

PSYNOPSIS

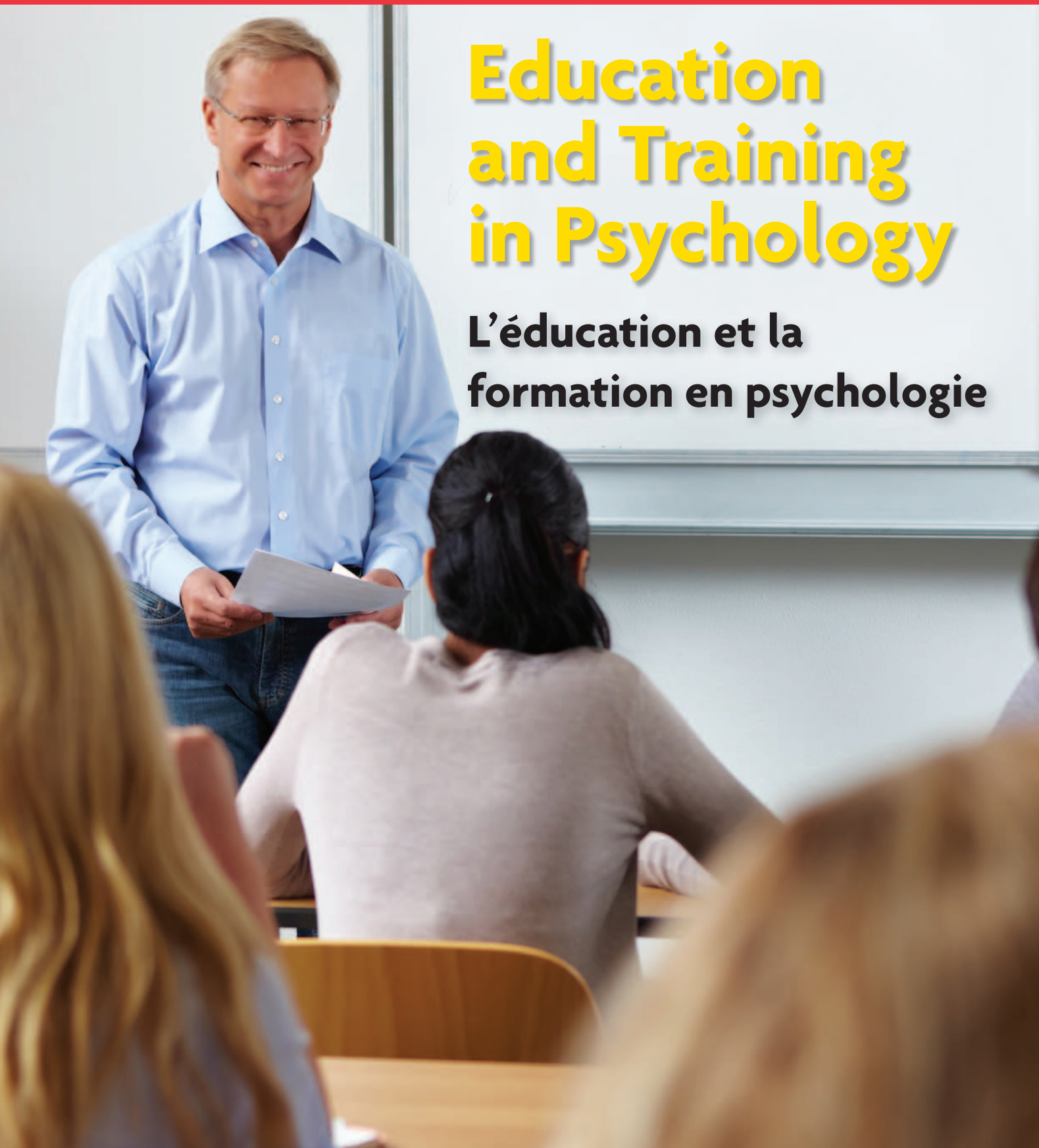


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Education and Training in Psychology

L'éducation et la
formation en psychologie



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Education and Training in Psychology



K.R. Cohen Ph.D., C. Psych. CEO, CPA

I am pleased to introduce this fall issue of *Psynopsis* with its focus on Education and Training in Psychology. What better time than the start of a new academic year to promote some conversation and reflection about how we teach and train scientists and practitioners. You will find within this issue a variety of views and perspectives from among supervisors, faculty and students.

The teaching and training of researchers and health practitioners is a topic that receives attention at virtually every table at which I sit as a representative of CPA. Discussion at these tables inevitably turns to support for systems and system change within both research and practice environments. You cannot talk about the funding and transformation of systems without talking about what researchers and practitioners are doing, what they are trained to do, and whether they are trained to do what is needed of them.

What follows are a few illustrations. As is known, CPA sits on the Steering Committee of the Canadian Consortium of Research (CCR). In late August, I was asked to lead a group of CCR member organizations in a meeting with the President of SSHRC. The CCR requested the meeting so that we could present the views of the research community writ large (e.g. need for funding for curiosity-driven and untargeted research, support for students), to hear about SSHRC's vision and directions,

and to maintain our engagement. At that meeting, Dr. Gaffield and SSHRC Vice-President, Carmen Charette, shared with us that there is a need to re-vision higher education and research in relation to a successful society. There is a need to communicate better to the public about the “whats” and “whys” of social science and humanities research and define what successful innovation looks like for society. We also talked about the need to create highways of communication between the silos and to produce the infrastructures necessary for interdisciplinary study and research.

A couple of Dr. Gaffield's further comments about teaching and training were very relevant to psychology – that study and research in social science must give students the broad skills and competencies they need to contribute to a successful society and that understanding people is core to the mandates of higher education and research. We had a lively discussion about how people best learn, how they are taught and how we can do a better job at ensuring that we employ evidence-based teaching.

One of the take aways from this meeting is that what psychology has to teach about how people think, feel and behave is core to the success of of any successful member of society. In this issue, CPA historian and archivist, Dr. John Conway, reminds psychology of the importance of investing in our teaching mandate at the undergraduate level. Indeed, given the

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Education

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popularity of undergraduate courses in psychology, herein may lie our broadest public reach – or, put another way, undergraduate education in psychology is one way in which Canadian psychology can promote the health and welfare of Canadians (the first of CPA's organizational objectives).

Another take away from the SSHRC meeting is that higher education needs to think about doing things differently. Teaching should be guided by evidence about how students are most successfully taught with the employ of a range of evidence-based methodologies and pedagogies. Not only do we have more to teach about psychology than we did decades ago, we have different methodologies with which to teach what we know. Our responsibility as teachers and trainers is as much to teach what is current as it is to teach it currently.

Finally, there is the message about how to connect the siloes of research. Discussions about targeted research are important and sensitive ones. The need to fund curiosity-driven (sometimes used interchangeably with basic) research is an historic advocacy agenda for the CCR – the message being that the value of inquiry should not be driven by funders or anticipated applications but by scholarly inquiry. However, research discussions increasingly position research as a collaborative or inter-disciplinary, rather than a siloed, endeavour. Further, what is meant by siloed research, and how it differs from curiosity-driven or basic research is not always clear. My understanding from research tables has been that siloed research is more likely uni rather than multi-disciplinary but, like multi-disciplinary research, may or may not be basic or curiosity-driven.

The funding challenges in Canada are that we fund in siloes and siloed funding does not promote collaboration among disciplines in asking and addressing research questions. It would seem important that if we want to promote interdisciplinarity and collaboration in the research enterprise, we need to provide the infrastructures and mechanisms necessary to support it. This means we need to provide opportunities for collaboration to occur. We can do this in the way we teach and train scholars and the way in which we fund research.

Health care discussions are increasingly looking towards 2014, the year when the 10 year federal/provincial/territorial accord on health is due for renewal. The Health Action Lobby (HEAL), the Canadian Alliance of Mental Illness and Mental Health (CAMIMH), the Mental Health Commission of Canada (MHCC) and the Canadian Academy of Health Sciences are all convening discussions about health system innovation and transformation.

A consistent theme at these discussions is the need for a changed system and one that is team-based and collaborative in the health services and treatments offered to Canadians. This need is propelled by the view that collaborative care will be more cost and clinically effective. Obvious efficiencies include when a team communicates and shares patient information so

that histories, assessments and diagnostic procedures aren't duplicated. Less obvious ones are that teams will be mobilized and funded based on the needs of populations rather than on the limitations of funding models.

I have been struck by some similarity between the issues being faced by both the science and practice of psychology and health in Canada. When it comes to education as well as health, funders (e.g., granting agencies, government) compel us to think about doing things differently and in ways that are accountable to evidence about what works and what is possible. However, the infrastructures that support science and practice enterprises (i.e., granting councils, provincial governments, universities, hospitals) do not readily lend support for new models of teaching, training, research and practice – models which are increasingly integrative and interdisciplinary/interprofessional.

Graduate training does not necessarily prepare professional psychologists to work in teams because our training is siloed from other health professionals (see Dr. Nicholson's article, this issue). Further, even when health professionals are trained to collaborate, they often graduate to the work world where mid-career supervisors do not necessarily model (or walk the talk) of the collaborative models being taught. Finally, even if practitioners have the best of collaborative intentions, we work in a system, or patchwork of services, which does not support collaboration. Some services are not adequately funded by public or private health insurance plans and neither plan funds collaborative activity among practitioners (e.g. interprofessional communication is often unremunerated time).

A message that CPA has endeavoured to deliver to funders and decision-makers is that the responsibility to transform systems of research, teaching or practice is a collective one and does not rest solely on the shoulders of research and practice communities. If we want to encourage and support interdisciplinary research, then we need to provide the opportunities for collaboration – in how we teach and how we fund research. If we want practitioners to practice collaboratively, then we need to provide the infrastructure and funding models to support collaborative practice. Unless we build highways between our funding siloes, it is not likely that practice (and here I use practice in its broadest sense to include science and health practice) will change.

There is no doubt that building highways comes with a cost. However, so does the status quo and maintaining the status quo does not seem to be on anyone's science or practice agenda. One of the presenters at a recent meeting I attended was a prominent CEO of a Canadian health care institution. One of his opening remarks stuck with me and I will paraphrase it here: We don't need more funds or commissions to figure out what we need to do. We know what we need to do and we need to go do it. I would add that doing it requires the same kind of collaboration among funders, policy makers and administrators that we are asking of our students, our scientists and our practitioners. To make change, we all need to move forward together...we need to agree on where we are going and how. Then we need to empower ourselves to do it.



L'éducation et la formation en psychologie

K.R. Cohen Ph.D., C. Psych., CD, SCP

Il me fait plaisir d'introduire ce numéro d'automne de *Psy-nopsis* qui porte principalement sur l'éducation et la formation en psychologie. Quel meilleur moment que le début d'une nouvelle année universitaire pour susciter la conversation et la réflexion au sujet de comment nous enseignons et formons les scientifiques et les praticiens. Vous trouverez dans le présent numéro une variété de points de vue et de perspectives provenant des superviseurs, des membres du corps enseignant et des étudiants.

L'enseignement et la formation des chercheurs et des praticiens en santé est un sujet auquel on accorde de l'attention à peu près à toutes les tables où je m'assois à titre de représentante de la SCP. Les discussions à ces tables portent inévitablement sur l'appui aux systèmes et les changements à apporter au système autant dans les milieux de la recherche que ceux de la pratique. On ne peut pas aborder les questions de financement et de transformation des systèmes sans parler de ce que les chercheurs et les praticiens font, ce à quoi ils sont formés à faire et si leur formation correspond à ce dont nous avons besoin d'eux.

Ce qui suit ne représente que quelques illustrations. Comme on le sait, la SCP siège au Comité directeur du Consortium canadien de la recherche (CCR). À la fin août, on m'a demandé de diriger un groupe d'organisations membres du CCR à l'occasion d'une réunion avec le président du CRSH. Le CCR a demandé de tenir la réunion afin de nous permettre de présenter les points de vue de l'ensemble de la communauté de la recherche (p. ex. le besoin de financement de la recherche suscitée par la curiosité et la recherche non ciblée, l'appui aux étudiants), et d'entendre la vision et les orientations du CRSH et maintenir notre engagement. À cette réunion, D^r Gaffield et la vice-présidente du CRSH, Carmen Charette, ont fait valoir la nécessité de revoir la vision des études supérieures et de la recherche dans le contexte d'une société fructueuse. Il y a un besoin de mieux communiquer au public les « quoi » et les « pourquoi » de la recherche en science sociale et humaine et définir à quoi ressemble les innovations qui portent fruit dans la société. Nous avons également parlé de la nécessité de créer des autoroutes de communication entre les cloisonnements administratifs et de mettre en place les infrastructures nécessaires pour l'étude et la recherche interdisciplinaires.

Quelques autres commentaires de D^r Gaffield au sujet de l'enseignement et de la formation étaient aussi très pertinents pour la psychologie – que l'étude et la recherche en science sociale doit permettre aux étudiants d'acquérir le savoir-faire et les compétences larges dont ils ont besoin pour contribuer à une société fructueuse et que la compréhension des personnes est essentielle aux mandats de l'enseignement supérieur et de la recherche. Nous avons eu une discussion animée au sujet de la

façon dont les personnes apprennent le mieux, comment on leur enseigne et comment nous pouvons faire un meilleur travail afin d'assurer que l'enseignement repose sur des faits démontrés.

Il ressort de cette réunion qu'il est essentiel que la psychologie enseigne comment les personnes pensent, se sentent et se comportent pour l'épanouissement des membres de la société. Dans le présent numéro, l'historien et l'archiviste de la SCP, D^r John Conway, rappelle à la psychologie l'importance d'investir dans son mandat d'enseignement au niveau du premier cycle. En effet, compte tenu de la popularité des cours de premier cycle en psychologie, il pourrait s'agir ici de notre communication publique la plus large – ou, autrement dit, l'enseignement de la psychologie au premier cycle est une façon avec laquelle la psychologie canadienne peut promouvoir la santé et le bien-être des Canadiens (le premier des objectifs organisationnels de la SCP).

Il ressort aussi de la réunion avec le CRSH que l'enseignement supérieur doit penser à faire les choses autrement. L'enseignement devrait être orienté sur des faits démontrés quant à la façon avec laquelle on enseigne le mieux aux étudiants en ayant recours à un éventail de méthodologies et de pédagogies factuelles. Non seulement devons-nous enseigner davantage au sujet de la psychologie que nous le faisons il y a des décennies, mais nous avons aussi à notre disposition différentes méthodologies que nous pouvons utiliser pour enseigner notre savoir. Notre responsabilité en tant qu'enseignants et formateurs consiste à enseigner ce qui est actuel ainsi qu'à l'enseigner couramment.

En dernier lieu, la réunion a fait ressortir qu'il fallait abattre les cloisons administratives de la recherche. Les discussions entourant la recherche ciblée sont importantes et délicates. La nécessité de financer la recherche suscitée par la curiosité (aussi parfois appelée de façon interchangeable recherche fondamentale) est un point de représentation de vieille date pour le CCR – le message étant que la valeur de la recherche ne devrait pas être motivée par les bailleurs de fonds ou par les applications anticipées, mais par une recherche savante. Cependant, les discussions entourant la recherche placent de plus en plus la recherche dans une forme de collaboration ou interdisciplinaire, plutôt que dans une entreprise en vase clos. De plus, ce qu'on entend par une recherche en vase clos et comment elle diffère de la recherche suscitée par la curiosité ou fondamentale n'est pas toujours clair. Ma compréhension des tableaux de recherche a été que la recherche en vase clos est vraisemblablement plus unidisciplinaire que multidisciplinaire mais, comme la recherche multidisciplinaire pourrait être ou ne pas être fondamentale ou suscitée par la curiosité.

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Éducation

Suite de la page 6

Les défis de financement au Canada sont que nous finançons en vase clos et le financement en vase clos ne favorise pas la collaboration entre les disciplines qui posent des questions et s'attardent aux questions de recherche. Il semblerait important que si nous voulons promouvoir l'interdisciplinarité et la collaboration dans nos entreprises de recherche, nous devons mettre en place les infrastructures et les mécanismes nécessaires pour les soutenir. Cela signifie que nous devons fournir des occasions de collaboration pour qu'elles se produisent. Nous pouvons le faire dans la manière que nous enseignons et formons les étudiants et dans la manière de financer la recherche.

Les discussions entourant les soins de santé sont de plus en plus tournées vers 2014, l'année du renouvellement de l'accord fédéral/provincial/territorial de 10 ans sur la santé. Le Groupe d'intervention action santé (HEAL), l'Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM), la Commission de la santé mentale du Canada (CSMC) ainsi que l'Académie canadienne des sciences de la santé font tous appel à des discussions au sujet de l'innovation et de la transformation du système de santé.

Thématique récurrente de ces discussions, nous devons changer le système pour un système qui repose sur l'esprit d'équipe et de collaboration dans les services et les traitements de santé offerts à la population canadienne. Ce besoin est motivé par la perspective que les soins en collaboration seront plus efficaces d'un point de vue économique et clinique. Il est évident que des économies peuvent être réalisées entre autres lorsqu'une équipe communique et partage l'information sur les patients de manière à ce que les historiques, les évaluations et les procédures diagnostiques ne sont pas dédoublés. Il sera moins évident que des économies seront réalisées lorsque les équipes seront mobilisées et financées selon les besoins de la population plutôt que sur les limites des modèles de financement.

J'ai été frappée par certaines similarités entre les enjeux auxquels doivent faire face la science et la pratique de la psychologie et la santé au Canada. En ce qui concerne l'éducation ainsi que la santé, les bailleurs de fonds (p. ex., les organismes subventionnaires, le gouvernement) nous incitent à penser à faire les choses différemment et d'une manière qui respecte les faits démontrés en ce qui a trait à ce qui fonctionne et ce qui est possible. Cependant, les infrastructures qui soutiennent les entreprises de science et de pratique (p. ex. les conseils subventionnaires, les gouvernements provinciaux, les universités, les hôpitaux) ne prêtent pas facilement le soutien à de nouveaux modèles d'enseignement, de formation, de recherche et de pratique – des modèles qui sont de plus en plus intégrés et interdisciplinaires/interprofessionnels.

La formation aux études supérieures ne prépare pas nécessairement les psychologues professionnels à travailler en équipes parce qu'elle est cloisonnée par rapport à celle d'autres professionnels de la santé (voir l'article de D^r Nicholson, dans le présent numéro). De plus, même lorsque les professionnels de la santé sont formés à la collaboration, ils arrivent souvent dans le monde du travail où les superviseurs en milieu de carrière ne calquent pas nécessairement (ou prêchent par l'exemple) les modèles de collaboration qui sont enseignés. En dernier lieu, même si les praticiens ont les meilleures intentions de collaboration, nous travaillons dans un système, ou dans une mosaïque de services, qui ne favorise pas la collaboration. Certains services ne sont pas financés adéquatement par les deniers publics ou les régimes d'assurance santé privés, et ni l'un ni l'autre de ces régimes ne finance l'activité de collaboration chez les praticiens (p. ex. la communication interprofessionnelle représente souvent du temps qui n'est pas rémunéré).

Un message que la SCP a tenté de faire passer aux bailleurs de fonds et aux preneurs de décisions est que la responsabilité de transformer les systèmes de la recherche, de l'enseignement ou de la pratique est collective et ne repose pas seulement auprès des communautés de la recherche et de la pratique. Si nous voulons encourager et soutenir la recherche interdisciplinaire, nous devons alors fournir les occasions de collaboration – c'est-à-dire comment nous enseignons et comment nous finançons la recherche. Si nous voulons que les praticiens pratiquent en collaboration, nous devons alors leur fournir l'infrastructure et les modèles de financement qui appuient la pratique en collaboration. À moins que nous construisions des autoroutes entre les cloisons administratives de financement, il est peu vraisemblable que la pratique (et j'utilise ici la pratique dans son sens le plus large pour inclure la science et la pratique en santé) changera.

Il n'y a pas de doute que la construction d'autoroutes s'accompagne d'un prix. Cependant, il en est de même pour le statu quo et le maintien du statu quo ne semble pas faire partie du programme de science ou de la pratique de quiconque. Un des participants à une réunion récente à laquelle j'ai assisté était un PDG bien en vue d'un établissement de soins de santé canadien. L'une de ses remarques d'ouverture m'a frappée et je vais ici la paraphraser : Nous n'avons pas besoin davantage de financement ou de commissions pour déterminer ce que nous devons faire. Nous savons ce que nous devons faire et nous devons commencer à le faire. J'ajouterais que de le faire fait appel au même genre de collaboration entre les bailleurs de fonds, les décideurs et les administrateurs que nous demandons de nos étudiants, de nos scientifiques et de nos praticiens. Pour réaliser le changement, nous devons tous aller de l'avant ensemble... nous devons convenir de l'endroit où nous allons et comment. Ensuite nous devons nous habiliter nous-même à le faire.



Training in Professional Psychology: The Content and Process of Learning

David J. A. Dozois, Ph.D., CPA President

The theme of this issue of *Psynopsis* is on education and training. How apropos, given that we are just starting another academic year. This morning, I saw my daughter off bright and early as she left for her first day of high school (it's hard to believe). I later walked my son to his school to begin grade 6. I can't help but think of the importance of the teachers who instruct our children not only in the *content* of the curriculum but also in the *process* of learning – they serve as role models, instill a thirst for knowledge, and foster in children an ability to think for themselves.

The training of psychologists in evidence-based practice involves a similar process; not simply to learn the content of how to administer empirically-supported treatments, but how to think critically, respect and understand scientific knowledge and empirical methodologies, and integrate this information to make scientifically-informed clinical decisions within the context of a patient's needs and background. Current training models in professional psychology (be they scientist-practitioner, practitioner-scholar or clinical-scientist) emphasize the need to be competent consumers (if not also producers) of research, yet most graduate students receive limited training in evidence-based practice (Hunsley, 2007) and “few clinicians undertake research or, for that matter, even read about it” (Nathan, 2000, p. 251).

Although we attempt to train clinical psychology students in the Boulder model, there remains a “scientist-practitioner gap” (Lilienfeld, 2010). For instance, few clients with depression and panic disorder receive scientifically supported treatments. Previous surveys have indicated that although most psychologists *report* using cognitive-behavioural techniques to treat anxiety, few use exposure or response prevention in the treatment of obsessive-compulsive disorder and the majority of practitioners rarely or never use interoceptive exposure in the treatment of panic disorder.

Part of the problem is that researchers need to make evidence *practice*-based. To quote Lawrence Green, professor of epidemiology and biostatistics at University of California, San Francisco, “if we want more evidence-based practice, we need more practice-based evidence.” In addition to research on efficacy (i.e., that the intervention works under highly controlled circumstances) we need more empirical work on effectiveness (that the intervention also works under normal circumstances). We also require additional research on mechanisms of change. We must create infrastructure for more efficient and effective translation of clinical research from the laboratory to the practice arena (King, 2006). Clinicians too share in the responsibility and can enhance our knowledge-base by, for instance, systematically measuring patient progress.

Well, what can training programs do? After all, training in

evidence-based practice starts in doctoral programs. I believe that we need to recognize that there is an important difference between empirically-supported treatments (EST) and evidence-based practice (EBP). An EST is an intervention that has been shown through rigorous research (usually randomized clinical trials) to be efficacious for a particular condition. Arguably, the inclusion of ESTs into doctoral training is an essential part of the EBP framework and is among the CPA accreditation criteria. Rather than simply train students in evidence-based modalities, however, we need to train students to think, critique, consume, integrate and value research. As Babione (2010) pointed out, students “need to be knowledgeable of when it is beneficial to adhere to a particular modality, when to modify it, or when to abandon it and place heavier focus on the other components of the evidence-based framework” (p. 447).

Perhaps it is time for clinical programs to evaluate their curriculum not only for the content of knowledge but for the process of learning. Are we modeling evidence-based practice optimally? Are we providing the best training and asking the right questions (for an excellent example, see Lee, 2007) to encourage students to weigh the strengths, weaknesses and applicability of psychotherapy outcome trials? Are we encouraging students to utilize their research skills in practice or are we inadvertently turning them off the research enterprise? Are we helping students to think critically and to commit themselves to lifelong learning? Just as I hope that the teachers who instruct my children will do, we must train our students not only to be *competent practitioners and researchers* but also *competent learners*.

For its part, CPA recently launched a taskforce on evidence-based practice of psychological treatments. The purpose of this taskforce will be to operationalize what constitutes evidence-based practice in psychology, to make recommendations about how psychologists can best integrate evidence into practice to better inform patient care and to suggest strategies for dissemination. The work of this taskforce is my presidential mandate and I invite the CPA community to get in touch with me (executiveoffice@cpa.ca) with any ideas to share about work and deliverables.

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Formation en psychologie professionnelle : le contenu et le processus de l'apprentissage

David J. A. Dozois, Ph.D., Président de la SCP

Le thème du présent numéro de *Psynopsis* est l'éducation et la formation. Ce thème est tout à fait approprié, compte tenu que nous commençons tout juste une autre année universitaire. Ce matin, j'ai vu ma fille qui quittait de bonne heure et de bonne humeur pour son premier jour à l'école secondaire (j'ai de la difficulté à le à croire). J'ai plus tard marché avec mon fils pour se rendre à l'école où il entame sa 6^e année. Je ne peux m'empêcher de penser à l'importance des enseignants qui instruisent nos enfants non seulement dans le *contenu* du programme d'études mais aussi dans le *processus* d'apprentissage – ils servent de modèles de rôle, insufflent une soif de connaissances et apprennent aux enfants la capacité de penser par eux-mêmes.

La formation des psychologues dans la pratique fondée sur des données probantes suppose un processus semblable; pas simplement apprendre le contenu de la façon d'administrer des traitements empiriques, mais comment penser de façon critique, respecter et comprendre la connaissance scientifique et les méthodologies empiriques tout en intégrant cette information pour prendre des décisions cliniques éclairées scientifiquement dans le contexte des besoins et des antécédents d'un patient. Les modèles de formation actuels en psychologie professionnelle (qu'il s'agisse de scientifique-praticien, praticien-universitaire ou clinicien-scientifique) mettent l'accent sur le besoin d'être des consommateurs compétents (sinon aussi des producteurs) de recherche, mais la plupart des étudiants de deuxième et troisième cycles obtiennent une formation limitée en pratique fondée sur des données probantes (Hunsley, 2007) et « peu de cliniciens entreprennent de la recherche ou, quant à cela, lisent même à ce sujet » (Nathan, 2000, p. 251).

Même si nous tentons de former des étudiants en psychologie clinique selon le modèle de Boulder, il reste une « lacune scientifique-praticien » (Lilienfeld, 2010). Par exemple, peu de clients souffrant de dépression et de trouble panique obtiennent des traitements fondés sur la science. Des études antérieures ont indiqué que même si la plupart des psychologues *signalent* qu'ils utilisent des techniques cognitivo-comportementales pour traiter l'anxiété, peu d'entre eux utilisent l'exposition ou la prévention d'une réponse dans le traitement des troubles obsessionnels-compulsifs et la majorité des praticiens utilisent rarement ou jamais l'exposition interoceptive dans le traitement du trouble panique.

Une partie du problème réside dans le fait que les chercheurs doivent faire une *pratique* fondée sur des données probantes. Pour citer Lawrence Green, professeur d'épidémiologie et de biostatistiques à l'University of California, à San Francisco, « si nous voulons une pratique davantage fondée sur des données probantes, nous avons besoin davantage de données probantes

fondées sur la pratique. » En plus de la recherche sur l'efficacité (p. ex. que l'intervention fonctionne dans des circonstances hautement contrôlées) nous avons besoin davantage de travail empirique sur l'efficacité (que l'intervention fonctionne aussi dans des circonstances normales). Nous avons également besoin de recherche additionnelle sur les mécanismes du changement. Nous devons créer l'infrastructure qui permettra une traduction plus efficiente et efficace de la recherche clinique du laboratoire au domaine de la pratique (King, 2006). Les cliniciens ont également une responsabilité et peuvent améliorer notre base de connaissances, par exemple, en mesurant de façon systématique la progression du patient.

Cela étant dit, que peuvent faire les programmes de formation? Après tout, la formation dans la pratique fondée sur des données probantes débute aux programmes de doctorat. Je crois que nous devons reconnaître qu'il y a une différence importante entre les traitements empiriques (TE) et la pratique fondée sur des données probantes (PFDP). Le TE est une intervention qui s'est révélée par de la recherche rigoureuse (habituellement des essais cliniques aléatoires) qu'elle était efficace pour une condition particulière. On pourrait soutenir, que l'inclusion des TE dans la formation au doctorat est une constituante essentielle du cadre de PFDP et fait partie des critères d'agrément de la SCP. Plutôt que de simplement former les étudiants dans les modalités fondées sur des données probantes nous devons cependant former les étudiants à penser, à critiquer, à consommer, à intégrer et à valoriser la recherche. Comme le souligne Babione (2010), les étudiants « doivent connaître quand il est profitable de respecter une modalité particulière, quand il faut la modifier ou quand l'abandonner et mettre davantage l'accent sur d'autres éléments du cadre fondé sur des données probantes » (p. 447).

Le temps est peut-être venu pour que les programmes cliniques évaluent leur programme de cours non seulement en fonction du contenu des connaissances, mais du processus d'apprentissage. Est-ce que nous modélisons de façon optimale la pratique fondée sur des données probantes? Est-ce que nous assurons la meilleure formation et posons les bonnes questions (pour un exemple excellent, voir Lee, 2007) afin d'encourager les étudiants à soupeser les forces, les faiblesses et l'applicabilité des essais de résultats psychothérapeutiques? Est-ce que nous encourageons les étudiants à utiliser leurs compétences en recherche dans la pratique ou est-ce que nous les éloignons par inadvertance de l'entreprise de la recherche? Est-ce que nous aidons les étudiants à penser de façon critique et à s'engager eux-mêmes dans l'éducation permanente? Tout comme j'espère que les enseignants de mes enfants le feront, nous devons for-

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The Mental Health Commission of Canada in Action

Mental Health First Aid: Training Canadians to Recognize and Respond to a Mental Health Crisis

Fern Stockdale Winder, PhD, RD Psych, Vice-Chair, MHCC, Board of Directors
Nicola Michaud, Manager, Program Administration, MHFA Canada
Kristin Bernhard, Communications, MHCC

A little over a year ago, CPA's CEO, Karen Cohen approached a few of the psychologists involved with the Mental Health Commission of Canada (MHCC) and asked if we would consider speaking as part of a panel at the CPA convention in Halifax 2012. From that discussion emerged the idea of regular updates to CPA members about the work of the MHCC. This article is the first in what we hope will be a series of Psynopsis contributions about the work of the MHCC.

Many Canadians know how to recognize and provide first aid to someone with a physical injury, but many more are unable to recognize or help someone with a mental health problem who may be in need of mental health first aid (MHFA).

Mental Health First Aid Canada is an educational program of the MHCC. MHFA gives people the skills to identify an emerging mental health problem or mental health crisis, provide initial help, and guide the person to appropriate professional help if needed. The acronym that is taught to participants is:

- Assess the situation for risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

MHFA does **not** teach people how to be therapists or psychologists. It teaches ordinary Canadians how to look for signs and symptoms of a developing mental health problem or a mental health crisis in a family member, friend or colleague and teaches them how to guide that person to seek professional help from practitioners such as psychologists. It can be a particularly valuable tool for a range of professionals such as healthcare workers, emergency service workers, and human resource staff.

The MHFA program was developed by Dr. Anthony Jorm and Betty Kitchener at the University of Melbourne in Australia. It is an evidenced-based program that has spread to over 18 countries including Scotland, England, Hong Kong, Finland, Singapore, and the U.S. Both Australia and Scotland have made MHFA part of their national mental health strategies. The Canadian version has been adapted for the Canadian population, uses Canadian statistics, and has been reviewed by Canadian experts in the field.

MHFA Canada joined the MHCC in early 2010. Since that time, the number of MHFA Instructors has doubled from 250 to more than 500. The number of mental health first aiders across Canada has also increased to over 40,000 and continues to grow daily.

For information on the program or how you can become a mental health first aid instructor, please visit www.mentalhealthfirstaid.ca

For more information on the Mental Health Commission of Canada, please visit www.mentalhealthcommission.ca

Président

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mer nos étudiants non seulement à devenir des praticiens et des chercheurs compétents, mais aussi des apprenants compétents.

Pour sa part, la SCP a récemment mis sur pied un groupe de travail sur la pratique fondée sur des données probantes des traitements psychologiques. Le but de ce groupe de travail sera d'opérationnaliser ce qui constitue une pratique fondée sur des données probantes en psychologie, de formuler des recommandations au sujet

de la façon avec laquelle les psychologues peuvent mieux intégrer les données probantes dans la pratique afin de mieux éclairer le soin au patient et de suggérer des stratégies de diffusion. Le travail de ce groupe de travail constitue mon mandat présidentiel et j'invite la collectivité de la SCP à me communiquer (executiveoffice@cpa.ca) des idées à partager au sujet du travail et des produits livrables.

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La Commission de la santé mentale du Canada en action

Premiers soins en santé mentale : la formation des Canadiens à reconnaître et à réagir à une crise en santé mentale

*Fern Stockdale Winder, Ph.D., D.P.A., vice-président,
conseil d'administration CSMC*

*Nicola Michaud, gestionnaire, Administration des programmes,
PSSM Canada*

Kristin Bernhard, Communications, CSMC

Il y a un peu plus d'un an, la chef de la direction de la SCP, Karen Cohen, a approché quelques-uns des psychologues travaillant à la Commission de la santé mentale du Canada (CSMC) et leur a demandé si nous serions intéressés à parler dans le cadre d'un forum au congrès de la SCP à Halifax 2012. À partir de cette discussion l'idée d'informer régulièrement les membres de la SCP au sujet du travail de la CSMC a pris naissance. Le présent article est le premier dans ce que nous espérons être une série de contributions à Psynopsis au sujet du travail de la CSMC.

Un grand nombre de Canadiens savent comment reconnaître et fournir des premiers soins à une personne qui subit une blessure physique, mais un nombre beaucoup plus grand est incapable de reconnaître ou d'aider quelqu'un aux prises avec un problème de santé mentale et qui peut avoir besoin de premiers soins en santé mentale (PSSM).

Premiers soins en santé mentale Canada est un programme d'enseignement de la CSMC. Ce programme permet aux personnes d'acquérir des compétences dans l'identification d'un problème de santé mentale émergent ou une crise de santé mentale, ainsi qu'à apprendre comment fournir des premiers soins et aiguiller la personne vers de l'aide professionnelle appropriée, le cas échéant. L'acronyme qui est enseigné aux participants est :

- Évaluer la situation quant au risque de suicide ou de blessure
- Écouter sans porter de jugement
- Réassurer et informer
- Encourager à chercher de l'aide professionnelle appropriée
- Encourager l'auto-assistance et d'autres stratégies de soutien

PSSM n'enseigne **pas** aux gens comment devenir des thérapeutes ou des psychologues. Il enseigne à des Canadiens ordinaires comment chercher des signes et des symptômes du développement d'un problème de santé mentale ou d'une crise de santé mentale chez un membre de la famille, un ami ou un collègue et leur enseigne comment orienter cette personne dans la recherche d'aide professionnelle des praticiens comme les psychologues. Ce programme peut être un outil particulièrement utile pour un éventail de professionnels comme les travailleurs en soins de santé, les travailleurs en service d'urgence et le personnel de ressources humaines.

Le programme de PSSM a été créé par D^r Anthony Jorm et Betty Kitchener à l'University of Melbourne en Australie. Il s'agit d'un programme fondé sur des données factuelles qui s'est étendu à plus de 18 pays dont l'Écosse, l'Angleterre, Hong Kong, la Finlande, Singapour et les États-Unis. L'Australie et l'Écosse ont intégré le PSSM dans leurs stratégies de santé mentale nationales. La version canadienne qui a été adaptée à la population canadienne, a recours à des statistiques canadiennes et a fait l'objet d'examen par des experts canadiens dans le domaine.

PSSM Canada s'est joint à la CSMC au début de 2010. Depuis lors, le nombre d'instructeurs de PSSM a doublé passant de 250 à plus de 500. Le nombre de préposés aux premiers soins en santé mentale d'un bout à l'autre du Canada a aussi augmenté à plus de 40 000 et continue d'augmenter quotidiennement.

Pour obtenir de l'information sur le programme ou comment vous pouvez devenir un instructeur de premiers soins en santé mentale, veuillez vous rendre à l'adresse suivante www.mentalhealthfirstaid.ca

Pour plus d'information sur la Commission de la santé mentale du Canada, veuillez vous rendre à l'adresse suivante www.mentalhealthcommission.ca



Dr. Marty Antony, Chair, Department of Psychology at Ryerson University, was awarded the Mental Illness Awareness Week (MIAW) 2012 Champion Award for Research. MIAW is hosted by the Canadian Alliance of Mental Illness and Mental Health (CAMIMH) which is an alliance of organizations of providers and consumers of mental health care in Canada. Dr. Antony was honored for his research in the area of anxiety and notably for his commitment to knowledge transfer and translation in the form of his many handbooks and self-help guides. Dr. Antony attended the MIAW gala on October 5th in Ottawa where he received his award. The MIAW gala honors champions of mental illness like Dr. Antony as well as persons with lived experience. The gala was attended by leaders and stakeholders inclusive of the Minister of Health, Leona Aglukkaq and Liberal Party leader, Bob Rae. Dr. Antony was given his award by emcee CTV's Graham Richardson.

Happy Birthday to our Code of Ethics

John Service Ph.D.

It is with great personal pleasure that I join in the celebration of the 25 birthday of the *Canadian Code of Ethics for Psychologists*. It is one of the many activities and initiatives of which CPA and Canadian psychology can be justly proud. To celebrate the event, *Canadian Psychology* has published a Special Edition on the *Code*. (See August 2011 issue.)

I fondly remember my first introduction to the grand project to create a code for Canada. I was attending a meeting of the Council of Provincial Associations of Psychologists, now known as the Council of Professional Associations of Psychologists (CPAP) in the Alpengruss Hotel in Wakefield, Quebec. I was the newly minted delegate representing the Association of Psychologists of Nova Scotia when we were visited by Dr Carole Sinclair. She wanted a few minutes to describe how she and her CPA Applied Division Committee, with the involvement of Dr. Jean Pettifor, proposed to develop the code and to enlist our assistance.

It was a fascinating presentation. They proposed a rather radical approach. Instead of constructing the *Canadian Code* from the best of the codes of other associations around the world using a committee of experts, they proposed an empirical approach using psychologists from across Canada as respondents. This allowed them to develop the Code using the 'real and on-the-ground' experiences of psychologists.

I went home to Nova Scotia with a mixed reaction. I was excited by the 'ground up' and inclusive approach, but anxious. Could they really pull this off? In a few months I received materials asking me to resolve hypothetical ethical problems/dilemmas that often confront psychologists, and to explain my reasoning. That was not difficult because ethical issues such as dual relationships abound in a rural practice. The work continued for some time and the *Code* began to take shape.

The *Code* was designed to be aspirational instead of prescriptive, better reflecting the real life dilemmas facing us all, which are rarely black and white. Being aspirational, it is also instructive/educational, giving psychologists tools to help make very difficult decisions. The use of the decision-making model, which is essentially the scientific problem-solving method, was brilliant. The hierarchical architecture of the code is based on values, reflecting the reality that, when in conflict, a psychologist's relationship with and respect for the dignity of those they serve in their practice, research, and teaching generally should be given more weight in ethical decision making than societal rules, law, and authority – although all of these need to be considered.

The *Code* has continued to develop through the interactive and inclusive process of feedback and consultation. The result

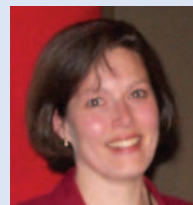


Drs. Jean Pettifor and Carole Sinclair

is a code of ethics that is very unique and has received acclaim in Canada and around the world. Congratulations to CPA for strongly supporting the *Code*. Congratulations to all the CPA members who have worked on the *Code* over the years. And finally, congratulations and thanks to Carole and Jean for taking the risk of developing the *Code* in a new and fresh way with such integrity and for shepherding it so effectively over the past quarter century. It was a labour of love.

So read the Special Edition of *Canadian Psychology*. It is well worth it.

Congratulations to...



Dr. Jennifer Veitch, an environmental psychologist and researcher at the National Research Council of Canada, was awarded the Waldram Gold Pin Award by the International Commission on Illumination (CIE) at its 27th Session this July in Sun

City, South Africa. CIE is an international organization devoted to information exchange, scientific consensus, and standards documents in all matters related to the science and art of light and lighting. It bestows the Waldram award once every four years for exceptional contributions to applied illuminating engineering research and practice. Dr. Veitch was recognized for her scientific contributions to understanding lighting quality, health, and well-being and the application of this information in lighting and architectural design. At the same meeting, she also began a four-year term as the Director of CIE Division 3 (Interior Environment and Lighting Design).



Accreditation News

Patrick Baillie Ph.D., LL.B. Chair Accreditation Panel

As an undergraduate student not that many years ago, when first looking into graduate programs in psychology, I knew nothing about accreditation. Perhaps that was, in part, due to the fact that accreditation of doctoral programmes and internships was a relatively new thing, but another contributing factor might have been that no one really talked about accreditation. I eventually stumbled into an accredited doctoral programme – more by serendipity than by actual planning – and the benefits have been considerable. I cannot imagine having had the career I've enjoyed without having had that solid foundation in training.

Today, we need to do more to ensure that our students understand the value of accreditation. That task is made easier by the fact that some 70 psychology doctoral programmes and internships now are accredited by the Canadian Psychological Association. As a result, there are many potential advocates of accreditation, each having committed to the standards of excellence we, as a community of scientist-practitioners, see as being necessary for proper training. There is a pride associated with accreditation, one I hope is shared by both the Accreditation Panel and our country's training programmes.

This year, the Panel was pleased to complete the Fifth Revision of the Accreditation Standards. Particular credit for this task must go to Peter Henderson, past Chair of the Panel, to Heather MacIntosh, past Registrar, and to Karen Cohen, Chief Executive Officer, each of whom spent many hours drafting and proof-reading the multiple iterations of the new document. The members of the Accreditation Panel and several interested commentators each made further valuable contributions to the final product. Thank you.

With approval from the CPA Board earlier this year, the revised Standards are now in effect, updating or clarifying such issues as the eligibility requirements for applying for accreditation, the calculation of practicum hours, the degree status of practicum supervisors, and the use of group supervision. For programmes that began writing self-studies under the Fourth Revision, those Standards can be used during a transition period. By September 2012, all self-studies should follow the template of the Fifth Revision as all programmes will be evaluated on that basis.

This year also saw another transition as the position of Registrar suitably morphed to become part of CPA's new Education Directorate. From a pool of excellent applicants, Dr. Melissa Tiessen was hired as the Director and Registrar. Expanding the role to take on responsibilities (and opportunities) in continuing education will be part of what Melissa is doing and we are pleased to have her in that role as we were sad to say goodbye to Heather MacIntosh. Heather worked tirelessly and we wish

her every success in her new role at McGill University.

Accreditation, then, is far from being a static thing. Programmes work hard to maintain accreditation; the Panel responds to changes in training; and, CPA endorses the need for ongoing training. Students – whether undergraduates or life-long-learners – may need reminding of the value of looking out for certain standards.

Merci, Merci, Merci from CPA's Accreditation Panel...

The Panel would like to take this opportunity to thank all of those psychologists who volunteered their time and expertise as site visitors for the Accreditation Panel in the 2010-11 academic year. Our sincere appreciation goes to Drs.:

Geri Brousseau
Jennifer Connolly
Anthony Dugbartey
Paul Greenman
David Hodgins
Jane Ledingham
Robert McIlwraith
Kerry Mothersill
Cynthia O'Dell
Teréz Rétfalvi
Dale Stack
Josephine Tan
Carl von Baeyer

Gordon Butler
Anna-Beth Doyle
Marilyn Fitzpatrick
Heather Hadjistavropoulos
Elizabeth Ivanochko
Catherine Lee
Sam Mikail
Estes Moustacalis
John Pearce
Bruce Shore
Donald Stewart
Derek Truscott
Judith Wiener

PSR CANADA

(www.psrrpscanada.ca)

is a national association dedicated to the promotion and provision of psychosocial rehabilitation for persons with severe and persistent mental disorders in Canada. PSR is conducting a membership survey on psychosocial rehabilitation to which it is inviting different regulated health professionals to participate.

To access the survey, please go to www.surveymonkey.com/s/EndeavourSurvey1

*Karen R. Cohen Ph.D., Chief Executive Officer
John Service Ph.D., Director, Practice Directorate
Melissa Tiessen Ph.D., Director, Education Directorate*

What follows is an update of science, practice and educational activity undertaken by Head Office staff since our last update in the Summer 2011 issue of Psynopsis. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen (kcohen@cpa.ca) on activity related to national activity as concerns science and practice. Contact John Service (jbservice@cpa.ca) on activity related to provincial/territorial practice. Contact Melissa Tiessen (mtiessen@cpa.ca) on matters pertaining to accreditation and continuing education.



Elections 2011: With the success of our federal election e-campaign, CPA purchased annual access to the Advocacy Online service to support e-campaigns for psychology across Canadian jurisdictions. Six provinces/territories go to election in October 2011 and CPA resourced each to make use of the Advocacy Online service so that users could send messages about support for health and science to their provincial/territorial candidates. CPA, in partnership with the provincial associations, developed advocacy message templates, around funding for science, education and practice that users could customize and send directly and electronically to the candidates in their ridings. At the time of this writing, 5 sites were active and already garnering responses from candidates. Because CPA purchased an annual access, we can also make use of this service for campaigns that are not election-related but about which psychology might want to contact sitting MP/MPP/MLAs. Note that anyone can use the site, whether or not they are members of CPA and/or provincial association of psychology. To view the active election sites go to <http://www.cpa.ca/elections/> For more information, contact Tyler Stacey-Holmes at styler@cpa.ca



Social Science and Humanities Research Council of Canada. CPA led a team of members of the Canadian Consortium of Research (CCR) in a meeting with the President and Vice-President of SSHRC. Aspects of the meeting are discussed in Dr. Cohen's column this issue on Education and Training in Psychology. Additional points worth mentioning are that although CPA attended the meeting as a member organization of the CCR, we did raise the psychology community's concern about restructuring and the shift to CIHR for all health funding. We understood from SSHRC that, given their lead role for all social scientists and humanists, no matter from where they receive funding, SSHRC would be continuing to

support CIHR's increased efforts to realize the potential of their health mandate in practice, and to working with research communities to help achieve the objectives of the MRC-to-CIHR expansion as visioned 10 years ago. In addition, plans are underway at CPA to convene a meeting among CPA, SSHRC, and CIHR to further discuss the funding of health research.



Association of State and Psychology Boards (ASPPB) Working Group on Maintenance of Competence and Licensure (MOCAL): ASPPB convened this working group to look at developing North American guidelines for continuing education of psychologists. CPA was invited to a consultation convened by MOCAL at which some interesting data was shared

- If continuing professional development (CPD) is mandated, on average, the individual practitioner does 40% more CPD
- 85% of psychology regulatory bodies in the US and 60% in Canada require continuing education of their registrants
- All regulatory bodies of pharmacists, most regulators of dentists but not all regulators of physicians mandate CPD
- Apparently, the majority of professionals who run into regulatory difficulties do so at mid-career as compared to early or late career.

MOCAL is looking at setting a standard number of CPD credits to be completed by registered psychologists every two years. The MOCAL discussion organized kinds of CPD into three learning categories – formal, informal and incidental. Formal learning would include such activities as academic courses, approved/sponsored continuing education, and certification by organizations like the American Board of Professional Psychology. Informal learning would include such things as ongoing peer supervision groups, conferences and conventions and self-directed learning. Incidental learning would include such activities as monitoring patient outcomes in practice, professional activities such as participation in committees or task forces, teaching and publishing. It is likely that caps would be set for each of the categories and that there would be a requirement that at least 50% of the required credits be spent in formal learning activities.

As we understand it, were the ASPPB to set some guidelines for CPD, it remains up to the discretion of the individual provincial and state regulatory bodies as to whether they adopt them. In considering the form, content and process to support model guidelines, several interesting questions and considerations come to mind.

Most practitioners are familiar with the more formal continuing education characterized by CPA or APA approved workshops. What is the evidence that this kind of CPD changes practice? Whereas formal learning activities typically get evaluated in some way, informal and incidental learning don't get evaluated at all. What is the goal of CPD? Is it to ensure that practitioners best meet the needs of clients or that they are meet-



ing a community standard of practice – these two imperatives are not necessarily congruent. For example, one might be able to deliver the community standard of care for anxiety disorders which might not address the needs of client populations presenting increasingly with problems related to aging or chronic disease.

CPA has suggested that the Canadian regulatory bodies engage the practitioner communities by sharing any proposed CPD guidelines that come out of the ASPPB work and solicit their feedback into what might end up the final product. In this way, regulators will be more mindful of the opportunities and constraints faced by the practitioner in undertaking CPD and create better engagement in what might become future regulatory guidelines or requirements. CPA has offered to facilitate this engagement at whatever point the regulators might be ready.



Mental health surveillance. CPA's contribution agreement with the Public Health Agency of Canada (PHAC) draws to a close in September 2011. Readers will recall that this project enabled CPA to develop its electronic surveillance survey tools and database of psychologists' practice activity. CPA has developed 4 Surveys with which it has collected information about the clinical and demographic characteristics of the clients psychologists treat and the demographic and practice characteristics of the psychologists themselves. Two of the surveys are targeted to psychologists who work with children and those who work with clients who also have heart disease and diabetes. The final survey reports are currently under preparation and will be posted on CPA's website as soon as they are submitted to PHAC. A series of articles and brochures on the project's findings are also under preparation with the key participation of Dr. John Hunsley at the University of Ottawa. For more information about the practice of psychology in Canada, contact the project's manager, Ashley Ronson at aronson@cpa.ca We will alert the membership via CPA News and in Psynopsis once the final report is available. Further information about the project can be obtained from <http://www.cpa.ca/practitioners/surveillanceandsurveys/>



Liberal Party of Canada Mental Health Roundtable: CPA attended a Mental Health Roundtable in September at the invitation of the Liberal Party of Canada. The Roundtable was convened by Liberal Health Critic, Dr. Hedy Fry, Senator Art Eggleton, and Party Leader Bob Rae. Attendees (which included representatives from health professional associations), were asked to come prepared to discuss policies and programs in the area of mental health and mental illness and what could be done, particularly at the federal level, to strengthen mental health and illness-related policy and programs.

Highlights of CPA's key messages to the Roundtable:

- enhance access to
 - needed service, particularly psychological service, across Canada
 - psychological service through primary care
 - service that is based on need and what works from the provider trained to deliver it rather than what insurance plans currently make available
- health promotion, prevention and early intervention services and supports when it comes to mental health
- funding for biopsychosocial dimensions of health and mental health related research



Health Action Lobby (HEAL): As Co-Chair of the Health Action Lobby, CPA attended a meeting with the Federal Deputy Minister of Health in August to talk about federal/provincial/territorial health care renewal for 2014. HEAL has struck a 2014 working group to look at the needs of the health system from the collective perspective of health care and service organizations, one to develop a position on health human resource for Canada (CPA is chairing this group) as well as one on the continuum of care. One important message is that system change depends on multiple accountabilities – funders, organizations that deliver service, providers who deliver care, policy and decision-makers.



Canadian Alliance of Mental Illness and Mental Health (CAMIMH): October 3rd is Mental Illness Awareness Week (MIAW) which will be celebrated by a Champions Awards dinner on October 5th in Ottawa www.miaw.ca/en/default.aspx. Announcement of the MIAW award winners will be made on October 5th. CAMIMH will convene a membership meeting that week and, in collaboration with the Mental Health Commission of Canada, our agenda will include 2014 health care renewal as concerns mental illness and mental health.



Mental Health Commission of Canada (MHCC): CPA participated in a June consultation at the invitation of the MHCC on its draft Mental Health Strategy and submitted formal feedback to the MHCC in followup. See <http://cpa.ca/practitioners/MHCC/> to review CPA's feedback. CPA also recently participated in a meeting with the MHCC focused on knowledge exchange. CPA will be participating in an October meeting convened by the MHCC and focused on evaluation and research of interventions in primary mental health care.



Canadian Academy of Health Sciences (CAHS): CPA, in its capacity as Co-Chair of HEAL, attended this invitation-only event entitled *Smarter Caring for a Healthier Canada. Embracing System Innovation* in September. The event featured a series of experts on health systems, health needs and health system transformation. Highlights of the event included discussion of needs for

- system realignment/transformation based on health needs and service outcomes
- collaborative care
- cost, clinically-effective and accountable care
- attention to health inequities and social determinants of health
- services and systems (including e-health systems) that focus and empower patients



American Psychological Association. CPA continues to work with the APA on several files:

- A mutual recognition agreement on accreditation has been approved by the APA Council of Representatives and has now gone to the CPA Board for approval. The agreement provides for the mutual recognition, by APA and CPA, of the substantial equivalence of their accreditation systems. Once approved by the CPA Board of Directors, the agreement will be made available on CPA's accreditation webpage.
- The membership will recall that in 2010, APA let CPA know that it intended to rescind all its dues agreements, including the one it has with CPA. In February 2011, the CPA was successful in getting the APA to maintain, at least temporarily, the historic CPA/APA dues agreement. The agreement, affording CPA members residing in Canada a 50% reduction in APA membership dues (and vice versa), will remain in effect through 2012. CPA plans another consultation with the 1100 CPA members who are also members in the APA and will undertake further discussion with APA in 2011/12 on the future of the dues agreement beyond 2012.



Section webpages/sites. Sections were invited to sign up by September 1st for 1.5 hours of consultation time with CPA's webmaster, Tim Bleeker. As advised, any unclaimed time by September 1st will be made available to Sections who could use more than 1.5 hours. If you have greater IT needs and would like to sign up for any unclaimed time, please get in touch with Tim by email at webmaster@cpa.ca



Psynopsis. Psynopsis' themes over the next several issues are as follows: Winter (submission deadline December 1st) focus on health psychology, Spring (submission deadline March 1st) focus on empirically-supported practice. Submissions on these themes are enthusiastically invited. Send 900 words or less to Tyler Stacey-Holmes at styler@cpa.ca



APA database package: In May 2011, CPA signed an agreement with APA which allows CPA to sell the APA's PsycNET GOLD® package of databases to the Canadian psychological community for individual use. Although some psychologists in Canada may have access to a small subset of APA's databases through their regulatory body, the CPA agreement affords individual access to PsycNET GOLD® which includes all five of APA's databases:

- PsycINFO® – Abstracts-only, comprehensive coverage of peer-reviewed literature in the behavioral sciences and mental health
- PsycARTICLES® – World's largest full-text database in psychology
- PsycBOOKS® – Full-text chapters from APA books
- PsycEXTRA® – Gray literature abstracts and full-text
- PsycCRITIQUES® – Incisive book and film reviews

The CPA member annual subscription rate for the package is \$175 (plus HST) and non-member rates will also be available. In July 2011, CPA trialed one month's free access to CPA members and non-members alike. Following the one month trial, users were invited to subscribe for the remainder of 2011 at the rate of \$70 (plus HST) and we are delighted to see a steady subscription. For more information go to <http://web.cpa.ca/media/> or contact Tyler at styler@cpa.ca



Practice Directorate. The Directorate is working with a government relations firm, Delta Media of Ottawa, to develop a blueprint and materials for a National Advocacy Campaign to be launched this fall. The Campaign will be kicked off in mid-September with the announcement of the results of a national opinion poll conducted by EKOS Research. This will be the first national opinion poll on professional psychology and the results are very interesting. Results will be posted on the Practice Directorate page of the CPA website, linked from the Home Page under **Whats New**.

The Directorate passed in principle three important policies, pending final review by the Council and the CPA Board. The policies support:

1. Parity in funding between mental and physical health by provincial and territorial governments and in transfer agreements with the Federal Government based on factors such as the burden of disease.



2. The reduction of concussions in hockey and other sports.
3. Patient centered services that maximize patient access to the right service by the right provider in a timely fashion.

The Directorate is pleased to announce Dr Andrea Piotrowski of Manitoba as the new Chair of the Practice Directorate Council. The Directorate would like to thank Dr Jennifer Frain, the former Practice Directorate Chair, who has completed her term and is now the President-Elect of CPA. Jennifer was instrumental in the development of the Practice Directorate and her contributions to the Directorate and CPAP were prodigious. The Directorate welcomes Dr Dorothy Cotton, the CPA Board member and Chair of Professional Affairs, who sits on the Practice Directorate Council. Dorothy replaces Dr Lorne Sexton, who completed his term on the CPA Board in June 2011. Lorne's contributions to the development of the Practice Directorate were significant and highly appreciated.



Education Directorate. CPA's recently created Education Directorate (or "D squared"), rounds out representation for CPA's three pillars of research, practice, and education. With the 5th revision of the Accreditation Standards & Procedures manual now officially in print (an electronic copy is available

at www.cpa.ca/education/accreditation), we are planning a series of site visitor workshops to be held in locations across the country. Please stay tuned for announcement of specific dates and cities. Additionally, we are working on updating the accreditation submission and reporting process to allow for more electronic – thus hopefully simpler – features.

Within continuing education, we are also re-evaluating the CE credits submission and approval process, and are beginning to research ways that CPA itself can offer more continuing education opportunities, particularly by incorporating various electronic media. One of our first exciting projects is developing an online psychopharmacology course, which we aim to make available for 2012-2013.

Numerous other plans are underway to: update and enhance the CPA Fact Sheet offerings; create new Psynopsis interactive features; expand Education and Training related annual convention events; and work along with other CPA staff to strengthen Psychology's visibility during Psychology month.

Dr. Tiessen notes that one of the best aspects of her new position is the opportunity to interact with numerous members of our psychological community across the country, and she looks forward to speaking with many more. Please feel free to be in touch her with any questions, comments, or new ideas – mtiessen@cpa.ca.

The Canadian Psychological Association is very glad to provide its Canadian Student Affiliates with a new student membership benefit in 2011.

Introducing the new CPA Student Price Card!

(SPC Card™)

This card is free to you just for being a CPA Student Affiliate (living in Canada) and is valid from August 2011 through August 2012*. For more details about The SPC Card™ and to find a listing of participating partners, visit www.spccard.ca.



*Cards for 2011 were mailed to students on August 8th, 2011.



Karen R. Cohen, Ph.D., chef de la direction
John Service, Ph.D., directeur, Direction générale de la pratique
Melissa Tiessen, Ph.D., directrice, Direction générale de l'éducation

Ce qui suit représente une mise à jour des activités en science, en pratique et en éducation mises de l'avant par le personnel du siège social depuis notre dernière mise à jour dans le numéro d'été 2011 de *Psynopsis*. Pour tout autre renseignement au sujet des activités décrites n'hésitez pas à communiquer avec nous. Nous sommes toujours intéressés à entendre ce que vous pensez. À moins d'indication contraire, veuillez communiquer avec Karen Cohen (kcohen@cpa.ca) sur les activités à l'échelle nationale qui concernent la science et la pratique. Communiquez avec John Service (jcservice@cpa.ca) pour ce qui touche les activités liées à la pratique au niveau provincial ou territorial. Communiquez avec Melissa Tiessen (mtiessen@cpa.ca) pour toute question concernant l'agrément et l'éducation permanente.



Élections 2011 : Compte tenu du succès de notre campagne électronique lors de l'élection fédérale, la SCP a acheté l'accès annuel au service de représentation en ligne à l'appui des campagnes électroniques pour la psychologie dans toutes les administrations canadiennes. Six provinces/territoires tiendront des élections en octobre 2011 et la SCP a ouvert la voie à chacun pour qu'ils utilisent le service de représentation en ligne de manière à ce que les utilisateurs puissent envoyer des messages au sujet du soutien à la santé et à la science à leurs candidats provinciaux/territoriaux. La SCP, en partenariat avec les associations provinciales, a élaboré des modèles de message de représentation, touchant le financement de la science, de l'éducation et de la pratique que les utilisateurs peuvent adapter et envoyer directement par voie électronique aux candidats dans leurs circonscriptions. Au moment de mettre sous presse, cinq sites étaient actifs et recevaient déjà des réponses des candidats. Étant donné que la SCP a acheté un accès annuel, nous pouvons aussi utiliser ce service pour des campagnes qui ne sont pas liées aux élections, mais sur des sujets où la psychologie pourrait vouloir communiquer avec les MP/MPP/MAL qui siègent. Notez que quiconque peut utiliser le site, qu'il soit ou non membre de la SCP et/ou d'une association provinciale de psychologie. Pour voir les sites d'élection actifs rendez-vous à <http://www.cpa.ca/elections/>. Pour plus d'information, communiquez avec Tyler Stacey-Holmes à l'adresse styler@cpa.ca



Conseil de recherches en sciences humaines du Canada. La SCP a dirigé une équipe de membres du Consortium canadien de la recherche (CCR) dans une réunion avec le président et la vice-présidente du CRSH. Certains aspects de la rencontre sont décrits dans la rubrique de D^{re} Cohen dans le présent numéro sur l'éducation et la formation en psychologie. Il convient

aussi de souligner que même si la SCP a assisté à la réunion en tant qu'organisation membre du CCR, nous avons soulevé la préoccupation de la communauté de la psychologie au sujet de la restructuration et du passage au financement de la santé par les IRSC. Le CRSH nous a fait comprendre que, compte tenu de son rôle de direction pour tous les spécialistes des sciences sociales et des humanités, peu importe de qui nous recevons le financement, le CRSH continuait d'appuyer les efforts accrus des IRSC pour réaliser le potentiel de leur mandat en santé dans la pratique et de travailler avec les communautés de la recherche pour aider à réaliser les objectifs de l'expansion du CRM vers les IRSC tels qu'envisagés il y a 10 ans. En outre, des plans sont en cours à la SCP pour convoquer une réunion avec la SCP, le CRSH et les IRSC afin de discuter plus amplement du financement de la recherche en santé.



Association of State and Psychology Boards (ASPPB) Working Group on Maintenance of Competence and Licensure (MOCAL) : L'ASPPB a mis sur pied ce groupe de travail pour examiner l'élaboration de lignes directrices nord-américaines visant l'éducation permanente des psychologues. La SCP a été invitée à une consultation convoquée par MOCAL où certaines données intéressantes ont été communiquées :

- Si la formation professionnelle continue (FPC) est obligatoire, en moyenne, le praticien individuel s'adonne à 40 % de plus de FPC
- 85 % des organismes réglementaires de la psychologie aux États-Unis et 60 % au Canada exigent l'éducation permanente de leurs inscrits
- Tous les organismes réglementaires des pharmaciens, la plupart des organismes réglementaires des dentistes, mais pas tous les organismes réglementaires des médecins exigent que leurs membres participent à des activités de FPC
- Apparemment, la majorité des professionnels qui rencontrent des difficultés réglementaires le font en mi-carrière plutôt qu'en début ou fin de carrière.

Le MOCAL examine la possibilité d'établir un nombre standard de crédits de FPC à compléter par les psychologues autorisés à tous les deux ans. Le MOCAL a divisé les genres de FPC en trois catégories d'apprentissage – officiel, non officiel et accessoire. L'apprentissage officiel inclurait des activités comme les cours universitaires, l'éducation permanente approuvée/parainée, et la certification par des organisations comme l'American Board of Professional Psychology. L'apprentissage non officiel inclurait des activités comme les groupes de supervision par des pairs permanents, des conférences et des congrès et de l'apprentissage en autonomie. L'apprentissage accessoire inclurait des activités comme la surveillance des résultats pour un patient dans la pratique, des activités professionnelles comme la participation à des comités ou des groupes de travail, l'enseignement et la publication. Il est vraisemblable que des plafonds seraient établis pour chacune des catégories et qu'il y



aurait une exigence qu'au moins 50 % des crédits requis soient obtenus dans le cadre d'activités d'apprentissage officiel.

D'après ce que nous pouvons comprendre, si l'ASPPB devait établir des lignes directrices pour la FPC, il serait laissé à la discrétion des organismes réglementaires provinciaux et d'État individuels de les adopter ou non. En examinant la forme, le contenu et le processus à l'appui des lignes directrices modèles, plusieurs questions et considérations intéressantes sont soulevées.

La plupart des praticiens connaissent l'éducation permanente officielle caractérisée par les ateliers approuvés par la SCP ou l'APA. Quelle est la preuve que ce genre de FPC change la pratique? Alors que les activités d'apprentissage officiel sont habituellement soumises à une évaluation de quelque sorte, l'apprentissage non officiel et accessoire n'est pas évalué du tout. Quel est l'objectif de la FPC? Est-ce qu'elle veut assurer que les praticiens répondent au mieux aux besoins des clients ou est-ce que ces derniers doivent satisfaire une norme de pratique communautaire – ces deux impératifs ne sont pas nécessairement congruents. Par exemple, un praticien pourrait être en mesure d'assurer la prestation de soins communautaires ordinaires pour les troubles d'anxiété qui ne pourraient pas correspondre aux besoins de groupes de clients qui présentent de plus en plus des problèmes liés au vieillissement ou à la maladie chronique.

La SCP a suggéré que les organismes réglementaires canadiens engagent les communautés de praticiens en partageant toute ligne directrice en matière de FPC proposée qui émane du travail de l'ASPPB et sollicite leur rétroaction dans ce qui pourrait devenir le produit final. De cette façon, les organismes réglementaires auront davantage à l'esprit les occasions et les contraintes auxquelles doit faire face le praticien en entreprenant de la FPC et créer un meilleur engagement dans ce qui pourrait devenir les lignes directrices ou les exigences réglementaires futures. La SCP a offert de faciliter cet engagement au moment où les organismes réglementaires seront prêts.



Surveillance de la santé mentale. L'entente de contribution de la SCP avec l'Agence de la santé publique du Canada (ASPC) arrive à sa fin en septembre 2011. Les lecteurs se souviendront que ce projet a permis à la SCP de créer des outils d'enquête de surveillance et une base de données des activités de la pratique des psychologues. La SCP a élaboré quatre enquêtes qui lui ont permis de recueillir des données au sujet des caractéristiques cliniques et démographiques des clients que les psychologues traitent et les caractéristiques démographiques et de la pratique des psychologues à proprement parler. Deux des enquêtes sont ciblées sur les psychologues qui travaillent auprès des enfants et ceux qui travaillent auprès de clients atteints d'une maladie de cœur et du diabète. Les rapports d'enquête finals sont actuellement en voie de préparation et seront publiés sur le site Web de la SCP dès qu'ils auront été présentés à l'ASPC. Une série d'articles et de brochures sur les conclusions du projet sont également en préparation avec la participation

clé de D^r John Hunsley de l'Université d'Ottawa. Pour plus d'information au sujet de la pratique de la psychologie au Canada, communiquez avec la gestionnaire de projet, Ashley Ronson à l'adresse aronson@cpa.ca. Nous allons informer les membres par les Nouvelles de la SCP et dans Psynopsis dès que le rapport final sera disponible. Vous pouvez trouver plus d'information sur le projet à l'adresse <http://www.cpa.ca/practitioners/surveillanceandsurveys/>



Table ronde sur la santé mentale du Parti libéral du Canada : La SCP a assisté à une table ronde sur la santé mentale en septembre à l'invitation du Parti libéral du Canada. La table ronde a été convoquée par la D^{re} Hedy Fry, le sénateur Art Eggleton et le chef du parti Bob Rae. On a demandé aux participants (qui comprenaient des représentants des associations professionnelles de santé) de se préparer à discuter des politiques et des programmes dans le domaine de la santé mentale et de la maladie mentale et ce qui pouvait être fait, particulièrement au niveau fédéral, pour renforcer la politique et les programmes de santé mentale et de maladie mentale.

Les faits saillants des principaux messages de la SCP à la table ronde étaient les suivants :

- améliorer l'accès au :
 - service nécessaire, particulièrement les services de psychologie partout au pays,
 - service de psychologie par le biais des soins primaires,
 - service qui est fondé sur le besoin et ce qui fonctionne par un fournisseur formé pour la prestation du genre de service plutôt que ce que les régimes d'assurance permettent actuellement
- les services et les soutiens en matière de promotion, de prévention et d'intervention hâtive en santé lorsqu'il s'agit de la santé mentale
- le financement des dimensions biopsychosociales de la santé et de la santé mentale relativement à la recherche



Groupe d'intervention action santé (HEAL) : À titre de coprésidente du Groupe d'intervention action santé, la SCP a assisté à une réunion avec le sous-ministre fédéral de la Santé en août afin de discuter du renouvellement de l'accord de soins de santé fédéral/provincial/territorial en 2014. HEAL a formé un groupe de travail sur le renouvellement de l'accord en 2014 qui est chargé d'examiner les besoins du système de santé d'une perspective collective des soins de santé et d'organisation des services, dans un premier temps pour élaborer une position sur les ressources humaines en santé pour le Canada (la SCP préside ce groupe), et dans un deuxième temps sur le continuum de soins. Un important message est que le changement du système dépend de nombreux responsables – les bailleurs de fonds, les organisations qui assurent la prestation du service, les fournisseurs qui assurent la prestation du service, le monde politique et les décideurs.



Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM) : C'est le 3 octobre que débute la Semaine de sensibilisation aux maladies mentales (SSMM) qui sera célébrée par un dîner de remise des prix aux champions le 5 octobre à Ottawa <http://www.miaaw.ca/en/default.aspx>. L'annonce des récipiendaires des prix de la SSMM sera faite le 5 octobre. L'ACMMSM convoquera une réunion de ses membres au cours de cette semaine et, en collaboration avec la Commission de la santé mentale du Canada, l'ordre du jour inclura le renouvellement de l'accord de soins de santé en 2014 en ce qui touche la maladie mentale et la santé mentale.



Commission de la santé mentale du Canada (CSMC) : La SCP a participé à une consultation en juin à l'invitation de la CSMC sur son ébauche de Stratégie en santé mentale et a présenté une rétroaction officielle en suivi à la CSMC. Rendez-vous à l'adresse <http://cpa.ca/practitioners/MHCC/> pour voir la rétroaction de la SCP. La SCP a aussi participé récemment à une réunion avec la CSMC portant sur l'échange des connaissances. La SCP participera à une réunion en octobre convoquée par la CSMC et qui focalisera sur l'évaluation et la recherche d'interventions en soins de santé mentale primaires.



Académie canadienne des sciences de la santé (ACSS) : La SCP, à titre de coprésidente de HEAL, a assisté à cet événement sur invitation seulement intitulé *Smarter Caring for a Healthier Canada. Embracing System Innovation* en septembre. Pour cette occasion, un bon nombre d'experts sur les systèmes de santé, les besoins en santé et la transformation du système de santé ont été invités. Les faits saillants de l'événement ont notamment porté sur la discussion des besoins pour

- une réharmonisation/transformation du système fondée sur les résultats des besoins et services de santé,
- des soins concertés,
- des soins économiques, efficaces d'un point de vue clinique et responsables,
- une attention aux iniquités en santé et aux déterminants sociaux de la santé,
- les services et les systèmes (y compris les systèmes de santé électroniques) qui mettent l'accent sur les patients et les habilitent.



American Psychological Association. La SCP continue de travailler avec l'APA dans plusieurs dossiers.

- Une entente mutuelle de reconnaissance de l'agrément a été approuvée par le Council of Representatives de l'APA et a maintenant été soumise au conseil d'administration de la SCP pour fins d'approbation. Cette entente prévoit la reconnaissance mutuelle, par l'APA et la SCP, de l'équiva-

lence substantielle de leurs systèmes d'agrément. Une fois approuvée par le conseil d'administration de la SCP, l'entente sera publiée sur la page Web de l'agrément de la SCP.

- Les membres se rappelleront qu'en 2010, l'APA a laissé entendre à la SCP qu'elle avait l'intention d'abolir ses ententes sur les cotisations, y compris celle avec la SCP. En février 2011, la SCP a réussi à obtenir de l'APA qu'elle maintienne, à tout le moins temporairement, l'entente historique sur les droits SCP/APA. Cette entente, donnant aux membres de la SCP résidant au Canada une réduction de 50 % sur les droits d'adhésion à l'APA (et vice versa), restera en vigueur jusqu'en 2012. La SCP entend entreprendre une autre consultation avec les 1 100 membres de la SCP qui sont aussi membres de l'APA et entreprendra d'autres discussions avec l'APA en 2011-2012 sur l'avenir de l'entente sur les cotisations au-delà de 2012.



Pages Web/sites des sections. Les sections ont été invitées à demander d'ici le 1^{er} septembre une heure et demie de temps de consultation avec le webmaster de la SCP, Tim Bleeker. Comme il a été annoncé, toute heure de consultation non réclamée d'ici le 1^{er} septembre sera mise à la disposition des sections qui pourraient utiliser plus d'une heure et demie. Si vous avez des besoins de TI plus grands et aimeriez demander du temps non réclamé, veuillez entrer en communication avec Tim par courriel à l'adresse webmaster@cpa.ca



Psynopsis. Les thématiques de Psynopsis au cours des prochains numéros sont les suivants : le numéro d'hiver (date limite de soumission le 1^{er} décembre) se concentrera sur la psychologie de la santé, le numéro de printemps (date limite de soumission le 1^{er} mars) sera axé sur la pratique fondée sur des données empiriques. Les soumissions sur ces thématiques seront accueillies avec enthousiasme. Faites parvenir vos articles d'au plus 900 mots à Tyler Stacey-Holmes à l'adresse styler@cpa.ca



Logiciel de bases de données de l'APA : En mai 2011, la SCP a conclu une entente avec l'APA qui lui permet de vendre le logiciel de bases de données PsycNET GOLD® de l'APA à la communauté de psychologie canadienne pour un usage individuel. Même si certains psychologues au Canada peuvent avoir accès à un petit sous-ensemble des bases de données de l'APA par leur organisme réglementaire, l'entente de la SCP donne aux individus l'accès à PsycNET GOLD® qui inclut les cinq bases de données de l'APA :

- PsycINFO® – Résumés seulement - couverture exhaustive de la documentation évaluée par les pairs en sciences du comportement et en santé mentale



- PsycARTICLES® – La base de données en psychologie en texte intégral la plus grande au monde
- PsycBOOKS® – Les chapitres en texte intégral des livres de l'APA
- PsycEXTRA® – Résumés et textes intégraux de littérature grise
- PsycCRITIQUES® – Comptes rendus critiques de livres et de films

Le coût d'abonnement des membres de la SCP pour le logiciel est de 175 \$ (plus la TVH) et il a aussi un coût différent pour les non-membres. En juillet 2011, la SCP proposera un accès d'essai gratuit d'un mois pour les membres de la SCP et les non-membres. Après un mois d'essai, les utilisateurs ont été invités à s'abonner et non sommes très content de constater la constance des abonnements. Pour de plus amples renseignements visitez le site <http://web.cpa.ca/media/> ou communiquez avec Tyler à l'adresse styler@cpa.ca



Direction générale de la pratique. La Direction générale de la pratique travaille avec une firme de relations gouvernementales, Delta Media d'Ottawa, pour créer un plan et du matériel pour une campagne de représentation nationale qui devrait être lancée à l'automne. La campagne débutera à la mi-septembre avec l'annonce des résultats d'un sondage d'opinion national mené par EKOS Research. Il s'agira du premier sondage d'opinion national sur la psychologie professionnelle et les résultats sont très intéressants. Les résultats paraîtront sur la page de la Direction générale de la pratique sur le site Web de la SCP, à partir d'un lien à la page d'accueil sous **Quoi de neuf**.

La direction générale a passé en principe trois politiques importantes, en attendant l'approbation finale du Conseil et du conseil d'administration de la SCP. Les politiques appuient :

1. La parité dans le financement entre la santé mentale et physique par les gouvernements provinciaux et territoriaux et dans les ententes de transfert avec le gouvernement fédéral fondées sur des facteurs comme le fardeau de la maladie.
2. La réduction des commotions au hockey et dans d'autres sports.
3. Les services axés sur le client qui maximisent l'accès du patient au bon service, par le bon fournisseur, au bon moment.

La Direction générale de la pratique a le plaisir d'annoncer que D^{re} Andrea Piotrowski du Manitoba est la nouvelle présidente du Conseil de la Direction générale de la pratique. La direction générale aimerait remercier D^{re} Jennifer Frain, l'ancienne présidente de la Direction générale de la pratique, dont le mandat est venu à échéance et qui est maintenant devenue la présidente désignée de la SCP. Jennifer a joué un rôle de premier ordre dans la mise sur pied de la Direction générale de

la pratique et ses contributions à la direction générale et au CPAP ont été prodigieuses. La direction générale tient à souhaiter la bienvenue à D^{re} Dorothy Cotton, membre du conseil d'administration de la SCP et présidente des Affaires professionnelles, qui siège au Conseil de la Direction générale de la pratique. Dorothy remplace D^r Lorne Sexton, qui vient de terminer son mandat au conseil d'administration de la SCP en juin 2011. Les contributions de Lorne à la création de la Direction générale de la pratique ont été importantes et grandement appréciées.

Direction générale de l'éducation. La Direction générale de l'éducation récemment créée par la SCP (ou « D au carré »), vient scinder la représentation des trois piliers de la SCP : la recherche, la pratique et l'éducation. Avec la 5^e révision du manuel des normes et procédures d'agrément qui vient maintenant de paraître officiellement (une copie électronique peut être obtenue à l'adresse www.cpa.ca/education/accreditation), nous planifions une série d'ateliers à l'intention des visiteurs sur place qui aura lieu à certains endroits au pays. Surveillez les annonces de dates et de villes précises à venir. En outre, nous travaillons à la mise à jour du processus de soumission et de rapport d'agrément afin de permettre des fonctions qui se feront davantage par voie électroniques et nous l'espérons plus simples.

Avec l'éducation permanente, nous sommes aussi en train de réévaluer les soumissions de crédits d'EP et du processus d'approbation et commençons à examiner des façons par lesquelles la SCP elle-même peut offrir davantage d'occasions d'éducation permanente, particulièrement en intégrant divers médias électroniques. L'un de nos premiers projets emballants est de créer un cours de psychopharmacologie en ligne, que nous espérons rendre disponible en 2012-2013.

Il y a de nombreux autres plans en cours : mettre à jour et améliorer les offres de feuillets d'information de la SCP, créer de nouvelles fonctions interactives pour Psynopsis, étendre les événements liés au congrès annuel en éducation et en formation et travailler avec d'autres membres du personnel de la SCP pour renforcer la visibilité de la psychologie au cours du mois de la psychologie.

D^{re} Tiessen souligne qu'un des meilleurs aspects de son nouveau poste est l'occasion d'interagir avec un grand nombre de membres de notre communauté de la psychologie partout au pays, et elle entend parler avec un beaucoup plus grand nombre. N'hésitez pas à communiquer avec elle si vous avez des questions, des commentaires ou de nouvelles idées – mtiessen@cpa.ca.



School of Psychology
Faculty of Social Sciences, University of Ottawa

Four Full-Time Faculty Positions (at all ranks)



uOttawa

Faculté des sciences sociales
Faculty of Social Sciences

The Faculty of Social Sciences comprises nine departments, schools and institutes, which offer undergraduate, Master's and doctoral programs in both English and French. With its nearly 9,000 students, 260 full-time professors, and wide array of programs and research centres, the Faculty of Social Sciences plays a key role at the heart of the University of Ottawa. Its graduate students are supervised by excellent researchers and undertake cutting-edge research in the Faculty's Master's and Ph.D. programs.

The School of Psychology at the University of Ottawa is accepting applications for four (4) tenure-track positions with expertise in the following domains:

Two (2) positions in **clinical psychology** (eligible for registration with the College of Psychologists of Ontario), with a preference for:

- Psychotherapy Research (process research, outcome research, mental health research services)
- Clinical child and family research
- Program development and evaluation

One (1) position in **quantitative methods**; and

One (1) position in **behavioural neuroscience** (animal research).

DUTIES

- Conducting research and publishing activities
- Teaching at the undergraduate and graduate levels
- Supervising Master's and Ph.D. candidates
- Participating in the University's academic and administrative activities
- Other activities as specified in the collective agreement

QUALIFICATIONS

- Holds a Ph.D. in a relevant field;
- Demonstrates excellence in teaching and research;
- Posses a strong publication and research track record

BILINGUALISM

The University of Ottawa is a bilingual institution, and all professors in the Faculty of Social Sciences must be actively bilingual to obtain tenure. For these positions, the mastery of both English and French is necessary at the time of hiring.

HIRING CONDITIONS AND SALARY

These are set by the current collective agreement. Tenure-track positions are subject to budgetary approval.

STARTING DATE

July 1st, 2012

Applications must be received by **November 1st, 2011 at 5:00 p.m.** Electronic applications are strongly encouraged.

Applicants must submit their curriculum vitae, a letter indicating their teaching and research experience and interests. They must also indicate their French and English language abilities and submit copies of their main publications. Applicants must also request that three referees send letters of recommendation in confidence, under separate cover.

All submissions are to be sent directly to:

Luc Pelletier

Director, School of Psychology
Faculty of Social Science, University of Ottawa
136 Jean Jacques Lussier, Ottawa, ON, K1N 6N5
Fax : (613)562-5147
Email : psychair@uottawa.ca

All qualified candidates are encouraged to apply; however, according to government policy, Canadians and permanent residents will be given priority. Equity is a University of Ottawa policy; women, Aboriginal peoples, members of visible minorities and persons with disabilities are encouraged to apply.



Honorary President's Address – David M. Clark, Ph.D.

David M Clark is the Professor of Experimental Psychology at the University of Oxford. He has an international reputation for his pioneering work on the understanding and treatment of anxiety disorders. With colleagues, he has developed effective cognitive-behaviour therapy programmes for four different anxiety disorders: panic disorder, social phobia, post-traumatic stress disorder and health anxiety (hypochondriasis).

He has also played a key role in disseminating the new treatments. The first major project arose from the tragedy of the Omagh Car Bomb (15th August 1998). Shortly afterwards, Clark trained local clinicians in cognitive therapy for post-traumatic stress disorder. An audit of the initial cases demonstrated remarkable improvement and persuaded the Northern Ireland Office to help establish the Northern Ireland Centre for Trauma and Transformation that offers the treatment to victims of terrorist violence from 1970s onwards. The model adopted in Omagh was subsequently used as a template for the psychotherapeutic response to the 2005 London Bombs, with similarly good results.

The second project is the English Improving Access to Psychological Therapies (IAPT) programme which aims to train an extra 6,000 new psychological therapists by 2015 and to deploy them (with existing therapists) in specialist services that will see up to 900,000 individuals with anxiety and/or depression per annum. Clark's involvement with the IAPT program dates from 2005 when he joined Lord Layard in a Cabinet Office presentation on the cost effectiveness of increasing the availability of psychological treatments for anxiety and depression. Following the creation of the IAPT initiative, he has served as a member of IAPT National Team and is Clinical Adviser to the Program.



The Family of Psychology Keynote Address – Jeffrey S. Mogil, Ph.D.

Jeffrey S. Mogil is the E.P. Taylor Professor of Pain Studies (a Chair previously occupied by Dr. Ronald Melzack) and the Canada Research Chair in the Genetics of Pain (Tier I) at McGill University in Montreal. Dr. Mogil has made seminal contributions to the field of pain genetics, and is a worldwide authority in the fields of sex differences in pain and pain testing methods in the laboratory mouse. He is the author of over 160 journal articles and book chapters since 1992, with over 6000 total citations. He has won early career awards from the Academy of Behavioral Medicine Research, the American Pain Society, the Canadian Pain Society, and the International Association for the Study of Pain. He currently serves as a Section Editor (Neurobiology) at the journal, *PAIN*, and was the chair of the Scientific Program Committee of the recent *13th World Congress on Pain*. His research, on at least four different topics, has attracted considerable attention from the media, appearing in forums as diverse as *The New York Times*, *The Economist*, *Cosmopolitan*, *O*, *Sports Illustrated*, late-night and prime-time TV shows, and an editorial cartoon. Recently he has been studying the interaction between pain and social behaviours in laboratory mice, in hopes that the powerful techniques of mouse genetics can be brought to bear on psychological phenomena such as empathy.



Science & Applications Keynote Address – Rosemary Tannock, Ph.D.

Rosemary Tannock, PhD, holds a Tier 1 *Canada Research Chair in Special Education and Adaptive Technology* at the Ontario Institute for Studies in Education, University of Toronto; is a *Senior Scientist* at the Hospital for Sick Children and *Professor of Psychiatry* at the University of Toronto. Her research investigates the causes and treatment of attention-deficit/hyperactivity disorder (ADHD), with a specific focus on its cognitive manifestations and overlap with learning disabilities. She and her colleagues have developed an integrated set of multimedia resources on ADHD for teachers, including a website [www.teachadhd.ca]. This material has been translated into French and Greek and is used internationally. A recipient of many awards, including Induction into CHADD's Hall of Fame for outstanding medical and educational contributions to the field of ADHD (2009), she has over 130 peer-reviewed publications and has contributed many chapters on ADHD and Learning Disabilities to major texts used internationally. She is Co-Editor of a new volume "*Behavioral Neurobiology of Attention Deficit Hyperactivity Disorder and Its Treatment*", and co-Editor-in-Chief for the journal *Behavioural and Brain Functions*. Also, she is a member of the DSM-5 Work Group on ADHD and cross-appointed to the Neurodevelopmental Disorders Group to lead the work on Learning Disabilities.

Deadline for submissions: November 15, 2011

For more information please visit our website

www.cpa.ca



Président honoraire – David M. Clark, Ph.D.

David M Clark est professeur de psychologie expérimentale à l'University of Oxford. Il jouit d'une réputation internationale pour son travail d'avant garde sur la compréhension et le traitement des troubles de l'anxiété. Avec des collègues, il a créé des programmes de thérapie cognitivo comportementale efficaces pour quatre troubles de l'anxiété différents : le trouble panique, la phobie sociale, le trouble de stress post traumatique et l'anxiété au sujet de sa santé (hypochondrie).

Il a également joué un rôle clé dans la diffusion des nouveaux traitements. Le premier projet majeur tire son origine dans la tragédie de l'attentat à la voiture piégée de Omagh (le 15 août 1998). Peu de temps après, Clark a formé des cliniciens locaux en thérapie cognitive pour le traitement du trouble de stress post traumatique. Une vérification des cas initiaux a démontré une amélioration remarquable et persuadé la Northern Ireland Office d'aider à mettre sur pied le Northern Ireland Centre for Trauma and Transformation qui offre le traitement aux victimes de la violence terroriste partant des années 1970. Le modèle adopté à Omagh a subséquemment été utilisé comme modèle de réponse psychothérapeutique pour le traitement des victimes des bombes de Londres en 2005 et obtenu d'aussi bons résultats.

Le deuxième projet est le programme anglais Improving Access to Psychological Therapies (IAPT) qui vise à former 6 000 nouveaux thérapeutes en psychologie d'ici 2015 et de les déployer (auprès des thérapeutes existants) dans les services spécialisés qui verront jusqu'à 900 000 individus souffrant d'anxiété et/ou de dépression par année. L'engagement de Clark dans le programme IAPT remonte à 2005 lorsqu'il s'est joint à Lord Layard dans une présentation au Cabinet Office sur le rapport coût efficacité d'accroître la disponibilité des traitements psychologiques de l'anxiété et la dépression. En suivant la création de l'initiative de l'IAPT, il a été membre de l'équipe nationale de l'IAPT et il est conseiller clinique pour le programme.

Conférence « La famille de la psychologie » – Jeffrey S. Mogil, Ph.D.

Jeffrey S. Mogil est titulaire de la chaire E.P. Taylor Professor of Pain Studies (une chaire qu'a occupée antérieurement D^r Ronald Melzack) et la Chaire de recherche du Canada de génétique de la douleur (niveau I) à l'Université McGill de Montréal. D^r Mogil a apporté des contributions qui font autorité dans le domaine de la génétique de la douleur et il est une autorité mondiale dans le domaine des différences dans la douleur entre les sexes et les méthodes d'essai de la douleur sur la souris de laboratoire. Il est l'auteur de plus de 160 articles de revues et de chapitres de livres depuis 1992, avec plus de 6 000 citations. Il a remporté des prix de chercheur en début de carrière de l'Academy of Behavioral Medicine Research, de l'American Pain Society, de la Société canadienne pour le traitement de la douleur et de l'International Association for the Study of Pain. Il est actuellement rédacteur de section (neurobiologie) à la revue *PAIN* et il était président du Comité du programme scientifique du *13th World Congress on Pain* qui a eu lieu récemment. Sa recherche, sur au moins quatre sujets différents, a attiré une attention considérable des médias, apparaissant dans des tribunes aussi diverses que le *New York Times*, *The Economist*, *Cosmopolitan*, *O*, *Sports Illustrated*, des émissions de télévision en fin de soirée et aux grandes heures d'écoute et a même fait l'objet d'une caricature politique. Récemment, il s'est penché sur l'interaction entre la douleur et les comportements sociaux de souris en laboratoire, dans l'espoir que les techniques puissantes en génétique des souris puissent permettre d'éclairer des phénomènes psychosociaux comme l'empathie.

Conférencière « Science & Application » – Rosemary Tannock, Ph.D.

Rosemary Tannock, Ph.D., est titulaire d'une *Chaire de recherche du Canada en éducation spéciale et en technologie adaptative* de niveau 1 à l'Institut d'études pédagogiques de l'Ontario intégré à la Faculté d'éducation de l'Université de Toronto; elle est *scientifique principale* à l'Hospital for Sick Children et *professeure de psychiatrie* à l'Université de Toronto. Sa recherche porte sur les causes et les traitements du trouble de l'hyperactivité avec déficit de l'attention (THDA), avec un point de mire précis sur les manifestations cognitives et le chevauchement avec les troubles de l'apprentissage. Elle et ses collègues ont créé un ensemble intégré de ressources multimédias sur le THDA à l'intention des enseignants, y compris un site Web [www.teachadhd.ca]. Ce matériel a été traduit en français et en grec et est utilisé à l'échelle internationale. Récipiendaire d'un grand nombre de prix, y compris l'intronisation dans le CHADD's Hall of Fame for outstanding medical and educational contributions to the field of ADHD (2009), elle compte plus de 130 publications évaluées par les pairs et a contribué à de nombreux chapitres sur le THDA et les troubles de l'apprentissage dans des textes qui font autorité et sont utilisés à l'échelle internationale. Elle est corédactrice d'un nouveau volume « *Behavioral Neurobiology of Attention Deficit Hyperactivity Disorder and Its Treatment* » et corédactrice en chef de la revue *Behavioural and Brain Functions*. Elle est également membre du groupe de travail DSM-5 sur le THDA et a été nommée conjointement au Neurodevelopmental Disorders Group pour diriger le travail sur les troubles de l'apprentissage.

Appel de communications – Date limite de soumission : le 15 novembre 2011

Pour plus d'information, visitez notre site web www.cpa.ca



Darryl Bruce (1939 – 2011)

Darryl Bruce was born in Dryden, Ontario on April 4, 1939 to Lloyd A. Bruce and Isabella H. (Cooke) Bruce. He attended Montreal West Protestant High School, graduating in August 1955. He completed a Bachelor of Commerce degree at McGill University in 1959 and M.Sc. and Ph.D degrees in experimental psychology from Pennsylvania State University in 1964 and 1966, respectively. A postdoctoral research fellowship followed with Bennett Murdock at the University of Toronto.

Bruce began at Florida State University in 1967 and was promoted to Full Professor in 1983. His memory research was supported by the US Office of Education and the Social Sciences and Humanities Research Council of Canada. In 1986-87 he received a National Institute on Aging fellowship with Fergus Craik at the University of Toronto. In 1987 Bruce was appointed Head of the Psychology Department at Mount Allison University, subsequently Chair of Psychology at St. Mary's University in Halifax from 1990 to 1994 and he retired as Emeritus Professor in 2006. Darryl Bruce is survived by his wife and best friend, Marianne Van Pelt, and three stepchildren, Martin, Stephanie, and Tom Van Pelt. All were by his side when he died peacefully on July 8, 2011.

Bruce had strong interests in evolution and argued that psychology should pay greater attention to "population" thinking. Bruce's theoretical position and his 1989 paper on memories of a bicycle trip were the foci of a remarkable debate on "the bankruptcy of everyday memory" in *American Psychologist*. Bruce's interest in history produced scholarly analyses of major figures; for one, he examined Karl Lashley's early influence and relationships, for example, with his student Donald O. Hebb.

Bruce contributed professionally with consulting editorships for the *Journal of Experimental Psychology: General*, and *Applied Cognitive Psychology*. He played a foundational role in the *Society for Applied Research in Memory and Cognition* and was a member of the Psychonomic Society, the Association for Psychological Science, and Divisions 3 and 26 of the American Psychological association.

Bruce bore a long struggle with decreasing physical mobility, but did so cheerfully and without complaint. He retained a large circle of friends and family with whom he discussed music, books, and films. He provided an annual list of suggested films he had viewed tailored for each person. Such attention to a person's uniqueness also characterized Bruce's interactions with students and colleagues.

CPA thanks Dr. J. Don Read, Simon Fraser University for preparing this tribute.

Raymond Grant Berry (1926-2010)

Born in Oshawa, Ontario on March 15, 1925, Ray died peacefully at home in Sidney, British Columbia on November 15, 2010, after a brief battle with pulmonary fibrosis. He will be remembered and deeply missed by his wife Joyce, daughters Catherine and Diane and their spouses, three grandchildren and two great-grandchildren, all of whom looked to Ray for his quiet, compassionate guidance.



Ray was trained as a professional psychologist at the University of Western Ontario for the Masters degree and undertook subsequent studies at the University of Toronto. He held a clinical appointment in Peterborough for several years before joining the Mental Health Branch of the Ontario Ministry of Health where his special talents in planning, organization and executive leadership were applied for more than 20 years. He left the Ministry in 1984 to engage in private consulting work until he formally retired in 1991. Ray and Joyce moved to Sidney, BC where they continued to pursue their avid interest in boating. Ray was happiest by the water, and was a loyal and active member of the Canadian Power and Sail Squadrons throughout his life.

In the tribute introducing Ray as recipient of the CPA award for Distinguished Contributions to Psychology as a Profession, it was observed that Ray "has had an uncanny ability to anticipate important developments in professional psychology and to take the lead. He was the first Executive Secretary of OPA, first Chair of the OPA Board of Education and Training, founding member of the Advisory Council of Professional Associations of Psychology, and founder and first Chair of the Ontario Psychological Foundation." He was twice President of the Ontario Psychological Association (1961 and 1967), and co-edited with Hy Day a 50-year retrospective of the association.

This uncanny ability and dedication was evident also in his service to the Canadian Psychological Association where he was President (1977) and Past-President for two terms (due to Glen Macdonald's death in office). Ray was a special leader at pivotal times in CPA history: in transferring association management from Executive Suite Limited to a new CPA Central Office in Ottawa and in selecting Tim Hogan as full-time Executive Officer. He should be especially remembered as the person who conceived and orchestrated the 1977 Vancouver Conference of the CPA Board and officers with Provincial association representatives, that ultimately led to CPA's more inclusive membership and greater involvement of professional psychologists within the association.

From 1955, when he was appointed Chair of the OPA Membership Committee until he retired in 1991, Ray served the profession continuously for 46 years through annual elected or appointed offices in Ontario, Canada or U.S. psychological organizations. He was CPA delegate to UNESCO, to the World Federation for Mental Health, and the National Committee of Mental Health Professionals. Much of professional psychology in Canada has been shaped by Ray Berry through his leadership. Ray will not only be remembered for his vision, talent, and dedication, but also his professionalism, and sincere personality that helped to make psychology what it is today.

CPA thanks Dr. John Adair for preparing this tribute.



Byron Rourke 1939-2011

It is with deep regret that CPA noted the passing of Dr. Byron Rourke whom all among the psychology community will recognize as a pre-eminent child clinical neuropsychologist in Canada and abroad.

A native of Windsor Ontario, Dr. Rourke attended Assumption High School and completed an honours undergraduate degree at the University of Windsor. He went on to complete a master's and Ph.D. degree at Fordham University in New York.

Dr. Rourke returned to the University of Windsor where he devoted his career to research, teaching and training in child neuropsychology. The impact Dr. Rourke and his work has had on the lives of the children he helped at the Regional Children's Centre at Windsor Western Hospital, the students he mentored and trained at the University of Windsor and on the science and practice of clinical neuropsychology is inestimable.



Byron was married to Carolyne for 47 years and the couple has four sons and nine grandchildren. In an article in the Windsor Star¹, his son Phil notes that Dr. Rourke's interest in child psychology was motivated by the opportunity to make a difference in someone's life through early diagnosis and intervention.

Dr. Rourke was the recipient of many prestigious awards including membership as a Fellow in the Royal Society of Canada (1997), CPA's Gold Medal Award for Distinguished Lifetime Contributions to Canadian Psychology (2007), and investiture into the Order of Canada (2010). Dr. Rourke's contributions to the discipline and the profession of psychology will be long felt and serve as a shining example of the difference that psychology and psychologists can make in the lives of many people.

¹ <http://www.windsorstar.com/news/Award+winning+prof+dies/5244689/story.html>

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

The Canadian Psychological Association (CPA) has signed an agreement with APA allowing CPA to sell the APA's PsycNET GOLD[®] package of databases to the Canadian psychological community for individual use. The databases are the largest psychological databases in the world and indispensable to practitioners and researchers alike. PsycNET GOLD[®], now available through CPA, includes the entirety of APA's five databases. In contrast, the access that psychological practitioners in Ontario have to APA's databases through their regulatory body is to a very small subset of the GOLD package databases. PsycNET GOLD[®] includes:

- PsycINFO[®] – Abstracts-only, comprehensive coverage of peer-reviewed literature in the behavioral sciences and mental health
- PsycARTICLES[®] – World's largest full-text database in psychology
- PsycBOOKS[®] – Full-text chapters from APA books
- PsycEXTRA[®] – Gray literature abstracts and full-text
- PsycCRITIQUES[®] – Incisive book and film reviews

The CPA member subscription rate for the package is \$175 (plus HST) annually and non-member rates are also available. Note that you do not need to be a member of the APA to subscribe to the GOLD package through CPA. For more information and to register for the free trial and/or to subscribe go to <http://web.cpa.ca/media>



École de psychologie
Faculté des sciences sociales, Université d'Ottawa



uOttawa

Faculté des sciences sociales
Faculty of Social Sciences

Quatre postes de Professeur ou professeure (rang professoral est ouvert)

La Faculté des sciences sociales offre, en français et en anglais, des programmes de baccalauréat, de maîtrise et de doctorat répartis dans neuf départements, écoles et instituts. Avec ses près de 9 000 étudiantes et étudiants, ses 260 professeurs réguliers, son vaste choix de programmes et ses centres de recherche, la Faculté des sciences sociales occupe une place privilégiée au cœur de l'Université d'Ottawa. Les étudiants diplômés de la Faculté, encadrés par des chercheurs chevronnés, mènent des travaux de fine pointe dans nos nombreux programmes de maîtrise et de doctorat.

L'École de psychologie de l'Université d'Ottawa désire combler quatre (4) postes réguliers de professeur menant à la permanence, rang ouvert.

Nous sommes à la recherche des candidats et candidates avec une spécialisation dans les domaines suivants:

Deux (2) postes en **psychologie clinique** (les candidats et candidates doivent être admissibles au Collège des psychologues de l'Ontario); avec une préférence dans l'un des domaines suivants:

- Recherche en psychothérapie (recherche sur les traitements psychologiques, les résultats des traitements, les services de recherche en santé mentale)
- Recherche clinique chez les enfants et les familles
- Développement de programmes et évaluation

Un (1) poste en **méthodes quantitatives**;

Un (1) poste en **neuroscience du comportement** (recherche sur les animaux).

FONCTIONS

- Activités de recherche et publication;
- Enseignement à tous les cycles d'études;
- Encadrement d'étudiantes et d'étudiants de deuxième et troisième cycles;
- Participer aux activités éducatives et administratives de l'Université;
- Accomplissement de toute autre activité prévue à la convention collective.

CRITÈRES DE SÉLECTION

- Détenir un doctorat dans un domaine connexe;
- Démontrer de l'excellence en enseignement et en recherche;
- Qualité du dossier de publications et en recherche.

BILINGUISME

L'Université d'Ottawa étant une institution bilingue, tous les professeurs et professeures de la Faculté des sciences sociales doivent démontrer un bilinguisme actif avant d'obtenir la permanence. Pour ces postes, la maîtrise du français et de l'anglais est nécessaire au moment de l'embauche.

CONDITIONS ET SALAIRE À L'EMBAUCHE

Selon la convention collective en vigueur. L'attribution du poste menant à la permanence est soumise à une approbation budgétaire.

ENTRÉE EN FONCTION

Le 1^{er} juillet 2012

Les candidatures doivent être reçues le **01 novembre 2011 à 17h**. Les demandes électroniques sont fortement encouragées.

Les personnes intéressées à poser leur candidature doivent faire parvenir leur curriculum vitae, une lettre décrivant leur expérience et leurs intérêts en enseignement et en recherche. Elles doivent aussi inclure une indication de leurs compétences linguistiques en anglais et en français et une copie de leurs principales publications. Les candidat-es doivent aussi demander que trois lettres de recommandation soient envoyées directement sous pli confidentiel.

L'ensemble du dossier doit parvenir à l'adresse suivante :

Luc Pelletier

Directeur, École de Psychologie
Faculté des sciences sociales, Université d'Ottawa
136 Jean Jacques Lussier, Ottawa, ON K1N 6N5
Télécopieur : (613)562-5147
Courriel : psychair@uottawa.ca

Tous les candidat-e-s qualifié-e-s sont invité-e-s à postuler; cependant, conformément aux exigences gouvernementales, les citoyens canadiens et les résidents permanents auront la priorité. L'Université d'Ottawa souscrit à l'équité d'emploi et elle encourage les femmes, les autochtones, les membres des minorités visibles et les personnes handicapées à postuler.



CPA Education and Training Committee 2011/12

Mary Pat McAndrews Ph.D., C. Psych., CPA Board Member and Chair, Education and Training Committee

This promises to be a year of exploring new territories for education and training at CPA. First, we have the recently launched Education Directorate, with Melissa Tiessen as the inaugural director. The activities of the Education and Training Committee can both support and be enriched by having such a visible and solid foundation to our third pillar of professional activities.

One of the mandates of this committee is to promote and encourage the provision of quality continuing education (CE) opportunities. The Committee plans to work with Head Office staff in identifying needs for upgrading knowledge and skill domains for all levels and types of psychologists in both applied and academic settings. One such area that has been highlighted in many different forums over the past few years is education in 'applied' psychopharmacology. This could include education aimed at understanding the impact of medications (Level 1), although such courses are offered in a number of graduate training programs. A more acute gap is education that is aimed at collaborative practice (Level 2) where Psychologists can provide knowledgeable input into medication decisions particularly in settings with combined psychosocial, neurocognitive or behavioral treatment approaches from family practice clinics to rehabilitation units to child development programs.

This need has been identified in the work of CPA's Prescriptive Authority Task Force (<http://www.cpa.ca/aboutcpa/committees/professionalaaffairs/prescriptiveauthoritytaskforce/>), in a recent meeting of the Directors of Clinical Training programs in Ontario, and in many informal discussions with fellow educators and practitioners. Thus, one of the key activities of this Com-

mittee for the current year is to develop a strategy for helping to move this training agenda forward. In consultation with CE experts and graduate training directors, our actions will focus on an environmental scan of existing web-based curricula and resources which CPA might leverage and on discussions of models of CE provision. Although this will be a major undertaking, you may know that CPA already has a toe in the waters of web-based CE, with courses on starting ones' professional practice and on ethics. Dr. Tiessen will be the staff person and contact on this initiative mtiessen@cpa.ca

Another activity for the current year will be to survey recent graduates of Psychology PhD/PsyD programs to identify other knowledge and skills gaps they encountered and how they addressed these in the course of starting out on their professional lives. This has already been initiated and reported on by CPA Board member and Chair of Professional Affairs, Dr. Dorothy Cotton (see article this issue). By way of a further survey, I'm keen to know about preparation for the dual roles of scientist and practitioner (leaving aside the related roles of educator/mentor) that form the basis for the professional life of many psychologists as well as the preparation and views of those trained for a scientific career path. In a profession/discipline as large and varied as Psychology, there are undoubtedly many common and divergent themes and we hope to be able to identify those gaps that can make the difference between a smooth and a rocky transition from student to independent practitioner and scientist. Once we know where the gaps are, we can strategize about how best to address them and identify opportunities for enhancing a successful launch into professional life.

We look forward to a busy and productive year and to the member's input in helping to further develop 'infrastructure' for psychology.

Call for Psynopsis Submissions 2011/12

Submissions are invited to Psynopsis for 2011/12. Articles must be no more than 900 words and relevant to the issue's theme. Themes for 2011/12 are:

Winter 2012: Health psychology and psychology in health, submission deadline December 1st

Spring 2012: Evidence-based practice, submission deadline March 1st

For more information, contact Dr. Cohen at kcohen@cpa.ca



Appel de propositions d'articles pour Psynopsis en 2011-2012

Nous vous invitons à faire des propositions d'articles qui seront publiées dans la revue Psynopsis en 2011-2012. Les articles ne doivent pas compter plus de 900 mots et ils doivent être pertinents à la thématique du numéro. Les thématiques en 2011-2012 sont les suivantes :

Hiver 2012 : La psychologie de la santé et la psychologie en santé - date limite de proposition d'article le 1^{er} décembre

Printemps 2012: Pratique fondée sur les données probantes - date limite de proposition d'article le 1^{er} mars

Pour de plus amples renseignements, communiquez avec D^{re} Cohen à kcohen@cpa.ca



Interprofessional Practice for Psychologists Then and Now

Ian Nicholson, Ph.D., C. Psych., Past-President Canadian Council of Professional Psychology Programs

A few years ago, when I was on the Board of CPA, I wrote a column for *Psynopsis* about the need for interprofessional practice. Of the many columns and articles I wrote for *Psynopsis* during my tenure on the board, this was the one that received the most response. It seemed to touch a nerve in the people that read it.

The problem for psychology, as it still is for most professions, is that we often train people in our own silos to work on teams. While this has improved somewhat in recent years, it continues to be a problem. In Psychology, practicum students are trained to work on developing their clinical skills as a psychologist (e.g., test administration, individual psychotherapy). However, when they go on internships, they are asked to do so, not as a solo practitioner, but as a member of an interprofessional team.

A fish doesn't know its wet until it is out of water. That is, those in training usually do not know what distinguishes psychologists from other professionals. First, they don't realize that other professions are often well-trained to provide some of the same services that we provide. Many social workers are well trained in psychotherapy. Doctoral level nurses are strong researchers. Second, they also don't realize that many of the skills they have developed over the years do prepare them to make important contributions to interprofessional teams. These include the capacity to explain how a patient's unusual behavior might be an understandable mechanism to cope with a chronic illness or the capacity to problem solve and think critically through new team-based initiatives. It is not until we work with others that we come to understand what sets our training apart and brings us together.

CPA has been involved in the development of interprofessional initiatives for several years. Perhaps our strongest work in this area has been in leading the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) initiative and the Canadian Collaborative Mental Health Initiative (CCMHI). EICP and CCMHI were developed as a Health Canada primary care initiative which worked to answer the questions "How can the health system produce the best outcomes for patients/clients?" and "How do we create the conditions for health care providers to work together in the most effective and efficient way?" The results of these inter-professional projects, including collaboration toolkits, can be found at www.eicp.ca and www.ccmhi.ca/en/index.html

The capacity to work together as health professionals has also been a focus of the Ontario Ministry of Health and Long-Term Care. The aim is to enhance patient care and increase patient safety. They have had a number of initiatives in recent years that focus on developing an understanding and appreciation of what is required in interprofessional care. Much of this work

has been published on their web site at: <http://www.healthforceontario.ca/WhatIsHF/O/AboutInterprofessionalCare.aspx>

At the most recent meeting of the American Psychological Association Education Leadership Conference, the focus was also on interdisciplinary and interprofessional teaching, research, and practice. Interestingly, one model that was discussed as foundational was the same one used by the Ontario Ministry of Health. This model comes from the University of Toronto's Centre for Interprofessional Education and it can be found at <http://www.ipe.utoronto.ca/> Other commonly used resources can be found at the Canadian Interprofessional Health Collaborative at <http://www.cihc.ca/> and the Centre for the Advancement of Interprofessional Education at <http://www.caipe.org.uk/>

A common response I hear from psychologists, and other health professionals, is that inter-professional practice is the "flavor of the month" that will only stay as an initiative until the next one develops. While it is impossible to predict the future, there is some evidence that this is not the case. The Cochrane Reviews have recently published two reviews on interprofessional practice and education. While the number of studies that met their high standards could be included were limited, there was some evidence that interprofessional practice and education enhanced care and merited further study. Also, in the last announcements for the Order of Canada, Dr. John Gilbert, Professor Emeritus in the UBC School of Audiology and Speech Sciences, was appointed a member of the Order of Canada "for his contributions to health care as a leader in inter-professional education and practice."

I was recently at a meeting where I heard of a large-scale interprofessional training initiative that was being undertaken at a Canadian university. When it was described, Psychology was not a part of the initiative. Afterwards, when I contacted the university clinical psychology program's training director about why psychology was not included, I was told that the training director had never heard of the program. The director was not concerned, however, noting that you can't be involved in everything and saw it as a low priority activity as it was happening elsewhere on campus.

I would suggest that health care is moving in the direction of interprofessional education and training. Because we are often not physically located near the training of other professions, we can be easily missed. If we are to remain and grow as an important part of health care team and delivery, we must become involved in these types of initiatives. As the many CPA advocacy initiatives had repeatedly demonstrated, our voice is stronger when it is linked with others. I would suggest that our research, training, and practice are also stronger when linked with others. These interprofessional education initiatives are increasing in importance and we must work to be a central part of them for the benefit of our profession, our students, and our patients.



2011 Survey of Graduate Students in Areas of Professional Psychology

Dorothy Cotton Ph.D., C. Psych., CPA Board Member and Chair Professional Affairs

The psychology workplace is in flux. We are an aging profession, and many of us will be leaving the field or reducing our hours of active practice in the next decade. Hospital based positions are increasingly rare, but other types of workplaces are crying for applicants. New or expanding audiences for psychological services are springing up in some areas (the military, working with seniors, adults with learning disabilities, corrections) while some of our traditional work is being taken on by other non-psychology mental health providers. More of us are in private practice than ever before. Pressures to adhere to evidence based and empirically supported treatment modalities have affected the nature and breadth of training at the graduate level.

Each of the above statements is likely an over-simplification, but together they point to a common theme. Psychology as a profession is changing—and needs to change. As is always the case, the brunt of the change is likely to be felt by the newcomers to the field—our current graduate students. Where do they see themselves going professionally?

At the behest of the Criminal Justice Section, CPA recently conducted an on-line survey of current graduate students who anticipate eventually working as practitioners with adults—broadly in the areas of clinical and counselling psychology. Where do they see themselves working? Where do they WANT to work? What do they feel qualified to do? What areas of prac-

tice interest them? Over 300 graduate students across the country took the time to give us answers to these and other questions about their career aspirations. It will take us some time to muddle through all the data but we thought you might be interested in some highlights.

Where do current graduate students see themselves working in the future? The respondents were given the opportunity to select from a list of 19 different practice settings (e.g. general hospital psychiatry service, police service, facility for people with acquired brain injury for example) and identify their top five choices. As Table 1 indicates, private practice is the clear winner at 60% (that is, 60% of the respondents indicated that private practice would be in their top five choices of “where to practice”). In fact, private practice was also the top choice for the largest group of students, with just over 18% identifying this as their number 1 choice. Honourable Mention goes to general hospital psychiatry services, university/academic positions, and community mental health agencies; for all these settings, about 43% of students considered them in the top five.

But there were a number of areas which generated very little interest. Fewer than 10% of respondents rated providing services to the military, working with people with substance abuse problems, working with police services, working with people with developmental disabilities, or working with veterans in their top five. No respondents identified working with people with substance use problems as a first choice—and similarly, no one selected Veterans Affairs as their number one choice.

Of course it is all well and good for students to have preferences for areas of work—but for what kinds of work do they feel qualified? Using the same list, respondents were asked to check off all settings that they felt they would be equipped to work in at a basic entry level upon completion of their education. There appears to be some relationship between what students are interested in and what they appear to believe they are or will be competent to do—but that relationship clearly does not tell the whole story. For example (see Table 1 again), while 23% of students feel they would be qualified to work with people with developmental disabilities, only 5% are actually interested in doing so.

Another way to look at the same question is to ask what populations/client groups/diagnostic categories that students feel they are able to work with (rather than asking about settings). Here, the extremes become more noticeable. It is clear that mood and anxiety disorders are seen as fundamental. Three quarters of students are comfortable with these groups—but the number drop precipitously after that. Fewer than 40% feel able to deal with any other group. There are also some curious contradictions. While 75% of students feel able to deal with anxiety and mood disorders, only 22% feel able to work with police,

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Table 1: Practice Settings: Percentage of students who want to work (WtoW) and feel qualified to work (QtoW) in different settings

Practice area	WtoW	QtoW
Private practice	61	71
General hospital psychiatry	43	58
University-academic	43	60
Community MH agency	43	72
W/physician practice	35	59
General hospital medical	28	40
College or univ. Counselling	25	68
Psychiatric hospital	24	49
College teaching	16	62
Long term care/geriatrics	15	22
Federal prison	13	24
Forensics-hospital	12	18
Acquired brain injury	12	18
Provincial jail	11	28
Armed forces (as civilian)	10	24
Substance abuse facility	9	24
Police service	6	23
Developmental disabilities	5	23
Veterans	4	21



2011 Survey

Continued from page 29

the military or veterans—presumably client groups who suffer predominantly from mood and anxiety disorders! Conversely, while 49% of students would consider themselves as able to work in a psychiatric hospital, only 18% feel okay about working with people with psychotic disorders.

This brief snapshot of data may well raise more questions than it answers. Is the student sample representative of the whole population of graduate students? Do the opinions of students vary systematically by year of study (it may be for example that more junior students have either a broader or a narrower view of their abilities). Are there regional or school-specific variations? How do these numbers relate to job opportunities? If the greatest demand in the marketplace is for people to treat mood and anxiety disorders, for example, then the disproportionate amount of interest in this area may be appropriate.

Further analysis of the data may answer some of these questions. At the same time, those of us who are involved in the education and training of psychologists might want to stop and think about our selection of students, how we influence their career goals, what kinds of experiences they have as students and trainees, and what behaviours and activities are reinforced and rewarded. One cannot help but be a little concerned when one sees the lack of interest in working with veterans or the relatively small number of people interested in federal corrections,

the largest employer of psychologists in the country. Given the emergence of baby boomers as senior citizens, does it make sense that only 18% of our students feel comfortable dealing with old age related problems? As a profession, we spend a great deal of time worrying about the decrease in the number of hospital and mental health agency based jobs for psychologists. But at the same time, we are somehow producing students who are less interested in working in a wide range of other settings, including areas where psychologist positions often go unfilled because of lack of applicants. Are we producing round peg traditional psychologists who will have trouble fitting into square peg non-traditional positions?

Table 2: Percentage of students who feel qualified to work with different adult populations

Anxiety disorders	75
Mood disorders	74
Cluster B personality dx	38
Cluster C personality dx	32
Substance-related probs	32
Medical probs	31
Chronic pain	28
Developmental disabilities	27
Anti-social/criminal behaviour	25
Military/police/veterans	22
Cluster A personality dx	19
Psychotic disorders	18
Other old age probs	18
ABI	17
Dementias, progressive neurol.	14

Lost in Translation: Multicultural Competencies in Graduate Training Programs and Professional Practice

Kelsey Moore, McGill University

“I have nothing but my dignity, and with good intentions, they take it away”

— English Proverb

With these words, I began to understand the implications of social interventions and the magnitude of our actions. As the owner of a fair trade coffee collective in the Dominican Republic, this weathered worker spoke of the benefits and repercussions of social interventions—of our attempt to do “good” in this world. Foreign volunteers had entered his country and attempted to initiate new coffee harvesting practices and the building of new facilities, neglecting years of harvesting traditions and establishments he had struggled to preserve.

As a member of a social justice group from Prince Edward Island, I was given the opportunity to travel to the Dominican Republic to learn about its current social and economic conditions from the country’s native people. As I engaged with people in the Dominican Republic, I began to recognize the importance of interventions informed by an overriding acknowledgement and understanding of people’s humanity – of the effectiveness of interventions that also take into account factors, models and evidence through the eyes of the people them-

selves and the cultural context in which they live.

Similar to these volunteers in the Dominican Republic, our hope as future psychologists is that our interventions will result in better solutions, in a greater public good. However, at times we hurt as much as we help and unintentionally chisel away at the dignity of the very people we seek to uplift and empower. As future psychologists, we must recognize that our practices and methods do not always translate from one setting, or culture, to another.

To preserve human dignity— the intrinsic worth of every human person, we must offer services to our clients within the context in which they interact. But how will we know that we are not unintentionally doing more harm than good? As a result of my experience in the Dominican Republic, I have realized the importance of dissolving my preconceived biases and assumptions about members of a particular cultural community and embodying a willingness to view the world through a foreign lens.

The goal of any social or psychological interventions is to help recognize and realize our common human dignity. Through making multicultural issues central to graduate training programs and professional practice, we can begin to nourish, defend and preserve human dignity across the globe, and within our own multicultural country.



Child Psychology: Training Challenges and Opportunities

Sandra L. Clark, Ph.D., R. Psych., BC Children's Hospital, Vancouver, B.C. and Executive Member of the Canadian Council of Professional Psychology Programs

Education and training has been a focus of many discussions with a variety of individuals including training staff, students, hospital administrators, and colleagues. The need to train more child psychologists is evident – one only needs to peruse the listing of position openings across the country.

While there are opportunities, there are also pressures and challenges. Internship demand appears to be outpacing supply across Canada. At the practicum level, we have also seen an undersupply of spots, in part due to increasing demands for student training that create additional pressures on clinical staff. The increased demand for practicum spots is in part related to students' ever present anxiety about getting more and more hours of clinical training to make them stronger internship applicants (students, please be sure to read relevant and important documents on the CCPPP website about getting prepared for internship that relate to quality, not quantity of hours). Staff psychologists are very open and willing to have students and are excited about training opportunities in existing and new clinical areas (eg. more opportunities for group therapy experiences, longer-term therapy, advancing assessment skills in specialty areas of interest). Part of the challenge, however, lies with having limited resources and time for supervision of students coupled with increasing clinical demands on psychologists working in the hospital setting.

We also experience challenges with education and training for students from programs other than clinical psychology, such as counseling and school psychology. The accreditation standards indicate that trainees in clinical programs should attend clinical internships and that practicum settings need to be compatible with the doctoral programme's training goals and objectives. Philosophically and practically, our training model is focused on training students in clinical psychology. Having said that, we certainly recognize that there are areas of overlap in the training and skill sets of clinical, counseling and school doctoral students. For each of these related areas, there are certainly benefits to obtaining applied training in a variety of settings. So, in pediatric settings, we are faced with issues related to both limited numbers of practicum spots and recruiting students from programs whose models of training are best aligned with the role of a hospital-based psychologist and psychology service.

Once students have completed their programs and are ready for independent practice, we have found that ongoing supervision and mentoring to continue to build specialized child clinical skills is essential. This is especially relevant in a tertiary/quaternary care pediatric hospital. Independent of the excellent quality of training and experience with which students graduate, there is a need to continue to build clinical experience and expertise – new staff are asking for and seeking out this type of ongoing supervision and mentoring. This also requires a creative balance between utilizing the expertise of seasoned staff with meeting clinical demands in a busy pediatric hospital.

What about opportunities and solutions? Our site is very committed to education and training both for psychology students and new and early career psychologists. There are several initiatives and opportunities in which we are currently and becoming involved. First, we work closely with the local universities to ensure that our training focus meets student needs. For example, we focus one practicum placement on clinical students early in their graduate training – those who might not get placements at other sites because they have yet to accumulate much clinical experience. We also try to provide advanced practicum training opportunities for students in specialty child clinical areas such as ADHD, neuropsychology, or developmental disabilities. Second, the training team has been discussing options and solutions to provide training opportunities for students from programs other than clinical psychology (typically counseling and school psychology) in ways that are meaningful for the student, appropriate to the context of tertiary/quaternary pediatric clinical care, and in accordance with accreditation, professional and ethical standards. For example, this may involve providing in-depth didactic experiences and/or shadowing psychologists in certain areas relevant to the student's area of training/interest (eg. autism spectrum disorders). Third, we are very cognizant of the needs of new psychology staff and work to ensure they are well supported with supervision as needed, mentoring, and professional development opportunities. We have solid support from the administration of our organization in providing this support, especially given the looming pressures that will come as work force retirements become more frequent and recruitment more acute. The hope is that not only will training continue to be a topic of discussion, but that reasonable, practical solutions that meet a variety of (and sometimes competing) needs will result to ensure the continuity of quality training and education for psychologists wanting to work with children and youth.



Education and Training in Industrial/Organizational Psychology:

Building on a solid foundation

Peter Hausdorf, Ph.D., Former Chair (2009-2010) - Canadian Section for Industrial & Organizational Psychology

Industrial/Organizational (I/O) Psychology focuses on how people think, feel and behave at work. As described by Kline (1996), “*I/O Psychology is a field of both scientific research and professional practice that aims to further the welfare of people by: understanding the behaviour of individuals and organizations in the workplace, helping individuals pursue meaningful and enriching work; and assisting organizations in the effective management of their human resources*”.

Graduate training in Industrial/Organizational Psychology is available at the Masters and Ph.D. levels across Canada. These programs provide training that reflects the scientist-practitioner model described above in accordance with professional guidelines established by the Society for Industrial/Organizational Psychology (www.SIOP.org).

The SIOP (1994a, 1994b) guidelines provide a comprehensive list of core knowledge domains and competencies to guide program design and delivery. At the graduate level these include the knowledge of history, systems and ethics in psychology, research knowledge and skills (e.g. design and statistics), knowledge of core I/O psychology domains (e.g. individual differences, employee selection, work motivation) and practical skills (for a comprehensive list see Kline, 1996). All of these skills are developed through coursework and research.

With respect to practical skill development, the majority of graduate programs in Canada provide additional opportunities through internships, university-based consulting organizations and/or project work with individual faculty members. Internships in human resource departments or consulting firms provide students with the opportunity to apply what they have learned in the classroom. Typically, students have both an on-site and faculty supervisor who guides their learning and supports them in these activities. University-based consulting organizations allow for more structured consulting skill development as well as the opportunity to experience a diverse range of projects and clients. Projects are secured by the group and then managed by a team of faculty and students. Individual projects are structured based on client needs and the faculty member’s role on the project. Typically, these are separate from the graduate program.

Although these experiences provide graduate students with a solid foundation for building their practical skills, there are opportunities for improvement. Practical skill development in I/O psychology is a complex process largely because of the multi-level domains of knowledge (i.e. individual, group and organizational levels) that are necessary for effective consulting work. For example, projects can range in size and scope with multiple phases, diverse stakeholder groups and considerable data management challenges (e.g. developing a selection tool, providing 360-degree feedback, assessing team effectiveness, and diag-

nosing organizational health).

Although practical skill development is recognized as important, as evidenced by the internships and university-based consulting organizations, future advancements can be made. Silzer and Cober (2011) surveyed a sample of SIOP members with respect to what SIOP should do to develop practice in the profession. The third most important issue was the need to increase practice proficiencies and practitioner development in I/O graduate programs (the first two were expanding practitioner opportunities/ forums and increasing the visibility of I/O Psychology).

In 2010, Organization and Management Solutions, which is the consulting group affiliated with the University of Guelph I/O Psychology graduate program, conducted a functional job analysis on the role of consultant to identify the key practical skills that graduate students need. A preliminary list of skills organized under the categories of cognitive, self-management, technical skills, and relationship management are provided below.

Cognitive Skills

- Problem solving skills
- Critical thinking skills
- Decision making skills
- Planning skills

Self-Management Skills

- Time management skills
- Professionalism
- Stress management skills
- Organizational skills
- Flexibility
- Self-awareness (personal abilities and limits)
- Patience

Technical Skills

- Proposal/report writing skills
- Budget management skills
- Project management skills
- Facilitation skills
- Interviewing skills
- Presentation skills
- Budgeting skills

Relationship Management Skills

- Coaching and mentoring skills
- Team management skills
- Verbal communication skills
- Negotiating skills
- Ability to understand clients’ context and needs
- Ability to manage multiple stakeholders
- Sense of humour



This list overlaps considerably with a list of important consulting work activities presented by Silzer, Cober and Erickson (2010). The most important activities identified by Silzer et al. were consulting and advising clients; building relationships; making presentations; developing/ designing systems, methods and/or programs; and managing work projects and administrative activities. This preliminary information suggests that the practical skills that graduate students need can be clearly articulated. However, in my opinion the issue is not what to do but how to do it. How can we train graduate students for practical work beyond what is being done currently?

One approach that has emerged through discussions (Hausdorf, 2010) is to develop a model that reduces these skills to the most basic components and then stratifies these skills along a dimension ranging from “less to more difficult” to implement effectively. These skills can then be integrated into consulting projects with components that reflect graduate student experience and expertise. For example, students can develop their facilitation skills by starting with small group discussions using a highly structured process (minimal difficulty). After their skills have developed they can facilitate more challenging sessions such as a focus group to identify issues for an employee survey (moderate difficulty). With practice and additional development they may be able to facilitate very challenging group sessions such as a conflict resolution session (high difficulty). With detailed feedback at each step in the process, students can develop the skills they need in a supportive environment and receive project opportunities at a level of difficulty that they can manage.

This type of model has yet to be validated and implemented in I/O psychology graduate programs. However with the increasing recognition of the value of practical skill development in our field and the progress that we have made so far, it is only a mat-

ter of time for the training of practical skills to be raised to the next level.

In summary, I/O psychology has made good progress in the education and training of practical skills and will build on this foundation for the future. These issues are relevant to any sub-discipline of psychology that trains graduate students on research and practice (e.g. clinical psychology). As these issues become more important for different sub-disciplines in psychology, hopefully collaboration across sections will increase with the benefit of improving practical skill development for all.

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If the Program Doesn't Fit, Tailor It!

*Leanne Quigley, M.Sc. Candidate, Clinical Psychology,
University of Calgary*

Graduate students in clinical psychology pursue a myriad of careers upon completion of their degrees. We can choose to work primarily as researchers or practitioners, in private practice or the public system. We can focus our practice on assessment or intervention. We can work with adults, adolescents, or children and choose further specialization in areas like health or forensic psychology. We can work within whichever evidence-based clinical orientation we choose. The possibilities are endless – and dizzying for students considering a career in clinical psychology.

Such diverse career options require diversity in training. Yet, regardless of the career that we eventually choose, we all require the same basic training in ethics, research methods, statistics, psychopathology, assessment, and intervention. The need for a standard level of training across all clinical psychology professions necessitates the accreditation of programs through our national body, the Canadian Psychological Association (CPA). Between the research, clinical practice, and course requirements demanded of accreditation, there is little time and resources left for programs to offer specialized training to fit the interests and career aspirations of each of their students.

The good news is that there are plenty of opportunities to tailor your graduate training to your own preferences, interests, and professional goals. Most programs in clinical psychology offer a variety of practicum experiences that allow you to work in different settings, with different client populations, and within different clinical orientations. Moreover, electives are offered in upper years after the completion of required core clinical courses. In addition to the choices built into your program, there are other ways to personalize your graduate training if you venture outside of the training requirements of your program.

Take Courses Outside of Your Discipline. Although certain courses of interest may not be offered by your clinical psychology program, they may be offered by other departments at your university. Interested in advanced statistics? Check out the math department. Interested in health research? Check out the health sciences department. Interested in language development in autism? Check out the linguistics department. You may be able to take a graduate level course in another department that will provide you with the knowledge background to help you pursue your specialized research and clinical interests.

Supervise an Undergraduate Student. Whether you choose to work in research or practice, supervision of students and/or junior colleagues is likely to become part of your job. Supervising the research project of an undergraduate student is

a great way to get a head start and develop supervision skills and your own supervision philosophy. As students, we know that conscientious supervision in research and practice is an instrumental part of graduate student success. While supervising an undergraduate student, you will learn how to provide support and guidance, encourage independence and autonomy, and evaluate and provide constructive feedback to a student. A skilled undergraduate supervisee may also be interested in taking on additional research projects and could contribute to your own research productivity.

Get Involved in Outside Research. Working on a research project outside of your thesis or dissertation (although not at the expense of your thesis or dissertation!) has a number of advantages. You will gain experience with new research areas and methodologies. You will build your CV which will improve your internship application and eventual job applications. You will meet and build connections with other researchers which may lead to future opportunities. You might even be exposed to a different client population and discover a new clinical interest. Talk to your research supervisor and fellow students about potential research collaborations.

Teach a Course. Many graduate students work as teaching assistants for psychology courses, and some even have the opportunity to be a course instructor. Teaching a course, or teaching a laboratory or seminar component of a course as a teaching assistant, provides hands-on teaching experience and training for students who envision teaching as a part of their future career in psychology. You can refine your teaching skills by asking for feedback from your students and seeking guidance from the current or previous instructor for the course. Teaching also requires an in-depth knowledge about the course content, which makes it a great opportunity to increase your expertise in an area of interest.

It is impossible to provide the ideal training program for every student in clinical psychology. Within my cohort of students alone, we have career aspirations that vary from academic to child clinician to clinical neuropsychologist. There will absolutely be gaps in each of our training that may leave some of us feeling slightly unprepared as we venture out to our respective careers. We can, however, fill in those gaps by taking some personal responsibility for our education and seeking out the training opportunities that we require. While it is important to avoid taking on too much and burning out, you may find that obtaining additional training will actually facilitate your ability to complete required program components via your newfound knowledge and experience. In any case, it is prudent to consider how you might be able to personalize your training to best prepare yourself for your career of choice. Happy tailoring!

Services de santé mentale en temps opportuns

Sophie Godbout-Beaulieu, Université d'Ottawa

Étant étudiante au doctorat en Psychologie clinique, je contemple mon avenir de future professionnelle avec enthousiasme, mais aussi avec appréhension. Je suis confiante que je terminerai mon programme en étant adéquatement formée et en étant préparée à entreprendre mon nouveau rôle. Je suis également confiante que je ferai partie d'une communauté professionnelle chez qui j'exercerai un grand respect et chez qui je me sentirai à l'aise de rechercher les réponses à mes nombreuses questions. Je suis confiante que chaque journée m'amènera de nouveaux défis et que je trouverai une grande satisfaction à les relever. Je crains cependant la situation de travail dans le domaine de la santé mentale.

Après de nombreuses années d'étude, les étudiants sont fébriles d'entrer dans la communauté professionnelle. Je m'aperçois cependant que bien qu'il y ait une très grande demande de psychologues auprès de la population générale, cette demande ne semble pas être proportionnelle aux opportunités d'emplois. Avec des listes d'attente qui s'allongent constamment, la frustration ressentie chez les patients ou chez les parents des enfants s'accumule simultanément. Un enfant ayant besoin d'une évaluation psychopédagogique peut attendre plusieurs mois avant

d'être évalué. Une fois l'évaluation entreprise, beaucoup de temps s'aura écoulé, laissant peut-être moins de marge de manœuvre pour l'adaptation de l'enfant dans un système scolaire qui devrait lui être adapté. Il y aura aussi moins de place à la prévention des dommages potentiels.

Si la demande de services psychologiques est si recherchée, comment pouvons-nous travailler ensemble pour y répondre? Le problème semble reposer sur l'opportunité d'emplois. Cela n'est pas uniquement vrai pour la psychologie; la situation est évidente pour de nombreuses professions en santé. Je pense à mes amis orthophonistes qui, déjà en graduant, rêvent à tout ce qu'ils pourraient accomplir, si seulement les listes d'attente n'étaient pas si longues. L'évaluation presse, mais la thérapie qui s'en suit presse souvent tout autant. Celle-ci se retrouve bien souvent négligée pour pouvoir compléter la prochaine évaluation. C'est de même en psychologie. Il me semble y avoir des trous dans notre système. Comment pouvons-nous promouvoir notre rôle en tant que psychologue dans notre communauté afin que plus de postes et d'institutions en santé mentale soient instaurés? Peut-être alors pourrions-nous enfin venir en aide à ceux qui en ont de besoin, et ce, de la façon qui leur sera la plus bénéfique. Des services de santé en temps opportuns ne devraient pas se limiter aux services d'urgence des hôpitaux.

La Société canadienne de psychologie est très heureuse d'offrir une nouvelle carte rabais à ses étudiants canadiens en 2011.

Et voici la nouvelle carte rabais des étudiants de la SCP!

(SPC Card^{MD})

Cette carte vous est offerte gratuitement tout simplement parce que vous avez adhéré à la SCP et que vous êtes un étudiant habitant au Canada.

Elle est valide pour un an à compter du mois d'août 2011*. Pour obtenir de plus amples renseignements au sujet de la SPC Card^{MD} et trouver la liste de tous les partenaires participants, visitez le site www.spccard.ca.

*Les cartes pour l'année d'adhésion 2011 ont été postées aux étudiants le 8 août 2011.





p(psychology) ◀. 05: Integrating Research Methods into the Psychology Curriculum

Michael Martin, M.A. Student, Carleton University

The teaching of research methods (including both research design and statistics) in psychology has drawn considerable attention in the literature over recent years, and debate is ongoing as to how best to incorporate these topics within the curriculum. However, a survey of American and Canadian universities (Aiken, West & Millsap, 2008) found that the perception of faculty is that few students leave their programs prepared to apply all but the most basic research methods. Based on a review of the teaching literature¹ and my experiences teaching research methods during a weekly three hour lab in a third year honours seminar as a teaching assistant over the past two years, I suggest proposed changes to better integrate this important topic in the teaching of psychology.

When considering that students are required to use letters of the Greek alphabet (e.g. α , β , γ) to represent various statistics, and that research methods prescribe various specific meanings to words that are often used colloquially (e.g. significant, correlation, mean, variance, etc.), it becomes apparent that research methods is much like learning a new language. While a student would not be expected to learn to write a language before learning how to read it, it is interesting that this is often the approach taken in research methods courses in psychology. Even the *APA Guidelines for the Undergraduate Psychology Major*, do not make reading psychological literature a learning objective. As students do not necessarily enter a psychology program able to read a journal article, a greater emphasis on teaching this fundamental skill to students in their first year would be highly beneficial. While most first year courses are largely reliant on

textbooks that distil information into key points, moving towards introducing original research earlier in an undergraduate degree appears warranted to address this important, but overlooked objective.

A second area that is often overlooked is the impact of dis-integrating the designs and analyses from psychological theories. Disconnecting research methods from theory also runs the risk of being unable to meet the needs of students from different areas of psychology, which require different research methods and analyses depending on their questions of interest and the practical and ethical realities specific to them. As it would be impossible to cover all statistical and methodological options required by all areas in a single course, assuming a one size fits all approach may have dramatic consequences on both student and faculty satisfaction. Claire Wagner and David Maree surveyed South African faculty and concluded that “it is often the ‘bigger’ departments that decide on the content of the curriculum and assume that it is applicable to all other departments. Consensus by a majority can thus leave the minority feeling left out of the process.” (Wagner & Maree, 2007, p. 126). For smaller areas of psychology, this may explain why previous research has found that student perceptions of the utility of research methods and interest in research activities decreased. It may therefore be more appropriate to focus all instruction of advanced research methods within existing upper year honours seminars and other subject specific courses rather than offering a single statistics and methods course separate from subject content.

Please see page 37

FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
<p>Reading Research</p> <p>Sample activity: identify alternative explanations for a finding or applications of the finding to their field of interest</p>	<p>Choosing the right methods and analyses</p> <p>Sample activity: propose an alternative design or analysis for a study in their field</p>	<p>Analyzing and Interpreting Data</p> <p>Sample activity: provide output and have students interpret it.</p> <p>Optional: have students produce their own output</p>	<p>Reporting Results</p> <p>Sample activity: an honours thesis. For policy/applied students, a briefing note, poster or presentation for stakeholders</p>

¹ In keeping with the editorial aims of *Psynopsis*, this article provides a high level summary of the results of this review. An academic manuscript and reference list is available upon request from the author.



A Need for Trained Generalists in Psychology?

Sally Busch, Master's psychology student, Carleton University

Psychological research continues to be parsed into an ever-growing number of sub-disciplines including personality, social, neuroscience, health, cognitive, and industrial-organizational, just to name a few. Although breadth requirements require undergraduate psychology students to take at least introductory level courses in a variety of sub-disciplines, current graduate degree programs in psychological research emphasize specialization. However, it may be time that this trend toward specialization was tempered by an appreciation for the potential benefits of a generalist perspective in psychology.

Specialization by its very nature imposes limits on ideas, if not through direct means, then through the limitation of data and experience upon which one may draw. I would propose that psychology needs more generalists; individuals who have been trained to have a broader perspective and advanced knowledge of each of the sub-disciplines. Although many psychological researchers do take an interest in a variety of sub-disciplines, researchers with true knowledge of the breadth and depth of psychology as a whole appear to be few and far between. A true generalist, however, might be able to perceive research gaps or over-lapping concepts between fields that specialists are unable to recognize. Further, a generalist, famil-

iar with the language of each of the sub-disciplines, could foster communication and collaboration amongst researchers. Research costs could potentially be reduced as related studies from different fields combined their efforts and resources.

A psychological generalist could also function as a bridge between researchers and the public, facilitating knowledge translation. One possessed with a broad understanding of the wealth of knowledge that psychology has to offer might be uniquely equipped to draw together relevant strings of research and find meaningful applications. For example, a generalist could draw on a combination of health, social, cognitive, environmental and industrial-organizational psychologies to offer tailored health-care reforms.

Training a true generalist would require an alternate model for graduate work, emphasizing breadth of knowledge, communication skills, and coursework in place of research training. However, the development of such a program may be well worth the effort. Complementing the profound knowledge of the specialist with the connective and communicative advantages of the generalist could enrich future research and enhance the role of psychology in society. Given such vast potential benefits, can the discipline of psychology afford not to consider balancing its trend toward specialization with a little generalism?

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Continued from page 36

Responding to the range of potential career goals that psychology majors have could also strengthen the teaching of research methods. Different career paths each require significantly different skill sets as they relate to research methods. While the current model of spending considerable time teaching theory, calculation and interpretation might benefit an academic, a student interested in either front line clinical or counselling professions or in policy development may need more focus on interpreting and applying results to real life situations. To better simulate a real world situation, students

with different interests could continue to take courses together and complete group assignments that are tailored to their career goals. For example, the policy/clinically oriented students could define the research questions and provide the background information about the area, and the research oriented students would take this information to design, analyze and present results to the policy oriented students who could then evaluate the findings and propose a solution to a problem in their area.

While there are many strong points to the teaching of research methods and statistics in psychology that are not discussed here due to space limitations, better integrating this teaching offers considerable potential to ensure that future psychologists are best equipped to con-

tinue advancing the field and our understanding of human behaviour. A proposed sequencing of learning objectives with sample activities aimed at this integration and scaffolding of learning is presented in the figure below.

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- Wagner, C. & Maree, D. (2007). Teaching research methodology : implications for psychology on the road ahead. *South African Journal of Psychology*, 37(1), 121-134. Retrieved online March 17, 2011 from <https://repository.up.ac.za/upspace/handle/2263/3482>



2011 Killam Prize Recipient:

Mark P. Zanna Ph.D., Professor and Chair of Psychology at the University of Waterloo



Psynopsis Staff

The Killam Prize is awarded annually to outstanding Canadian scholars working in the humanities, social sciences, natural sciences, health sciences and engineering. The Killam is among Canada's most distinguished research awards and intended to honour Canadian scholars whose active and exceptional research activity is of widespread interest and significance. In 2011, Dr. Mark Zanna, University of Waterloo, won in the category of social science.

The Canada Council for the Arts, which administers the Killam program, noted that Dr. Zanna is "among the most cited social psychologists in the world" and "one of only a handful of academic social psychologists whose theories have been applied to major social issues¹." He is a graduate of Yale University and his area of research is the psychology of attitudes. Primarily funded over the years by grants from the Social Sciences and Humanities Research Council of Canada, he has studied attitude structure and function, attitude formation and change, communication and persuasion and the attitude-behaviour relation. He has applied his work in the area of prejudice and racism, self-esteem, the evaluation of 'safer sex' interventions and cigarette warning labels in Canada, and the normative effects of smoking in films. Dr. Zanna has won several career awards including CPA's D. O. Hebb Award in 1993 and Fellow of the Royal Society of Canada in 1999.

Psynopsis staff asked Dr. Zanna if he would describe his work for publication in Psynopsis. We are delighted that he agreed and are pleased to present it below. CPA extends its sincere congratulations to Dr. Zanna on his outstanding achievement!

As an experimental social psychologist who studies the psychology of attitudes (such as the psychology of prejudice and the psychology self-esteem), I share the discipline's belief that 'there's nothing so practical as a good theory.' For me, this means conducting curiosity-based, basic research relevant to social issues. For example, recently colleagues and I discovered that following a threat to self-worth, defensive individuals with fragile self-esteem (*those with high opinions of themselves at a*

conscious level, but with nagging doubts at a more unconscious or intuitive level) are most likely to discriminate against a member of a visible minority.

It also means following-up basic research with applied, intervention research. For example, recently we successfully 'bottled' the 'chilly climate' for female engineering students by using a newly-developed measure of implicit norms to assess implicit normative evaluations of women in engineering at the beginning and end of their first-year. Interestingly, we found not only that these implicit norms became more negative over the year—that is, students came to automatically associate exemplars of 'female engineering students' more strongly with exemplars of what 'most people dislike'—especially in engineering departments in which females comprised less than 20% of the class, but also that the more negative these female students' implicit normative evaluations of female engineers became, the more likely they were to be considering dropping out of engineering. These findings are exciting because we now have an implicit 'thermometer' of the engineering culture—and, thus, can begin to study exactly what subtle (or not so subtle) cues actually create a 'chilly climate.' These findings are also exciting because they led to a logical, follow-up intervention study in which we created a 'belongingness' intervention (patterned after Walton & Cohen, 2007) designed to convey the message that female students do, in fact, 'belong' in engineering. Importantly, we found this intervention worked—and additionally increased female students' grades and their intentions to remain in engineering.

My hope for the future is that we begin to mobilize our knowledge by disseminating such theoretically-derived, evidence-based interventions—to make the world a better place—and, at least, to make our granting agencies happy and, more importantly, to inspire our graduate students!

¹ <http://www.canadacouncil.ca/prizes/killam/od129472615878099435.htm#Zanna>

Applications are being accepted for

a tenure-track position in clinical psychology

at the Assistant Professor rank, effective July 1, 2012 (starting date is negotiable).

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

The Department's doctoral program in clinical psychology is a well-established scientist-practitioner program that is fully accredited by the Canadian Psychological Association. The Department has 25 full-time faculty members, and 5 affiliate members from St. Thomas More College. There are over 75 graduate students completing an MA or PhD across the four graduate programs.

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

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

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

Applications will be accepted until **January 1, 2012, or until the position is filled**. Please submit a curriculum vitae, copies of relevant publications and teaching evaluations, and a cover letter detailing how your research and clinical practice, past, present, and future would contribute to the Department and to the Graduate Program in Clinical Psychology. Applicants should also arrange to have three letters of reference sent to:

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

For further information about the Graduate Program in Clinical Psychology, please see
<http://artsandscience.usask.ca/psychology/programs/clinical/>

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



Building Capacity of Psychological Resources in the Developing World: A Partnership Between Manitoba and Tanzania

*R. Abdulrehman, Ph.D., C. Psych, Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba
Ms. Nadiyah Sidik, M.Sc. International Child Health*

Psychology plays a very limited role in most of the developing world; many countries' health systems are run without any mental health policy. Because of the low recognition in this area, significant numbers of individuals suffer from lack of attention and treatment. Human resources in general are scarce in low income countries, but the problem gets even worse in the mental health setting, where many countries have very few or no practitioners. Tanzania, an icon for many things East African, is no exception to this rule. For a population of nearly 41 million, the nation has only three doctoral level clinical psychologists (most of them being expatriates) and six psychiatrists.

Tanzania, like many other developing countries, has long since lacked an effective and sustainable mental health care system to assess and treat psychological disorders. Although there has been some progress, much of it has lied on the shoulders of only a few individuals, most of whom are expatriates to the country. This creates a challenging situation due to work restrictions and obligations that pull expat mental health professionals away from the country, thus a sustainable system has been difficult to achieve. By the end of this fiscal year, there will be only two Ph.D. psychologists within Tanzania.

In an effort to build capacity for mental health treatment in the country, the Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam, Tanzania, and its affiliated hospital were able to commence Tanzania's very first Master's level Clinical Psychology program (with future plans to extend this into doctoral level training) in the fall of 2010. With an interest in the globalization of the practice of psychology and the betterment of mental health of citizens in developing countries, the department of Clinical Health Psychology, in the faculty of medicine at the University of Manitoba, extended a hand in partnership to MUHAS. This hand in friendship was extended by having Dr. Abdulrehman commit to teach the graduate students at MUHAS several weeks a year. The teaching would focus on the assessment and treatment of anxiety and depression; two of the most common mental health problems in the world.

In addition to the theoretical instruction, two additional programs were developed by the team to further train the graduate students in clinical psychology in order to build capacity for ongoing treatment of mental health problems in Tanzania. The team consists of Dr. Mrumbi (Department Head of Psychiatry

and Clinical Psychology, Dr. Margaret Hogan, Professor and licensed Psychologist, MUHAS), Ms. Nadiyah Sidik (MSc. International Child Health, MUHAS), and myself Dr. R. Abdulrehman (Clinical Psychologist, Assistant Professor, University of Manitoba). The members of the team aided in the development and implementation of the treatment programs. Drs. Hogan and Abdulrehman were involved in the training and supervision of the students meant to carry out these programs. Two primary programs have been established, including a CBT-based group treatment program for anxiety disorders (the first of its kind in Tanzania), and a series of groups for children (formerly street children) of different age groups at an orphanage in the outskirts of Dar es Salaam to address issues of post-traumatic stress. One of the students is working with the caregivers of the orphanage, teaching them effective parenting skills to help sustain gains made by the children in treatment.

Based on a model of supervision developed by the department of clinical health psychology for use in rural Manitoba, a program was developed affording practicum opportunities for the students at MUHAS in Tanzania. Students have one local supervisor, Dr. Hogan, and me supervising remotely, by phone and Internet tools including e-mail and Skype. Weekly online or phone meetings and dual supervision allow us to continue teaching with minimal financial and time costs to the system.

This method of teaching and supervision is a unique combination of the skills and resources of local sites, with the resources of educational institutions abroad. Applying the "teach a man to fish" model towards the education of psychologists in Tanzania, the department of Clinical Health Psychology and MUHAS may serve as a model for the application of these strategies in other developing countries.

The MUHAS Clinical Psychology program responds to numerous mental health needs identified by Tanzanians. It also affirms that there is a greater need for alternatives to pharmacological treatment of mental health problems, which is often the primary means of treating these issues when they are brought to attention. Training practitioners in cognitive and behavioral interventions hence becomes a more cost-effective means of treating individuals. Most importantly, it creates psychologists who are local, aware of customs, sub-cultures, and the subtleties of the population and thus better equipped to work in the local context. Further, local training prepares psychologists to contribute to policy development in support of Tanzania's health and education.

Cape Town to Host 30th International Congress of Psychology



Saths Cooper, PhD
President: 30th International Congress of Psychology

The 30th International Congress of Psychology (ICP 2012), to be held in Cape Town next July, will be a once-in-a-lifetime opportunity to combine participation in an excellent scientific programme with a variety of interesting experiences in one of the most geographically and culturally diverse countries in the world, South Africa.

ICP 2012 will be the first time for this quadrennial flagship event in international psychology to be held in Africa and the second time for it to be held in the Southern Hemisphere, after Sydney in 1988, since the first Congress in 1889 in Paris. CPA hosted the 26th ICP in Montreal in 1996.

Founded in 1652, Cape Town is South Africa's Mother City, enjoying a winemaking tradition that began soon after. Many international air carriers fly into its airport. Cape Town boasts a wide range of quality and affordable accommodation within walking distance of the ICP 2012 venue, as well as budget accommodation suitable for students. The venue will be the award-winning Cape Town International Convention Centre, which is located at the entrance to the Victoria and Albert Waterfront, with breathtaking views of Table Mountain (one of three World Heritage sites in the city). An exciting array of social events and tours has been developed for delegates and accompanying persons embracing the culture, history, wildlife, flora and fauna, and sights for which Cape Town, its surrounds and South Africa are renowned.

Hosted by the National Research Foundation of South Africa and the Psychological Society of South Africa under the aegis of the International Union of Psychological Science, most leading South African universities are ICP 2012 Academic Partners. The psychological associations of Botswana, Mozambique, Namibia and Zimbabwe are ICP 2012 Regional Partners. The 5th International Conference on Psychology Education and the 70th Annual Conference of the International Council of Psychol-

ogists will be featured tracks at ICP 2012, which also enjoys the support of other international psychology organisations.

ICP 2012 will showcase new frontiers of psychological science and practice as a means for improving, developing and enriching human life. The theme *Psychology Serving Humanity* acknowledges that all fields of psychology are inextricably engaged with the global and local communities in which we live, learn and practice.

The Scientific Programme Committee includes 46 divisions covering the entire range of fields from neuroscience to organizational psychology. The entire Scientific Programme, including the Pre-Congress Workshops, will enjoy Continuing Education (CE) credits where possible. ICP 2012 will also feature an exciting Emerging Psychologists' Programme and Advanced Research Training Seminars for early career psychologists from the developing world.

Over 300 leading figures in psychology (including several Canadians) have already confirmed their participation in the invited component of the scientific programme, which includes Keynote Addresses, Symposia, Controversial Debates, State-of-the-Science Lectures, Pre-Congress Workshops, Translational Policy Research Lectures, Paper and Poster Presentations. The varied and high-profile line-up includes Martin Seligman (learned helplessness/positive psychology), Elizabeth Loftus (false memory) and Michael Rutter (child and adolescent psychopathology).

Abstract submission is still open! The deadline is December 1st, 2011. Visit www.icp2012.com for more information and registration details.

This article was commissioned for CPA by the Canadian National Committee for the International Union of Psychological Science, which coordinates Canadian participation in IUPsyS activities. Visit www.iupsys.net for more information about international scientific psychology.



Second call for nominations for President-elect and one at-large Director on the CPA Board of Directors for 2012

Nominations are required for President-elect and one Director at-large who will assume office at the 2012 Annual General Meeting.

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

One Director-at-large position is to be nominated by all members as defined in By-Law IX (1) B*. However, as prescribed in By-Law IX, B (ii)* the Board of Directors has **reserved the seat for a Francophone**.

Instructions for nominations for President-Elect and Director-At-Large

Members and Fellows of the Canadian Psychological Association are invited to nominate for the President-elect and Director at-large **reserved for a Francophone**.

Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. **It must be accompanied by a letter from the nominator and four letters of support** that expresses support for the candidate and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination.

The names and supporting materials of nominees must be received by **November 11, 2011** at CPA Head Office and should be addressed preferably by email to:

Executiveoffice@cpa.ca
Dr. Peter Graf
Chair, Nominating Committee
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

Present Board Representation

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

President: David Dozois, University of Western Ontario,
London, ON, Clinical

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

President-elect: Jennifer Frain, New Directions for Children,
Youth, Adults & Family, Winnipeg, MB

Director retiring 2012

At-Large: Jean-Paul Boudreau, Ryerson University, Toronto,
ON, Developmental

Director representing the Council of Canadian Departments of Psychology (CCDP): Suzanne MacDonald,
York University, Toronto, Ontario, Behaviour

Directors retiring 2013

Director representing the Canadian Psychological Association's Section on Students: Brenden Sommerhalder,
Doctoral Student, Dalhousie University, Halifax, NS, I/O

Scientist-Practitioner: Mary-Pat McAndrew, Toronto West-
ern Hospital, ON, Neuropsychology

At-large reserved for a Masters level member: Dawn Han-
son, Private Practice, Winnipeg, MB

At-large: Sylvie Bourgeois, RCMP, Ottawa, Ontario, Health
Psychology

Experimental Psychologist Conducting Basic Research:
Aimée Surprenant, Memorial University, NL

***BY-LAW, NOMINATIONS, AVAILABLE AT:**
<http://cpa.ca/aboutcpa/cpabylaws/>

SECTION NEWSLETTER AWARD

CPA recognizes the efforts that sections put into creating and maintaining their newsletters. The newsletters serve as an important communication tool to help keep members informed and involved in the section and in CPA. In recognition of this effort, we would like to give an award for the best newsletter distributed by a CPA section. The winner will receive a certificate and a monetary award of \$250 and will be highlighted in the fall issue of *Psynopsis* and on the news section of the web site.

To be considered for the award, sections must send an electronic copy of their best newsletter issue of the year to CPA (cpa@cpa.org) by February 1st. The membership committee will review all the entries received and select a winner. The following criteria will be used to determine the winner: Informational content, knowledge translation, engagement/interest, design/creativity, contributions from multiple individuals, and student content

The first award will be given out in April 2012.



Rappel de mises en candidature au conseil d'administration de la SCP pour les postes de président désigné et d'un poste de directeur non désigné pour 2012

Des mises en candidature sont requises pour les postes de président désigné et d'un directeur non désigné qui assumeront leurs fonctions lors de l'assemblée générale annuelle de 2012. De plus, tel que stipulé dans le règlement IX, B (ii)* le conseil d'administration a réservé le siège de directeur à **un(e) psychologue francophone**.

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

Directives pour les mises en candidature pour le poste de président désigné et de directeur non désigné

Les membres et fellows de la Société canadienne de psychologie sont invités à faire des mises en candidature pour le poste de président désigné et de directeur non désigné **réservé pour un ou une psychologue francophone**. Chaque candidature devra être accompagnée du curriculum vitae du candidat et devra inclure ses antécédents en matière de formation, le(s) poste(s) qu'il occupe présentement et qu'il occupait auparavant ainsi qu'un résumé de ses activités professionnelles ou dans le domaine de la recherche. **La mise en candidature devra être également accompagnée d'une lettre du présentateur et quatre lettres d'appui** et devra renfermer une déclaration à l'effet que la personne nommée accepte de se porter candidate à l'élection.

Assurez-vous de faire parvenir vos mises en candidature pour le poste de président désigné accompagnées des pièces nécessaires pour appuyer ces candidatures au plus tard le **11 novembre 2011**, préférablement par courriel, à l'adresse suivante :

executiveoffice@cpa.ca

D^r Peter Graf

Président du Comité des mises en candidature

Société canadienne de psychologie

141 avenue Laurier ouest, bureau 702

Ottawa, Ontario K1P 5J3

Composition actuelle du conseil d'administration

Afin que vous soyez au courant de la représentation actuelle au sein du conseil d'administration, les membres élus sont les suivants:

Président : David Dozois, University of Western Ontario, London, ON, psychologie clinique

Président sortant : Peter Graf, University of British Columbia, Vancouver, CB, cerveau, comportement et cognition

Président désigné : Jennifer Frain New Directions for Children, Youth, Adults & Family, Winnipeg, MB

Directeurs dont le mandat se termine en 2012

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

Directrice représentant le Conseil canadien des départements de psychologie (CCDP) : Suzanne MacDonald, York University, Toronto, ON

Directeurs dont le mandat se termine en 2013

Directeur représentant la Section des étudiants en psychologie de la SCP : Brenden Sommerhalder, docteur, Dalhousie University, Halifax, NS, I/O

Scientifique-Praticien : Mary-Pat McAndrew, Toronto Western Hospital, ON, Neuropsychologie

Non désigné réservé à un membre détenant une maîtrise : Dawn Hanson, Pratique privée, Winnipeg, MB

Non désigné : Sylvie Bourgeois, GRC, Ottawa, Ontario, Psychologie de la santé

Psychologue expérimental menant de la recherche fondamentale : Aimée Surprenant, Memorial University, St. John's, NL

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

PRIX POUR LE MEILLEUR BULLETIN DE SECTION

La SCP reconnaît les efforts déployés par les sections pour créer et maintenir leur bulletin. Les bulletins représentent un outil de communication important qui aide à garder les membres informés et engagés dans leur section et la SCP. En reconnaissance de cet effort, nous aimerions décerner un prix pour le meilleur bulletin publié par une section de la SCP. Le gagnant recevra un certificat et un prix en argent de 250 \$ et sera souligné dans le numéro d'automne de Psynopsis et la section des nouvelles du site Web.

Pour être considéré pour le prix, les sections doivent faire parvenir une copie électronique du meilleur numéro de leur bulletin de l'année à la SCP (cpa@cpa.org) au plus tard le 1er février. Le comité de l'adhésion procédera à l'examen de tous les bulletins reçu puis déterminera un gagnant. Les critères suivants serviront à déterminer le gagnant : Contenu informationnel, traduction des connaissances, engagement/intérêt, conception/créativité, contributions de plusieurs individus et contenu étudiant

Le premier prix sera décerné en avril 2012.



Call for nominations for election to the status of fellow of the Canadian Psychological Association 2012

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

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

Nominations must be made as follows:

- Nominations must include a current curriculum vitae for the nominee and **at least three endorsing letters** written in the last calendar year by current Fellows or Members. Preferably, the nominators should be drawn from three different institutions, with no more than one coming from the nominee's home institution.
- The letters of nomination should be specific about the ways in which the nominee's research or practice has contributed to the advancement of the science or profession of psychology or as to ways the person's service to national or provincial associations of psychologists have been exceptional. In the case of nominations based upon accomplishments other than published theory or research, the specific innovative contributions and their impact on psychology should be described.
- The letters of nomination should point out evidence of the quality of journals in which the nominee has published, awards received, etc. In the case of nominations based upon exceptional service to national or provincial associations of psychologists, the letters of nomination should point the nature of the associations (e.g., nature of the associations, number of members, services they provide).
- Normally, the nominee should have completed his or her post-secondary training 10 years prior to being nominated for Fellow status. Someone with less than 10 years experience following graduation, but more than 5 years of experience, could be elected Fellow if his or her contributions or services have been found by the Committee to be truly exceptional.

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

Executiveoffice@cpa.ca

Dr. Peter Graf

Chair, CPA Committee on Fellows and Awards
Canadian Psychological Association

141, Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3
The list of CPA Fellows is available on the CPA Web Site at
<http://www.cpa.ca/aboutcpa/cpaawards/cpafellows/>

Appel de présentation de mise en candidature pour le titre de fellow de la Société canadienne de psychologie pour 2012

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

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

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

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

- Les mises en candidature doivent inclure le curriculum vitae à jour de la personne en nomination et **au moins trois lettres d'appui** rédigées au cours de la dernière année civile par des fellows ou des membres actuels. Préféablement, les personnes qui font les mises en candidature devraient provenir de trois organismes différents, un seul au plus venant du même organisme que celui de la personne mise en candidature.
- Les lettres de mise en candidature doivent être précises quant aux façons dont la recherche ou la pratique de la personne en nomination a contribué au développement scientifique ou professionnel de la psychologie ou aux façons dont le service de la personne à son association nationale ou provinciale de psychologues a été exceptionnel. Dans le cas de mises en candidature fondées sur des réalisations autres que de la théorie ou de la recherche publiée, les contributions novatrices précises et leur incidence sur la psychologie devraient être décrites.
- Les lettres de mise en candidature devraient mettre en valeur la qualité des revues où la personne en nomination a publié, les prix qu'elle a reçus, etc. Dans le cas d'une mise en candidature fondée sur un service exceptionnel à son association nationale ou provinciale de psychologues, les lettres de mise en candidature devraient souligner la nature des associations (p. ex. la nature des associations, le nombre de membres, les services fournis, etc.).
- Normalement, la personne mise en candidature devrait avoir terminé sa formation post-secondaire dix ans avant sa mise en candidature au titre de fellow. Une personne possédant moins de dix ans d'expérience après avoir obtenu son diplôme, mais plus de cinq années d'expériences, pourrait être élue fellow si sa contribution ou son service a été trouvé vraiment exceptionnel par le Comité.

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

Executiveoffice@cpa.ca

D^r Peter Graf

Président du Comité des fellows et des prix
Société canadienne de psychologie

141 avenue Laurier ouest, bureau 702, Ottawa, Ontario K1P 5J3
Veuillez consulter la liste des fellows actuels sur notre site web
<http://www.cpa.ca/aproposdelascp/prixdelascp/fellowsdelascp/>



Preparing for Life After Your Bachelor's Degree

Daphne Ling, Trent University

When it came time to choose a university, most of my friends aimed for big universities, hoping the “name” would help land them careers. But I wanted something small where I wouldn't drown in the system.

And that's how I found myself in Trent University, Peterborough, Ontario. And I can say I don't regret my decision at all. The close contact that I had with my professors definitely changed the way I viewed research in Psychology as a career. And I was lucky to learn early on that getting your foot into research would require more than a Bachelors degree, and that your preparation had to start months (or years) in advance.

Talk to Your Professors. As simple as it sounds, people sometimes forget this step. Talking to your professors definitely helped because they were in the same boat before becoming who they are today. I learned valuable lessons about the kind of research that was being done as well as exploring my interests and suitability. I also learned about the kind of work I would need to put in to get there. Your professors also often have helpful pointers and contacts they can put you in touch with. And having contact with professors also help when you need that all important recommendation/reference letter.

Get Involved! I'm sure all professors will tell you if you asked (did I mention you need to talk to them?), but research experience will do wonders for your CV. I learned in my second year from a wise professor not to pigeon-hole myself when it comes to research because diverse research experience shows my future supervisors that I am versatile as a researcher. This is not to say I poked my head into every corner, but I made sure to have a nice balance of different research experience while concentrating fully on a certain field.

It's also important to explore your university/department's options when it comes to research. I had the opportunity to do research for credit in two different labs and write my undergraduate honours thesis in one of the aforementioned labs. I also volunteered periodically in two other labs for the experience.

Don't be Afraid to Try Something New. There will be people who will tell you otherwise, but I will tell you it's not true. Volunteer work outside school does help, if you plan it well to fit in with your research interest. While I concede not all professors/researchers are interested in what you do outside the classroom and lab, there are quite a few who will be interested to know you bring with you some community-based work and

skills. After all, you have to remember that Psychology as a science deals with people, and people are not typically found in labs hooked up to a machine or filling in questionnaires.

Grades Do Count. As much as we all hoped it wouldn't, let's face it: Grades do count. And in some cases, so do your GREs (again, start early!). But I learned early on that it's not such a bad thing. The time I put in studying helped me retain more information and manipulate it in interesting ways. This was definitely helpful when it came to lab work as I was now able to put my classroom-learned information into practice. The “Ah-ha!” moment you get when you realize you know what you're doing and where the information is coming from? Pretty priceless.

Be Realistic. Which brings us to the next point: Be realistic. If you find out in your second year that you hate lab work with a passion, do you really think you'd be able to do it for the rest of your life? You also have to be realistic about many other things such as grades (will a 65% get you into grad school?), competition (do you really think you're the only one who is eligible to apply?), funding (not all professors who express interest necessarily have the funds) and that maybe you're just not a good-fit for that lab (so don't take it personally). Research positions, whether as a graduate student or as a full-time research assistant, are notoriously hard to come by because of the competition. If you don't believe me, go to online forums where students discuss these issues. And remember, the road to your M.A./M.Sc or Ph.D. is a long one.

You Don't Have to go to Graduate School Immediately. When all my friends in the honours thesis class were applying for grad school, I felt a little left out. After all, everyone was comparing schools and swapping GRE notes, and there I was not even applying. Instead I was going the path of looking for a full-time RA position. Talking to my professors made me realize quite a few of them did that before going to grad school, and the experience is invaluable.

Network! Need I say more? You'd never know which lab has an unadvertised opening, or if your cousin's friend's boyfriend's sister's uncle might actually be a professor in some big, well-funded lab who just might have a spot for you, unless you ask. And sometimes, connections are made between student-and-potential supervisor simply because the two of you got along and you happened to have the necessary skills. And that supervisor might just fight for you when applications come rushing in.



Milestones in Education and Training in the History of Canadian Psychology

John Conway Ph.D., CPA Archivist and Historian

When the CPA was founded in 1938, psychology was not an independent department in most universities, and practically no graduate training was offered in the discipline. At the undergraduate level, a lack of adequate numbers of instructors and large class sizes were frequently cited as major obstacles.

Today, psychology is the largest single discipline in Canadian universities, educating more undergraduates (32,009 FTEs, according to the 2010-2011 CAUT *Almanac*) than any other units save for Business schools, and more doctoral students (2411) than any other units. With more than 1700 faculty in the 60 some Psychology Departments across the country, and more psychologists in Education, Business and Medical schools and elsewhere, there are likely more faculty with doctorates in psychology than in any other discipline in our universities.

I highlight some milestones in education and training in the history of Canadian psychology.

Graduate Training in Professional Psychology

Graduate training in applied psychology was relatively slow to develop following WWII although the large majority of CPA members were working in applied areas. A CPA committee on clinical training was disbanded in 1958 after the Executive rewrote its report and rejected its recommendations at the AGM.

In 1955, an influential report by Robert MacLeod was critical of academic psychologists

concluding that they were not sure whether psychologists were philosophers, natural scientists, diagnosticians, therapists, efficiency experts, or some combination of these. MacLeod was even more critical of clinical psychology, asserting that it was not a healing profession, that psychologists were not therapists. He advised against what he called the “premature professionalization” of psychology in Canada, believing that efforts toward creating a profession of psychology were detrimental to the development of psychology as a science.

Roger Myers was fond of repeating the words of his colleague David Ketchum who said to Myers when he became the Chair of Psychology at the University of Toronto in 1956: “You are now Chair of the largest unknown Department of Psychology in North America.” Indeed, the University of Toronto had no reputation in the academic world then. The eminent U of T psychologists of the past had all published little in scientific journals and were unknown in the academic world.

Leading academic psychologists in the mid-1950s were absolutely convinced that the only way to improve the discipline was to attract and retain the very best scientific research faculty possible. This was what they set out to do. At the CPA’s Opinion Conference in 1960, training in scientific research was em-

phasized as the core for all graduate students in the discipline and applied psychology and training were neglected for a time.

While a subsequent CPA conference on professional psychology in 1965 (at Couchiching) had a great deal to say about professional training, it was the tremendous growth of psychology in universities in the following decade that made applied psychology training a reality. By 1969, there were 29 applied psychology graduate programs in Canada, 17 of these were in clinical psychology. Most of the clinical programs had begun in the last three years of the 1960s.

The Growth Years

Universities in Canada expanded rapidly in the 1960s. All disciplines benefited, but psychology was riding the crest of a wave of popularity and high student demand, and in several universities became the largest or second-largest department. The number of graduate departments of psychology more than doubled during the decade and the number of psychology teachers in Canadian universities increased more than sevenfold. The number of doctorates awarded increased from 25 in 1960-61 to 98 in 1968-69, and psychology became one of the top disciplines in awarding PhDs.

In 1973, a CPA survey reported a total of 58 departments (including some Educational Psychology Departments) in Canada. Twenty-four offered doctoral programmes, 12 Master’s programmes, and 16 offered only undergraduate programmes. The largest ten of the departments were producing about 90% of the doctoral graduates. There were just over 1200 faculty members in these departments.

A significant growth in the number of psychologists followed. The total number of psychologists in Canada grew from 1598 in 1966, to 3351 in 1970, to 3963 in 1974—an increase of 150% over eight years.

Professional Graduate Training Flourishes

It was, arguably, the huge undergraduate student demand for psychology that provided the critical impetus for the growth of applied and professional education and training in Canadian universities and colleges.

Though it took until 1984 for CPA to establish its accreditation program for clinical psychology training programmes, the rest is “history.” Professional psychology has grown and developed significantly since then. In 1984, there were 17 doctoral and about 20 internship programmes in clinical psychology. Today, 31 doctoral and 32 internships programmes (in clinical, counselling, clinical neuropsychology and school) are accredited by CPA. Psy.D. programmes in clinical psychology have been established at seven universities.

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Jalons en éducation et en formation au cours de l'histoire de la psychologie canadienne

John Conway Ph.D., archiviste et historien de la SCP

Lorsque la SCP a été fondée en 1938, la psychologie ne constituait pas un département autonome dans la plupart des universités et à peu près aucune formation n'était offerte dans la discipline au niveau du deuxième et troisième cycles. Au niveau du premier cycle, un manque d'un nombre adéquat d'enseignants et la grande taille des classes étaient fréquemment cités comme des obstacles majeurs.

Aujourd'hui, la psychologie est la plus grande discipline simple dans les universités canadiennes, formant plus d'étudiants de premier cycle (32 009 ETP, selon l'almanach de l'ACPPU 2010-2011) que toute autre unité sauf les écoles commerciales et un plus grand nombre d'étudiants au doctorat (2 411) que dans toute autre unité. Comptant plus de 1 700 membres du corps professoral dans quelque 60 départements de psychologie d'un bout à l'autre du pays et d'autres psychologues en éducation, en commerce et dans les écoles de médecine et ailleurs, il y a vraisemblablement un plus grand nombre d'enseignants titulaires d'un doctorat en psychologie que dans toute autre discipline dans nos universités.

Je mets en lumière certains jalons en éducation et en formation dans l'histoire de la psychologie canadienne.

Formation de deuxième et troisième cycles en psychologie professionnelle

La formation aux études supérieures en psychologie appliquée a été relativement lente à se développer à la suite de la Deuxième grande guerre, même si la grande majorité des membres de la SCP travaillaient dans des domaines appliqués. Un comité de la SCP sur la formation clinique a été démantelé en 1958 après que l'exécutif eut récrit son rapport et rejeté ses recommandations à l'AGA.

En 1955, un rapport marquant de Robert MacLeod était critique des psychologues dans les universités en concluant qu'il n'était pas certain si les psychologues étaient des philosophes, des spécialistes des sciences naturelles, des diagnosticiens, des thérapeutes, des spécialistes de l'efficacité ou une combinaison de ceux-ci. MacLeod était encore plus critique de la psychologie clinique, en affirmant qu'il ne s'agissait pas d'une profession de guérisseurs et que les psychologues n'étaient pas des thérapeutes. Il était contre l'idée de ce qu'il appelait la « professionnalisation prématurée » de la psychologie au Canada, croyant que les efforts déployés pour créer une profession de la psychologie nuiraient au développement de la psychologie en tant que science.

Roger Myers aimait bien reprendre les mots de son collègue David Ketchum qui lui avait dit lorsqu'il est devenu directeur du département de psychologie à l'Université de Toronto en 1956 : « Vous êtes maintenant le directeur du plus grand départe-

ment de psychologie inconnu en Amérique du Nord. » En effet, l'Université de Toronto n'avait pas encore acquis sa réputation dans le monde universitaire à cette époque. Les psychologues éminents de l'Université de Toronto du passé n'avaient que très peu publié dans les revues scientifiques et étaient inconnus dans le monde universitaire.

Les chefs de file de la psychologie dans les universités au milieu des années 1950 étaient absolument convaincus que la seule façon d'améliorer la discipline était d'attirer et de conserver les meilleurs professeurs de recherche scientifique possibles. C'est ce qu'ils se sont acharnés à faire. À la conférence Opinicon de la SCP en 1960, la formation en recherche scientifique a été mise en relief comme la base pour tous les étudiants aux études supérieures dans la discipline, puis la psychologie appliquée et la formation ont été négligées pendant un certain temps.

Même si une conférence subséquente de la SCP sur la psychologie professionnelle en 1965 (à Couchiching) a grandement mis l'accent sur la formation professionnelle, c'est la croissance formidable de la psychologie dans les universités au cours de la décennie suivante qui a fait de la formation en psychologie appliquée une réalité. En 1969, on comptait 29 programmes de deuxième et troisième cycles en psychologie appliquée au Canada, dont 17 d'entre eux étaient en psychologie clinique. La plupart des programmes cliniques avaient vu le jour au cours des trois dernières années des années 1960.

Les années de croissance

Les universités au Canada ont rapidement pris de l'ampleur dans les années 1960. Toutes les disciplines en ont profité, mais la psychologie était portée par le haut de la vague de popularité et le nombre élevé d'inscriptions des étudiants, et dans plusieurs universités elle constituait le plus grand ou le deuxième plus grand département. Le nombre de départements d'études supérieures en psychologie a plus que doublé au cours de la décennie et le nombre d'enseignants en psychologie dans les universités canadiennes a augmenté plus de sept fois. Le nombre de doctorats décernés est passé de 25 en 1960-1961 à 98 en 1968-1969 et la psychologie est devenue l'une des premières disciplines à décerner des Ph.D.

En 1973, une enquête de la SCP a révélé qu'il y avait 58 départements au total (y compris certains départements de psychologie pédagogique) au Canada. Vingt-quatre offraient des programmes de doctorat, 12 des programmes de maîtrise et 16 n'offraient que des programmes de premier cycle. Les dix plus grands départements produisaient environ 90 % des diplômés au doctorat. Il y avait juste un peu plus de 1 200 enseignants dans ces départements.

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History

Continued from page 46

Wither Undergraduate Psychology

While graduate education and training have been given high priority by psychology faculty, undergraduate teaching has typically been treated as a lower priority than research, graduate training and community service (for faculty who engage in it). Why, I've wondered, is one teaching called a "load," and why does research productivity require "release time" from teaching.

The CPA has said or done relatively little about undergraduate education over its history. In 1984, the CPA's State of the Discipline Review recommended that a major study of the undergraduate curriculum in Psychology was needed, and that a faculty member's teaching performance be given the same prominence as that accorded to research productivity. Each of these recommendations has been offered many times over the decades; nothing much has changed.

At the 1984 conference, major concerns were expressed also about the lack of sufficient numbers of faculty to teach the large numbers of students enrolled in undergraduate Psychology programs. This too has been an often repeated lament since the 1930s.

The potential impact psychology faculty can have on the tens of thousands of undergraduates in their courses is, arguably, as great as the impact practitioners can have on their clients. Students impacted by a psychology course today will, tomorrow, be the citizen advocates for advancing and applying the knowledge base of psychology. Indeed, the website of the Social Science and Humanities Research Council of Canada states that SSHRC-supported research "raises profound questions about who we are as human beings, what we need in order to thrive in complex and challenging times, and where we are headed in the new millennium.¹" Seems to me that undergraduate curricula in psychology have a thing or two to teach about that.

¹ http://www.sshrc-crsh.gc.ca/about-au_sujet/index-eng.aspx

Histoire

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Une croissance importante dans le nombre de psychologues s'est ensuivie. Le nombre total de psychologues au Canada est passé de 1 598 en 1966 à 3 351 en 1970, à 3 963 en 1974—soit une augmentation de 150 % sur huit ans.

La formation professionnelle aux études supérieures fleurit

Il est permis de croire que c'était le très grand nombre d'inscriptions d'étudiants du premier cycle en psychologie qui est à l'origine de l'impulsion essentielle à la croissance de l'éducation et la formation professionnelles et appliquées dans les universités et les collèges canadiens.

Même s'il a fallu attendre jusqu'en 1984 pour que la SCP mette sur pied son programme d'agrément des programmes de psychologie clinique, le reste « appartient à l'histoire ». La psychologie professionnelle a grandi et s'est développée de façon importante depuis cette époque. En 1984, on comptait 17 programmes de doctorat et environ 20 internats en psychologie clinique. Aujourd'hui, on compte 32 programmes de doctorat et 51 internats (en psychologie clinique, du counseling, en neuropsychologie clinique et en psychologie scolaire) qui ont reçu l'agrément de la SCP. Des programmes menant au grade de D. Psy. en psychologie clinique ont été créés dans sept universités.

L'enseignement de la psychologie au premier cycle se fane

Alors que l'éducation et la formation aux études supérieures ont reçu une priorité élevée dans les facultés de psychologie, l'enseignement au premier cycle a typiquement été traité en priorité plus faible que la recherche, la formation au deuxième et troisième cycles et le service communautaire (pour les facultés qui s'y ont engagé). Je me suis souvent demandé pourquoi on appelle l'enseignement une « charge » et

pourquoi la productivité en recherche exige « un congé d'enseignement » pour activités professionnelles.

La SCP a dit ou fait relativement peu au sujet de l'enseignement au premier cycle au cours de son histoire. En 1984, l'examen de l'état de la discipline a recommandé qu'une étude majeure des programmes d'études de premier cycle en psychologie était nécessaire, et que le rendement de l'enseignement des membres du corps professoral reçoive la même prééminence que celle accordée à la productivité en recherche. Chacune de ces recommandations a été formulée de nombreuses fois au cours des décennies, mais depuis lors bien peu de choses ont changé.

Au congrès de 1984, des préoccupations majeures ont été exprimées aussi au sujet du manque d'un nombre suffisant de professeurs pour enseigner au grand nombre d'étudiants inscrits dans les programmes de psychologie de premier cycle. Cette plainte a souvent été formulée depuis les années 1930.

L'incidence potentielle que le corps enseignant en psychologie peut avoir sur des dizaines de milliers d'étudiants du premier cycle dans leurs cours est, il est permis de le croire, aussi grand que l'incidence des praticiens sur leurs clients. Les étudiants touchés par un cours de psychologie aujourd'hui seront, demain, les défenseurs des citoyens pour l'avancement et l'application de la base de connaissances de la psychologie. En effet, le site Web du Conseil de recherches en sciences humaines du Canada déclare que la recherche appuyée par le CRSH « suscite une réflexion profonde sur la nature de l'être humain, sur ce dont il a besoin pour progresser en ces temps complexes et difficiles et sur ce vers quoi il tend pour le nouveau millénaire¹. » Il me semble que le programme d'études de premier cycle en psychologie a une chose ou deux à enseigner à ce sujet.

¹ http://www.sshrc-crsh.gc.ca/about-au_sujet/index-fra.aspx

Robert Sommer Award for Best Student Paper

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

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

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

Due Date: January 15th, 2012

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

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

All materials must be e-mailed with the subject line "Robert Sommer Award" to:
jennifer.veitch@nrc-cnrc.gc.ca.

Call for Nominations for At-Large Members on the Canadian National Committee for the International Union of Psychological Science (CNC/IUPsyS)

The CNC/IUPsyS is a CPA committee that enacts Canada's participation in the International Union of Psychological Science under a partnership agreement with the National Research Council of Canada. To ensure that the membership is representative of the diversity of psychological science, at-large members of the committee hold positions designated for psychologists whose research falls into one of three broad research domains: health science, neuro-bio-behavioural science, or social science.

Nominations are required from CPA Members and Fellows for the following members on the Committee to be assumed at the CPA Convention in 2012.

Research Domain	Term
Health Science 3-year	2012-2015
Social Science 3-year	2012-2015
Neuro-bio-behavioural Science 3-year	2012-2015
Neuro-bio-behavioural Science 1-year	2012-2013

This Committee is expanding its membership to nine at-large members. The combination of terms lengths will ensure that membership rotation is staggered in future years.

Any CPA Member or Fellow whose primary activities are in research and teaching may be nominated. Given the nature of the Committee, candidates who are members of an international association or who have attended at least one international congress will be given preference.

Each nomination shall consist of:

- a letter from the nominator that states the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination;
- a current curriculum vitae of the candidate (including educational background, present and former positions, research and professional activities, organization membership and involvement, and international congress participation); and
- supporting statements from two CPA Members/Fellows.

The deadline to submit nominations shall be DECEMBER 31st, 2011. Nominations and supporting documents should be sent by e-mail to the Chair of the CNC/IUPsyS at the following address:
jennifer.veitch@nrc-cnrc.gc.ca.



LAUREATES OF THE CPA 2011 CERTIFICATE OF ACADEMIC EXCELLENCE
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