

PSYNOPSIS



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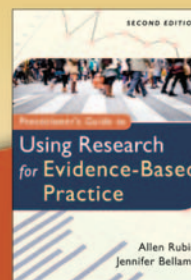
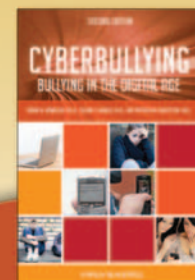
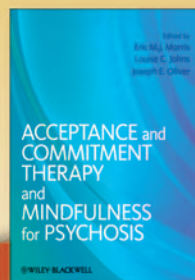
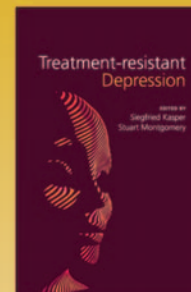
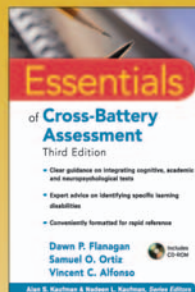
SPECIAL ISSUE
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eHealth La cybersanté

*Dr. Wolfgang Linden (President 2013-2014)
receives the CPA Presidential Gavel
from Dr. Jennifer Frain (President 2012-2013)*

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Some ABCD's of E-therapy



Karen R. Cohen, Ph.D., CEO, CPA

Much is being said and done about delivering mental health services using new technologies. As the articles in this issue of *Psynopsis* can attest, technology helps us deliver needed care over long distances to remote areas where health service is in short supply. Some mental health services delivered over the internet can be as effective as services delivered in person. And for some kinds of mental health problems, new technologies may help people anticipate and manage relapse in a way that could not otherwise be as effectively or ethically done (e.g. think substance use and abuse).

In 2011, the American Psychological Association (APA), the APA Insurance Trust, and the Association of State and Provincial Psychology Boards (ASPPB) launched a task force for the development of telepsychology guidelines (<http://goo.gl/9H4tZ>). The task force surveyed members of their respective organizations to better understand the concerns of their communities about telepsychology. The draft guidelines expressly address two concerns – the psychologist's competence in telepsychology and the need to ensure that patients and clients fully understand the risks (e.g. confidentiality, security) and benefits of receiving service via this modality. Further, ASPPB is considering an e.passport to facilitate the delivery of telepsychology services by psychologists licensed in one jurisdiction received by a patient in another jurisdiction.

In May of 2013, the Mental Health Commission of Canada (MHCC) launched a Steering Committee on e-therapy who will work with the Commission to develop a framework that can

guide and inform practice in Canada, and bring credibility, attention and investment to this area. CPA is a member of this Steering Committee. MHCC defines e-therapy as computer administered therapy for mental health problems and views its potential as a cost and clinically effective alternative to more traditional mental health services and support. The MHCC e-therapy framework has a number of objectives which include developing a common definition of e-therapy, identifying evidence-based and leading practices, and providing guidance around the evaluation of programs and the mitigation of clinical risks.

CPA as an organization, has been ahead of the e-therapy guideline curve. In 2006, its Committee on Ethics drafted guidelines for the use of electronic media in the delivery of psychological services in response to the growth in this field of activity <http://goo.gl/lpdcw>. It sets out guidelines that rest on the four principles of CPA's Code of Ethics: Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society with which it analyzes the risks and benefits of e-therapy. A comprehensive review of CPA's guidelines is beyond the scope of this article and these are captured in the draft document noted at the URL above.

What follows is a summary of some of the cautions that we need to address as we move forward with e-therapy. By focusing on the cautions, my intent is not to dissuade but to support those providers who are employing this modality to use it to its best possible effect and with the needs and interests of patients/users/consumers at the forefront.



Thinking about what is being provided... Consideration needs to be given about whether or not an assessment conducted electronically gives the provider the necessary information to reach a diagnosis and develop a treatment plan. If the assessment conducted electronically involves the use of psychometric measures, can these be validly and reliably administered in this format? This would especially be the case for service delivered electronically but without a video component. Just as a provider must ensure that an assessment delivered electronically meets standardization criteria, he or she must also ensure that using measures electronically do not violate copyright. Not only might copyright be violated if a provider were to release a copyrighted measure, once in the public domain the validity of the measure itself becomes compromised.

Just as not every mental health service and support when delivered in person is psychotherapy, the same must be said of e-therapy. Some of it might be more appropriately called education and for some, effectiveness may rely on the intervention or service being delivered in a larger health care context. This is an important point inherently recognized in the MHCC work defining e-therapy. It is already the unfortunate case that differences and distinctions among the different kinds of supports and services when it comes to mental health are not sufficiently recognized. Psychoeducation is not Cognitive Behavioural Therapy. Counselling is not psychotherapy. In order for e-therapy to be held accountable to its objectives and to its outcomes, it is critical that there is a clear understanding of what it is. Just as First Aid might respond to a heart attack but won't cure heart disease, psychoeducation or counseling might respond to a grief reaction but won't cure a major depressive disorder.

Providers need to think about what is being provided and what are its limits. They must develop protocols for when a patient develops an acute illness or suicidal ideation – how will they access help when in-person help is needed.

Thinking about how you provide it... Information technology and the devices that support it mean for many of us that the work day never ends. The same can be true of mental health services delivered in this format. It is important that providers work with patients to make boundaries and limits clear about when and how the provider will respond.

Traditional psychological service is one largely confined to a provider and patient – whereas video and audiotaping of service is largely limited to training purposes, the work of most clinicians is rarely up for public scrutiny. Depending on how technology is employed, psychological work could become very public. Electronic communications can be recorded and shared. While new technology may expand the reach of psychological service, it also broadens its scrutiny. This is not necessarily

a bad thing but it is a complicated thing since its scrutiny impinges on privacy and confidentiality even if it is the patient who shares the communication.

Thinking about the public... One of the significant regulatory issues when it comes to e-health practice is public protection. How does the consumer know what he or she is getting from whom and where does the consumer go with a complaint? It is important to accountability and public protection that providers clearly explain to consumers what is being delivered – what are the service's indications and anticipated benefits. Equally important is that patients have redress to a regulatory body should it become necessary. Who is ultimately accountable for the service? When a licensed health care provider is delivering or attached to the delivery of the service, it is he or she who will bear responsibility. Where must the accountable provider be licensed – in the jurisdiction in which he or she works or in the jurisdiction in which the patient accesses service or both. This issue is one upon which regulatory bodies need to reach some mutual agreement. This is not an inconsiderable task given the potential reach of e-therapy.

The challenges to privacy and confidentiality when delivering psychological services through electronic media are not insignificant. Communications can be observed and intercepted and protecting patients' privacy and confidentiality using new technologies demands a breadth and depth of understanding about security well beyond soundproofing rooms and keeping paper files under lock and key. Providers need to think about how the security will be ensured and who assumes the costs of any security-related expenses.

Providers working with new technologies are also advised to ensure that their liability insurance covers service delivered in this format. As mentioned, certain risks (for example, privacy and confidentiality) may be potentiated over traditional mechanisms of delivery and providers need to be sure that their insurers will cover them.

In sum... The foregoing cautions are not insignificant. However, e-therapy has equally significant benefits that cannot be under-estimated. In addition to overcoming distance and a lack of health care resource in under-served areas of the country, service delivered electronically can bring comfort, convenience and escape from stigma when accessed from home. It is not a method of service delivery that is to come but one that is already here. This fact alone behooves us to think quickly yet deliberately about how it can be best and safely employed to respond to the mental health needs of the individuals and communities we serve.

CPA as an organization, has been ahead of the e-therapy guideline curve. In 2006, its Committee on Ethics drafted guidelines for the use of electronic media in the delivery of psychological services in response to the growth in this field of activity.



Quelques rudiments de la cyberthérapie

Karen R. Cohen, Ph.D., chef de la direction de la SCP

On a beaucoup parlé de la prestation des services de santé mentale à l'aide des nouvelles technologies et de nombreuses réalisations ont été accomplies en ce sens. Comme les articles dans ce numéro de *Psynopsis* en témoignent, la technologie nous aide à assurer la prestation des soins nécessaires à distance dans des régions éloignées où les services de santé sont en pénurie. Certains services de santé mentale dont la prestation est assurée par le biais d'Internet peuvent être aussi efficaces que les services rendus en face à face. Et pour certains genres de problèmes de santé mentale, les nouvelles technologies peuvent aider les personnes à anticiper et à gérer les rechutes d'une manière qui autrement ne pourrait pas être aussi efficace ou de manière aussi éthique (p. ex. il suffit de penser à l'usage et à l'abus de drogues).

En 2011, l'American Psychological Association (APA), l'APA Insurance Trust et l'Association of State and Provincial Psychology Boards (ASPPB) ont mis sur pied un groupe de travail dans le but d'élaborer des lignes directrices en télépsychologie (<http://goo.gl/9H4tZ>). Le groupe de travail a entrepris une enquête auprès des membres de leurs organisations respectives afin de mieux comprendre les préoccupations de leurs collectivités au sujet de la télépsychologie. L'ébauche des lignes directrices qui en a découlé s'attaquait expressément à deux préoccupations – la compétence du psychologue en télépsychologie et le besoin d'assurer que les patients et les clients en comprennent bien les risques (p. ex. les bris de confidentialité, de sécurité) ainsi que les avantages d'obtenir le service par ce mode de prestation thérapeutique. En outre, l'ASPPB songe maintenant à créer un passeport électronique afin de faciliter la prestation des services de télépsychologie par des psychologues autorisés dans une administration pour un patient qui se trouve dans une autre administration.

En mai 2013, la Commission de la santé mentale du Canada (CSMC) a mis sur pied un Comité de direction sur la cyberthérapie dont le mandat était de procéder à l'examen de la littérature sur la cyberthérapie dans le but d'élaborer un cadre pouvant guider et éclairer la pratique au Canada et susciter de la crédibilité, de l'attention et de l'investissement dans ce domaine. La SCP fait partie de ce Comité de direction. La CSMC définit la cyberthérapie comme une thérapie administrée par voie informatique

qui permet de traiter des problèmes de santé mentale, et mesure son potentiel en tant que mode de traitement de rechange efficace tant du point de vue du coût que clinique aux services et au soutien en santé mentale plus traditionnels. Le cadre d'analyse de la cyberthérapie de la CSMC vise plusieurs objectifs dont l'élaboration d'une définition commune de la cyberthérapie, l'identification de pratiques fondées sur les données probantes et de pointe, la coordination de l'approvisionnement et la mise en œuvre des cyberthérapies ainsi que la création de lignes directrices entourant l'évaluation des programmes et l'atténuation des risques cliniques.

En tant qu'organisation, la SCP a une longueur d'avance en ce qui concerne les lignes directrices en matière de cyberthérapie. En 2006, son Comité de déontologie a ébauché des lignes directrices pour l'utilisation des médias électroniques dans la prestation des services de psychologie en réponse à la croissance dans ce domaine d'activité <http://goo.gl/lpdcw>. Le comité a tracé des lignes directrices qui reposent sur les quatre principes du code de déontologie de la SCP : le respect de la dignité de la personne, les soins responsables, l'intégrité des relations et la responsabilité envers la société pour laquelle il analyse les risques et les avantages de la cyberthérapie. L'examen exhaustif des lignes directrices de la SCP ne tombe pas sous la portée de cet article et celles-ci sont abordées dans le document provisoire indiqué dans l'adresse URL précédente.

Ce qui suit est un résumé de certaines des précautions qu'il nous faut prendre à mesure que nous avançons dans l'utilisation de la cyberthérapie. En se concentrant sur les précautions, mon but n'est pas de dissuader, mais bien d'appuyer les fournisseurs qui ont recours à ce mode de prestation thérapeutique dans le but qu'ils l'utilisent de la meilleure façon possible et en prenant tout d'abord les besoins et les intérêts des patients/utilisateurs/consommateurs en priorité.

En ce qui concerne ce qui est fourni... Il faut déterminer si une évaluation menée par voie électronique permet au fournisseur d'obtenir l'information nécessaire pour en arriver à un diagnostic et élaborer un plan de traitement. Si l'évaluation menée par voie électronique suppose l'utilisation de mesures psychométriques, celles-ci peuvent-elles être administrées de façon valide et fiable dans le cadre de ce mode de prestation? Ce serait



particulièrement le cas pour la prestation de services électroniques sans composante vidéo. Tout comme un fournisseur doit s'assurer que l'évaluation effectuée par voie électronique satisfait le critère de standardisation, il doit aussi s'assurer que l'utilisation des mesures électroniques ne contrevient pas au droit d'auteur. Non seulement le droit d'auteur pourrait être violé si un fournisseur devait publier une mesure protégée par le droit d'auteur, mais une fois dans le domaine public, la validité de la mesure proprement dite est compromise.

Compte tenu que tous les services et le soutien en santé mentale assurés en personne ne sont pas nécessairement de la psychothérapie, il en va de même pour la cyberthérapie. Certains services pourraient être appelés de façon plus appropriée de l'éducation et pour assurer l'efficacité de ces services, il serait plus approprié que l'intervention s'inscrive dans un contexte de soins de santé plus large. Cet aspect fondamental est reconnu implicitement dans le travail de définition de la cyberthérapie de la CSMC, déjà que les différences et les distinctions entre les différents genres de soutiens et de services en santé mentale ne sont malheureusement pas suffisamment reconnues et établies. La psychoéducation n'est pas une thérapie cognitivo-comportementale. Le counseling n'est pas une psychothérapie. Pour que la cyberthérapie remplisse ses obligations face à ses objectifs et ses résultats, il est essentiel qu'on comprenne clairement ce qu'elle est. Tout comme les premiers soins peuvent jouer un rôle dans une intervention dans le cas d'une crise cardiaque, on peut affirmer qu'ils ne guériront toutefois pas une maladie du cœur; cette analogie vaut tout autant pour la psychoéducation ou le counseling qui peut répondre dans l'immédiat à une réaction de deuil, mais ne permet certainement pas de traiter un trouble dépressif majeur.

Les fournisseurs doivent penser à ce qui est fourni et quelles en sont les limites. Ils doivent créer des protocoles lorsqu'un patient développe une maladie aiguë ou une idée suicidaire. Comment pourront-ils assurer leur aide lorsqu'une présence en personne est nécessaire?

En ce qui concerne la manière dont l'aide est fournie...

La technologie de l'information et les matériels qui la soutiennent signifient que pour un grand nombre d'entre nous, la journée de travail n'a pas de fin. Il en va de même pour la prestation de services de santé mentale dans ce contexte. Il est important que les fournisseurs travaillent avec leurs patients pour circonscrire clairement les frontières et les limites quant au moment et la façon de répondre du fournisseur.

Le service de psychologie traditionnel est en grande partie confiné à un fournisseur et un patient – alors que l'enregistrement sur bande vidéo et audio du service est grandement limité à des fins de formation, le travail de la plupart des cliniciens est rarement conçu pour l'examen du public. Selon la manière dont la technologie est employée, le travail du psychologue pourrait devenir public. Les communications électroniques peuvent être enregistrées et partagées. Alors que la nouvelle technologie peut élargir la portée des services de psychologie, elle en élargit aussi l'examen. Ce n'est pas nécessairement mauvais mais cela vient compliquer les choses étant donné que l'examen du public em-

piète sur la protection de la vie privée et la confidentialité, même si le patient partage volontairement la communication.

En ce qui concerne le public... L'un des enjeux réglementaires les plus importants dans la pratique de la cybersanté demeure la protection du public. Comment le consommateur sait-il ce qu'il obtient, de qui et à qui il peut s'adresser s'il veut porter plainte. Il importe pour la responsabilisation et la protection du public que les fournisseurs expliquent clairement aux consommateurs ce qu'ils reçoivent ainsi que les tenants et les aboutissants du service et les avantages qu'ils peuvent escompter. Il est également important que les patients puissent avoir recours à un organisme réglementaire si cela s'avérait nécessaire. Qui est ultimement responsable de la prestation du service? Lorsqu'un fournisseur de soins de santé autorisé assure la prestation ou est lié à la prestation du service, il en devient responsable. Où le fournisseur responsable doit-il être autorisé – dans l'administration dans laquelle il travaille ou dans l'administration où le patient accède au service, ou les deux? Les organismes réglementaires devront se pencher sur cette question et en arriver à un consensus. Il ne s'agit pas d'une mince tâche compte tenu de la portée potentielle de la cyberthérapie.

Les défis posés à la protection de la vie privée et à la confidentialité dans la prestation des services de psychologie par des moyens électroniques ne sont pas non plus négligeables. Les communications peuvent être observées et interceptées, et la protection de la vie privée des patients et la confidentialité dans le cadre des nouvelles technologies font appel à une connaissance et une compréhension approfondie de la sécurité qui vont bien au-delà de l'insonorisation des pièces et l'archivage des dossiers papier dans un cabinet sous verrou. Les fournisseurs doivent penser à la manière dont la sécurité sera assurée et qui assumera les coûts de toutes les dépenses liées à la sécurité.

On conseille aussi aux fournisseurs qui se servent des nouvelles technologies de s'assurer que leur assurance responsabilité couvre la prestation du service dans ce contexte. Tel que mentionné, certains risques (par exemple, la protection de la vie privée et la confidentialité) peuvent être potentialisés par rapport aux mécanismes traditionnels de prestation et les fournisseurs doivent veiller à ce que leurs assureurs les couvriront.

En résumé... Les précautions décrites précédemment ne peuvent pas être balayées sous le tapis. D'autre part, la cyberthérapie offre également des avantages importants qui ne doivent pas être sous-estimés. En plus de surmonter la distance et la pénurie des ressources de soins de santé dans des régions sous-desservies du pays, la prestation de services par voie électronique peut apporter du confort, de la commodité et permettre au patient d'échapper à la stigmatisation lorsqu'il y accède depuis son domicile. Il ne s'agit pas d'une méthode de prestation de services qui arrivera bientôt à nos portes, mais qui est bel et bien en train de s'implanter. Par ce fait seulement, il nous incombe de penser rapidement, mais de façon délibérée, à la manière dont elle peut le mieux être employée en toute sécurité pour répondre aux besoins en santé mentale des individus et des collectivités que nous desservons.



Wolfgang Linden, Ph.D., President



This is my first chance to write to you wearing the President's hat. Thank you for the confidence you placed in me. CPA is much too large an organization and too widely engaged for me to touch on every activity that CPA is invested in. Nevertheless, I will give a bit of a framework of where I like to see the organization go over the next year. First and foremost I want to express my appreciation to a fabulous

group of head office staff who really do allow the Board to set policy rather having to get involved in day-to-day activities. This, in turn, is complemented by a diverse, sage, hard-working Board that shares values and vision.

One of the things I have learned in my career is to be ever aware of what decisions are made by whom and where, and to understand the motives of decision-makers. As such, two realities that are critical for CPA also stand out for me: Funding for research and for practitioners!

Almost all research funding spent in Canada also comes from within Canada (this applies to over 95% of the research dollars in my own department; I checked!). Research funding is therefore an eminently national topic where researchers want to see a strong national organization acting on their behalf. In this respect, I believe CPA has fulfilled this mandate by building strong bridges to our funding agencies: we are on their mailing lists and get regular calls seeking input! Given that *Psynopsis* is a journal for members, I am of course preaching to the converted when I talk about recruiting more researchers. On the other hand I do want to use all available avenues to attract even more researchers to CPA. Although particularly attractive and prestigious outlets exist for publishing our work outside our borders (mostly in the U.S.), Canadian researchers will have nothing to write about without funding. And, it is other Canadian researchers who review your grant applications, and they do go to conventions and like to trade 'war stories' (on grant reviews, the Common CV and other frustrating topics) over a beer. Need I say more?

The second reality concerns funding for psychological services where key decisions are made at the provincial levels. This delegation to provinces is an essential part of the Canadian political fabric adding complications, diffusion, and possibly expensive duplications of efforts. Provincial Psychology organizations are of

highly varying sizes (as are their home provinces) and they may lack the resources to be effective advocates locally. At a minimum, we want to help them avoid costly duplication. To help seize what many of us see as a great window of current opportunity, CPA has sought and obtained an external report on enhancing access to psychological services in Canada that was just released in May (<http://goo.gl/dIUjp>). With it comes a CPA-developed tool kit to help marketing, and to be shared with provincial organizations.

Aside from these critical, outward-directed efforts, any organization needs an always-active radar for maximal internal efficiency. My personal radar has honed in on the intersection of section structure and the convention. An important vehicle (arguably 'the' most salient vehicle) for holding us together is the annual convention. Very few professional organizations have approximately ¼ of their members regularly attend their annual conventions; I believe this high participation rate says something very positive about us. Similarly, the rich section structure (did you know we have 32 of them?) allows us to be a very general Psychology Association and still permits members with specialty interests to connect and feel at home. I have come to realize that issues affecting the convention (note that I serve as convention committee co-chair) greatly intersect with section structure, procedure and activities; and for the next year I want to see a magnifying glass applied to this intersection of convention planning and section function. We do have to tackle somewhat of a Catch-22; if all sections have their own convention events, and some sections are rather small, then we need huge numbers of parallel convention events with possibly

few people attending the events themselves. That can be expensive and discouraging, provided that the conference center even has this many rooms! On the other hand, we don't want to lose the diversity that is reflected in our many sections.

What are my main goals for this year, you may ask? Predictably, I want to continue raising the profile of the profession of Psychology in the broadest sense, open more conduits to the media and the public, and make our convention as exciting as possible, bringing exciting speakers to Canada, and connecting the next generation with current members. I also want to support provincial organizations in their lobbying efforts with our excit-

ing new tools: our recently commissioned access report, its inherent recommendations and the tool kit developed by CPA to assist with implementation. Look for progress reports in the next *Psynopsis*!

Very few professional organizations have approximately ¼ of their members regularly attend their annual conventions; I believe this high participation rate says something very positive about us.



Wolfgang Linden, Ph.D., président



C'est ma première occasion de m'adresser à vous à titre de président. Je tiens tout d'abord à vous remercier de la confiance que vous m'avez témoignée. La SCP est une organisation beaucoup trop grande et beaucoup trop engagée pour que je puisse toucher ici à toutes les activités dans laquelle elle s'investit. En ce sens, je vais tenter de tracer les grandes lignes de la direction que j'aimerais que nous prenions, en tant qu'organisation, au cours de la prochaine année. Mais, d'abord et avant tout, je tiens à exprimer toute mon appréciation envers le personnel très compétent du siège social qui permet réellement au conseil d'administration d'établir des politiques plutôt que d'avoir à se mêler aux activités au quotidien. D'autre part, le personnel du siège social peut compter sur la direction d'un conseil d'administration diversifié, sensé, qui travaille avec acharnement et qui partage les valeurs et la vision.

J'ai compris au cours ma carrière qu'il fallait être conscient des décisions qui sont prises, par qui et dans quel contexte, et de bien comprendre les motifs des décideurs. En ce sens, deux réalités qui sont essentielles à la SCP me viennent immédiatement à l'esprit : le financement de la recherche et de la pratique!

À peu près tout le financement en recherche investit au Canada provient de l'intérieur du pays (c'est le cas dans mon propre département qui obtient plus de 95 % de ses fonds de recherche de l'intérieur; j'ai bien vérifié cette statistique!). Par conséquent, le financement de la recherche est un sujet éminemment national et les chercheurs veulent voir une organisation nationale forte qui agit en leur nom. À cet égard, je suis d'avis que la SCP s'est acquittée de son mandat en créant des liens solides avec nos organismes de financement : nous sommes sur les listes d'envoi et recevons des appels régulièrement nous demandant notre rétroaction! Compte tenu que *Psynopsis* est une revue qui s'adresse aux membres, je prêche bien évidemment aux convertis lorsque je parle du recrutement d'un plus grand nombre de chercheurs. D'autre part, je veux me servir de tous les moyens possibles pour attirer un plus grand nombre encore de chercheurs à la SCP. Même s'il existe des tribunes particulièrement attrayantes et prestigieuses pour publier notre travail à l'extérieur de nos frontières (surtout aux États-Unis), les chercheurs canadiens ne pourront rien publier sans financement. Et, ce sont d'autres chercheurs canadiens qui procèdent à l'examen de nos demandes de subvention, et ils participent eux-mêmes aux congrès et aiment bien partager des « histoires de guerre » (sur les examens de subvention, le CV commun et d'autres sujets frustrants) en prenant une bière. Ai-je besoin d'ajouter quoi que ce soit?

La deuxième réalité touche les décisions clés de financement des services de psychologie qui sont prises au palier provincial. Cette délégation aux provinces est une part essentielle du tissu politique canadien, mais ajoute des complications, du flou et sans doute un coûteux dédoublement des efforts. Les organisations de psychologie provinciales sont de tailles très variées (comme leurs

provinces d'attache) et peuvent manquer de ressources pour être des défenseurs d'intérêt efficaces sur la scène locale. À tout le moins, nous voulons aider ces organisations à éviter des dédoublements coûteux. Pour aider à saisir ce qu'un grand nombre d'entre nous voyons actuellement comme une bonne fenêtre d'opportunité, la SCP a commandé et obtenu un rapport externe sur l'amélioration de l'accès aux services de psychologie au Canada qui vient d'être publié et que vous trouverez à l'adresse suivante (<http://goo.gl/dIUjp>). Ce rapport s'accompagne d'une trousse d'outils créée par la SCP qui aidera au marketing et au partage de l'information avec les organisations provinciales.

Outre ces efforts essentiels tournés sur l'extérieur, toutes les organisations ont besoin d'un radar toujours actif pour une efficacité interne maximale. J'ai miré mon radar personnel à l'intersection de la structure des sections et du congrès. Un véhicule important (et on pourrait dire « le » véhicule le plus préminent) pour assurer notre cohésion demeure le congrès annuel. Très peu d'organisations professionnelles peuvent compter sur le quart de leurs membres qui assistent régulièrement à leurs congrès annuels; je suis d'avis que ce taux de participation élevé révèle beaucoup de positif à notre sujet. Dans un même ordre d'idées, la riche structure des sections (saviez-vous que nous en comptons 33?) nous permet d'être une association de psychologie très générale et permet tout de même aux membres ayant des intérêts spéciaux de s'y retrouver et de s'y sentir chez soi. J'en suis venu à constater que les enjeux touchant le congrès (remarquez que j'ai siégé à titre de coprésident du Comité du congrès) recourent grandement la structure, les procédures et les activités des sections; et pour la prochaine année j'aimerais que nous scrutions à la loupe le recouplement de la planification du congrès et la fonction des sections. Nous ne sommes pas devant une situation inextricable; si toutes les sections ont leurs propres événements au congrès et que certaines sections sont plutôt petites, nous devons alors organiser un grand nombre d'événements parallèles au congrès même si le nombre de participants aux divers événements peut être moindre dans certains cas. Cela peut sembler coûteux et décourageant, mais il faut tenir compte que le centre des congrès compte aussi un grand nombre de salles! D'autre part, nous ne voulons pas perdre la diversité qui se caractérise dans notre grand nombre de sections.

Vous pourriez me demander quels sont mes principaux objectifs pour cette année. Comme on pourrait le prévoir, je veux continuer à hausser la visibilité de la profession de la psychologie dans son sens le plus large, assurer la visibilité auprès des médias et du public, et rendre notre congrès aussi intéressant que possible, accueillir des conférenciers de premier plan au Canada, tout en nous mettant au diapason de la prochaine génération de membres. Je veux aussi soutenir les organisations provinciales dans leurs efforts de représentation avec nos nouveaux outils commodes : notre rapport sur l'accès qui vient de paraître, les recommandations qui sont formulées et le coffre à outils créé par la SCP pour aider à la mise en œuvre. Ne manquez pas les rapports d'étape dans la prochaine livraison de *Psynopsis*!



Anxiety disorders and telepsychotherapy via videoconferencing

Stéphane Bouchard, Ph.D., Université du Québec en Outaouais, Stéphanie Watts Ph.D. and André Marchand, Ph.D., Université du Québec à Montréal

Almost 29% of the population will suffer from an anxiety disorder during the course of their lifetime^[1]. However, only a limited number of psychologists have the necessary expertise to provide specialized evidence-based psychotherapies for anxiety disorders^[2], especially in rural areas. In Canada, a vast country where the population is mostly concentrated around urban areas, there are large disparities in the accessibility of health care^[3]. Factors like time, expense, and effort required to access limited resource are significant barriers to getting specialized help pursuing a specialized psychotherapy^[4]. Telepsychotherapy has the potential of improving accessibility to specialized professionals services, promoting a more equitable distribution of resources and reducing health care costs.

Telepsychotherapy uses information and communication technologies to remotely provide or support clinical activities in mental health. Health professionals can use several means of communication, including telephone and e-mail, but videoconferencing is particularly appealing in that it allows the psychologist and his client to hear and see each other simultaneously in real time. Of note, certain videoconferencing technologies ensure the confidentiality of the visual and auditory information transmitted through the use of a secure network or dedicated communication devices (called CODEC for Coder/Decoder) whereas software like Skype or FaceTime via Internet do not guarantee this confidentiality at this time.

A recent literature review^[5] confirms the efficiency of this means of service offered to adults suffering from panic disorder with agoraphobia or from post-traumatic stress disorder. Conclusions of this literature review are not limited to the treatment of anxiety disorders^[5] and also cover depression and substance abuse among other mental problems. Clinical trials comparing the administration of a cognitive-behavioral therapy using videoconferencing and one-on-one therapy show that these two intervention modes are equivalent^[5], and pilot studies suggest similar results for obsessive-compulsive and generalized anxiety



disorders^[7]. Other studies document that samples of elderly people, children and First Nations adults are interested in service delivered via this technology^[5]. Even though this mode of intervention still must be validated for the spectrum of mental disorders and psychotherapeutic approaches, data strongly support the use of this technology.

In recent years, the study of predictive variables has sparked the interest of an increasing number of researchers. Until now, variables like the acceptability of the service mode, the therapeutic alliance and the motivation of clients have been addressed. The numerous studies that have analysed the acceptability of telepsychotherapy have brought to light that clients seem favourable to this type of service and indicate a high level of satisfaction for remote psychological counselling

^[5,8,9,10]. Some psychologists have expressed concerns about the quality of the therapeutic relationship^[11] using videoconferencing. However, various studies have shown that a strong therapeutic alliance can be established with videoconferencing, at least for anxiety disorders^[7,12,13,14], to the point where there is no significant difference between live therapy and therapy delivered via videoconferencing. These results have been confirmed through different measures of the therapeutic alliance^[12], and the review of videotaped therapeutic sessions^[14]. Finally, it seems that motivation may also have a moderating effect on the efficiency of the telepsychotherapy^[14].

The implementation of secured videoconferencing systems, used at home or through the Canadian health care system, makes specialized mental health services more accessible to those who need it. While it may broaden the reach of service to people in underserved areas, it is not limited to that use. Telepsychotherapy can also be used to provide services to clients in urban areas; the psychologist being in another town or elsewhere in the same town, or even in a rural area. Simply said, it is no longer essential that the therapist be physically accessible to offer effective treatment. Guidelines must be developed to ensure that this mode of service delivery is done ethically and effectively.

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



Troubles anxieux et télépsychothérapie par vidéoconférence

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Près de 29% de la population souffrira d'un trouble d'anxiété au cours de sa vie¹. Toutefois, un nombre encore restreint de psychologues spécialisés dispose de l'expertise permettant d'offrir des psychothérapies reposant sur les données probantes², particulièrement dans les régions rurales. Au Canada, vaste pays où la population se concentre majoritairement auprès des zones urbaines, il existe de grandes disparités dans l'accessibilité aux soins de santé³. Pour la population établie à l'extérieur des centres urbains, l'accès à des services spécialisés semble poser un problème. Les efforts en termes de temps, d'argent et d'énergie peuvent s'avérer suffisamment importants pour décourager ou empêcher certaines personnes à compléter une psychothérapie spécialisée⁴. La télépsychothérapie offre alors une solution prometteuse afin d'améliorer l'accessibilité aux services professionnels spécialisés, de distribuer plus équitablement les ressources et réduire les coûts reliés aux soins de santé.

La télépsychothérapie consiste à avoir recours aux technologies de l'information et des communications pour dispenser ou appuyer des activités cliniques en santé mentale à distance. Plusieurs moyens de communication s'offrent aux professionnels de la santé, dont le téléphone et le courriel, mais la vidéoconférence s'avère particulièrement attrayante car elle permet au psychologue et au client de s'entendre et de se voir simultanément en temps réel. Précisons que certaines technologies de vidéoconférence permettent une transmission confidentielle de l'information visuelle et auditive via l'utilisation d'un réseau sécurisé ou d'appareils de communication dédiés (appelés CODEC, pour Coder/Decoder), alors que pour l'instant des logiciels comme Skype ou FaceTime via Internet ne permettent pas de garantir cette confidentialité.

Une recension récente des écrits⁵ confirme l'efficacité de cette façon d'offrir des services pour des adultes souffrant de trouble panique avec agoraphobie et de trouble de stress post-traumatique. Les conclusions de cette recension ne se limitent pas au traitement des troubles d'anxiétés⁶ et s'appliquent notamment à la dépression et aux abus de substance. Les essais cliniques comparant l'administration d'une thérapie cognitive-comportementale en vidéoconférence ou en face à face montrent que ces deux modalités d'interventions s'avèrent équivalentes⁵, et des études pilotes suggèrent des résultats similaires pour le trouble obsessionnel-compulsif⁶ et l'anxiété géné-

ralisée⁷. D'autres études documentent l'intérêt de cette technologie pour des populations de personnes âgées, d'enfants et d'adultes des Premières Nations⁵. Bien qu'il demeure nécessaire de continuer à valider cette modalité d'intervention auprès de l'ensemble des troubles mentaux et de diverses approches psychothérapeutiques, les données supportent fortement l'usage de cette technologie.

Depuis quelques années, l'étude des variables prévisionnelles de l'efficacité de la télépsychothérapie suscite l'intérêt d'un nombre croissant de chercheurs. Jusqu'à maintenant, les variables comme l'acceptabilité de cette forme de service, l'alliance thérapeutique et la motivation des clients ont été abordées. Les nombreuses études s'étant penchées sur l'acceptabilité de la télépsychothérapie mettent en évidence que les clients semblent favorables envers ce type de services et manifestent un haut niveau de satisfaction pour les consultations psychologiques effectuées à distance^{5,8,9,10}. Certains psychologues ont exprimé des craintes à propos de la qualité de la relation thérapeutique¹¹. Pourtant, différentes études ont mis en évidence qu'une forte alliance thérapeutique peut s'établir en vidéoconférence, du moins pour les troubles anxieux^{7,12,13,14}, au point où il n'y a pas de différence significative entre la thérapie en face-à-face et en vidéoconférence. Ces résultats ont été confirmés avec l'aide de diverses mesures de l'alliance¹², et de l'examen d'enregistrement vidéo des séances de thérapie¹⁴. Finalement, il semble que la motivation puisse également avoir un effet modérateur significatif sur l'efficacité de la télépsychothérapie¹⁴.

L'implantation de systèmes sécurisés de vidéoconférence, que ce soit à la maison ou dans des points de services locaux du système de santé canadien, offre un espoir encourageant afin de favoriser l'accessibilité à des soins spécialisés en santé mentale tout en respectant la confidentialité. Il faut toutefois ne pas assumer que ces technologies s'adressent uniquement aux personnes en région rurale. La télépsychothérapie permet aussi d'offrir des services aux clients en région urbaine, que le psychologue se trouve dans une autre ville, ailleurs dans la même ville, ou même en milieu rural. Il n'est simplement plus essentiel que le thérapeute soit accessible physiquement. La télépsychothérapie nous amène donc à reconsidérer le modèle d'offre de services en psychothérapie afin de retirer la contrainte de la proximité géographique. Il faut également élaborer des lignes directrices pour guider l'implantation de ce type de service.





If you build it, will they come?

Human and system-level factors in the dissemination of electronic evidence-based psychosocial interventions

Penny Corkum¹, PhD., Aimee Coulombe, PhD.,
Pamela Blotnicky-Gallant, MASP

Online interventions can increase access to psychosocial treatment and improve children's health; but if you "build it", will they come? Psychologists and other health professionals are beginning to see the benefits of online interventions but are grappling with their integration into existing health and education systems. Not only do online interventions have the potential to increase access, they also have the potential to redistribute the human and financial resources required to provide timely, efficient, and evidence-based care. Rather than being positioned as a replacement for traditional face-to-face therapeutic approaches, the challenge for online interventions is identifying their best fit in models of psychosocial care. The researchers and students in the Corkum LABS (Learning, Attention, Behaviour and Sleep), along with our many wonderful co-investigators, collaborators, and partners (see our web-pages to read more about the larger research team) have been developing two online interventions, which we will use to illustrate both the promise of on-line interventions and some of their challenges.

Teacher Help for ADHD

Teacher Help for ADHD is an online teacher-mediated classroom intervention for grade 1-6 students with ADHD, which is a highly prevalent and chronic disorder, occurring in 3-5% of school-aged children. It has a substantial impact on daily life, creating difficulties with behavioural, social, and emotional functioning. The impact of ADHD on school functioning is especially severe. *Teacher Help* was created to fulfill the need for an affordable, accessible, and evidence-based classroom intervention for ADHD. Teachers are supported by an "ADHD Coach" as they work through the 6-week program and develop

and refine their instructional and behaviour management practices. The coach is a registered psychologist with a specialty in ADHD and experience working with teachers in the school system. The online program consists of PowerPoint presentations, worksheets to individualize the information learned, supplemental materials, and a discussion board for peer support.

A *Teacher Help for ADHD* pilot study was conducted in one Nova Scotia (NS) school. Interest in the pilot was extremely high and participants were very satisfied with the program. During the randomized controlled trial (RCT), for which we recruited from all 7 English school boards in NS, an unexpected challenge was encountered: recruiting teachers was very difficult. In response, information about the program, its effectiveness in the pilot study, and the benefits of participating were disseminated widely. We also conducted a survey to better understand these barriers, which included both human factors (e.g., information not being forwarded to teachers, lower interest in participating in research, difficulty with elements of online format, time commitment) and system factors (e.g., school budget cuts leading teachers to feeling increased demands in their positions, many board-driven new initiatives at one time). Only once these barriers were addressed did recruitment improve.

The final RCT included 58 teachers who were randomized to the *Teacher Help for ADHD* program or a Waitlist Control group. Preliminary results indicate that the *Teacher Help for ADHD* intervention resulted in statistically and clinically significant changes in children's ADHD behaviour in the classroom. Moreover, the teachers were highly engaged and satisfied with the program. The final results of this RCT will be submitted for publication this summer. We are now discussing with the Department of Education how to make this program available to all teachers in NS.



Better Nights, Better Days

Better Nights, Better Days (BNBD) is a Canadian, bilingual, evidence-based on-line intervention for insomnia in children age 1-10 years. Approximately 30% of children experience insomnia, placing them, and their families, at increased risk of numerous negative consequences of poor sleep. Despite the efficacy of behavioural sleep treatments, few children receive evidence-based care. BNBD is being developed by a national interdisciplinary team of experts to address the striking gap between the need for pediatric sleep services and Canada's ability to meet this need. Parents are guided through an individualized intervention that they implement with their child, in their home. The intervention covers: psycho-education, developing healthy sleep practices, helping children settle to sleep and return to sleep independently, early waking, and relapse prevention.

Development of the online intervention will be completed over the summer, and we will begin usability and pilot testing in the fall. An RCT will follow in 2014. Following an integrated approach to knowledge translation, we'll be reaching out to parents and health professionals across the country to participate in the evaluation of this program. We're also working to better understand barriers and facilitators of evidence-based pediatric sleep services, including on-line interventions like BNBD, to increase treatment access and inform our program's sustainability. To date, approximately 200 Canadian health professionals have participated in this research; we'll launch a parallel survey for parents shortly. As the early results of this work have highlighted the desire for sleep-related training and resources for

health professionals, we've reached out to international sleep experts to identify core competencies that this training should address. We're also planning a comprehensive provincial assessment of health professionals' training needs, in partnership with stakeholders at multiple levels, with the aim of developing an online training and mentoring program.

Conclusions

Online interventions such as *Teacher Help for ADHD* and *Better Nights, Better Days* can help bridge the gap between science and practice. Although online interventions hold great promise, their integration into existing systems also presents new challenges to overcome. Challenges at the human- and system-level include building awareness of the intervention, ensuring that the intervention and its method of delivery meet multiple stakeholder needs, illustrating how the benefits of the intervention (e.g., improved outcomes) outweigh its costs (e.g., time, effort involving in learning new practices), and identifying how the intervention can be used to support or expand existing services. In the development and implementation of any online intervention, human- and system-level factors must be considered. Ultimately, it is these factors that will determine "if you build it, will they come?"

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NS — <http://myweb.dal.ca/pvcorkum/> —
<http://betternightsbetterdays.psychology.dal.ca>

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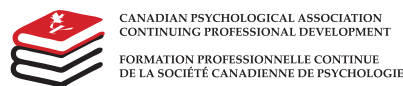
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Psychoeducation for bipolar disorder: An evidence-based treatment with e-health potential

Lisa D. Hawke Ph.D.⁽¹⁾⁽²⁾, Sagar V. Parikh M.D.⁽¹⁾,
Martin D. Provencher Ph.D.⁽³⁾⁽⁴⁾

Bipolar disorder is a highly recurrent mental illness and a real challenge for patients to manage. While pharmacotherapy is the first line of treatment, treatment success is often only moderate. Adjunctive psychosocial interventions have been shown to provide additional benefits. Several forms of psychotherapy are empirically supported for bipolar disorder (Miklowitz, Goodwin, Bauer, & Geddes, 2008). While the different interventions have distinguishing features, all contain some form of psychoeducation. Indeed, psychoeducation is also an empirically supported stand-alone treatment for bipolar disorder.

Many studies have shown that psychoeducation offers significant benefits for individuals with bipolar disorder (e.g., Colom et al., 2003; Peet & Harvey, 1991). Patients who receive psychoeducation report improvements such as increased knowledge about the illness and its pharmacological treatments, increased compliance with pharmacological treatments, and reduced risk of relapse or hospitalization.

Based on a wide body of evidence, Canadian psychiatric practice guidelines now recommend the combination of psychoeducation and medication as the first line of treatment for bipolar disorder (Yatham et al., 2009).

Brief manualized psychoeducation: The Life Goals Program

Among the manualized psychoeducational treatments developed, two dominant models have emerged: an intensive program developed in Spain (Colom & Vieta, 2006) and a briefer treatment, known as the Life Goals Program, developed in the United States (Bauer & McBride, 2003). The Life Goals Program has several advantages that make it a highly desirable choice for strained healthcare systems. It consists of six 90 minute group sessions covering all the main goals of psychoeducation for bipolar disorder, teaching patients about the disorder, its treatments, and coping strategies to prevent or manage symptoms. Session content is described in a detailed treatment manual, available in both English and French, including scripts, instructions, handouts and discussion guides designed for psychiatric nurses.

Psychoeducation for bipolar disorder in Canada

In Canada, the Life Goals Program has come to dominate research and intervention efforts. In a Toronto-based randomized controlled trial, 204 patients in Canadian centres were randomly assigned to either the Life Goals Program or more intensive, individual cognitive behavioural therapy (Parikh et al., 2012). Results showed that group psychoeducation was as effective as individual cognitive behavioural therapy in terms of symptom reduction and relapse rates. However, psychoeducation was administered at a much lower cost, making it particularly enticing for broad dissemination.

The Life Goals Program has also been adapted to Canadian French and studied in Quebec City, demonstrating strong local feasibility (Provencher, Hawke, Bélair, & Guilmond, In preparation; Provencher, St-Amand, Thienot, & Hawke, 2007). The program was found to increase knowledge, reduce depressive symptoms, and improve patients' acceptance of the disorder. The program was also accepted by the healthcare centres and has been sustained as a valuable addition to their repertoire of services.

Some initial efforts have been made to disseminate this evidence-based treatment more broadly in Canada. Workshops have been held





in Toronto, Calgary, Montreal and Quebec City, teaching potential group leaders about the program and how to administer it. The workshops were well-attended and highly appreciated, attesting to the demand for and interest in the program. However, few sites have gone on to integrate it sustainably into their practice and full Canadian dissemination has yet to be achieved.

Toward pan-Canadian dissemination

Canada's healthcare system is a complex one, differing across the provinces and territories and varying widely in setting, structure and local characteristics. How, then, are we to effectively disseminate this evidence-based treatment in a way that meets the needs of diverse service centres? This is the question we are asking as we move forward into the next phase of research on the Life Goals Program.

From a perspective of dissemination and implementation science, plans are currently under way to systematically investigate the factors influencing dissemination. By examining system capacity, observing the dissemination experience in a select number of diverse healthcare centres and identifying facilitators of and obstacles to dissemination, we will gain an understanding of how to effectively integrate the Life Goals Program across Canada. With this new understanding, we will be ready to expand training initiatives to provide pan-Canadian treatment competency.

Into the future: E-health opportunities

Despite the promise of Canada-wide dissemination, this approach is just not enough to reach all Canadians living with bipolar disorder. For the over 6.3 million Canadians who live in rural areas (Statistics Canada, 2012), there are many barriers to accessing centralized services. Fortunately, the explosion in innovative e-health initiatives provides another valuable medium.

Psychoeducation lends itself well to the e-health format. Internet-based psychoeducation has been shown to be effective for various health conditions, including mental disorders. In fact, an

internet-based psychoeducational program for bipolar disorder, with content similar to Life Goals Program, has recently been developed and tested in Europe (Poole, Simpson, & Smith, 2012; Smith et al., 2011). Preliminary results have been positive: the program produced significant improvements in psychological quality of life (Smith et al., 2011) and was considered acceptable, feasible and helpful for patients (Poole et al., 2012).

Innovative approaches such as e-health applications, and even a telehealth version for remote clientele (VA National TeleMental Health Center, 2011), will lead the way as we continue

to expand the Canadian competency in this evidence-based treatment for bipolar disorder. With effective dissemination in diverse healthcare settings and the added promise of innovative new formats, psychoeducation will soon be available to all Canadians with bipolar disorder.

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



The Parent-Adolescent Communication Toolkit: Teaching parents how to talk to their teens

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Patrick McGrath, Ph.D., IWK Health Centre

Parent-adolescent conflict is common. All parents have difficult moments of exasperation, tension and concern. As adolescents become older, they demand more independence as they grow and begin to explore their individuality. At this age, there are multiple sources for conflict between parents and their adolescents, from basic chore completion to use of the family car⁷.

The way parents approach conversations with their adolescents must be modified as the adolescent becomes older because how a parent communicates with their adolescent can drastically impact the relationship the dyad shares¹. Consistently, it has been shown that positive communication and a stable relationship between parents and their teenagers can increase positive health behaviours for adolescents related to sex⁹, substance use⁸, education⁴ and emotional well-being¹.

Despite knowing that developing and maintaining an effective communication with adolescents, parents rarely have access to resources that can help them with the struggle of conversations and relationship building with their teenagers. In an attempt to fill this need, we have developed a resource that can help parents communicate with their adolescents, the PACT.

The Parent-Adolescent Communication Toolkit (PACT)

The PACT was developed to meet the needs of parents struggling to regain and improve their relationship with their teenagers. This intervention is addressed to parents, and provides basic skills that parents can use to increase communication with their adolescents. These communication skills are modeled from couple therapy literature^{2,3}.

This intervention is administered online, using novel Intelligent Research Intervention Software (IRIS). The benefits of using this web-based technology for the PACT intervention include increased confidentiality, accessibility and personalization for parents. Many parents can access evidence-based information at any time, in the location of their choice.

The IRIS software also allows the intervention treatment to be tailored to each parent. The PACT intervention content, such as skill examples, participant names and viewable content, is automatically personalized for each individual participant based on participant data entry related to preferences and demographic information. IRIS sends automated reminder emails to complete modules after a specified duration of inactivity to encourage participants to follow the treatment when needed. For additional therapeutic support, participants can post content in the PACT discussion board offered by IRIS. Participants also have the option to “Ask an Expert”, which is a function that sends an email to the PACT administrators. These questions are answered by a health professional and posted for all participants as an additional parent resource.





The PACT consists of ten specific modules, with topics including “Giving Affection and Respect”, “Turning Around Negative Communication” and “Paying Attention.” The final module of the intervention is designed to combine all of the previous skills learned, entitled “Talking About Difficult Issues.” Parents can select what type of difficult issue they are experiencing with their adolescent, such as peer relationships or substance use. The PACT, using IRIS software will modify the intervention content to meet these needs of parents and teach them conversation skills related to the specific chosen issue.

The intervention skills are presented using simple text and video content. Case studies and examples are used to teach the content. Assessment tools, such as questions about the content are included to test parent knowledge of the skills, and to engage participants throughout each module. Additional resources and websites are also provided by PACT, allowing parents to seek even more information.

Development Progress of the PACT

Primary PACT content development and assessment of readability, likeability and usability has occurred with fourteen parents of adolescents. Modifications to the PACT content based on these findings were completed. The current version of PACT, has been written based on existing couple communication literature^{2,3} and has been reviewed by experts.

Currently, IRIS not only administers the PACT intervention, but also is used by other researchers to deliver other interventions aimed to improve health outcomes and evaluate the effectiveness. IRIS is utilized by both researchers and clinicians, in four countries, five languages and twelve project sites. Recently, it is also being used to deliver health care services across Canada, such as the Strongest Families program^{5,6}.

Before the PACT can be disseminated as a public health initiative, the intervention must undergo further usability and effectiveness assessment. Assessment tools can be administered via IRIS, on the same platform as the intervention, and also im-

mersed within the intervention content. The usability of the PACT intervention content and IRIS website is currently undergoing assessment using the IRIS software. Effectiveness pilot testing is also underway, in a clinical series with twenty parent participants. The results of this study are expected no later than May 2014. These results will be used to prepare PACT for a randomized control trial.

Conclusion

With the development phase of the PACT ongoing, we are continuing to learn many strategies to successfully create web-based intervention content. The PACT intervention is in the process of refinement and one that could result in a

widespread public health initiative. Through the process of our intervention development, we have learned the importance of clear and simplistic writing, presenting relevant information in an appealing way, and the use of numerous participant engagement strategies. Further dissemination and assessment of web-based intervention findings is required by other clinicians, in an array of content topics, to further explore intervention development strategies and to increase access to public health care initiatives across Canada.

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

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WELLBEING AFTER CANCER:

Exploring the Use of the Internet for Providing Psychological Care to Cancer Survivors



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Cancer is an illness that touches the lives of many Canadians. Fortunately, the number of cancer survivors in Canada is growing as early detection and medical treatments improve. Although most survivors tend to cope well following cancer treatment, research has shown that a subset of individuals experience clinical levels of anxiety and depressionⁱ that in turn can affect quality of lifeⁱⁱ and physical healthⁱⁱⁱ.

Emotional difficulties following treatment may present a paradoxical experience for survivors. After treatment has ended, and one has maybe even heard the words “cancer free,” everything should be great, right? This is actually not always the case. Many survivors report feeling sadness, anxiety, guilt, and fear – particularly in regards to the cancer recurring. Moreover, treatment completion often brings about unexpected challenges such as the loss of a perceived safety net that was provided by active medical treatment. Survivors are also resuming their for-

mer jobs. Similarly, they might be transitioning back into the role of mother, father, or grandparent with all of the duties and responsibilities that go along with these important roles. Now that the cancer is gone, survivors may also experience less support from friends and family in comparison to when they were receiving active treatment. Despite the challenges that survivors often face, many do not seek psychological services. Underutilization of services has been linked to geographical distance from providers as well as time constraints and lack of resources for follow-up psychological treatment.

Internet Cognitive Behaviour Therapy

Internet interventions, such as Internet cognitive behavioural therapy (ICBT), have the potential to overcome barriers to receiving mental health care. ICBT involves the presentation of the standard features of CBT (i.e., education, cognitive and behavioural skills, homework assignments) through self-led lessons via the Internet, with or without the support of a therapist. Evidence suggests that therapist assistance is particularly im-



portant with greater effects and reduced dropout found when clients are monitored and supported^{iv}. ICBT has proven to be particularly useful for treating anxiety and depression, and has been used for those whose symptoms meet diagnostic criteria and for those whose symptoms are subthreshold^v. Screening often takes place over the phone and includes administration of a standardized interview protocol such as the Mini International Neuropsychiatric Interview. Individuals experiencing psychotic symptoms or severe symptoms of depression are typically excluded during this screening process^v.

Through the Online Therapy Unit for Service Education and Research (www.onlinetherapyuser.ca), work has been underway to deliver and examine the application of ICBT within survivor care. This work is being led by myself, Nicole Alberts, and my supervisor Dr. Heather Hadjistavropoulos, a Professor in Psychology and Director of the Online Therapy Unit at the University of Regina. Integral to this work has been our collaboration with the eCentreClinic (<http://www.ecentreclinic.org/>) at Macquarie University in Sydney, Australia. The eCentreClinic led by Drs. Nikolai Titov (Director) and Blake Dear (Deputy Director) develops and tests state-of-the-art ICBT programs, including general well-being programs for depression and anxiety.

Wellbeing After Cancer

Using the eCentreClinic general well-being program, we developed the Wellbeing After Cancer program to examine the effectiveness and feasibility of ICBT for cancer survivors experiencing anxiety and or depression. Following a telephone assessment, participants who are deemed eligible are given a username and password to start on the Wellbeing After Cancer program. To track symptom change, participants complete online questionnaires at pre-treatment, post-treatment, and 3 month follow-up. Some participants have a clinical mental health diagnosis of depression and/or an anxiety disorder. However, this is not a requirement for admission into the program. As

such, individuals with elevated symptoms but whose symptoms do not meet clinical criteria may still enter the program.

After starting on the program, participants complete 5 online lessons over the course of 8 weeks. Lessons are self-led and cover topics such as education about the prevalence, symptoms, and treatment of anxiety and depression (Lesson 1), strategies for monitoring and challenging thoughts (Lesson 2), instruction on how to control physical symptoms including de-arousal strategies and scheduling activities (Lesson 3), education and guidelines for conducting behavioural activation and graduated exposures (Lesson 4), and strategies for staying well and constructing a relapse prevention plan (Lesson 5). With each lesson, participants are also provided with a Do it Yourself Guide which outlines key concepts and activities for putting the skills into practice. The stories of two cancer survivors and their work in the program are also outlined in a document called Survivor Stories – with a new story being provided with each lesson. In addition, participants are also provided with eight Additional Resources, which offer supplemental materials focused on topics such as sleep hygiene, assertiveness, and problem solving. Given the common fear of cancer returning, an additional resource dedicated specifically to this topic is also provided and covers strategies based in cognitive therapy as well as mindfulness acceptance. Wellbeing After Cancer is also therapist-assisted, which means that a trained therapist checks in with partici-

pants on a set day each week via a secure online messaging system. The role of the therapist is to provide support and encouragement while helping the client trouble-shoot any difficulties they might encounter while practicing and implementing the skills. Therapy is currently offered by doctoral psychology students under supervision.

Towards the Future

Participants have provided positive feedback about their experiences with Wellbeing After Cancer thus far. Initial outcome data has also shown promising changes in symptoms of anxiety and depression at the end of the program. After the pilot is complete, we will seek feedback on the program from healthcare providers in attempt to understand implementation issues.

Overall, we hope to provide an important first glimpse at the potential of using the Internet to improve access to evidence-based mental health care for cancer survivors. We also hope to answer additional questions regarding the effectiveness of ICBT for cancer survivors, including whether the effectiveness of ICBT varies depending on whether a client also has a mental health diagnosis. Through gaining participant and provider feedback, we hope to further tailor the program to meet the needs of cancer survivors seeking psychological services and healthcare providers providing these services within cancer care.

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

IF I sprain my ankle, chances are you'll know what to do

IF I have a panic attack, chances are you won't

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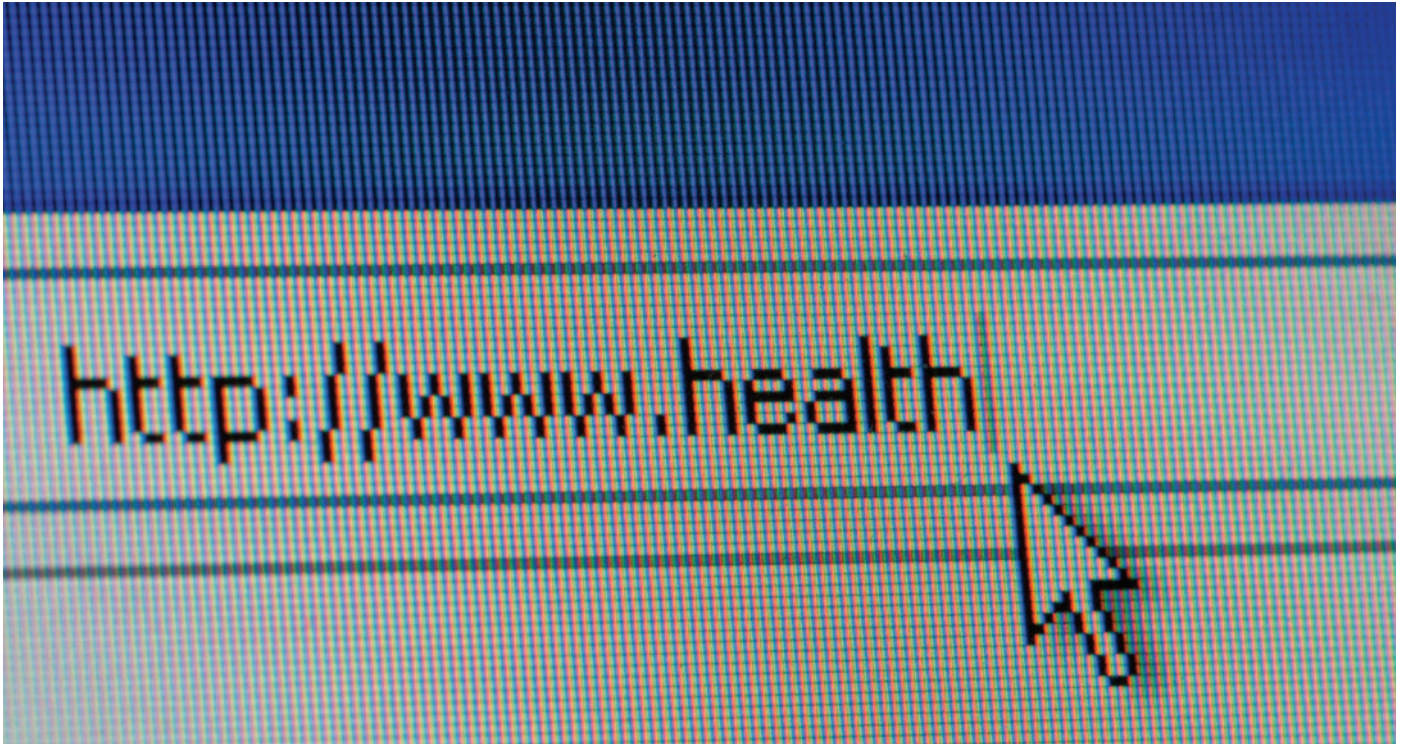
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Increasing Access to Evidence-based Interventions: The Role of Technology



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Around the world, the yearly prevalence of anxiety disorders is quite high, ranging from 4 – 26% in epidemiological studies from North America, Europe, Africa, and Australia.ⁱ Anxiety disorders significantly interfere with individuals' functioning and are exacerbated by an early age of onset, chronic course, high comorbidity, and the development of maladaptive coping strategies. Despite the existence of evidence-based interventions for anxiety, many sufferers do not receive the treatment they need.ⁱⁱ

A number of obstacles complicate access to anxiety treatment services, including transportation difficulties, long waiting lists, limited availability of qualified clinicians, stigma, and anxiety-related avoidance, among others. Recently, researchers have been investigating ways to integrate technology into men-

tal health services delivery to overcome some of these barriers. Notably, technology can work for service providers as a means to connect client and therapist outside of the traditional therapist's office environment.

In our lab, we recently completed a randomized controlled trial testing the efficacy of an intervention delivered completely via such remote communication technologies.ⁱⁱⁱ The treatment protocol was adapted from an evidence-based face-to-face intervention that we had previously developed and tested successfully.^{iv} The intervention is targeted at decreasing anxiety sensitivity (AS) – a fear of arousal-related physiological sensations that arises from the belief that these sensations will have catastrophic physical, psychological, or social consequences. Research has identified high AS as a risk factor for the development and maintenance of several anxiety disorders as well as depression, substance use problems, and pain-related anxiety. We adopted AS as a target of treatment with the hypothesis that its reduction would have implications for symptom improvement across different diagnoses.

The intervention involves standard cognitive behavioural (CBT) principles – psychoeducation, cognitive restructuring, interoceptive exposure in the form of physical exercise, and re-



lapse prevention. It differs from standard CBT in that it is delivered over the telephone. Participants were mailed an AS self-help book^v and assigned weekly reading. Then, participants connected with an individual therapist (i.e., a clinical psychology PhD student supervised by a licensed psychologist) over the telephone for a 50-minute session each week for eight weeks. These phone sessions supplemented the weekly readings and allowed each participant to receive personalized support and feedback. We also exchanged treatment materials and study questionnaires with clients by mail and used email to communicate with clients around appointment scheduling and reminders.

Participants were recruited from the community and randomized to the telephone treatment or a waiting list control. Analyses showed that the treatment significantly reduced high AS and did so significantly more than a waiting list control. Moreover, the treatment (relative to the waiting list) significantly improved participants' quality of life and significantly decreased panic, posttraumatic stress, and social phobia symptoms, pain-related anxiety, drinking to cope with anxiety, and certain types of drinking problems. Qualitative feedback from participants about the treatment was overwhelmingly positive. Many clients extolled the convenience of the telephone treatment because they were able to pursue treatment from their home and they felt comfortable in their confidentiality. Ratings of therapeutic alliance were high, despite the lack of face-to-face sessions, and on par with ratings from face-to-face anxiety treatment. All participants indicated that they would recommend the treatment to a family member or friend.

The findings from our randomized controlled trial are generally in line with the results of a systematic review that we are currently conducting.^{vi} We are reviewing randomized controlled trials of therapist-supported CBT for anxiety delivered by remote communication technologies. As we hypothesized, results of this review suggest that CBT that relies on technology to connect the therapist and client is significantly more effica-

cious than no treatment and as efficacious as face-to-face CBT in treating anxiety.

In the course of our work and our review of work by others, the spotlight was shed on certain ethical issues related to this form of treatment. For instance, the identification and care of individuals in crisis or expressing suicidal ideation or intent is somewhat complicated by the nature of distance-based treatment. Other issues include licensing regulations; because the telephone and Internet are able to extend treatment across provincial or state lines, a comprehensive look at the boundaries of practice (e.g., can a client continue to receive telephone treatment while on vacation out of the therapist's jurisdiction) may be warranted. New concerns about patient confidentiality and privacy also arise through the use of the phone and Internet, as therapists must balance the advantage of providing clients with care in their own private home with the difficulty of assuring telephone and email communications are confidential. Another concern may be balancing the advantage of providing care to those whose avoidant behaviours might prevent them from seeking help out of the house with the possibility of aiding their avoidance through the use of distance treatment. Finally, practitioners delivering treatment by phone or the Internet may have difficulty controlling their client's external environment during treatment, which may interfere with clients' engagement in therapy.

Despite these ethical considerations, the work done in our lab and by others in the field is increasingly highlighting the promise of using the telephone, Internet, and other technologies to deliver evidence-based interventions for anxiety. As interest in this type of treatment increases, it is important to ensure that the decision to promote such treatment is grounded in high quality evidence. Consideration of the ethical issues inherent to the use of technology in treatment by practitioners, researchers, and policymakers is also timely.

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Promoting eHealth in Research and Clinical Practice: A Snapshot of Studies Conducted by the Centre for Research in Family Health (CRFH) at the IWK Health Centre

Katharine Filbert, Ph.D., Anna Huguet, PhD, Amos Hundert, Patrick McGrath, Ph.D., Kaitlin Perri, MI, Karen Turner, BA and Lori Wozney, Ph.D. and the Centre for Research in Family Health Team, IWK Health Centre, Halifax, Nova Scotia

The Centre for Research in Family Health (CRFH)

The Centre for Research in Family Health (CRFH) at the IWK Health Centre in Halifax, Nova Scotia is focused on improving the lives of Canadian families through the development of evidence-based education and intervention programs. Through conducting research in mental health, physical health, and family well-being, the CRFH provides evidence-based interventions that have been designed and evaluated by the Centre. A multidisciplinary team is involved in both clinical and epidemiological research, including child and family health and health services. With its outstanding expertise in both quantitative and qualitative methodology, as well as distance and web-based interventions, the CRFH has fostered several exciting projects, some of which have led to larger scale services available across the province of Nova Scotia as well as internationally. The Centre currently houses a vibrant network of researchers, clinicians, and students with a diversity of training backgrounds.

Research Overview

Use of technology to deliver intervention

The CRFH has a well-established history of harnessing the advantages of technology, including the Internet and smart-phone, to provide accessible, cost-effective evidence-based intervention. Through adopting a participatory research approach, which allows for the needs of potential users to be addressed during the software development process, a myriad of Internet and iPhone-based evidence-based interventions have been developed for a range of pediatric health conditions, including migraine headache, anxiety, disruptive behaviour, and fetal alcohol spectrum disorder (FASD). These novel interventions offer customizable features allowing for individual tailoring of treatment.

Description of current research

Currently, the CRFH is involved in several exciting eHealth initiatives. The Wired! project aims to conduct preliminary testing of an Internet-based cognitive-behavioural intervention for anxious youth aged 13 to 17 years who have visited the Emergency Department (ED) for crisis mental health care, one of the most frequent reasons for ED mental health visits by youth in Canada. Using IRIS (Intelligent Research and Intervention

Software), a new, sophisticated and customizable software developed by the CRFH, Wired! integrates patients' demographic, personal history, and health behaviour indicators to deliver a customized treatment workflow unique to each youth. Supported with multi-media (e.g., text, video, audio, animated comic strips) Wired! helps youths to learn about anxiety sensitivity, practice realistic thinking and coping skills, and develop plans for gradual exposure to feared situations. The Wired! program guides the youths through self-assessment activities, examples and peer-modelling exercises to help them to better manage their anxiety.

The Strongest Families-Finland Canada project (SFFC) is a population-based RCT of high-risk 4-year-olds attending well-child clinics in Turku, Finland and environs to examine the effectiveness of the Strongest Families™ (SF) intervention using the IRIS software, compared to a control group. It is expected that the Strongest Families smart website intervention will reduce child disruptive behaviour symptoms and possibly improve parental stress or depression scores, improving parenting styles and family functioning. The study results will hopefully help inform subsequent investigations, public policy, and the early treatment of childhood disruptive behaviour problems.

The Strongest Families-Ontario RCT is a replication of the original Strongest Families parenting program (behaviour module) RCT completed in Nova Scotia from May 2003- September 2007. Currently, 172 Ontario families referred from ten children's mental health agencies are taking part in this 22-month study to evaluate the effectiveness of the SF program in reducing externalizing behaviour problems. Our research team is also collecting information about health care services, behaviour medications, community services and school programs relating to behaviour. This information will be used to complete an economic analysis of the costs associated with behaviour problems and to determine whether changes in behaviour result in reduced system costs.

In collaboration with researchers at Queen's University, our research team is also developing and evaluating a family-centered distance intervention for caregivers of children with FASD between the ages of 4 and 12 years. The intervention is modeled on our current successful SF programs and adapted for FASD with input from major stakeholders (e.g., clinicians, parents, decision makers). The goal of the intervention is to provide an accessible cost-effective treatment to supplement traditional care services and teach caregivers strategies to promote the positive development of their child. The intervention will

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A Look at Private Practice Websites in Southern Ontario

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Establishing a private practice in psychology can be a source of great joy and reward. The initial enthusiasm of creating a practice, however, is often dampened by the chore of practice promotion and marketing. Most practitioners have traditionally relied on print media as their key promotional strategy. Yet, as the internet becomes more intertwined with our daily life, it makes sense that a practice should also consider the benefit of an internet or web presence. To date, little work has focused on the digital presence of psychologists in private practice. In this article, we try to shine a small light into the darkness, and offer a brief survey of how much and how well private practice psychologists promote their practice on the internet.

Search Strategy

Using Google Maps, we searched for private practices in psychology that existed in and around metropolitan areas that fell in the Southern Ontario corridor from Windsor to Niagara Falls. Our search found listings for 189 practices. Of these 189 listings, 46 listings provided a link to a practice-specific website. Twenty-four of these websites were sole practitioner practices with the remaining 22 websites depicting group practices. Group practices ranged from 2 to 13 practitioners with the modal practice containing two practitioners.

Provider and practice information

All websites contained provider name, phone number, and office address. With one exception, all websites offered descriptions of the types of treatment offered and the populations served by the practice. The majority of websites (91 percent) provided a short biography of practice providers. Fewer websites (54 percent) offered an image or picture of providers. Only 28 percent of practice websites described the fee structure of the practice. Of those websites that did list their fees, fees ranged from \$75 to \$250 per hour with an overall average of \$160 per hour. In terms of contact information, the majority of websites (85 percent) offered email contact with 72 percent of websites providing a map to the location of the practice.

Professional, treatment, and practice resources

Forty-six percent of websites provided links to one or more external regulatory or professional organizations. Most commonly linked were the Canadian Psychological Association, the Ontario Psychological Association, the Canadian Mental Health Association, the Centre for Addiction and Mental Health, and



the College of Psychologists of Ontario. Forty-four percent of websites offered external links to treatment resources to assist individuals experiencing specific issues such as anxiety, depression, stress, or chronic pain. A minority of practices (28 percent) offered treatment resources that had been developed within the practice. Most often, these resources focused on relaxation or meditation exercises, coping with stress management, or dealing with common parenting dilemmas. Practice forms, such as privacy, consent, referral, or intake forms, were made available for download or online completion on 28 percent of websites.

Website integrity and mobility

Integrity was measured by assessing whether practice websites contained any broken or bad links. A high number of websites (35 percent) in our survey displayed broken links with a range of 1 to 13 broken links among compromised websites. The most frequent source of bad links stemmed from websites attempting to link to a page or document that no longer existed.

As more individuals elect to use mobile phones as their preferred method of searching the internet, we thought it would be important to assess the degree to which practice websites were responsive to smaller screen displays. Based on a low resolu-

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Stress and Eating: An E-Health Initiative



Amanda Stillar, Psychology Student, Laurentian University

Stress. It's a universal aspect of daily living. We've all been there. Whether it's related to work, school, relationships, finances, war, poverty, abuse, neglect, or some other factor, stress affects each and every one of us. You could almost say it's up there with death and taxes as one of life's few guarantees.

Stress leads to an array of physiological and psychological changes that have a profound affect on our health and wellbeing. Given that society's struggle with food persists as a major global health problem, one of the most prominent of those changes is in eating behaviour. Research shows that stress has a bidirectional affect on people's eating habits—it can cause some to eat more, and some to eat less¹. Studies also show that obesity, eating disorders and bulimic episodes can all be caused or worsened as consequences of stress².

Whether it's over eating, under eating or disordered eating, millions of people struggle with food on a daily basis. First acknowledged in the 1900s by the World Health Organization as one of the world's most neglected health problems, obesity is now a recognized global epidemic³. Obesity continues to plague Canadians at alarming rates. More than 50% of adults⁴ and more than 20% of children are either overweight or obese⁵. Obesity and eating disorders are the second and third most common chronic conditions in adolescent females⁶ and approximately 20% of women experience a bulimic episode during their college years. One in ten boys are now also struggling with an eating disorder⁷—and that statistic is on the rise. One look

at these jarring rates and it's clear that something needs to be done.

Obesity has been linked to many major chronic illnesses, such as cancer, coronary heart disease, and diabetes, as well as early mortality⁸. With a 20% mortality rate, eating disorders are the most lethal of all psychiatric illnesses⁷. Given the detrimental impacts that stress-related eating habits can have on health, continued research in this area is needed to develop a better understanding of this relationship.

With that in mind, this e-health initiative was designed to explore how the quantity and quality of food consumption changes when people experience stress. In today's society, where six billion of the world's seven billion people have access to a cellphone⁹, using a free, web-based application to track dietary intake stood out as the most effective and efficient method to conduct this research. One hundred and sixty-four university undergraduate students tracked their food intake using an electronic diet tracker/calorie counter on their smartphone called the My Fitness Pal. This application was originally developed as a weight loss tool, allowing users to track their calorie intake, diet, and exercise.

The My Fitness Pal application allowed us to collect data in greater detail and with greater accuracy than ever before. To add to their food diary, users simply type their selected food item into the search bar and the application automatically provides relevant search items from its database of over two mil-

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Snapshot of Studies

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be delivered to families over the Internet via a personalized website using the IRIS software and the assistance of trained telephone coaches.

Several projects in the area of pediatric pain are also being conducted. The CRFH team, in collaboration with other researchers located outside of the IWK Health Centre, has been working on developing and testing the usability and feasibility of several online self-management interventions for adolescents and young adults with headaches. Specifically, an iPhone based diary has been created to help headache sufferers to self-monitor their headaches. The research team has also developed a more intensive self-help intervention for headache sufferers, of which the iPhone-based diary is a component. This intensive intervention also includes a CBT component, which provides users with skills-based information to help them cope better with their headaches, as well as a social forum to provide peer social support. A series of RCTs are planned to evaluate the efficiency of these self-management interventions.

Future directions

Building upon the strong foundation of previous and current research studies, the future of the CRFH will involve efforts to improve available interventions toward ensuring that these treatment strategies are accessible, cost-effective, usable, and engaging for users. Additionally, given the importance of prevention for physical and mental health conditions, research involving primary care interventions will continue to be a significant focus of the CRFH so that these conditions can be targeted for early treatment.

If you would like additional information about the Centre for Research in Family Health and its research, please contact Dr. Patrick McGrath (Patrick.McGrath@iwk.nshealth.ca).

Private Practice Websites

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tion mobile display of 320 by 480 pixels, we found that only 9 percent of practice websites were responsive to mobile displays.

Summary

Our results suggest that the majority of private practices in Southern Ontario do not maintain an internet presence. This absence may reflect the overall health of private practice with most practitioners happy with their existing referral base or may be due to a discomfort of posting detailed practice information on the internet. Of those practices that did maintain a website, we noted that most practice websites were somewhat cautious in nature. Specifically, websites would typically direct prospective clients to contact the practice by telephone should that client wish more detailed information regarding fees or treatment. Websites low in content were less effective.

Some practice websites, however, were quite exceptional. Superior websites tended to be rich in content, interactive, and visually appealing. These more compelling websites were often transparent in their description of fees charged for treatment and information regarding how treatment normally proceeded in terms of both focus and length. As well, these websites tended to offer multiple methods of contacting the practice and attempted to create a mood of invitation and welcome.

Websites represent an ideal method of promoting private practice as well as pointing prospective clients toward useful information regarding psychological treatment and psychology as a profession. In general, the internet appears to be largely unexplored territory for most clinical psychologists. Yet, when compared to the sometimes substantial costs and limited exposure associated with print media, the internet represents a potentially powerful and cost-effective method of promoting private practice in psychology.

Stress and Eating

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lion foods. The application also allows consumers to add food by scanning the barcode on the food packaging using the camera on their smartphone. In both instances the application automatically uploads the nutritional content of the food that the user selects. Participants were therefore never required to manually record their food intake—a significant advantage over the days of food journaling.

My Fitness Pal has been optimized to

not only track calories but the quality of nutrients as well. This allowed us to track changes in food consumption and changes in food preferences. Investigation of stress-related food preferences is vital since research shows that generally people tend to choose more unhealthy food options—often high in sugar and fat, such as chocolate—when stressed. The nutrient feature of the My Fitness Pal application will be invaluable as researchers continue to investigate stress-related food preferences.

In addition to tracking their dietary intake, participants also completed an electronic stress survey, indicating which

type of stresses (ie. school, work, family and relationship) they were experiencing at the time, and to what degree. Together, these e-measures have allowed us to accurately capture how real-life stressors affect eating behavior and food choice.

Obesity—and therefore all of the ailments it associates with—is largely preventable. By further understanding how daily life stresses contribute to our ongoing battle with food, we're getting a little closer and technology can be helpful in getting us there.

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



Mobile Phone Applications and the Development of Evidence-Based Practice

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University of Calgary

The rapid expansion of mobile phone technology and mobile phone applications (apps), in particular is increasingly relevant to the field of professional psychology. Apps are mobile device software applications that allow users to access the app's information, or to interact with the program built into the app, from their smart phone. Apps designed to deliver psychological interventions are particularly relevant to the field of clinical psychology. These apps may facilitate treatment delivery and aid clinical decision-making. Apps can further be used to advance intervention research specifically in terms of data collection.

Dr. Dozois' Canadian Psychological Association Presidential Address (Dozois, 2013) delineates a hierarchy of research evi-

dence relevant to evidence-based psychological practice. At the pinnacle of the hierarchy is research that evidences both high internal and external validity. Mobile apps represent one methodological strategy to enhance the external validity (generalizability) of research studies, and potentially aid the development and refinement of evidence-based practice. Studies which employ apps further contribute to the development of evidence-based practice as they are particularly conducive to effectiveness and dissemination research.

Stronger External Validity

Psychological research often makes use of undergraduate student participants, as these samples are relatively easy to recruit. This ease of data collection is offset by threats to external validity since findings from relatively homogenous samples may not generalize to others. For example, an intervention may significantly reduce depression in a dysphoric student sample, but be less effective with clinically depressed clients.

The use of mobile apps in intervention studies offers a potential solution to the student sample quandary. Mobile apps have the potential to increase the breadth and diversity of participants recruited for intervention studies. With the advent of mobile apps, populations that were previously precluded from research participation (e.g., individuals in rural communities; those with limited mobility) may now access these opportunities. Increases in the number and diversity of potential participants for research increases its external validity, as the results will generalize more easily to populations that are not predominantly comprised of post-secondary educated, female, Caucasian samples. Thus, findings from studies employing apps will contribute to the development of evidence-based practice by increasing the external validity of research studies investigating the empirical support for interventions used in practice.

An Increase in Effectiveness Studies

Research involving mobile apps provides a unique opportunity to demonstrate the effectiveness of psychological interventions. Dozois (2013) strongly contends that clinical scientists must not be content with studies that demonstrate an intervention's efficacy; he argues that researchers need to additionally demonstrate a treatment's effectiveness. Effectiveness studies are necessary to establish whether an intervention is successful in the real world, relative to highly controlled lab environments. However, presently there is a paucity of effectiveness trials in the literature. Mobile app intervention research may fill this gap. Given that mobile phones are ubiquitous in the Western world and users are immune to their presence in their day-to-



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Mobile Phone Applications

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day lives, it is conceivable then that participants would participate in research where apps serve as the primary medium of data collection. Data would thus be collected in naturalistic settings, such as a participant's home, workplace, gym, school etc., affording the opportunity to investigate an intervention's effectiveness. Indeed, participants would use the app under the same conditions as a real world client would in practice.

Mobile apps may also benefit researchers and practitioners who wish to access vast amounts of data rapidly. For example, a CBT intervention app that records a participant's cognitive distortion would include a digital time stamp, which allows researchers to examine the data for temporal relationships. In addition, the app would likely capture detailed information about the intervention, including the length of time a participant took to complete a module, if participants were likely to skip a specific module, where in the program participants were likely to drop out, among other valuable information relevant to the development of evidence-based practices. In this way, mobile apps may even be more powerful than face-to-face or paper-and-pencil methodologies, which likely would not capture such information.

In summary, mobile phone apps can be used to aid the development of evidence-based practice in two specific ways. First, mobile apps afford researchers the opportunity to collect data from a wide range of participants increasing the overall generalizability of their findings. A more representative sample of the clients who will eventually be using the intervention is a crucial component of establishing evidence-based practice. Second, participants can access their mobile phones virtually anywhere at anytime in a variety of settings. Since participants are able to access the intervention in their natural environments, researchers are able to assess the effectiveness of an intervention instead of merely the treatment's efficacy. Research that employs mobile apps, in conjunction with methodologically sound research designs, represents the two highest echelons in Dozios' hierarchy of research evidence.



IN MEMORIAM DAVID BÉLANGER 1921 - 2013

Titulaire d'un doctorat en psychologie de l'Université de Montréal en 1959 pour ses travaux innovateurs sur la théorie psychophysiologique de l'activation (sous la supervision du Dr. Robert Malmö, de l'Institut Allan Memorial de l'Université McGill), travaux effectués au retour de la Seconde Guerre Mondiale où il avait servi dans le 8^{ème} régiment d'infanterie de l'Armée américaine (il était titulaire de la double citoyenneté) aux côtés du Général Omar Bradley, David Bélanger a mené pendant près de 35 ans une carrière académique exceptionnelle au Département de psychologie de l'Université de Montréal, où il avait commencé à enseigner dès le début des années 50. Il a assumé deux fois la charge de directeur (de 1963 à 1969, et de 1973 à 1976), puis celle de doyen de la Faculté de philosophie (de 1969 à 1972), juste avant la création de la Faculté des arts et des sciences. A sa retraite, en 1984, il a été nommé professeur émérite pour souligner l'importance de sa contribution au développement de la psychologie expérimentale et à l'essor de l'Université de Montréal.

Au cours de sa carrière, David Bélanger a reçu plusieurs honneurs et distinctions, dont le prix Adrien-Pinard de la Société québécoise pour la recherche en psychologie, le prix professionnel de la Société canadienne de psychologie, le prix Noël-Mailloux de l'Ordre des psychologues du Québec et le Prix Interaméricain de psychologie. Enfin, il y a quelques années, il recevait un doctorat honoris causa de l'Université Laval

Bref, cet homme modeste et éminemment attachant qu'était le professeur David Bélanger a véritablement marqué son époque et mérite toute notre reconnaissance, car il est un des monuments intellectuels québécois de la psychologie contemporaine. C'est ce qui explique pourquoi il est le seul québécois à figurer dans l'ouvrage intitulé « Psychologues de langue française » (publié en 1992 aux PUF sous la direction de Françoise Parot et Marc Richelle), où l'on retrouve sa biographie à côté de celles des plus éminents psychologues de langue française du XX^e siècle dont, entre autres, Henri Piéron, Paul Fraise et Maurice Reuchlin.

David Bélanger was one of the pioneers of the emergence of experimental psychology in Quebec, not only by devoting his best energies to the development of his research work and publications in the psychophysiology of motivation, but also by all the efforts he made to develop research infrastructures that were still embryonic at the time in the francophone community of Quebec. Several generations of students owe him their doctoral training and their research supervision. In addition, while holding administrative responsibilities as Chair and Dean, David Bélanger managed to create and establish reliable clinical training programs and quality research training in psychology, according to the best international standards. He also always made a point of contributing to the development of psychology both as a science and as a profession.

David Bélanger has had a most remarkable, even unique, national and international extension. First, he was elected President of the Canadian Psychological Association (1966-67), and he also was elected President of the Interamerican Society of Psychology (1972- 1974). In addition, he served as member of the Executive Committee of the International Association of Applied Psychology, from 1974 to 1990, but it is as Treasurer of the International Union of Psychological Science, the largest group of psychologists in the world with more than 80 national members, representing close to one million psychologists, that he really made his mark on the international scene, thus ensuring Quebec and the University of Montreal an enviable reputation for the quality of its training in psychology.



From national board table to local coffee shop

Fern Stockdale Winder, Ph.D., Vice-Chair, Board of Directors, Mental Health Commission of Canada

In June I attended my last Mental Health Commission of Canada Board meeting. I have been on the Board for 6 amazing years, and find myself asking, “Has the MHCC made a difference in the lives of Canadians?” I believe the answer is “yes” – we have been a catalyst for change, as is our mandate, and we have laid a foundation for change. But significant work remains.

One of the key mandates of MHCC’s work was to assist in reducing the stigma associated with mental illness. In September 2007 at the first Board meeting of the MHCC in Calgary, we were each asked to talk about our vision for what a changed mental health landscape would look like in Canada. At that time I was thinking a lot about the stigma attached to mental illness. My vision was that a truly changed landscape for mental health would mean that when Saskatchewanians gathered for coffee (whether at the small town Esso restaurant, the ubiquitous Tim Horton’s or my local City Perks) and discussed the latest happenings, the conversation about Joe’s son being hospitalized for depression would have the same compassionate tenor as Martha’s daughter going in for cancer treatment. I’m not sure we are quite there yet, but there has been a groundswell of increased openness as evidenced by athletes, musicians, politicians, and everyday Canadians speaking out about their mental health experiences. Opening Minds of MHCC is evaluating over 70 anti-stigma projects across Canada, and will soon be delivering a report on best practice findings, and creating an anti-stigma toolkit. Mental Health First Aid, which offers knowledge about mental illness that can both reduce stigma and save a life, has trained over 65,000 Canadians since 2007. My personal experience is that colleagues, friends, family, and the media are more open about mental health issues and more affirming of the need for improvements in mental health care than they were when I started working as a psychologist in 1996. Things are moving.

Another key mandate of MHCC was, of course, Changing Directions, Changing Lives: A Mental Health Strategy for

Canada. This document was much anticipated, and the strategy team was being consulted by governments across Canada well before it went to press. A number of provinces and territories have instituted Strategies and/or Action Plans, and many of them have utilized the MHCC’s Toward Recovery and Well-Being, the Strategy, as well as many other reports such as Evergreen: A Child and Youth Mental Health Framework for Canada, Guidelines for Comprehensive Mental Health Services for Older Adults in Canada, and One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education. The recently released National Standards for Psychological Safety in the Workplace will also have a major impact in Canada as it rolls out across the country.

The At Home/Chez Soi project, which looked at the best form of housing and support for those with no homes and mental illness, has also been a catalyst for change. Not only has it been an outstanding example of an extraordinary multi-site research project, but for many participants it has been life-changing, and as a result of dedicated MHCC staff and local advocates, there is a strong hope that some of these initiatives will become permanent, and will be translated to other jurisdictions.

So, in 6 years has stigma disappeared? Is access to needed health service and support a non-issue? Have we removed barriers to treatment such as ethnicity or geographic distance? No, no, and no. There is still work to do. But we have journeyed a ways towards those goals, and I believe that when Canadians meet at the coffee establishment of their choice, their conversations may include a little less stigma and a little more knowledge about mental health.

Although my term on the Board of MHCC has ended, MHCC’s mandate continues for another 4 years. I encourage you to continue to keep up with its work by having a look at the website (www.mentalhealthcommission.ca) periodically and/or signing up for its newsletter. I also want to thank Dr. Karen Cohen, CEO, CPA for the invitation to write these columns and for the encouragement and support I’ve received from fellow psychologists across Canada.

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Pour proposer votre annonce pour fins de publication, communiquez avec le siège social de la SCP à l'adresse publicrelations@cpa.ca.

QUÉBEC 2013

From the Convention Committee

Wolfgang Linden, Ph.D., CPA President

Convention 2013 is behind us but many good memories prevail. The very spacious conference center in Québec City welcomed 1567 conference visitors (1783 if one includes the pre-convention activities) and was capable of accommodating 17 (!) side-by-side tracks of activity. With that much parallel action it is easy to develop decision neurosis. Our local host, L'Ordre des Psychologues de Québec injected its own range of activities to keep everybody busy.

All of that against the backdrop of the charming old town of Quebec, the only walled city in North-America, ample sunshine, and for those wandering away from the conference there was the Humor Festival. It is of course your own fault if you missed the Cabane a Sucre (sugar shack) dinner where we relapsed a little into traditional Quebec living. Did I mention all that other good food that we now have to work off?

Of course, this a great occasion to thank our hard-working convention staff who breathed a sigh of relief when all rolled off as planned.

See you all again in Vancouver, 2014?



CPA Honorary President Justice Edward F. Ormston

Message du Comité du congrès

Wolfgang Linden, Ph.D., président de la SCP

Même si le congrès de 2013 est derrière nous, nous en gardons un très bon souvenir. Très spacieux, le Centre des congrès de Québec a accueilli 1 567 de nos membres (en fait 1 783, si on compte les participants aux activités précongrès) et a été en mesure d'assurer le bon déroulement de 17 activités concurrentes en même temps. Avec autant de séances en parallèle, il était facile de douter de notre choix d'activité! Notre hôte local, l'Ordre des Psychologues du Québec tenait aussi son propre éventail d'activités de sorte que tout le monde était occupé.

Et tout se déroulait dans le contexte enchanteur du Vieux-Québec, la seule ville fortifiée en Amérique du Nord, il y avait beaucoup de soleil, et ceux et celles qui prenaient congé un tant soit peu des activités du congrès pouvaient faire une incursion au Festival de l'humour. Et bien sûr, il n'en tenait qu'à vous d'assister au souper à la cabane à sucre, où nous nous sommes trempé un peu dans l'atmosphère des festivités du Québec d'antan. Et je ne parle pas ici de toute l'autre nourriture de l'esprit que nous avons maintenant à digérer.

Bien entendu, le moment est tout à fait choisi pour remercier le personnel du congrès pour sa bienveillance et qui a poussé un soupir de soulagement en constatant que toutes les activités se déroulaient comme prévu.

Nous espérons vous revoir tous à Vancouver l'an prochain.

75th Annual Convention
Congrès annuel

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2013 CPA President's New Researcher Award Recipients (left to right) Dr. Naomi Koerner, Dr. Vina Gogharie, Dr. Christopher Mushquash with CPA President, Dr. Jennifer Frain.



2013 CPA Convention Fun Run, benefiting Fondation Marie-Ève-Saulnier



The new HEAD DOCS Film Series introduced 3 documentaries to convention delegates



Karen R. Cohen, Ph.D., CEO, CPA

In place of a Head Office Update for the Summer issue of *Psynopsis*, what follows is an abridged version of the Chief Executive Officer's (CEO's) report included in the June 2013 Annual Report (<http://goo.gl/r2Q2H>). The readership of *Psynopsis* is a broader audience than the readership of the Annual Report of the Association and broader than the delegates who attend the Annual General Meeting at the June convention. The CEO's Annual Report is essentially a Head Office year in review.

Finances

The financial base of the Association continues to be solid with investments valued at approximately 6 to 9 months of operating expenses. As has been shared with the membership over the past few years, it has been CPA's plan and obligation as a not-for-profit corporation to spend prior year surpluses (we ended each of the last 5 years in surplus) on activities that fulfill CPA's missions and mandates. 2012 was the year in which a significant portion of the accumulated surplus was spent on a number of special projects and one time operational expenses approved by the Board; these included:

- CPA's 2013 strategic planning
- commissioned report from a group of health economists creating a business case and model for better access to psychological services
- bridge funding for Accreditation to further augment its human resources
- necessary and unexpected investments in CPA's IT infrastructure
- overlapping the positions of CPA's Director of the Science Directorate and its Science Manager to offset the staff absence when the Director was on leave in 2011 and 2012
- expansion and investment in CPA's continuing professional development activity
- increased translation costs in 2012
- convention expenses over budget and registration revenue under budget – the latter due to the increased ratio of student to member participation at convention 2012

CPA's equity position remains solid and judged by our auditors to be an amount that affords security from revenue risk while fulfilling the expectations of a not-for-profit organization. Further information can be found in the financial and auditor's reports in the afore-mentioned 2013 AGM report.

Staff Complement

There have been some changes to our Head Office complement since June 2012. Mr. Philippe Ramsay, CPA's CFO and Director Administration left CPA's employ in 2013. We welcome Mr. Phil Bolger as our Interim CFO working on a part-time contracted basis with CPA. Recruitment for a Human Resource Manager is ongoing. Dr. Lisa Votta-Bleeker returned from maternity leave the beginning of May 2013 and will work on a part-time basis until October at which time she is expected

to return to her full-time capacity. In 2013, Dr. Melissa Tiessen will devote the entirety of her .8FTE to accreditation. This year we expect to hire another staff at .6FTE whose focus will be the development of CPA's continuing professional development programs, both basic and applied, intended to meet the needs of both pre- and post- graduate psychologists.

Knowledge Transfer and Exchange

Fact sheets. With Dr. Tiessen's move to concentrate her work in accreditation, fact sheets now fall under the oversight of Dr. Votta-Bleeker, who is in the process of identifying needs and gaps in our fact sheet collection. The membership should feel free to propose the development of a fact sheet, by contacting [Dr. Votta-Bleeker](#).

Psychology Speaks. This initiative new in 2012/13 aims to bring the work of psychological science and practice to the public. We want to offer specific examples of the research psychologists do, the skills they bring to health, school, the workplace, and the number of settings in which psychologists do applied work. CPA has invited members and affiliates to provide submissions. Submissions will be posted on CPA's website and will be used to develop a variety of advocacy and public-awareness materials.

Papers, briefs and positions. Virtually all the papers, briefs and presentations delivered by CPA senior staff continue to be posted on the CPA website.

Surveys. We have continued to run many surveys, both for internal purposes and external partners, off of CPA's website in 2012/13. These include:

- Convention surveys on posters and planning
- Canadian Training Programs' Input on Implementing the CPA Accreditation Standards
- Interest in Online Training in Psychopharmacology and interest registration
- Practice Variables and Professional Satisfaction of Psychologists in Urban, Rural, Northern, & Remote Canada
- Canadian Alliance of Mental Illness and Mental Health (CAMIMH) Survey on strategic priorities
- Canadian Council of Professional Psychology Program's (CCPPP) Internship Applicant Survey
- Mental Health Table Survey on Mental Health Commission of Canada (MHCC) Strategy Priorities: Phases 1 and 2
- Psychosocial Programming Provided by National Emergency Psychosocial Advisory Consortium (NEPAC) Members and/or their Organizations
- Saskatoon Residency Program
- On behalf of the Health Action Lobby (HEAL) Toward Reframing the Federal Role in Health and Health Care

Website. We continue to work to improve CPA's website and will in fact migrate to a new content management system in fall 2013. This will enable us to have a more secure site, with en-



hanced autonomy for sections to manage their own pages and better organization and efficiency of information contained on the CPA site. Also new this year, is our CPA youtube channel!

Psynopsis. Psynopsis continues to be well viewed and we have taken opportunity to submit topical issues to federal departments and to our provincial/territorial partner associations to use in their advocacy activity. Themes for 2012/13 included knowledge transfer and translation, innovations in psychological health service delivery, advocacy, and the psychology of aging. The summer 2013 issue will be devoted to e-health, the fall to military and veterans' health, and winter 2014 to criminal justice and mental health. Any Section, member or affiliate with suggestions for issue themes can contact Psynopsis' Managing Editor, [Tyler Stacey-Holmes](#).

Other media. CPA was very active in the media in 2012/13. Press releases are archived on CPA's website <http://goo.gl/j8s34> and included:

- CPA releases on unintended consequences of changes to GST/HST exemptions 2013, mental health and disability management in the federal government, investments in military mental health, suicide and prevention, and CPA's donation to the Stephen Lewis Foundation
- CPA partner organization release on Bill C54 and not criminally responsible
- Health Action Lobby release about the role of the federal government in health
- CPA joined CPA psychiatry in calling for attention to mental health issues in Canadian prisons

Journals and Publications

We completed the first year of the 2012 renewal of our Social Science and Humanities Research Council grant for CP and CJBS. CPA's publication partnership with the APA continues to be very successful. The 2011 (presented in 2012) Publisher's Report indicated that institutional access to CPA journals numbers is at approximately 3,400. Electronic licensing revenue grew by 32% in 2011 and net revenue increased by 26%.

Under the leadership of Publications Committee Chair, Dr. John Meyer, CPA will meet in 2013 to review its plans and priorities for its journals and for the CPA Press. In 2012, Dr. Lisa Votta-Bleeker revised the journals' operating policies. Journal editors in 2012/13 are Dr. Martin Drapeau (CP), Dr. Todd Morrison (CJBS) and Dr. Penny Pexman (CJEP). CPA's thanks go out to Dr. John Hunsley and Dr. Doug Mewhort, who completed their respective editorial terms for CP in 2011 and for CJEP in 2012.

Membership Benefits

CPA continues to issue student pricing cards (SPC cards), free to every CPA student affiliate, which gives discounts at a broad range of retailer and food services across Canada. Other significant benefits include access at a competitive rate to APA's PsychNET® GOLD package of electronic databases; CPA is

working with APA to determine the possibility of a group practice rate for the databases. CPA continues to work to maintain and enhance other benefits such as its insurance programs (liability, home, auto), practice and personal banking products, and pro bono legal advice.

The Head Office Space

Head Office staff continues to enjoy their Laurier Avenue quarters and the common use of two Board rooms affords us efficiencies in convening meetings of the CPA Board and Accreditation Panel. CPA shares the entire floor with CPApsychiatry and together we are looking into lease renegotiations for 2014. As we confirm our leasing arrangements, we will either move or engage in some minor renovations to our current space if we stay.

Partnerships and Activities on Behalf of Science, Practice and Education and Training

CPA undertakes ongoing and many activities to support the discipline and profession of psychology. CPA's CEO takes the lead on its advocacy files for practice, whereas its Deputy CEO and Director of Science takes the lead on its advocacy files for science. With Dr. Votta-Bleeker's maternity leaves in 2011 and 2012, the science activities and initiatives were jointly overseen by the CEO and Science Manager, Ashley Ronson.

CPA Summits

Two CPA Summits are planned for late 2013 and 2014. The first, a Supply, Need and Demand Summit is poised to look at who we need to do what to whom when it comes to psychological science and practice. We hope to welcome NGOs with data to share about the numbers and characteristics of Canada's psychologist resource – both academic and practitioner – to this invitation only event. Proceedings from the summit will be used to update the recommendations from CPA's 2010 Supply and Demand Task Force report and, hopefully, move concrete steps forward.

Issues identified for discussion include: early career issues, internship demand and limited supply, training needs, continuing education, science funding, filling knowledge translation and transfer gaps, barriers and opportunities to training and recruiting academics, and filling data gaps. This work is being led by CPA Board member, Dr. Dorothy Cotton.

The Sentinel Issues Summit will draw psychology's attention to the issues of concern to decision and policy makers, and everyday Canadians. Bringing together scientists and practitioners, we will target key issues of public concern – examples are chronic disease like heart disease or diabetes, health needs of rural, remote and first nations peoples, needs of children and youth and older adults, and uses of telehealth. This Summit aligns with Dr. Wolfgang Linden's presidential priority – the marriage of science and practice and will be an important mark of his 2013/14 presidential year.

CPA Task Forces

In 2011, the CPA Board appointed a task force on the **public**



practice of psychology. This task force is overseen by Lorne Sexton, a past Board member and Director of Professional Affairs at CPA. The task force has further divided into three sub-task forces: one led by Drs. Joyce D'Eon and Bob McIlwraith on hospital psychology, one led by Dr. Mark Olver on criminal justice psychology, and the other led by Ms. Juanita Mureika on school psychology. In 2012, the public task force on hospital psychology gave rise to the launch of the Section on Hospitals and Health Centres and the school psychology task force has been working on a survey and report to the CPA Board on the practice of school psychology in Canada. In 2011/12, the criminal justice task force released a paper to the Standing Senate Committee on Legal and Constitutional Affairs on Bill C-10: Safe Streets and Communities Act. <http://goo.gl/Nmrqs>. CPA anticipates a final report and recommendations under the leadership of Lorne Sexton, task force Chair, in 2013.

CPA's other active task force was a presidential task force on **empirically-supported treatments**, led by CPA President Dr. David Dozois and co-Chair, Dr. Sam Mikail that completed its work in 2012 as well. This report can be found at <http://goo.gl/5WZA1>.

Convention 2013

CPA's 2013 convention took place in Quebec City, June 13-15. 1800 delegates, pre-convention and convention, combined, attended. Innovations for convention 2013 included more access to digital posters, a new convention app, and a special and a special presentation on psychologist's use of social media. At the recommendation of the Sections in 2012, CPA recruited convention submissions in French for convention 2013 which we made accessible to our English speaking colleagues by providing simultaneous translation into English. The Convention hosted a graduate and internship fair as well as the third annual high school psychological science fair awards. Of note, the SSHRC travel grant program, which provided about 90 students with approximately \$90 for convention travel, was canceled in 2013. To help offset this loss, CPA allocated funds to decrease convention registration *for all students* - from \$50 in previous years to \$40 in 2013.

Government Relations

The breadth and depth of CPA's GR work has been significantly enhanced by the work of Meagan Hatch, our Manager of Public Affairs and Communications. Activities included:

- Meeting with Senator Jane Cordy
- Meeting with BC NDP at invitation of CPBC to discuss access to psychological services
- Meeting with Departments of Education and Health in New Brunswick to discuss entry to practice legislation on invitation of CPNB
- Meeting with **Honorable Bob Rae** to discuss barriers and opportunities for promoting access to psychological services and supports.

Attending the Mental Health Forum for the Canadian Forces
Submitting a **2013 pre-budget brief to the federal government** in which we offered a number of solutions for the Federal

Government to improve access to psychological services and research, and later presenting to the Government's Finance Committee

Consultation about a **private members bill focused on the Disability Tax Credit (DTC)**. CPA was later invited to present to the Finance Committee on proposed legislation to impact persons with disability applying for the credit.

Meeting with the **Canadian Life and Health Insurance Association (CLHIA)** to talk about insurance coverage for psychological services through extended health insurance plans.

CPA continues in work and conversation with the **Department of National Defence**. Convention 2013 featured a pre-convention workshop entitled Evidence-Based Assessment, Treatment, and Special Considerations for Military-Related Posttraumatic Stress Disorder. We also met with **Minister MacKay** about needs and access to psychological services in the military.

Psychologists as qualified practitioners to submit reports in support of patients' applications for federal disability pensions when these are related to psychological disorders and in support of federal employees applying for disability insurance through the workplace. CPA has been in touch with the government of Canada on these two issues requesting clarification and underscoring the expertise of psychologists to provide expert input into disability applications related to psychological disorders.

We have developed a **letter of intent (LOI) focussed on the need to align entry to practice standards** across the country with training programmes and standards that govern quality assurance for training. The LOI is based on CPA's 2012 position supporting the doctoral degree as the entry to practice standard for psychology in Canada. We are currently soliciting the support of provincial/territorial and other national organizations of psychology as well as accredited internship and doctoral programs for the LOI. The plan is to submit the LOI to provincial/territorial ministries of health in 2013.

Along with other partner organizations, CPA met with the Department of Justice concerning **Bill C-54 (Not Criminally Responsible Reform Act)**. Many among the mental health community have been concerned that the act disproportionately links mental illness to violent crime, thereby perpetuating stigma.

Presentation to the House of Commons Standing Committee on Finance on the unintended consequences of proposed 2013 changes to the GST/HST on psychological practice.

In 2012/13, we worked with several of the provincial member associations of CPA's Practice Directorate using our advocacy online tool to send science and practice messages to candidates for provincial and territorial elections as well to elected officials. More information about active e-campaigns can be obtained from [Tyler Stacey-Holmes](#).

Education and Training Highlights

The Accreditation Panel was very active at the 2013 CPA Convention in Quebec City, holding a site visitor workshop, the customary conversation session, and a new session on understanding the spirit behind the accreditation standards. All sessions were well attended, and provided valuable opportunities for discussion around how to best interpret and meet the accred-



itation standards. Copies of the powerpoint slide decks for the conversation session and the spirit behind the standards session are available on our CPA website at <http://www.cpa.ca/accreditation/resources> (under the heading 'Presentations of Interest'). Also now available on this same webpage are individual links to each section of the Accreditation manual.

In June 2013, Dr. Melissa Tiessen, Registrar, Dr. Stephan Kennepohl, co-chair of the CPA Accreditation Panel, and Dr. Ada Sinacore, chair of the CPA Counselling Psychology Section, presented at the annual convention of CACUSS (Canadian Association of College and University Student Services) in Montreal, QC. The goal of this presentation was to disseminate information about developing counselling psychology internships at university counselling centres – a typically under-utilized source of internship opportunities. It was encouraging to see a variety of sites from across the country in attendance at the session.

The Accreditation Panel is soliciting input from all training programs regarding your views on the most valuable and challenging accreditation standards. Please visit <http://goo.gl/8kD6R> to share your thoughts. As well, a reminder to all programs to use the new online reporting system for any annual report or self-study submissions. Please contact the [CPA Accreditation Office](#) if you require an access link (i.e., new program or misplaced link).

Finally, a huge thanks goes to Dr. Stephan Kennepohl, who at the convention ended his term as co-chair of the Accreditation Panel. Dr. Sandra Clark, previously co-chair with Stephan, will very competently continue as the sole chair of the Panel for 2013-14.

Partnerships and Representation in Science

Canadian Consortium for Research (CCR). In 2012/13, CPA's CEO was elected Chair of the CCR. The CCR met at CPA's Head Office in November 2012 at which time we hosted a breakfast for CCR member organizations with Canada's granting councils. The Presidents of SSHRC, NSERC, and CFI were in attendance in addition to a senior staff person from Mitacs. Each shared with us the views and positions on research funding in 2012/13 which was followed by a collegial roundtable discussion.

The CCR met again at CPA's Head Office in January 2013 at which time we engaged in some facilitated strategic discussions around CCR activity. With Dr. Lisa Votta-Bleeker's return from maternity leave in May 2013, she has been affirmed as CCR Chair for 2013-2015.

NSERC. The Scientific Affairs Committee (SAC) wrote and sent a letter to NSERC regarding the cancellation of the research tools and instruments (RTI) grants program and encouraged members to write their own letters. SAC also provided feedback on its Discovery Grant's program, in particular on a plan to allocate budgets among evaluation groups under the Discovery Grants Program in response to a report by the Council of Canadian Academies.

SSHRC. CPA's Manager for Science, Ashley Ronson, completed a report on teaching and learning in higher education. CPA undertook this report following discussions with SSHRC President, Dr. Chad Gaffield that focused on the importance of evidence-based pedagogy in higher education to the success of societies. The report is currently under review by content experts following which time it will be sent to the CPA Board for approval. Once approved, it will be presented to Dr. Gaffield, and shared with other learned societies, professional associations, and the CPA membership.

Canadian Federation of the Humanities and Social Sciences (CFHSS). CPA was pleased to help sponsor two of CFHSS' Big Thinking lectures in February and March on Parliament Hill – Dr. Wendy Craig on bullying and children's health and Dr. Stephane Bouchard on psychotherapy and virtual reality therapy.

Canadian Institute for Military and Veteran Health (CIMVH) Research Forum 2012. CPA hosted an exhibit booth at the CIMVH Research Forum held in Kingston, Ontario (November, 2012). The Executive Director of the CIMVH has agreed to be the Guest Editor of our Fall 2013 issue of *Psynopsis* which will feature research and service related to military and veteran's mental health.

Primary Health Care. CPA is a member of the Canadian Primary Health Care and Research Innovation Network. CPHCRIN aims to facilitate the scale-up of innovative models of community-based primary health care to improve the quality, accessibility and cost-effectiveness of primary health care in Canada. CPA's representation to this network has reverted to Dr. Votta-Bleeker now that she has returned from leave. Dr. Votta-Bleeker also remains a member of the Program Advisory Committee for the Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC).

Research Canada. Dr. Cohen attended the November 2012 meeting of Research Canada – a national organization whose mission is to improve the health and prosperity of Canadians by championing Canada's global leadership in health research. The meeting's theme was the changing landscape of health research and innovation.

Academic Health Sciences Network (AHSN). Dr. Cohen attended the AHSN symposium held in November 2012. Panelists from Canada and around the world shared information about their organizations and activities and talked about issues and challenges facing academic health science centres. Mental health figured prominently; chiefly, a recognition of the need to integrate physical and mental health and a suggestion that mental health issues provide a catalyst for health system change.

3rd Annual High School Science Awards. 2013 Convention in Quebec City hosted the presentation of the winner of the 3rd annual high school science awards. This year's winner was



Arin MacNeill whose research project was entitled Stress and Social Media. The award is made possible by the generous support of Scotiabank.

Canadian Young Scientist Journal. CPA (led by Dr. Lisa Votta-Bleeker) entered into an agreement with *Canadian Young Scientist Journal* to help review their articles in return for advertising space. Dr. Votta-Bleeker has also accepted an invitation to become a member of their newly formed Board of Directors to lend our research expertise and to support young scientists.

Research Support. CPA is increasingly being asked to write letters of support and/or become a collaborator on psychology-related research projects. Recent invitations and involvements include projects on pain immunization in children, best practices in ethics education in psychology, a psychotherapy practice research network, and nutritional guidelines for women. In addition to supporting funding requests, CPA can help in knowledge transfer at multiple project stages.

Council of Canadian Academies (CCA). The CCA released a report entitled, *The State of Science and Technology in Canada, 2012*, in which psychology and cognitive science was listed as among the 6 research fields in which Canada excels. <http://goo.gl/Ia0kn>

International Congress of Applied Psychology (ICAP). Following our successful bid pitch in July 2012 to host the ICAP 2018 in Montreal, CPA has developed a business model to deliver the Congress and has been working with the International Association of Applied Psychology (IAAP) to develop an agreement with which to move forward plans for the Congress.

Partnerships and Representation in Practice

Practice Directorate. Under the able leadership of the Chair of the Council of CPA's Practice Directorate (PD), Dr. Andrea Piotrowski, the PD continues to make great strides for practice in its third year of operation. These have been highlighted in Psynopsis and, CPA's annual report to the membership, and detailed on the PD webpage. The PD welcomes its new Manager, Ms. Amy Barnard.

Advocacy for enhanced access to psychological services. In May 2013, CPA released its commissioned report entitled *An Imperative for Change: Access to Psychological Services for Canada* (<http://goo.gl/dIUjp>). The report develops a business case and costs the models to enhance access to psychological services for Canadians. The report was accompanied by a press release, an address to the Press Gallery on Parliament Hill, and an advocacy tool kit that Canada's associations of psychology can use to promote the report's recommendations within their jurisdictions. CPA's advocacy activity for 2013/14 will be to promote the report's recommendations with key employers, insurers and the Federal Government in its areas of authority and as a large employer.

Health Action Lobby (HEAL) Dr. Cohen continues in her

role as Co-Chair of HEAL and in that capacity continues to work with the Health Care Innovation Working Group (HCIWG) of the Council of the Federation (<http://goo.gl/9KSG1>). In 2012/13, she helped represent the alliance on one of HCIWG committees – team-based collaborative practice. The HCIWG is an important – some would say the only – cross jurisdictional table of health care innovation in Canada. One of the messages CPA has been able to underscore to the HCIWG is that true innovation will depend on the review and revisit of funding models. Traditional funding models, that pay designated providers for designated services, will not easily support or embrace innovation among the many groups of regulated health care providers whose services are not funded by public health insurance plans. Dr. Cohen assisted in the development of back-grounders for health care providers across the country about the work of the HCIWG <http://goo.gl/Yoo77>.

Canadian Alliance of Mental Illness and Mental Health (CAMIMH). CAMIMH convened a membership meeting in February 2013 at which it discussed its strategic priorities for 2013 (among which are calling for access to psychological services, targeted funding for mental health, and health within federal jurisdictions), its 2013 Mental Illness Awareness activities, as well as the proposed Bill C-54 (Not Criminally Responsible Reform Act). CAMIMH hosted its 2013 Champions Awards in Ottawa in May. The October 2012 Faces Campaign named 5 Faces of mental illness and had them join us for a celebration and lobby day on Parliament Hill. All told, approximately 25 meetings were convened with Senators and Parliamentarians in addition to an audience with their Excellencies the Governor General of Canada and his wife. A similar event is being planned for October 2013. More information can be found at <http://camimh.ca>. Dr. Cohen will continue in her role as Chair of CAMIMH's mental illness awareness activities to the end of 2013.

Mental Health Commission of Canada (MHCC). In October 2012, the MHCC convened a leadership forum. The Forum's agenda included a review of MHCC activity on mental health in primary care and psychological safety in the workplace; opening and closing keynote speakers (neither of whom was a psychologist) both made pointed appeals for better access to psychological services.

In January 2013, the MHCC released its commissioned report on psychological health and safety in the workplace. For more information and to access the report, go to <http://goo.gl/N6DPB>. The CPA has also accepted an invitation to sit on a Steering Committee to advise the MHCC on the development of a framework for e-mentalhealth.

Health Providers Summit 2013. CPA continues to sit on an advisory committee to the Canadian Medical and Canadian Nurses Associations' Health Providers Summit at which Dr. Cohen presented a challenge address in May 2012 and February 2013. The hope for the Summits is the development of tools which providers can recommend to facilitate health system change.



Karen R. Cohen, Ph.D., chef de la direction de la SCP

Les *Nouvelles du siège social* pour le numéro d'été de *Psychopsis* sont remplacées par une version abrégée du rapport annuel de la Chef de la direction présenté à l'Assemblée générale annuelle de la SCP 2013 (<http://goo.gl/NHOkC>). Le nombre de lecteurs de *Psychopsis* est plus considérable que le nombre de lecteurs du Rapport annuel de la Société et plus vaste que les délégués qui participent à l'AGA au congrès de juin. Le rapport de la Chef de la direction se veut essentiellement un résumé de l'année des activités au siège social.

Finances

L'assise financière de la Société demeure solide avec des investissements évalués à environ six à neuf mois en coût d'exploitation. Comme on l'a communiqué aux membres au cours des dernières années, la SCP a l'intention et l'obligation en tant qu'organisation à but non lucratif de dépenser ces excédents (nous avons terminé avec des excédents à chacune des 5 dernières années) à des activités qui remplissent les missions et les mandats de la SCP. En 2012 une part importante de l'excédent accumulé a été dépensée pour un total de 415 000 \$. Ces fonds ont été dépensés sur un certain nombre de projets spéciaux et des dépenses opérationnelles ponctuelles approuvées par le conseil d'administration, notamment :

- la planification stratégique de 2013 pour la SCP,
- la commande d'un rapport d'un groupe d'économistes spécialisés en santé créant une analyse de rentabilité et un modèle pour un meilleur accès aux services de psychologie,
- un financement provisoire de l'agrément permettant d'augmenter davantage ses ressources humaines,
- un investissement nécessaire et inattendu dans l'infrastructure de TI de la SCP,
- le chevauchement des postes de directeur de la Direction générale de la science et de son gestionnaire scientifique pour compenser l'absence de la directrice qui était en congé en 2011 et 2012,
- l'expansion et l'investissement dans les activités de perfectionnement professionnel continu de la SCP,
- l'augmentation des coûts de traduction en 2012,
- les dépenses pour le congrès supérieures au budget fixé et les revenus d'inscription inférieurs au budget fixé – ce dernier élément causé par une augmentation du rapport de la participation étudiants-membres au congrès de 2012.

La position en capitaux propres de la SCP demeure solide et nos experts comptables jugent qu'ils sont suffisants pour nous protéger contre les risques de baisse de revenu tout en répondant aux attentes d'un organisme à but non lucratif. Tous les détails des états financiers se trouvent dans le rapport annuel 2013.

Effectif

Des changements ont été apportés à notre effectif au siège social depuis notre dernier rapport aux membres en juin 2012.

M. Philippe Ramsay, directeur des finances et de l'administration de la SCP a quitté la SCP en 2013. Nous souhaitons la bienvenue à M. Phil Bolger à titre de directeur des finances par interim. Il travaillera à temps partiel à des conditions fixées d'avance. Le recrutement pour combler un poste de gestionnaire en ressource humaine est en cours. D^{re} Votta-Bleeker est revenue au travail à temps partiel en mai 2013 après son deuxième congé et continuera ainsi jusqu'en octobre 2013 où elle recommencera le travail à temps plein. En 2013, D^{re} Melissa Tiessen se consacrera entièrement à l'agrément à raison de 0,8 ETP. Cette année nous entendons embaucher un autre employé à 0,6 ETP qui se consacrera à la conception des programmes de perfectionnement professionnel continu de la SCP, tant au niveau fondamental qu'appliqué, dans le but de répondre aux besoins des psychologues avant et après l'obtention de leur diplôme.

Transfert et échange de connaissances

Feuillets d'information. Compte tenu que D^{re} Tiessen concentrera son travail en agrément, les feuillets d'information relèveront maintenant de D^{re} Votta-Bleeker. Le personnel du siège social a commencé à identifier les besoins et les lacunes dans notre collection de feuillets d'information. Les membres ne devraient pas hésiter à proposer l'élaboration d'un feuillet d'information et peuvent le faire en communiquant avec D^{re} Votta-Bleeker.

Parlons psychologie. Cette nouvelle initiative en 2012-2013 vise à faire connaître au public le bon travail qui s'effectue en science et en pratique de la psychologie. Nous voulons être en mesure de donner des exemples précis du genre de recherche qu'effectuent les psychologues et les compétences qu'ils apportent dans les secteurs de la santé, de l'éducation et du milieu de travail ainsi que tous les autres domaines où leurs compétences sont en demande. La SCP invite les membres et les affiliés qui sont chercheurs et praticiens partout au Canada à soumettre une description de leur travail. Les articles seront publiés sur le site Web de la SCP et serviront de base à l'élaboration de divers documents de représentation et de sensibilisation du public.

Articles, mémoires et énoncés de position. À peu près tous les articles, les mémoires et les présentations de la haute direction de la SCP sont affichés sur le site Web de la SCP.

Enquêtes. Nous avons continué à effectuer un grand nombre d'enquêtes à partir du site Web de la SCP en 2012-2013, dont les suivantes :

- Enquêtes sur la présentation d'affiches et sur la planification du congrès
- Rétroaction sur les programmes de formation canadiens sur la mise en œuvre des normes d'agrément de la SCP
- Intérêt dans la formation en ligne en psychopharmacologie et dans l'inscription
- Variables de la pratique et satisfaction professionnelle des



psychologues dans les régions urbaines, rurales, nordiques et éloignées du Canada

- Enquête sur les priorités stratégiques de l'Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM)
- Enquête auprès des demandeurs d'internat au Conseil canadien des programmes de psychologie professionnelle (CCPPP)
- Enquête de la Table de la santé mentale sur les priorités de la stratégie de la Commission de la santé mentale du Canada (CSMC) : étapes 1 et 2
- Programme psychosocial fourni par les membres du National Emergency Psychosocial Advisory Consortium (NEPAC) et/ou leurs organisations

Programme de résidence de Saskatoon

Au nom du Groupe Action Santé (HEAL) *Toward Reframing the Federal Role in Health and Health Care* (Vers une restructuration du rôle du gouvernement fédéral en santé et en soins de santé)

Site Web. Nous continuons de travailler à améliorer le site Web de la SCP et allons effectuer une transition vers un nouveau système de gestion du contenu d'ici juin 2013. Cela nous permettra d'avoir un site plus sécuritaire et qui améliorera l'autonomie des sections dans la gestion de leurs propres pages et une meilleure organisation et une meilleure efficacité de l'information contenue dans le site Web de la SCP. Nouveau aussi cette année, notre canal U-tube de la SCP!

Psynopsis. Psynopsis continue d'être bien perçue et nous avons saisi l'occasion de présenter des numéros thématiques aux ministères fédéraux et à nos associations partenaires provinciales-territoriales pour qu'ils les utilisent aussi dans leurs activités de représentation. Il y a de plus en plus de propositions d'articles et les membres semblent apprécier son format thématique. Les thèmes en 2012-2013 étaient le transfert et application des connaissances, les innovations dans la prestation des services de santé de psychologie, la représentation et la psychologie et le vieillissement. Le numéro d'été 2013 sera consacré à la cybersanté, celui de l'automne à la santé des militaires et des anciens combattants et le numéro d'hiver 2014 à la justice pénale et à la santé mentale. Les sections, les membres ou affiliés qui auraient des suggestions de thèmes pour les numéros, sont priés de communiquer avec [Tyler Stacey-Holmes](#).

Autres médias. La SCP a été très active dans les médias en 2012-2013. Les communiqués de presse sont archivés sur le site Web de la SCP à l'adresse <http://goo.gl/j8s34> et comprennent :

Les communiqués de la SCP sur les conséquences non intentionnelles des changements aux exemptions de la TPS/TVH en 2013, sur la santé mentale et invalidité au gouvernement fédéral, sur l'investissement en santé mentale dans le milieu militaire, sur la prévention du suicide et sur le don de la SCP à la Fondation Stephen Lewis.

Le communiqué d'organisations partenaires de la SCP sur la loi C54 et la non-responsabilité criminelle

Le communiqué du Groupe Action Santé au sujet du rôle du gouvernement fédéral en santé

La SCP s'est jointe à l'Association des psychiatres du Canada pour attirer l'attention aux problèmes de santé mentale dans les prisons canadiennes

Revue et publications

Nous avons terminé la première année du renouvellement de notre subvention du CRSH (Conseil de recherches en sciences humaines) en 2012 pour la revue PC et la RCSC. Le partenariat d'édition de la SCP avec l'APA continue de porter fruit – le rayonnement des trois revues continue de s'étendre par la capacité de l'APA qui permet de plus en plus aux revues de subvenir à leurs propres besoins. Le rapport de l'éditeur en 2011 (présenté en 2012) indiquait que l'accès institutionnel aux revues de la SCP s'élève à environ 3 400. Les revenus de licence électronique ont augmenté de 32 % en 2011 et le revenu net a augmenté de 26 %.

Sous la direction du président du Comité des publications, Dr John Meyer, le conseil d'administration se réunira en 2013 pour revoir ses plans et ses priorités pour ses revues et les Presses de la Société canadienne de psychologie. En 2012, Dr Lisa Votta-Bleeker a révisé les politiques d'exploitation des revues conformément aux recommandations du Comité. Les rédacteurs en chef des revues en 2012-2013 sont Dr Martin Drapeau (PC), Dr Todd Morrison (RCSC) et Dr Penny Pexman (RCPE). La SCP tient à remercier Dr John Hunsley qui a terminé son mandat à la rédaction de PC en 2011 et Dr Doug Mewhort qui vient de terminer le sien pour la RCPE en 2012.

Avantages pour les membres

La SCP continue d'émettre les cartes de rabais étudiant (cartes SPC), gratuites à tous les étudiants affiliés à la SCP, qui leur procurent des rabais auprès d'un vaste éventail de détaillants et de services alimentaires partout au pays. L'accès à tarif concurrentiel au logiciel de bases de données électroniques PsychNET® GOLD de l'APA est un autre avantage significatif pour les membres. La SCP continue de travailler à maintenir et à améliorer d'autres programmes d'avantages aux membres comme son programme d'assurance (responsabilité civile, maison, auto) ainsi que les produits bancaires pour la pratique et à des fins personnelles ainsi que des conseils juridiques gratuits dans le cadre du programme d'assurance responsabilité civile.

Les bureaux au siège social

Le personnel du siège social continue d'apprécier ses bureaux de l'avenue Laurier et l'utilisation commune des deux salles de réunion qui allie efficacités et économies pour la convocation de réunions du conseil d'administration de la SCP et du jury d'agrément. La SCP partage l'étage en entier avec l'Association des psychiatres du Canada (APC) et ensemble nous entendons renégocier nos baux en 2014. En 2013, la SCP a négocié d'autres locaux à bureaux et a pu multiplier par trois ses bureaux – ce qui signifie que nous partageons maintenant



également tout l'étage avec l'APC. Lorsque nous confirmerons nos dispositions de location en 2014, nous allons soit déménager ou faire des rénovations mineures à nos locaux actuels si nous restons.

Partenariats et activités au nom de la science, de la pratique et de l'Éducation et de la formation

La SCP entreprend de nombreuses activités continues pour appuyer la discipline et la profession de la psychologie. La chef de la direction de la SCP s'occupe des dossiers de représentation de la pratique alors que l'adjointe à la chef de la direction et directrice de la Direction générale de la science assume la responsabilité des activités de représentation pour la science. Compte tenu des congés de maternité de D^{re} Votta-Bleeker en 2011 et 2012, les activités et les initiatives en science ont été supervisées conjointement par la chef de la direction et la gestionnaire de la science, Ashley Ronson.

Sommets de la SCP

Deux sommets de la SCP sont planifiés pour la fin de 2013 et en 2014. Le premier, un Sommet sur l'offre, le besoin et la demande cherchera à déterminer de qui nous avons besoin pour faire quoi et à qui lorsqu'il est question de science et de pratique psychologiques. L'intention est de communiquer aux ONG les données au sujet du nombre et des caractéristiques des ressources de psychologue au Canada – tant dans le milieu universitaire que celui de la pratique de cet événement sur invitation seulement. Les comptes rendus du travail en petit groupe serviront à mettre à jour les recommandations du rapport du Groupe de travail sur l'offre et la demande de la SCP en 2010 et, nous l'espérons, à mettre de l'avant des étapes concrètes.

Les enjeux cernés pour discussion sont les suivants : Enjeux en début de carrière, demande d'internat et offre limitée, formation pour satisfaire les besoins des populations, éducation permanente et perfectionnement professionnel, occasions de financement de la science,

combler les besoins dans l'application des connaissances, et les lacunes dans le transfert des connaissances, obstacles et possibilités de formation et de recrutement universitaires et combler les lacunes dans les données

Le travail est dirigé par une membre du conseil d'administration de la SCP, D^{re} Dorothy Cotton.

Le sommet sur les enjeux sentinelles veut attirer l'attention de la psychologie sur des enjeux (c.-à-d. les besoins) qui posent des préoccupations aux décideurs ainsi qu'aux Canadiens en général. Visant à rassembler les scientifiques et les praticiens en psychologie, nous allons cibler les enjeux clés de préoccupation publique – par exemple la maladie chronique comme la maladie du cœur ou le diabète, les besoins en santé des personnes en milieu rural, éloigné et des Premières nations, les besoins des enfants et des jeunes et des adultes, les utilisations de la télésanté pour n'en nommer que quelques-uns. Ce sommet s'inscrit dans la priorité de notre président D^r Wolfgang Linden – le mariage de la science et de la pratique viendra marquer

de façon importante son année à la présidence en 2013-2014.

Groupes de travail de la SCP

En 2011, le conseil d'administration de la SCP a constitué un groupe de travail sur la **pratique publique de la psychologie**. Ce groupe de travail est dirigé par Lorne Sexton, un ancien membre du conseil d'administration et directeur des affaires professionnelles à la SCP. Ce groupe de travail s'est subdivisé en trois sous-groupes de travail : un dirigé par D^{rs} Joyce D'Eon et Bob McIlwraith sur la psychologie en milieux hospitaliers, un dirigé par D^r Mark Olver sur la psychologie en justice pénale et l'autre dirigé par M^{me} Juanita Mureika sur la psychologie scolaire. En 2012, le groupe de travail sur la psychologie en milieux hospitaliers a suscité le lancement de la Section sur les psychologues en milieux hospitaliers et en centres de santé et le groupe de travail sur la psychologie scolaire a travaillé sur une enquête et un rapport qui a été présenté au conseil d'administration de la SCP sur la pratique de la psychologie dans les écoles au Canada. En 2011-2012, le groupe de travail sur la justice pénale a communiqué un mémoire au Comité sénatorial permanent sur des Affaires juridiques et constitutionnelles au sujet du projet de loi C-10 - Loi sur la sécurité des rues et des communautés. <http://goo.gl/Nmrqs>. La SCP attend un rapport final et des recommandations sous la gouverne de Lorne Sexton, le président du groupe de travail en 2013.

Un autre groupe de travail actif de la SCP a été le groupe de travail du président sur les **traitements psychologiques fondés sur des données probantes** dirigé par le président de la SCP D^r David Dozois et le coprésident, D^r Sam Mikail qui a aussi terminé son travail en 2012. Ce rapport se trouve à l'adresse suivante <http://goo.gl/5WZA1>.

Congrès de 2013

Le Congrès de la SCP de 2013 a lieu à Québec du 13 au 15 juin et 1 800 délégués (incluant les ateliers précongrès) y ont participé. Nous avons innové cette année notamment en donnant plus d'accès à la présentation numérique des affiches, ainsi qu'une nouvelle app pour le congrès, et une présentation spéciale sur l'utilisation des médias sociaux par les psychologues. À la recommandation des sections en 2012, la SCP a recruté des présentations au congrès en français pour le congrès de 2013 qui ont été rendues accessibles à nos collègues anglophones en leur fournissant un service de traduction simultanée. Le congrès a tenu encore cette année un salon des diplômés et de l'internat et le troisième prix annuel de science décerné aux élèves du secondaire a aussi été remis. En dernier lieu, le programme de subvention au voyage du CRSH a été annulé en 2013 – ce programme permettait à environ 90 étudiants à recevoir approximativement 90 \$ pour se rendre au congrès. Pour aider à compenser cette perte pour les étudiants, la SCP a accordé des fonds pour diminuer les droits d'inscription au congrès **pour tous les étudiants**. Les droits qui étaient de 50 \$ par le passé furent de 40 \$ cette année.

Relations gouvernementales

L'étendue et la profondeur de ce travail et de ces activités



sont grandement améliorées par le travail de Meagan Hatch, notre gestionnaire des affaires publiques et des communications :

- Réunion avec la sénatrice Jane Cordy, juin 2012
- Réunion avec le parti NDP de CB à l'invitation du CPBC afin de discuter de l'accès aux services psychologiques, septembre 2012
- Réunion avec les ministères d'Éducation et de la Santé au Nouveau-Brunswick afin de discuter de la loi sur les normes d'admission à la pratique à l'invitation du CPNB en octobre 2012
- Rencontre avec l'honorable **Bob Rae** afin de discuter des obstacles et des possibilités de promotion de l'accès aux services et aux soutiens psychologiques.
- Forum de santé mentale pour les Forces canadiennes, octobre 2012

Mémoire prébudgétaire de 2013 au gouvernement fédéral où nous avons offert un certain nombre de solutions au gouvernement fédéral permettant d'améliorer l'accès aux services de psychologie et à la recherche. La SCP a été invitée par la suite à présenter son mémoire au Comité des finances du gouvernement.

Consultation au sujet d'un **projet de loi d'initiative parlementaire axé sur le Crédit d'impôt pour personnes handicapées (CIPH)**. La SCP a été invitée à faire une présentation au Comité des finances sur la loi proposée sur l'impact sur les personnes handicapées qui demandent le crédit.

Rencontre les représentants de l'**Association canadienne des compagnies d'assurance de personnes (ACCAP)** afin de discuter de la couverture d'assurance pour les services de psychologie dans le cadre de régimes d'assurance maladie complémentaires.

La SCP continue de travailler et d'entretenir des conversations avec le **ministère de la Défense nationale**. Un atelier pré-congrès intitulé Evidence-Based Assessment, Treatment, and Special Considerations for Military-Related Posttraumatic Stress Disorder a été présenté au congrès 2013. Nous avons aussi rencontré le **ministre MacKay** au sujet des besoins et de l'accès aux services de psychologie pour les militaires.

Les psychologues en tant que praticiens qualifiés pour soumettre des rapports à l'appui de demandes de pensions d'invalidité fédérales de patients lorsqu'elles sont liées à des troubles psychologiques et à l'appui des employés du gouvernement fédéral demandant l'assurance-invalidité sur le lieu de travail. En réponse aux demandes de renseignements des membres, la SCP a communiqué avec le gouvernement du Canada au sujet de ces deux questions qui doivent être clarifiées et a souligné que l'expertise des psychologues leur permettrait de fournir des conseils d'expert pour les demandes d'invalidité liées aux troubles psychologiques.

Nous avons rédigé une **lettre d'intention axée sur le besoin d'harmoniser les normes d'admission à la pratique** partout au pays par des programmes et des normes de formation qui régissent l'assurance de la qualité de la formation. La lettre d'in-

tentention s'appuie sur la position de la SCP de 2012 qui préconisait le diplôme de doctorat comme norme d'admission à la pratique de la psychologie au Canada. La SCP tient actuellement des consultations et sollicite l'appui des organisations provinciales-territoriales et nationales de psychologie, ainsi que des programmes d'internat et de doctorat agréés, en ce qui concerne la lettre d'intention. La SCP entend faire parvenir cette lettre aux ministères provinciaux et territoriaux de la santé en 2013.

Accompagnée d'autres organisations partenaires, la SCP a rencontré les représentants du ministère de la Justice au sujet du **projet de loi C-54 (Loi sur la réforme de la non-responsabilité criminelle)**. De nombreuses personnes dans la communauté de la santé mentale se disent préoccupées du fait que la loi établit un lien disproportionnel entre la maladie mentale et le crime violent, ce qui a pour effet de perpétuer la stigmatisation.

Présentation au Comité permanent des finances de la Chambre des communes sur les conséquences non voulues des changements proposés en 2013 à la TPS/TVH sur la pratique de la psychologie.

En 2012-2013, nous avons travaillé avec plusieurs associations provinciales membres de la Direction générale de la pratique de la SCP à l'aide de notre outil de représentation en ligne pour faire parvenir des messages de psychologie scientifique et de pratique aux candidats aux élections provinciales et territoriales ainsi qu'aux représentants élus. Vous pouvez obtenir plus d'information sur les campagnes épistolaires électroniques de [Tyler Stacey-Holmes](#).

Faits saillants sur l'éducation et la formation

Le Jury d'agrément a été très actif pendant le congrès de la SCP, qui se tenait à Québec cette année. Au programme : un atelier pour les visiteurs d'établissements, une séance de discussion ordinaire et une nouvelle activité, qui visait à faire mieux comprendre l'esprit qui sous-tend les normes d'agrément. Les séances ont été très populaires; elles ont donné aux participants l'occasion unique de discuter des meilleures façons d'interpréter et de mettre en place les normes d'agrément. Vous pouvez vous procurer des copies des présentations PowerPoint utilisées lors des séances de discussion en vous rendant sur le site Web de la SCP à la page <http://www.cpa.ca/accréditation/resources> (section « Presentations of Interest », en anglais). On trouve également sur la même page des liens conduisant à chaque section du Manuel d'agrément.

En juin 2013, D^{re} Melissa Tiessen, registraire, D^r Stephan Kennepohl, coprésident du Jury d'agrément de la SCP, et D^{re} Ada Sinacore, présidente de la Section de la psychologie du counselling, ont fait une présentation au congrès annuel de l'Association des services aux étudiants des universités et collèges du Canada (ASEUCC), qui se tenait à Montréal. Cette présentation avait pour but de donner de l'information sur les stages en psychologie du counselling offerts dans les centres d'orientation universitaires – une source sous-utilisée de possibilités de stages. Leur présentation a attiré un grand nombre de membres de partout au pays.

Le Jury d'agrément demande aux responsables de tous les



programmes de formation de lui faire part de leurs commentaires et suggestions sur les normes d'agrément qu'ils estiment les plus recherchées et les plus exigeantes. Veuillez vous rendre à l'adresse <http://goo.gl/8kD6R> afin de nous faire connaître votre opinion. De plus, nous vous rappelons d'utiliser le nouveau système de compte rendu électronique pour nous présenter vos rapports annuels ou vos formulaires d'autoformation. Prière de communiquer avec le [bureau d'agrément de la SCP](#) si vous avez besoin du lien pour y accéder (c.-à-d. nouveau programme ou lien déplacé).

En dernier lieu, nous adressons nos plus sincères remerciements à D^r Stephan Kennepohl, dont le mandat de coprésident du Jury d'agrément prenait fin cette année. D^{re} Sandra Clark, qui coprésidait le jury au côté de Stephan, assurera seule, et avec compétence, la présidence du Jury d'agrément en 2013-2014.

Partenariats et représentation en science

Consortium canadien pour la recherche (CCR). En 2012-2013, la chef de la direction de la SCP a été élue à la présidence du CCR. Le CCR s'est réuni au siège social de la SCP en novembre 2012 où nous avons servi un déjeuner pour les organisations membres du CCR avec les conseils subventionnaires du Canada. Les présidents du CRSH, du CRSNG et de la FCI étaient présents en plus d'un cadre de chez Mitacs. Ils ont tous partagé avec nous leurs points de vue et leurs positions sur le financement de la recherche en 2012-2013. Nous avons ensuite entamé une discussion en table ronde.

Le CCR s'est de nouveau réuni au siège social de la SCP en janvier 2013 et nous avons pu à ce moment nous engager dans des discussions stratégiques en regard des activités du CCR. Avec le retour de D^{re} Lisa Votta-Bleeker de son congé de maternité en mai 2013, elle a été nommée présidente du CCR en 2013.

CRSNG. Le Comité des affaires scientifiques (CAS) a préparé et envoyé une lettre au CRSNG au sujet de l'annulation du Programme de subventions d'outils et d'instruments de recherche (OIR) et a encouragé les membres à rédiger leurs propres lettres. Le CAS a aussi présenté une rétroaction au plan d'affectation des budgets à des groupes évalués dans le cadre du Programme de subvention à la découverte en réponse à un rapport du Conseil des académies canadiennes.

CRSH. La gestionnaire des activités scientifiques de la SCP, Ashley Ronson, a achevé un rapport sur l'enseignement et l'apprentissage aux études supérieures. La SCP a entrepris ce rapport dans la foulée des discussions avec le président du CRSH, D^r Chad Gaffield, sur l'importance de la pédagogie fondée sur des données probantes aux études supérieures. Le rapport est actuellement examiné par des experts en contenu après quoi il sera envoyé au conseil d'administration de la SCP pour fins d'approbation. Lorsqu'il aura été approuvé, il sera envoyé et, nous l'espérons, présenté à D^r Gaffield en personne et sera partagé avec d'autres sociétés savantes et associations professionnelles ainsi que les membres de la SCP.

Fédération canadienne des sciences humaines (FCSH). La SCP a le plaisir de pouvoir aider à commanditer deux conférences Voir grand de la FCSH en février et en mars – celle de D^{re} Wendy Craig sur l'intimidation et la santé des enfants et celle de D^r Stéphane Bouchard sur la psychothérapie et la thérapie de la réalité virtuelle.

Forum de l'Institut canadien de recherche sur la santé des militaires et des vétérans (ICRSMV) 2012. La SCP a eu le plaisir de tenir un kiosque au forum de l'ICRSMV de recherche à Kingston, en Ontario (Novembre 2012). Le directeur exécutif de l'ICRSMV a accepté d'être le rédacteur en chef invité de notre numéro d'automne 2013 de *Psynopsis* qui portera entre autres sur la recherche et les services liés à la santé mentale dans le milieu militaire et des anciens combattants.

Réseau canadien de recherche et innovation en soins de santé primaires (RCRISSP). La SCP est membre du Réseau canadien de recherche et innovation en soins de santé primaires. Le RCRISSP vise à faciliter l'accroissement de modèles innovateurs des SSPC afin d'améliorer la qualité, l'accessibilité et le coût-efficacité des soins de santé primaires au Canada. La représentation de la SCP à ce réseau sera du ressort de D^{re} Votta-Bleeker maintenant qu'elle est revenue de son congé. D^{re} Votta-Bleeker demeure aussi membre du Comité consultatif de Soins en santé primaire – TUTOR.

Recherche Canada. D^{re} Cohen a assisté à la réunion de novembre 2012 de Recherche Canada – une organisation nationale dont la mission est d'améliorer la santé et la prospérité des Canadiens en mettant de l'avant le leadership mondial du Canada dans le domaine de la recherche en santé. Le thème de la réunion était le paysage changeant de la recherche et l'innovation en santé.

Academic Health Sciences Network (AHSN). D^{re} Cohen a assisté au symposium de l'AHSN qui a eu lieu en novembre 2012 à Ottawa. Les panélistes du Canada et de partout dans le monde ont communiqué de l'information au sujet de leurs organisations et des activités et parlé des enjeux et des défis auxquels font face les centres de science de la santé universitaires. La santé mentale occupait une place prépondérante en ce qui concerne les défis et les innovations; en premier lieu, une reconnaissance du besoin d'intégrer la santé physique et la santé mentale et une suggestion que les problèmes de santé mentale constituent un catalyseur pour le changement dans le système de santé.

Troisièmes prix annuels décernés en science aux élèves du secondaire. Lors du congrès de Québec nous avons présenté le troisième prix annuel en science pour les élèves du secondaire à Arin MacNeill pour son projet de recherche intitulé *Le stress et les media sociaux*. Ce prix a été rendu possible grâce à la générosité de notre commanditaire, la Banque Scotia.



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Revue canadienne des jeunes scientifiques. La SCP (sous la direction de D^{re} Lisa Votta-Bleeker) a conclu une entente avec la *Revue canadienne des jeunes scientifiques* d'aide à la révision de leurs articles en retour d'espace de publicité. D^{re} Votta-Bleeker a accepté une invitation à devenir membre de leur conseil d'administration qui vient d'être constitué. Il s'agit là d'une belle occasion de prêter notre expertise en recherche et d'appuyer les jeunes scientifiques.

Soutien à la recherche. La SCP reçoit de plus en plus de demandes pour rédiger des lettres de soutien et/ou devenir un collaborateur à des projets de recherche liés à la psychologie partout au pays. Récemment la SCP s'est engagée dans les projets sur l'immunisation de la douleur chez l'enfant, les pratiques exemplaires en déontologie d'éducation en psychologie, un réseau de recherche de pratique psychothérapeutique et les lignes directrices sur la nutrition pour les femmes. En plus d'appuyer les demandes de financement, la SCP peut aider à l'application des connaissances à diverses étapes d'un projet.

Conseil des académies canadiennes (CAC). Le CAC a publié un rapport intitulé *L'état de la science et de la technologie au Canada, 2012* où la psychologie et les sciences cognitives font partie des six secteurs de recherche où excelle le Canada. <http://goo.gl/Ia0kn>

Congrès international de psychologie appliquée (CIPA). Pour donner suite à notre proposition de juillet 2012 retenue pour l'organisation du CIPA en 2018 à Montréal, la SCP a élaboré un modèle d'affaires et travaille présentement avec l'Association internationale de psychologie appliquée (IAAP) afin d'en venir à une entente qui permettrait d'aller de l'avant avec l'organisation du congrès.

Partenariats et représentation dans la pratique

Direction générale de la pratique. Sous le leadership éclairé de la présidente du Conseil de la Direction générale de la pratique (DGP) de la SCP,

D^{re} Andrea Piotrowski, la DGP continue de faire de très grandes avancées pour la pratique dans sa troisième année de fonctionnement. Ces avancées ont été mises en lumière dans Psynopsis, décrites sur la page Web de la DGP et dans le rapport annuel de la SCP 2013. La Direction générale de la pratique souhaite la bienvenue à sa nouvelle gestionnaire, madame Amy Barnard.

Représentation pour un accès amélioré aux services de psychologie. En mai 2013, la SCP a publié le rapport qu'elle avait commandé intitulé *An Imperative for Change: Access to Psychological Services for Canada* (<http://goo.gl/dIUjp>). Le rapport décrit une analyse de rentabilité et évalue les modèles qui permettraient d'améliorer l'accès aux services de psychologie au Canada. Le rapport s'accompagnait d'un communiqué de presse, d'un discours à la Galerie de la presse sur la Colline parlementaire et s'accompagnera d'un coffre à outils de représentation que les associations canadiennes de psychologie peuvent utiliser pour promouvoir les recommandations du rapport au sein de leurs administrations. L'activité de représentation de la SCP en 2013-2014 sera de promouvoir les recommandations du rapport auprès des employeurs et des assureurs clés et du gouvernement fédéral dans ses domaines de compétence et en tant que grand employeur.

Groupe Action Santé (HEAL). D^{re} Cohen continue à titre de coprésidente de HEAL à travailler avec le Groupe de travail sur l'innovation en matière de santé (GTIMS) du Conseil de la fédération (<http://goo.gl/9KSG1>). En 2012-2013, elle a aidé à représenter l'alliance à l'un des comités du GTIMS – la pratique collaborative en équipe. Le GTIMS est une table de toute première importance – et certains oseraient même dire qu'elle est la seule – qui se penche sur l'innovation dans les soins de santé au Canada. La SCP a réussi à faire passer le message au GTIMS que la vraie innovation dépendra de l'examen et de la révision des modèles de financement. Les modèles de financement traditionnels qui rémunèrent les fournisseurs désignés pour des services désignés, même en pro-



mettant l'innovation, ne recevront pas le soutien ou l'assentiment de nombreux groupes de fournisseurs de soins de santé réglementés dont les services ne sont pas financés par les régimes d'assurance publics de santé. D^{re} Cohen a aidé à l'élaboration de documents d'information pour les fournisseurs de soins de santé partout au pays au sujet du travail du GTIMS <http://goo.gl/Yoo77>.

Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM). L'ACMMSM a convoqué une réunion des membres en février 2013 afin de discuter de ses priorités stratégiques pour 2013 (dont certaines font appel à l'accès aux services de psychologie, à du financement ciblé pour la santé mentale et la santé dans les administrations fédérales), ses activités de sensibilisation à la maladie mentale de 2013, ainsi que le projet de loi C-54 (Loi sur la réforme de la non-responsabilité criminelle). L'ACMMSM a tenu son gala des champions 2013 à Ottawa en mai. La campagne d'octobre 2012 « Visages de la maladie mentale » nommait cinq visages de la santé mentale et ces personnes nous ont joints pour une célébration et une journée de lobbies sur la Colline parlementaire. En tout, environ 25 rencontres ont été convoquées avec des sénateurs et des parlementaires et une audience avec leurs excellences le très honorable gouverneur général du Canada et son épouse. Un événement semblable est planifié pour octobre 2013. Il se trouve plus d'information à l'adresse <http://ca-mimh.ca>. D^{re} Cohen continuera à titre de

présidente des activités de sensibilisation à la maladie mentale de l'ACMMSM jusqu'à la fin de 2013.

Commission de la santé mentale du Canada (CSMC). En octobre 2012, la CSMC a convoqué un forum de leadership. L'ordre du jour du forum comprenait un examen de l'activité de la CSMC de la santé mentale en soins primaires et la sécurité psychologique dans le milieu de travail. Fait remarquable, les principaux conférenciers à l'ouverture et à la clôture (ni l'un ni l'autre n'était psychologue) ont tous deux préconisé un meilleur accès aux services de psychologues pour les Canadiens.

En janvier 2013, la CSMC a publié le rapport qu'elle avait commandé sur la santé psychologique et la sécurité dans le milieu de travail. Pour plus d'information et pour accéder au rapport, rendez-vous à l'adresse <http://goo.gl/N6DPB>. La SCP a aussi accepté l'invitation de faire partie d'un comité directeur pour conseiller la CSMC sur le développement d'une infrastructure pour la cybersanté mentale.

Sommet des fournisseurs de soins de santé 2013. La SCP continue de siéger à un comité consultatif de l'Association médicale canadienne et de l'Association des infirmières et infirmiers du Canada. À l'occasion du sommet D^{re} Cohen a prononcé un discours sur le défi en mai 2012 et février 2013. On espère que les sommets produiront des outils que les fournisseurs peuvent recommander pour faciliter le changement dans le système de santé.



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CALL FOR NOMINATIONS FOR PRESIDENT-ELECT AND ONE DIRECTOR ON THE CPA BOARD OF DIRECTORS FOR 2014

Nominations are required for President-elect and one Section nominated practitioner director who will assume office at the 2014 Annual General Meeting. The President-elect is nominated by all members as defined in By-Law 7.02. Please note that nominations President-elect require the support of **five Members/Fellows**.

INSTRUCTIONS FOR NOMINATIONS FOR PRESIDENT-ELECT

Members and Fellows of the Canadian Psychological Association are invited to nominate for the President-elect. Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. **It must be accompanied by a letter from the nominator and four letters of support** that states the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination.

The names and supporting materials of nominees must be received by **November 11, 2013** at CPA Head Office and should be sent preferably by email to:

governance@cpa.ca

Dr. Jennifer Frain

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

INSTRUCTIONS FOR ONE SECTION-NOMINATED DESIGNATED DIRECTOR-PRACTITIONER

Designated Directors who are nominated by the Sections represent the three categories of Scientist, Scientist-Practitioner and Practitioner. For the 2014 elec-

tions, nominations are required for one Practitioner seat.

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

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

Practitioners are persons who indicate that their major professional activity involves service delivery, and whose CV's are judged by the nominating section to meet these criteria.

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

The name(s) of section nominee(s) for the designated director of practitioner position must be received at CPA Head Office by **November 11, 2013** and should be sent preferably by email to:

governance@cpa.ca

Ms. Dawn Hanson & Dr. Judi Malone
Co-Chairs, CPA Committee on Sections
Canadian Psychological Association
141 Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

PRESENT BOARD REPRESENTATION

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

President: Wolfgang Linden, University of British Columbia, Vancouver, Clinical, BC

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

President-elect: Kerry Mothersill, Alberta Health Services, Calgary, Clinical, AB

DIRECTOR RETIRING 2014

Practitioner: Dorothy Cotton, Kingston, Neuropsychology, Criminal Justice System, ON

DIRECTOR RETIRING 2015

At-large reserved for a Francophone: Marie-Hélène Pelletier, Private Practice, Vancouver, BC

Director representing the CPA's Section on Students:

Justin Feeney, Doctoral Student, University of Western Ontario, I/O, ON

DIRECTORS RETIRING 2016

Scientist: John Meyer, University of Western Ontario, I/O, ON

Scientist-Practitioner: Donald Saklofske, University of Western Ontario, Clinical, ON

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

At-large: Judi Malone, Athabaska University, Health Psychology, AB

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

Director representing the Council of Canadian Departments of Psychology (CCDP): Valerie Thompson, University of Saskatchewan, Brain and Cognitive Science, SK



APPEL DE MISES EN CANDIDATURE AU CONSEIL D'ADMINISTRATION DE LA SCP POUR LES POSTES DE PRÉSIDENT DÉSIGNÉ ET UN POSTE D'ADMINISTRATEUR POUR 2014

Des mises en candidature sont requises pour le poste de président désigné et un poste d'administrateur désigné praticien nommé par les sections qui assumeront leur fonction lors de l'assemblée générale annuelle de 2014. Le président désigné est nommé par tous les membres comme le stipule le règlement 7.02. Les mises en candidature **doivent être appuyées par cinq membres ou fellows.**

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

Les mises en candidature pour le poste de président désigné accompagnées des pièces nécessaires pour appuyer ces candidatures devront être acheminées au plus tard le **11 novembre 2013**, préférablement par courriel, à l'adresse suivante :

governance@cpa.ca

D^{re} Jennifer Frain

Présidente du Comité des mises en candidature

Société canadienne de psychologie
141 avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5J3

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LE POSTE D'ADMINISTRATEUR DÉSIGNÉ PRATICIEN NOMMÉS PAR LES SECTIONS

Les administrateurs désignés nommés par les sections représentent les trois catégories de membres de la SCP : scientifique, scientifique-praticien et praticien. Pour les élections de 2014, des candidatures pour un poste de praticien sont requises.

Tout membre ou fellow de la SCP qui est également membre d'une ou de plusieurs sections peut présenter une mise en candidature à la section (ou sections) dont il est membre. Les sections ont la responsabilité de déterminer leurs propres procédures pour examiner les mises en candidature reçues de leurs membres pour les postes désignés.

Toutes les Sections sont invitées à faire des mises en candidature pour le poste vacant de **praticien**.

Les **praticiens** sont des personnes qui ont indiqué la prestation de services comme principales activités professionnelles et dont le curriculum vitae est jugé conforme à ces critères par la section faisant la mise en candidature.

Chacune des sections doit faire parvenir le nom de leurs candidats aux postes d'administrateur désigné praticien au siège social **avant le 11 novembre 2013** préférablement par courriel à l'adresse suivante :

governance@cpa.ca

Madame Dawn Hanson &

D^{re} Judi Malone Co-présidentes

du Comité sur les Sections

Société canadienne de psychologie
141, avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5H3

COMPOSITION ACTUELLE DU CONSEIL D'ADMINISTRATION

Président : Wolfgang Linden, University of British Columbia, Vancouver, Clinique, BC,

Président sortant : Jennifer Frain, New Directions for Children, Youth, Adults

& Family, Winnipeg, MB

Président désigné : Kerry Mothersill, Alberta Health Services, Calgary, Clinique, AB

ADMINISTRATEUR DONT LE MANDAT SE TERMINE EN 2014

Praticien: Dorothy Cotton, Kingston, ON, Neuropsychologie et justice pénale

ADMINISTRATEURS DONT LE MANDAT SE TERMINE EN 2015

Non-désigné réservé à un(e) psychologue francophone :

Marie-Hélène Pelletier, pratique privée, Vancouver, CB

Administrateur représentant la Section des étudiants de la SCP :

Justin Feeney, Doctorant, University of Western Ontario, Industrielle et organisationnelle. ON

ADMINISTRATEURS DONT LE MANDAT SE TERMINE EN 2016

Scientifique : John Meyer, University of Western Ontario, Industrielle et organisationnelle, ON

Scientifique-praticien : Donald Saklofske, University of Western Ontario, Clinique, ON

Non désigné réservé à un(e) psychologue détenant une maîtrise : Dawn Hanson, Winnipeg, pratique privée, MB

Non désigné : Judi Malone, Athabaska University, Psychologie de la santé, AB

Psychologue expérimentale menant de la recherche fondamentale : Aimée Surprenant, Memorial University, TN

Administrateur représentant le Conseil canadien des départements de psychologie (CCDP) : Valerie Thompson, University of Saskatchewan, Cerveau et science cognitive, SK



CALL FOR NOMINATIONS FOR ELECTION TO THE STATUS OF FELLOW OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION 2014

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.

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.

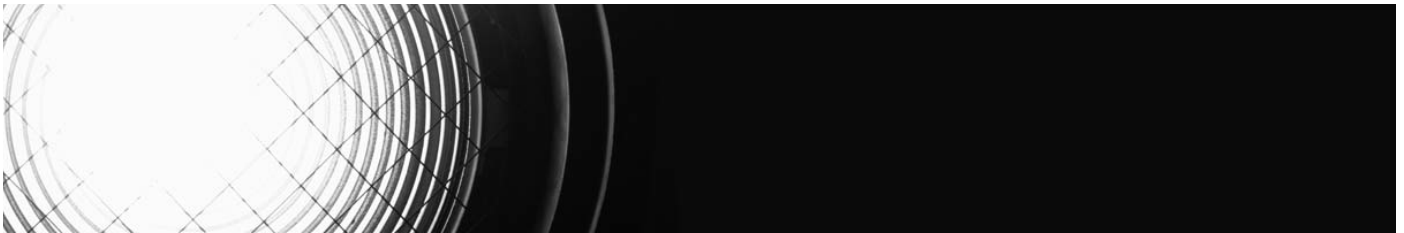
Nominations must be submitted preferably by email (in PDF format) **by NOVEMBER 30**, and must be accompanied by the nominee's curriculum vitae/resume, together with **supporting statements by at least three nominators**, to:

governance@cpa.ca

Dr. Jennifer Frain

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/fellows/>



Psychology in the Spotlight...

Have you received a grant, fellowship or research chair, started an innovative practice, achieved an important research finding, or received an award? If so, we want to know about it. Send us an article of 400 to 900 words that describes the work that led to your achievement and we will consider it for a new Psynopsis column called Psychology in the Spotlight. Note that depending on space and numbers of submissions, submissions may be queued and/or limited to 400 words. For more information, contact Tyler Stacey-Holmes publicrelations@cpa.ca

APPEL DE MISES EN CANDIDATURE POUR LE TITRE DE FELLOW DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE POUR 2014

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.

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. Préférentiellement, 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 préférentiellement 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 :

governance@cpa.ca

D^{re} Jennifer Frain
Présidente 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/fellows/>



La psychologie sur la sellette...

Vous avez reçu une subvention, une bourse ou une chaire de recherche? Vous avez instauré une pratique novatrice, obtenu des résultats de recherche importants, reçu un prix? Nous voulons le savoir! Faites-nous parvenir un article d'au plus 900 mots, dans lequel vous décrivez vos réalisations, et nous le publierons dans une nouvelle rubrique de Psynopsis, appelée La psychologie sur la sellette. Pour en savoir plus, communiquez avec Tyler Stacey-Holmes, à l'adresse publicrelations@cpa.ca.



CALL FOR NOMINATIONS FOR 2014 CPA AWARDS

CPA Gold Medal Award For Distinguished Lifetime Contributions to Canadian Psychology

This award is presented to CPA Members or Fellows who have given exceptional and enduring lifetime contributions to Canadian psychology during their career.

Eligibility for this award is limited to CPA Members or Fellows who are 65 years of age or older. The members of the Committee on Fellows and Awards and the members of the Board of Directors of CPA are ineligible.

CPA Donald O. Hebb Award for Distinguished Contributions to Psychology as a Science

This award is presented to CPA Members or Fellows who have made a significant contribution to Canadian psychology as a scientific discipline. The recipient of this award should be a CPA Member or Fellow who meets at least one of the following criteria:

1. Whose research has enhanced the knowledge base of psychology;
2. Whose influence has been exerted through leadership as a teacher, as a theorist, as a spokesperson for the discipline, and/or as a developer of public policy regarding the science of psychology; or
3. Whose work has substantially influenced the development of psychology.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on Canadian psychology as a science.

Members of the Committee on Fellows and Awards and members of the CPA Board of Directors are ineligible.

CPA Education and Training

Award for Distinguished Contributions to Education and Training in Psychology in Canada

This award is presented to CPA Members or Fellows who have made a significant contribution to education and training in psychology in Canada. The recipient of this award should be a CPA Member or Fellow who meets at least one of the following criteria:

1. Whose influence on education and training has been exercised through excellence and/or leadership as a teacher;
2. Whose work as a teacher, researcher, supervisor and/or administrator has influenced the methods and settings utilized in education and training, in ways of significant benefit to that endeavour;
3. Whose scholarship in education and/or training has enhanced the knowledge base in these areas; or
4. Whose work has had the effect of bringing about changes in education and/or training practices.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on education and training in psychology in Canada.

Members of the Committee on Fellows and Awards and members of the CPA Board of Directors are ineligible.

CPA Professional Award for Distinguished Contributions to Psychology as a Profession

This award is presented to CPA Members or Fellows who have made a significant contribution to Canadian psychology as a profession. The recipient of this award should be a CPA Member or Fellow who meets at least one of the following cri-

teria:

1. Whose work has influenced the method, settings, and/or persons involved in applied practice, in ways of significant benefit to the profession and its clients;
2. Whose empirical research has enhanced the knowledge base of professional psychology;
3. Whose influence has been exerted through leadership as a teacher, as a clinician, as a theorist, and/or as a spokesperson in public and/or professional arenas; or
4. Whose work has had the effect of bringing about changes in practice or training performed by others, or redirection of efforts in applied work.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on Canadian psychology as a profession.

Members of the Committee on Fellows and Awards and members of the CPA Board of Directors are ineligible.

CPA Award for distinguished Contributions to the International Advancement of Psychology

This award is presented to CPA Members or Fellows who have made significant contributions to the international advancement of psychology. The recipient of this award should be a CPA Member or Fellow who has made distinguished and enduring contributions to international cooperation and advancement of knowledge in psychology. In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on the international

advancement of psychology.

The members of the Committee on Fellows and Awards and the members of the CPA Board of Directors are ineligible.

CPA Award for Distinguished Contributions to Public or Community Service

This award is presented to CPA Members or Fellows who have made outstanding contributions in serving the public or a community through their knowledge and practical skills. In whatever form they are regarded as distinguished, such contributions must be directed to and on behalf of the public or a community.

Consideration is given to psychologists whose professional involvement has resulted in a major benefit to the public as well as those who have made significant contributions to special populations such as those who have disabilities, are disadvantaged or underprivileged, or are members of a minority group. Psychologists, who are active in legislative, legal, political, organizational and other areas that are directed at providing benefits to the public or a community, are also considered.

The members of the Committee on Fellows and Awards and the members of the CPA Board of Directors are ineligible.

CPA Distinguished Practitioner Award

This award is presented to CPA Members or Fellows who have made distinguished contributions in the practice of psychology. The recipient will have made his or her contributions as a full-time practitioner in applied psychology (e.g., clinical, counseling, education, indus-



trial/organizational, forensic, health). In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on the application of psychology.

The members of the Committee on Fellows and Awards and the members of the CPA Board of Directors are ineligible.

CPA Award for Distinguished Lifetime Service to the Canadian Psychological Association

This award is presented to CPA Members or Fellows who have given exceptional service to the Association during their career. The recipient of this award should be a CPA Member or Fellow who has made distinguished and enduring lifetime contributions to the Association.

Eligibility is limited to CPA Members or Fellows who are 65 years of age or older. Members of the Committee on Fellows and Awards and the members of the Board of directors of CPA are ineligible.

CPA John C. Service Member of the Year Award

This award is presented to CPA Members or Fellows who have given exceptional service or made a distinguished contribution to the Association during the year.

The members of the Committee on Fellows and Awards and the members of the Board of Directors of CPA are ineligible.

CPA Humanitarian Award

This award is presented to outstanding individuals or organizations (psychological or non psychological) whose commitment and persistent endeavors have significantly enhanced the psychological health and well being of the people of Canada, at the local, provincial

or national level. The recipient of the award should meet the following criteria:

1. The individual must hold Canadian citizenship or resident status at the time of the award;
2. The organization must be registered as an organization in Canada at the time of the award;
3. The contribution must be shown to have made a significant and demonstrable impact on the psychological health and well-being of the Canadian community; and
4. The goal of the contribution must be to enhance the psychological health and well being of the Canadian community and not for self-advancement.

Members of the Committee on Fellows and Awards and members of the CPA Board of Directors are ineligible for nomination.

The Humanitarian Award is made by the Board. CPA Members and Fellows should send nominations to the Chair of the Committee on Fellows and Awards.

NOMINATIONS PROCEDURES FOR CPA AWARDS

Nominations must include a letter of nomination, 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.

Should the nominee not be selected the year submitted, he or she will automatically be re-considered in each of the next two years.

The members of the Committee on Fellows and Awards and the members of the CPA Board of Directors are ineligible.

The deadline for receipt of nominations and supporting materials is October 15. Nominations should be preferably emailed (in PDF format) to:

governance@cpa.ca

or mailed to :

Dr. Jennifer Frain

Chair of the Committee on Fellows and Awards

Canadian Psychological Association

141, Laurier Avenue West, Suite 702

Ottawa, Ontario K1P 5J3

The list of previous CPA Award recipients is available on the CPA Web Site at

<http://www.cpa.ca/aboutcpa/cpaawards/>

CALL FOR NOMINATIONS FOR THE 2014 CPA PRESIDENT'S NEW RESEARCHER AWARDS CPA PRESIDENT'S NEW RESEARCHER AWARDS GUIDELINES

These awards recognize the exceptional quality of the contribution of new researchers to psychological knowledge in Canada. Selection of award recipients is based on the examination of the applicant's record of early career achievement. A maximum of three awards are conferred annually in diverse areas of psychology.

Eligible candidates must meet the following criteria:

1. Be a CPA member with five years or less post-graduate training experience (e.g., post-Masters, post-Ph.D.);
2. Be within 5 years of completing their graduate degree (e.g., Masters, doctorate) and no longer enrolled as a student in a graduate program. Therefore a student who has graduated from a Masters program but is still in a doctorate program is not eligible for the award.
3. Students enrolled in post-doctoral programs must be CPA members to be considered for the award (not student members).

The winners will receive a certificate and a \$500 cash award that will be presented during the CPA Convention. The winner will also receive a year's free membership and a free registration to attend the following CPA convention and participate in a symposium.

The review committee is composed of the President, the immediate Past President, the President-elect, and the Chair of the Scientific Affairs Committee.

Submissions must be sent by October 15 and must include the candidate's curriculum vitae (in PDF Format), a letter of nomination, and three letters of support written in the last calendar year by current CPA Fellows or Members. Submissions are directed preferably by email to:

governance@cpa.ca

or by mail :

CPA President's New Researcher Awards

Canadian Psychological Association

141, Laurier Avenue West, Suite 702

Ottawa, Ontario, K1P 5J3

APPEL DE MISES EN CANDIDATURE POUR LES PRIX DE LA SCP 2014

Prix de la Médaille d'or pour contributions remarquables à la psychologie au cours de l'ensemble de la carrière

Ce prix sera accordé à des personnes qui ont apporté des contributions éminentes et durables à la psychologie canadienne tout au long de sa vie.

L'admissibilité est limitée aux membres ou aux fellows en règle âgés de 65 ans et plus. Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la SCP ne sont pas admissibles.

Prix Donald O. Hebb pour contributions remarquables à la psychologie en tant que science

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à la psychologie, au Canada, en tant que science. Le récipiendaire de ce prix répondra à au moins l'un des critères suivants:

1. avoir effectué des recherches qui ont permis d'élargir la base de connaissances de la psychologie;
2. avoir exercé une influence en jouant un rôle de chef de file en tant que professeur, théoricien, conférencier ou concepteur de politiques publiques relatives à la psychologie comme science;
3. avoir réalisé des travaux qui ont influé de façon significative sur le développement de la psychologie.

Quelle que soit la forme de la contribution considérée comme éminente, le travail de la personne doit se répercuter sur la psychologie en tant que science.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix de l'éducation et de la formation pour contributions remarquables à l'éducation et la formation en psychologie au Canada

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'enseignement de la psychologie au Canada et à la formation en ce domaine. Le récipiendaire de ce prix répondra à au moins l'un des critères suivants:

1. avoir exercé une influence sur l'éducation et la formation grâce à son excellence ou son leadership comme professeur;
2. avoir réalisé des travaux, comme professeur, chercheur, surveillant ou administrateur, qui ont une très grande incidence positive sur les méthodes et les cadres utilisés en éducation et en formation;
3. avoir réalisé, comme universitaire, des travaux en éducation ou en formation qui ont permis d'élargir la base de connaissances dans ces deux domaines;
4. avoir réalisé des travaux qui ont entraîné des changements dans les pratiques utilisées en éducation ou en formation.

Quelle que soit la forme de la contribution considérée comme éminente, le travail de la personne doit se répercuter sur l'éducation et la formation en psychologie, au Canada.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix professionnel pour contributions remarquables à la psychologie en tant que profession

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contribu-

tions à la psychologie, au Canada, en tant que profession. Le récipiendaire de ce prix répond à au moins l'un des critères suivants:

1. avoir effectué des travaux ayant influé sur les méthodes, les cadres ou les personnes engagées dans la pratique appliquée de façon que la profession et les clients en tirent des avantages importants;
2. avoir réalisé des travaux de recherche empirique ayant permis d'élargir la base de connaissances sur la psychologie en tant que profession;
3. avoir fait fonction de chef de file en tant que professeur, clinicien, théoricien ou porte-parole auprès du grand public ou sur des tribunes professionnelles;
4. avoir réalisé des travaux qui ont entraîné des changements dans la pratique ou les activités de formation exécutées par d'autres ou qui ont réorienté les efforts déployés en psychologie appliquée.

Quelle que soit la forme de la contribution considérée comme éminente, le travail de la personne doit se répercuter sur la psychologie au Canada en tant que profession.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix pour contributions remarquables à l'avancement international de la psychologie

Ce prix sera accordé à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'avancement international de la psychologie. Le récipiendaire de ce prix devrait être une personne qui a apporté des contributions éminentes et durables à la coopération internationale

et à l'avancement des connaissances en psychologie. Quelle que soit la forme qu'aient pu prendre les contributions jugées éminentes, les travaux des candidats devront avoir eu une incidence sur l'avancement international de la psychologie.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix pour contributions remarquables au service public ou communautaire

Ce prix sera accordé à des membres ou fellows de la SCP qui ont apporté d'éminentes contributions en servant le public ou une collectivité grâce à leurs connaissances et à leurs compétences pratiques. Quelle que soit la forme qu'aient pu prendre les contributions jugées remarquables, celles-ci devront avoir été orientées vers le service au public ou à la collectivité.

On étudiera les candidatures de psychologues dont l'activité professionnelle a beaucoup profité au public, ainsi que ceux qui ont fait d'importantes contributions à des groupes spéciaux comme les personnes atteintes d'invalidité, les personnes défavorisées ou désavantagées ou encore celles qui sont membres de groupes minoritaires. Seront aussi étudiées les candidatures des psychologues qui sont actifs dans les domaines législatif, juridique, politique, organisationnel et autres qui visent à offrir des avantages au public ou à une communauté.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.



Prix pour contributions remarquables à l'exercice de la psychologie

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'exercice de la psychologie. Le récipiendaire de ce prix se sera démarqué à titre de praticien à plein temps dans le domaine de la psychologie appliquée (par ex., psychologie clinique, counseling, éducation, psychologie industrielle et organisationnelle, psychologie judiciaire, santé). Peu importe la forme des contributions proposées que l'on estimera comme remarquables, il faudra reconnaître les répercussions de celles-ci sur l'application de la psychologie.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix pour contributions remarquables à la société canadienne de psychologie au cours de l'ensemble de la carrière

Ce prix sera accordé à des membres ou fellows de la SCP qui ont apporté des contributions éminentes et durables à la Société canadienne de psychologie tout au long de sa vie.

L'admissibilité est limitée aux membres ou aux fellows de la SCP âgés de 65 ans et plus. Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la SCP ne sont pas admissibles.

Prix du membre de l'année John C. Service

Ce prix sera accordé à des membres ou fellows de la SCP qui ont fourni des services exceptionnels ou apporté une contribution éminente à la Société canadienne de psychologie au cours de l'année.

Les membres du Comité des fellows et des prix, de même que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Prix pour réalisation humanitaire

Ce prix est décerné à des personnes ou des organismes reliés ou non à la psychologie, dont l'engagement et l'application constante ont permis d'améliorer considérablement la santé psychologique et le bien-être des Canadiens, aux paliers régional, provincial ou national.

Le récipiendaire de ce prix doit répondre aux critères suivants:

1. l'individu doit être citoyen canadien ou avoir le statut de résident au moment de l'attribution du prix;
2. l'organisme doit être enregistré en tant que tel au Canada au moment de l'attribution du prix;
3. il faut prouver que la contribution a eu une incidence significative et démontrable sur la santé psychologique et le bien-être de la collectivité canadienne;
4. l'objectif de la contribution doit être d'améliorer la santé psychologique et le bien-être de la collectivité canadienne et non de favoriser l'avance-

ment personnel du candidat.

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'administration de la Société canadienne de psychologie ne sont pas admissibles.

Le prix pour réalisation humanitaire est décerné par le Conseil d'administration. Les membres ou fellows de la SCP sont invités à soumettre des candidatures au président du Comité des fellows et des prix.

MODALITÉS DE MISE EN CANDIDATURE

Les mises en candidature pour ces prix consistent en une lettre d'un membre ou d'un fellow de la Société proposant la candidature, accompagnée du curriculum vitae du candidat ainsi qu'**au moins trois lettres d'appui** écrites durant l'année en cours par des membres ou fellows. Une lettre au plus doit provenir de l'institution où travaille le candidat.

Si le ou la candidate n'est pas

élu (e) l'année de la mise en candidature, il ou elle sera admissible pour les deux années suivantes.

Les membres du comité des fellows et des prix ainsi que les membres du Conseil d'administration ne sont pas admissibles.

La date limite pour la réception des mises en candidature est le 15 octobre. Prière de faire parvenir les mises en candidature par courriel (préférentiellement en format PDF) à :

governance@cpa.ca

ou par la poste :

D^{re} Jennifer Frain

Présidente du Comité

des fellows et des prix

Société canadienne

de psychologie

141 Avenue Laurier ouest,

Bureau 702

Ottawa, Ontario K1P 5J3

Pour liste des lauréats des prix de la SCP précédents, veuillez consulter notre site web au <http://www.cpa.ca/aproposdelasec/prixdelasec/>.

APPEL DE MISES EN CANDIDATURE POUR LE PRIX DU NOUVEAU CHERCHEUR DÉCERNÉ PAR LE PRÉSIDENT DE LA SCP 2014

Ce prix sera décerné à de nouveaux chercheurs qui ont enrichi de façon exceptionnelle les connaissances en psychologie au Canada. La sélection des candidats doit être basée sur leur réalisation à titre de jeune chercheur ainsi que sur la qualité de l'article soumis. Trois prix au plus seront décernés chaque année.

Les candidats admissibles doivent répondre aux critères suivants:

1. Être membre de la SCP et posséder cinq années d'expérience ou moins liée à la formation de deuxième ou de troisième cycle (suivant la maîtrise ou le doctorat);
2. Avoir terminé son diplôme d'études supérieures (par ex. une maîtrise ou un doctorat) dans moins de cinq ans et ne plus être inscrit à un programme d'études supérieures. Cependant, un étudiant titulaire d'une maîtrise mais qui est encore dans un programme de troisième cycle n'est pas admissible.
3. L'étudiant inscrit dans un programme postdoctoral doit nécessairement être membre à part entière de la SCP (et non membre étudiant) pour être admissible.

Les lauréats recevront un certificat et un montant de 500 dollars qui leur seront remis durant le congrès annuel de la SCP. Ils pourront également assister gratuitement au congrès de la SCP de la même année et participer à un symposium.

Le comité d'examen est composé du président, du tout dernier président sortant, du président démissionné et du président du Comité des affaires scientifiques.

Les documents, comprenant la lettre de nomination, le curriculum vitae du candidat, ainsi que trois lettres d'appui écrites dans l'année courante, doivent être acheminés, préférentiellement par courriel en format pdf, avant le **15 octobre** à l'adresse suivante:

governance@cpa.ca

ou par la poste :

Prix du nouveau chercheur
décerné par le président de la SCP
Société canadienne de psychologie
141, avenue Laurier ouest,
bureau 702, Ottawa, Ontario K1P 5J3

Putting Patients First: The Mental Health and Addictions Action Plan

Following a recent commitment to develop a Mental Health and Addictions Action Plan for Saskatchewan, government has taken its first step by appointing a commissioner to lead this important initiative.

Saskatoon-based clinical psychologist Dr. Fern Stockdale Winder has agreed to advise the Minister of Health in the development of a plan to strengthen interventions for mental health and addictions issues for Saskatchewan people. Stockdale Winder also served as a board member and vice-chair to the Mental Health Commission of Canada.

“The commitment we made one month ago today was bold and will require a dedicated and focused leader as commissioner,” Health Minister Dustin Duncan said. “We want to take a patient-first approach to improving mental health services for our residents. The appointment of Dr. Stockdale Winder in this key role will ensure that experience, passion, and dedication will lead the work as we move forward on this much needed Action Plan.”

Stockdale Winder will lead a review of mental health and addictions services in the province. This will include a consultation with clients, families, stakeholders, and service providers across a broad range of the human services sector to determine what is working well, what requires improvement, and opportunities for prevention.

Following this engagement, the commissioner will report recommendations to the Minister of Health in the fall of 2014.

“I’m honoured to serve in this role,” Dr. Stockdale Winder said. “Working as a front-line clinician for the past 15 years in Saskatchewan has helped me to appreciate the lived reality of mental health and addictions issues and both the strengths and challenges of our systems and communities. Serving on the Board of Directors of the Mental Health Commission of Canada has given me the opportunity to see a wealth of creative solutions occurring across Canada, and I am eager to see what emerges from our province as we listen carefully to the feedback of our partners. I look forward to together producing a strategic and innovative vision for mental health and addiction needs in Saskatchewan.”

An Executive Steering Committee, chaired by the Minister of Health and made up of leaders from the Ministries of Education, Social Services, Corrections and Policing, as well as Justice, regional health authorities, aboriginal representatives, the education and policing sectors, as well as clients, will provide strategic oversight to the plan’s development.

[Source: <http://www.gov.sk.ca/news?newsId=be92b69e-fdf1-4ffd-959b-20244e32f6a0>]

The Canadian Psychological Association would like to congratulate Dr. Stockdale Winder on her appointment.

Report of CPA’s Evidence-Based Task Force: *Evidence-Based Practice of Psychological Treatments - A Canadian Perspective*

This work, led by psychology’s most eminent psychotherapy researchers, operationalizes what constitutes evidence-based practice in psychology and makes recommendations about how psychologists can best integrate evidence into practice to better inform patient care. It includes guidance for clinicians as well as consumers of psychological services.

[Click here](#) to read the Task Force’s Final Report. <http://goo.gl/ftidlt>

International Teaching: Challenges and Opportunities

By John Berry, Ph.D., Secretary,
International Relations Committee

In a sense, we are all teaching internationally. As pointed out by Biru Zhou in her article (*Psynopsis*, 2013), there are over 200,000 international students from 174 countries now studying in Canada. In addition, over 20% of the Canadian population was not born in Canada. Taken together, we are all now teaching students whose national, cultural and linguistic backgrounds challenge us to understand and meet the needs of those who do not always share our own backgrounds in psychology, or indeed in life in general. These issues become more salient when we travel to other parts of the world to teach and carry out research.

My own experience of international teaching began before I retired in 1999, and continued with greater frequency since then. From pre to post retirement, I have developed and delivered psychology courses in universities and departments within 12 different countries. This range of experiences has presented some specific opportunities and challenges, as well as some common ones.

Variations in features of the society, and the specific course and the language of the students, have all meant that some new content and some novel techniques for delivering courses were required. In those settings where English or French were either the first or second language, only changes in content and focus are required. The social, cultural or other issues that are relevant to the society, and to which psychology may contribute, require some prior understanding of these issues when preparing course materials. For example, in Europe the issues of immigration, acculturation and intercultural relations were a major focus.

Second, variations in the students' programme and course of study require an understanding of their prior knowledge of psychology (which varies a lot), and of their specific professional goals. For example, in Sri Lanka, there was an urgent need to train managers for the community rehabilitation centres that were established following the Tsunami that hit the South coast. A decision was made to develop a Masters in Social Work to meet this need, which in turn required a psychology course that was attuned to both the cultural and the psychosocial rehabilitation needs of the affected population. A second example was developing a course in the graduate programme in Comparative Education at Minzu University of the Nationalities in Beijing.

These students came from the Autonomous Regions from all over China to acquire the knowledge and skills required to become administrators of the school systems in their regions. This required a psychology course that considered cultural and cross-cultural issues in the development and display of human behavior in the varying cultural contexts in China

Third, for classes where English or French languages are not well-understood, help is required from bilingual assistants. I

have usually begun by asking students to assess their own language proficiency on a 10 point scale. They are then divided into work groups made up of students with a range of language proficiency. After delivering a 10 minute lecture, the assistant provides a short resume of the main points to the class, followed by discussion in the small groups. Those points that need clarification or expansion are then articulated by one of the more fluent members of the work group, and these points are addressed in the next lecture segment.

In all cases, there is also a personal challenge to adapt to the living conditions and social expectations of each society. In some, the social engage-

ments can be overwhelming, with frequent requests (and obligations) to be involved with faculty and students outside the classroom. In contrast, there can be a lot of time spent alone, which may be either too lonely for some, or be an opportunity to explore the numerous museums, galleries and concerts available in these cultural settings.

Living conditions may vary from a luxury hotel, to a private house or apartment, to a room in a faculty guest house, or even rudimentary digs. Be prepared to clarify ahead of time with your hosts where you will be asked to live, and under what conditions! Finally, do not expect to become rich from these international teaching opportunities. In many places the work is *pro bono*, with funding that is just enough to cover travel and living expenses. In others, while payment may be rather good, the temptation is always to stay on for a while after teaching is finished to explore the rest of the country and spend.

In many cases, these teaching positions also offer an opportunity to engage in collaborative cross-cultural research. In my case, virtually all my international teaching was at the invitation of colleagues with whom I was already carrying out research. As is the case for our work in Canada, this combination of teaching with research offers us the best of both worlds.



John Berry, Ph.D. (Center) with Chang Yoncai (his host, on his right), Prof Sude (the Dean of Education at Minzu University on his left) and colleagues at Minzu University, Beijing.



Psychology in the Spotlight: Lakehead University

*Suzanne Chomycz¹, Carolyn Houlding*¹, Alexandra Kruse¹,
Aislin Mushquash², & Christopher Mushquash, Ph.D.^{1, 3}*

The city of Thunder Bay is the major service center in northwestern Ontario and many of our students' current and future clients live in rural and northern areas, posing unique challenges in the provision of mental health services. Students in the Department of Psychology at Lakehead University sought to organize a training event focused on innovative treatments for rural and northern communities, essentially bridging the gap between urban training and services provided to clients in rural and northern communities.

The full day workshop occurred on September 28, 2012 and featured presentations from local and national professionals. Dr. Patrick McGrath, a clinical psychologist, Integrated Vice President, Research and Innovation, Capital District Health Authority and IWK Health Centre, Canada Research Chair, and professor at Dalhousie University, highlighted novel methods for improving service delivery in rural communities and discussed how these approaches are currently implemented across Canada. Dr. Judy Finlay, Associate Professor at Ryerson University, and former Ontario Child Advocate, described her experiencing developing collaborative partnerships with northwestern Ontario First Nations communities. Dr. Peter Braunberger, a child and adolescent psychiatrist in Thunder Bay and Assistant Professor at the Northern Ontario School of Medicine, stressed the importance of culturally sensitive approaches to providing services to First Nations clients from rural areas.

Dr. Fred Schmidt, a clinical psychologist at Children's Centre Thunder Bay and adjunct in the Department of Psychology at Lakehead University, described how technology could be used to improve the quality of rural mental health services.

Given the lack of training on rural practice considerations and the clear importance for students to develop competencies in providing services to rural and northern communities, this workshop was mainly targeted toward clinical psychology graduate students. However, community members, staff from various hospitals and mental health organizations, and students and faculty from various departments at Lakehead University and the Northern Ontario School of Medicine also participated in the workshop and brought their unique perspectives on local mental health issues.

Ultimately, this event allowed for an increased awareness of, and proficiency in, the delivery of treatments to clients in rural and northern communities and issues related to treating these clientele in an urban center. Further training opportunities are being discussed in order to further expose students to relevant and current issues related to mental health research and clinical practice. Organizers were grateful that the workshop was supported by a CPA Clinical Section Educational Activity Student Grant.

*Coauthors listed in alphabetical order

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The Work Visa Application Process for Canadian Interns Matched with U.S. Internship Programs: A Canadian Graduate Student's Experience and Perspective

Natasha Whitfield, Ph.D. Candidate, York University

Over the past five years, a little over 10% of Canadian internship applicants have matched with U.S. internship programs. With the advent of the *First Street Accord* CPA-APA mutual recognition agreement, greater mobility for Canadian interns matching with internship programs in the U.S. might also be expected. Until recently, Canadian graduate students who successfully matched with U.S. internship sites have been permitted to enter and reside in the U.S. for their year-long internship by obtaining a J-1 visa. However, changes made to the J-1 visa in February 2012 led to new restrictions which would no longer enable Canadian graduate students to rely on this form of work visa in order to attend U.S. pre-doctoral psychology internships.

Canadian graduate students who matched with U.S. internship programs for the 2012-2013 internship year, with the guidance and assistance of APPIC, CPA, and CCPPP leadership, contacted immigration consultants and U.S. Homeland Security, in an effort to determine how they might obtain appropriate visa and work documentation for their internship year. The visa category, *Professionals under the North American Free Trade Agreement*, also known as a TN visa, was found to be the most appropriate alternative to the J-1 visa.

While there are many websites which provide information about the TN visa application process, some can be misleading, noting the need to schedule an interview in advance at a consular office. Based on the experiences of interns applying over the past several years, it should not be necessary to schedule any such interview. In order to apply, an applicant need only visit a U.S. port of entry (visit www.cbp.gov/xp/cgov/toolbox/contacts/ports to find your nearest port of entry) during regular business hours, and state to the Customs and Border Protection (CBP) officer an intention to apply for a TN status. Applicants are sent to the office at that port of entry to meet with a CBP officer who conducts a brief interview assessing eligibility for TN status.

Applying for TN status requires the presentation of a passport, education transcripts, proof of credentials (i.e., diplomas), the \$56 application fee, as well as a detailed letter from the internship program with the details of the offer of employment and description of professional activities, start and end dates for employment, salary, and benefits. While the TN visa can be approved directly at a U.S. port of entry at the time of application, it has been the experience of many recent Canadian graduate student TN visa applicants that TN status is not typically granted upon an applicant's first attempt. While their applications were ultimately successful, their first and second attempts to apply were met with requests from CBP officers for revisions to the internship program letter of employment and for presen-

tation of additional documentation before approval. For instance, requested revisions to the letter of employment have included suggestions that the language of the letter needs to be detailed and unambiguous. For instance, the letter should not include language that might state, "professional activities and duties will include, but are not limited to, the following...", but should instead list all professional activities and duties associated with the intern position.

Given the challenges met by previous Canadian graduate student TN visa applicants, it is generally recommended that Canadian graduate students who are accepted at U.S. internship programs become well-versed in the requirements of TN visa application, work closely with their U.S. internship director in order to obtain a letter of employment that meets the requirements of U.S. Homeland Security, and plan for the potential need to apply several times before approval for TN visa status is granted. Applicants should dress professionally when applying for TN status, and be patient and courteous with all CBP officers encountered. Many applicants have had frustrating experiences with officers who sometimes demand additional documentation or personal information not listed as official requirements for TN visa application. It is suggested that applicants be mindful that their TN visa application is in the hands of the CBP officers, and remain professional in their interactions with these officers, as they are likely to be the same officers who will re-evaluate applicants' visa documentation upon subsequent attempts to obtain TN status.

Upon approval for TN status, applicants will be provided with a TN status card which is inserted in their passport. As applicants are entering the U.S. by visiting a port of entry, it is recommended that they research in advance where they can find the nearest Social Security office beyond that port of entry, and consider going directly to apply for their social security card with their passport and TN visa documentation in hand, as it may take several weeks for a social security card application to be processed. While applicants should be aware that their internship employer will require proof of their social security card application or receipt, it is in their best interests to speak with their employer well in advance in order to clarify what documentation they require of interns.

While this process can be daunting, it is advantageous to applicants that they are able to reapply for TN status at their convenience, and upon TN status approval, they are able to leave the port of entry with the TN visa documentation in hand, rather than endure a waiting period.

*Several online resources, which provide additional information about the requirements of TN visa status, can be found in the online version of *Psychopsis Magazine*: www.cpa.ca/Psynopsis*

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ASSISTANT PROFESSOR

Counselling Psychology



The Faculty of Education at Western University invites applications for a full-time tenure track (probationary) faculty position at the rank of Assistant Professor in the area of Counselling Psychology. Preferred starting date for this position is January 1, 2014 but is negotiable.

Required Qualifications: (1) An earned doctorate in counselling psychology; (2) Registration or in the process of obtaining registration with the College of Psychologists of Ontario for the autonomous practice of psychology in the Province of Ontario; (3) Evidence of, and an on-going commitment to an active research program in counselling psychology; (4) Excellent knowledge of at least one methodology in counselling psychology research, either qualitative or quantitative; (5) Excellent oral and written communication skills; (6) A demonstrated record of teaching excellence; (7) Experience in supervising students in internships; (8) The capacity to contribute to a collegial and diverse scholarly environment.

Preferred Qualifications: (1) Experience establishing or teaching within an accredited doctoral program in counselling psychology; (2) Experience in developing effective research and internship opportunities in collaboration with community partners; (3) Knowledge of and ability to instruct graduate level statistics.

Additional information on the position can be obtained at: www.edu.uwo.ca/about-us/employment.html.

Interested candidates should submit an application package that includes a letter of application specifying qualifications for the position; a teaching portfolio which includes a teaching philosophy, a statement of teaching interests and evidence of successful teaching experiences such as course evaluations; a description of research accomplishments and plans for future research; an up-to-date curriculum vitae; and the names of three referees along with their contact information to: **Dr. Vicki Schwean, Dean, Faculty of Education, Western University, 1137 Western Road, London, Ontario N6G 1G7, Telephone: (519) 661-2080, Fax: (519) 850-2377.** Please ensure that the form available at www.uwo.ca/faculty_relations/faculty/Application-FullTime-Faculty-Position-Form.pdf is completed and included in your application submission. Electronic applications may be sent to deaned@uwo.ca. **Review of applications will begin after July 1, 2013 and will continue until the position is filled.**

More information on the Faculty of Education can be obtained at: www.edu.uwo.ca/.

Applicants should have fluent written and oral communication skills in English. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. Western University is committed to employment equity and welcomes applications from all qualified women and men, including visible minorities, Aboriginal people and persons with disabilities.



FACULTY POSITION IN INDUSTRIAL/ ORGANIZATIONAL (I/O) PSYCHOLOGY.

Applications are invited for a tenure stream appointment in I/O Psychology at the rank of Assistant Professor or Associate Professor in the Department of Psychology at The University of Western Ontario effective July 1, 2014. We have a particular interest in applicants who specialize in topics that are typically associated with the “I” side of I/O psychology and who have a solid background in statistics/research methodology, but applicants trained in any area of I/O Psychology are strongly encouraged to apply. Applicants must have a Ph.D. or be very close to completing a Ph.D. by July 1, 2014, and the selected candidate will be expected to maintain an active research program, teach undergraduate and graduate courses in I/O psychology topics, and provide graduate student supervision.

The Psychology Department has approximately 50 faculty members, 20 staff members and over 100 graduate students enrolled in the Masters and Ph.D. programs. It is one of the most distinguished psychology departments in Canada and has a very strong I/O Psychology group. Further information about Psychology and the I/O Psychology group at Western may be found at: <http://www.ssc.uwo.ca/psychology/> and <http://psychology.uwo.ca/IO>, respectively.

Applicants should submit a curriculum vitae, a statement of research interests and teaching experience (including teaching ratings, if available), copies of representative publications, and arrange to have 3 letters of recommendation sent to: Dr. Albert Katz, Chair, Department of Psychology, The University of Western Ontario, London, Ontario, Canada N6A 5C2. Please ensure that the form available at: <http://www.uwo.ca/facultyrelations/faculty/Application-FullTime-Faculty-Position-Form.pdf> is completed and included in your application submission. Consideration of applications will commence on September 15, 2013 and will continue until the position is filled.

This position is subject to budgetary approval. Applicants should have fluent written and oral communication skills in English. All qualified candidates are encouraged to apply; however, Canadians and Permanent Residents will be given priority. The University of Western Ontario is committed to employment equity and welcomes applications from all qualified women and men, including visible minorities, aboriginal people, and persons with disabilities.

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2. **Place bread on counter**
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4. **Look for cheese**
5. **Can't find cheese**
6. **Look for cheese**
7. **Can't find cold cuts**
8. **Find cold cuts**
9. **Close fridge**
10. **Forgot cheese**
11. **Place toppings on counter**
12. **Open fridge again**
13. **Grab mayo**
14. **Forget to close fridge**
15. **Place mayo on counter**
16. **Forgot cheese**
17. **Look in fridge again**
18. **Find cheese**
19. **Place cheese on bread**
20. **Place cold cuts on bread**
21. **Add mayo**
22. **Close sandwich**
23. **Eat sandwich**

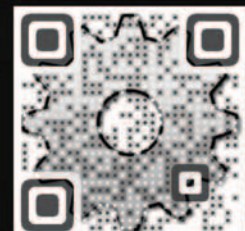
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Canadian Journal of Behavioural Science, Call for Nominations Editor: 2014-2017

The Board of Directors of the Canadian Psychological Association has opened nominations for the Editorship of Canadian Journal of Behavioural Science for the years 2014- 2017. Candidates must be members of CPA and should be available to start receiving manuscripts January 1st, 2014 to prepare for issues to be published in 2015.

To nominate candidates, prepare a brief statement of approximately one page in support of each nomination. Nomination, accompanied by the nominee's vitae, should be submitted before September 30th, 2013 to:

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

Consideration of applications will commence on September 30, 2013 and will continue until the position is filled. Interested individuals may obtain more information directly from the Editor, Dr. Todd Morrison at the University of Saskatchewan (Tel: 306-966-6700 or E-mail: Todd.Morrison@usask.ca).



Revue canadienne des sciences du comportement Demande de mises en candidature Rédacteur en chef: 2014-2017

Le Conseil d'administration de la Société canadienne de psychologie sollicite des mises en candidature pour le poste de rédacteur en chef de la Revue canadienne des sciences du comportement pour la période 2014-2017. Les candidats doivent être membres de la SCP et doivent être disponibles pour recevoir des manuscrits à compter du 1er janvier 2014, pour publication en 2015.

Les mises en candidature doivent comprendre un énoncé d'environ une page portant sur le candidat en nomination ainsi que son curriculum vitae. Les mises en candidature doivent être soumises avant le 30 septembre 2013 à l'adresse suivante :

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

L'examen des demandes se fera à partir du 30 septembre 2013 et se poursuivra jusqu'à ce que le poste soit comblé. Les personnes intéressées peuvent obtenir des renseignements complémentaires en communiquant avec le rédacteur en chef de la revue Dr Todd Morrison, University of Saskatchewan (Tél: 306-966-6700 ou Courriel : Todd.Morrison@usask.ca).



The Parent-Adolescent Communication Toolkit: Teaching parents how to talk to their teens

Elaine Toombs, M.A. Candidate, Dalhousie University

Anita Unruh, Ph.D., Dalhousie University

Patrick McGrath, Ph.D., IWK Health Centre

from page 16

Elaine Toombs, M.A. Candidate, Dalhousie University

Anita Unruh, Ph.D., Dalhousie University

Patrick McGrath, Ph.D., Queen's University

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Troubles anxieux et télépsychothérapie par vidéoconférence

Stéphane Bouchard¹, Stéphanie Watts² et André Marchand²

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**Psychoeducation for bipolar disorder:
An evidence-based treatment with
e-health potential**

*Lisa D. Hawke, Sagar V. Parikh, Martin D. Provencher
from page 14*

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**Wellbeing After Cancer: Exploring the Use of
the Internet for Providing Psychological Care
to Cancer Survivors**

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**Increasing Access to Evidence-based
Interventions: The Role of Technology**

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Stress and Eating: An E-Health Initiative

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The Work Visa Application Process for Canadian Interns Matched with U.S. Internship Programs: A Canadian Graduate Student’s Experience and Perspective

Natasha Whitfield, Ph.D. Candidate, York University

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The following are several online resources which provide additional information about the requirements of TN visa status:

https://help.cbp.gov/app/answers/detail/a_id/978/~/-/canadian---how-to-obtain-a-tn-nonimmigrant-classification-as-a-canadian-citizen

<http://canada.usembassy.gov/visas/doing-business-in-america/tn-visas-professionals-under-nafta.html>

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnnextchannel=bac00b89284a3210VgnVCM100000b92ca60aRCRD&vgnextoid=bac00b89284a3210VgnVCM100000b92ca60aRCRD>