very much,
 Judy Illes, PhD, Principal Investigator
 Emily Borgelt, MA, Research Coordinator



PSYCHOLOGUE

Connaissance de l'anglais parlé et écrit nécessaire

Travail sécuritaire NB cherche des personnes intéressées au poste permanent de psychologue au Programme de rétablissement. Le poste est situé à Grand Bay-Westfield, au Nouveau-Brunswick.

Relevant de l'autorité de la responsable du Programme de rétablissement, la personne choisie dispensera des services psychologiques pour maximiser les fonctions du client en vue de l'aider à reprendre le travail. Elle évaluera l'adaptation affective et sociale du client afin de déterminer sa capacité à faire face à des situations; interprétera les résultats des tests psychologiques et rédigera des rapports sommaires; offrira du counselling individuel et de groupe, axé sur la dépression, l'anxiété et la gestion du stress; et participera à titre de membre d'équipe.

La personne choisie devra être membre attiré en vertu de la Loi sur le Collège des psychologues du Nouveau-Brunswick ou en mesure de devenir membre attiré tel qu'il est défini par le Collège des psychologues du Nouveau-Brunswick, et avoir acquis au moins deux années d'expérience clinique. Elle devra avoir de l'expérience à travailler avec les produits MS Office, surtout Word.

Travail sécuritaire NB offre une rémunération très intéressante et un excellent éventail d'avantages sociaux. Le salaire de départ rattaché à ce poste se chiffre à 2 537,47 \$ à la quinzaine. Le concours restera ouvert jusqu'à ce qu'on recrute un-e candidat-e qui convient. Les personnes intéressées sont priées de faire parvenir leur demande à l'adresse suivante :

Responsable de dotation en personnel
Numéro de concours : 09-725000-01(C)
Travail sécuritaire NB
Case postale 160, Saint John, NB E2L 3X9
Numéro de télécopieur : 506 642-0718
ou courriel : emplois@ws-ts.nb.ca

Les candidats doivent décrire dans leur demande comment ils ont acquis la formation et l'expérience nécessaires pour le poste.

Travail sécuritaire NB se réserve le droit de hausser les exigences minimales du poste en fonction du nombre de demandes reçues. Égalité d'accès à l'emploi. Travail sécuritaire NB préconise un environnement où les produits parfumés sont utilisés avec plus de discrétion.

Il est engagé à prévenir les blessures subies au travail et les maladies professionnelles par le biais de l'éducation et de l'application de la Loi sur l'hygiène et la sécurité au travail. Pour obtenir de plus amples renseignements sur Travail sécuritaire NB ou au sujet du poste ou de toute autre possibilité d'emploi, veuillez visiter son site Web à l'adresse suivante : www.travailsecuritairenb.ca.