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The theme for this issue of *Psynopsis* was put in the queue following a suggestion at a meeting of CPA's Professional Affairs Committee in June of 2013; as memory serves, the suggestion was made by a member of CPA's Counselling Psychology Section. Public health and health promotion has been topical for CPA, and indeed for Canada's stakeholders in health, for some time. CPA has been a longstanding member of the Canadian Coalition for Public Health in the 21st Century (CCPH21) – a national network of organizations of health professionals, researchers and health charities interested in the health of Canadians. Its website includes a wealth of resources on public health <http://www.cpha.ca/en/ccph21.aspx> CCPH21 that highlight the significant return on investment

(ROI) when investments are made in health and public policy. For example, according to a CCPH21 website video on return on investment <http://www.cpha.ca/en/ccph21.aspx>, every dollar

- spent immunizing children for measles, mumps and rubella saves \$16 in health care costs
- spent on child seats for motor vehicles averts \$40 in medical costs
- invested in workplace health and safety programs can be offset by up to \$6 in saved illness and injury related costs
- spent on mental health and addictions saves \$7 in health costs and \$30 dollars in workplace and societal costs
- invested in early childhood health and development averts up to \$9 in later spending on health, social and justice services.

ⁱ <http://www.cpa.ca/docs/File/Position/CPAbriefSSCommitteeNov2011FINAL.pdf>



CPA's own submissions to government on health care have advanced similar points. In a submission to the Standing Senate Committee on Social Affairs, Science and Technology on the topic of what communities hoped might be a 2014 renewal of the Health Care Accordⁱ, CPA asserted that "when it comes to health promotion and illness prevention, it is important to create the services and environments that support healthy behaviour (e.g. bicycle paths, recreation centres) but it is equally important to address the factors that impact health behaviour. Building the recreation centre may be easier than getting people to use it." We pointed out the value-add from individual, familial, workplace and societal perspectives when health policy and programming takes into account the role of psychological factors and human behaviour.

To some extent the call for investments in health promotion and disease prevention are similar to the call for investments in mental health and illness.

More recently, CPA participated as a member of an expert group convened by the Conference Board of Canada (CBoC) looking at developing a model for sustainable health and health care. The CBoC issued a report in May 2014 <http://www.conferenceboard.ca/e-library/abstract.aspx?did=6269> Of the six key factors that the report suggests are essential to sustainable health and health care, three have behavioural change at their core. One is effective disease prevention and health promotion which includes attention to how chronic disease is managed as well as attention to the risk factors, or health behaviours (e.g. smoking, diet), which policy and program can help people change in the service of better health. Another of the factors is funding models to drive behavioural change – in other words, creating incentives for change in health practice and programming. Yet a third is the development of strategy that is aligned with what we know about health determinants – the impact of social, economic and physical environments on the health of individuals, the return on investments when policies and programming target children, and the impact of environments on health.

To some extent the call for investments in health promotion and disease prevention are similar to the call for investments in mental health and illness. The costs of making these investments cannot be immediately linked to improved health outcomes and the costs of not making them cannot be immediately linked to disease outcome when disease is not prevented or treated. The effect of poor diet or a lack of physical activity will be borne over time and across the settings and roles in which a person participates. The same is true of an unrecognized or untreated mental health problem. As a representative of a third party health insurer recently told me, employers understand that untreated or undertreated mental disorders will cost them in the long run in terms of absenteeism, presenteeism, and disability costs but no one wants to pay more money now on services and treatment even if it means some of those costs

will be offset.

As is the case with mental health, CBoC reminds us that funding on public health and primary care are underfunded in Canada. The CBoC report references a study by PricewaterhouseCoopers that suggests that of the 1.2 trillion dollars in health care spending waste in the U.S., between 303 and 493 billion is attributable to human behaviour – substance use, obesity and overweight, smoking and alcohol use. Investments in health promotion and illness prevention are not a cost but an investment that has real and significant cost offsets – not just within the health care system but also within other sectors. People who are healthier not only use less health care service, they are able to make more or longer contributions at home and in the workplace.

In its reports and submissions, CPA has also enjoined stakeholders to stop taking a categorical view of health. Many people rest on a continuum of health and illness. Policy and programming in the service of health promotion not only help keep people well but can also mitigate the course of disease. Good outcomes of chronic disease are dependent on management of a number of biological, social, economic and psychological factors achieved with the help of a range of services, supports and health care providers. Health promotion is not just for the well. It is also important to the good management of illnesses some of us will inevitably get.

The salience of health promotion and illness prevention to a better functioning health system has also been recognized by the Health Action Lobby (HEAL) – a coalition of 41 national health care organizations and professions which CPA co-Chairs <http://healthactionlobby.ca/> HEAL believes that better health will depend on health promotion and illness prevention in large measure. Further, HEAL is as concerned about the policy and implementation of Canada's Social Transfer (CST) as it is the Health Transfer (CHT) in terms of impact on health system innovation and performance – not to mention the health of Canadians.

The critical role of human behaviour appears to be widely recognized and several of the themed articles in this issue of Psynopsis showcase how the research and practice of psychology can help stakeholders understand and move the behaviour change on which health depends – health of individuals, families, workplaces and communities. Health promotion and illness prevention is where the science and practice of psychology can make some of their contributions – not just because thinking, feeling and behaviour are the building blocks of our science but because the changes that our partners and stakeholders in health want to bring about will rely on the evidence-based principles of behaviour change. Who knows more about that than psychologists?



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

Le thème qui devait être traité dans le présent numéro de *Psychonopsis* est mis temporairement en veilleuse afin de donner suite à une suggestion proposée pendant une réunion du Comité des affaires professionnelles, en juin 2013; si ma mémoire est bonne, cette suggestion venait d'un membre de la Section de la psychologie du counseling de la SCP. Depuis un certain temps, la santé publique et la promotion de la santé ne cessent d'être, pour la SCP, des questions d'actualité, et il en est de même pour les intervenants du secteur de la santé du Canada. La SCP est un membre de longue date de la Coalition canadienne pour la santé publique au 21^e siècle (CCSP21) – un réseau national d'associations professionnelles, de chercheurs et d'organismes de bienfaisance du domaine de la santé, qui s'intéressent à la santé des Canadiens. On trouve, sur son site Web, une foule de ressources sur la santé publique <http://www.cpha.ca/fr/ccph21.aspx>, qui montrent combien le rendement du capital investi en santé publique est significatif lorsque cet argent est investi dans la santé et les politiques publiques. Par exemple, dans une vidéo diffusée sur le site Web de la CCSP21 (<http://www.cpha.ca/fr/ccph21.aspx>), on apprend que chaque dollar

- dépensé pour protéger nos enfants contre la rougeole, la rubéole et les oreillons permet d'économiser 16 \$ en soins de santé.
- dépensé pour l'achat d'un siège d'auto pour enfants permet d'économiser 40 \$ en soins médicaux.
- investi dans la santé et la sécurité au travail permet d'éco-

nomiser jusqu'à 6 \$ en congés de maladie, en accidents de travail et en décès évités.

- dépensé en santé mentale et toxicomanie permet d'économiser 7 \$ en soins de santé et 30 \$ en perte de productivité et en coûts sociaux.
- investi dans le développement de la petite enfance permet d'économiser jusqu'à 9 \$ en services sociaux, de santé et juridiques.

Les mémoires que la SCP a elle-même soumis au gouvernement concernant les services de santé présentent des points semblables. Dans une présentation devant le Comité sénatorial sur la science, la technologie et les affaires sociales, qui portait sur les attentes de la collectivité par rapport au prochain Accord sur les soins de santéⁱ, qui sera renouvelé en 2014, la SCP soutenait que, « quand il est question de promotion de la santé et de prévention des maladies, il est important de créer des services et des environnements qui encouragent les gens à adopter des comportements sains (par exemple, pistes cyclables, centres de loisirs), mais il est tout aussi important d'appréhender les facteurs qui ont une incidence sur les comportements liés à la santé. Il est sûrement plus facile de construire un centre de loisirs que de pousser les gens à y aller ». Nous avons également mis en évidence la valeur ajoutée que représentent les perspectives individuelles, familiales, professionnelles et sociales lorsque les politiques et les programmes de santé prennent en compte le rôle des facteurs psychologiques et du comportement humain.

ⁱ <http://www.cpa.ca/docs/File/Position/CPAbriefSSCommitteeNov2011FINAL.pdf>



Récemment, la SCP s'est jointe à un groupe d'experts mis sur pied par le Conference Board du Canada (CBdC), qui était chargé d'élaborer un cadre favorisant la viabilité en matière de santé et de soins de santé. Le CBdC a publié un rapport en mai 2014 <http://www.conferenceboard.ca/e-library/abstract.aspx?did=6269>. Sur les six facteurs clés jugés essentiels pour favoriser la viabilité en matière de santé et de soins de santé, trois ont des composantes comportementales. L'un de ces facteurs concerne la prévention des maladies et la promotion de la santé, notamment la gestion des maladies chroniques et des facteurs de risque, dont les comportements liés à la santé (par exemple, le tabagisme, l'alimentation). Selon le rapport, des politiques et des programmes de santé efficaces sont à même d'aider les gens à adopter un mode de vie qui bénéficiera à leur santé. Un autre facteur touche les modèles de financement. Les auteurs du rapport préconisent des modèles de financement qui amènent les changements de comportement souhaités – autrement dit, des modèles qui créent des incitations au changement dans les programmes de santé et les pratiques liées à la santé. Enfin, le troisième facteur évoque l'élaboration d'une stratégie qui cadre avec nos connaissances des déterminants de la santé – l'impact du milieu social, économique et physique sur la santé des individus, le rendement du capital investi lorsque les politiques et les programmes s'adressent aux enfants et l'effet de l'environnement sur la santé.

Dans une certaine mesure, les investissements réclamés pour faire la promotion de la santé et prévenir les maladies sont semblables aux investissements nécessaires dans le domaine de la santé mentale et de la maladie mentale. L'effet de ces investissements ne se traduira pas immédiatement par l'amélioration des résultats sur la santé; et l'absence d'investissements dans la prévention ou les traitements ne se manifesteront pas immédiatement dans l'état de santé des individus. Les conséquences d'une mauvaise alimentation ou du manque d'activité physique s'installeront progressivement et se transporteront dans toutes les sphères de la vie de l'individu, dans le milieu où il vit et évolue, et dans les rôles qu'il joue. Il en va de même des problèmes de santé mentale non diagnostiqués ou non traités. Comme me l'a dit récemment un assureur privé, les employeurs savent que les problèmes de santé non traités, ou qui ont reçu un traitement insuffisant, leur coûteront cher à long terme, à cause de l'absentéisme, du présentéisme et des congés de maladie qu'ils entraînent, mais personne ne veut payer plus pour les services et les traitements, même en sachant qu'une partie de ces coûts seront compensés.

Comme c'est le cas de la santé mentale, le CBdC nous rappelle que le financement de la santé publique et des soins primaires est insuffisant au Canada. Le rapport du CBdC fait référence à une étude effectuée par PricewaterhouseCoopers, qui indique que, sur les 120 milliards de dollars de dépenses inutiles gaspillées en santé aux États-Unis, entre 303 et 493 milliards de dollars ont été utilisés pour traiter des problèmes de santé attribuables au comportement humain – toxicomanie, obé-

sité et surpoids, usage du tabac et consommation d'alcool. L'argent dépensé pour la promotion de la santé et la prévention des maladies n'est pas un coût mais un investissement, qui apporte une compensation des coûts réelle et significative – pas simplement dans le système de soins de santé, mais aussi dans d'autres secteurs. En plus de recourir moins souvent aux services de santé, les personnes en santé contribuent davantage, ou plus longtemps, dans leur vie personnelle et professionnelle.

Dans les rapports et les mémoires qu'elle prépare et présente, la SCP exhorte les intervenants d'abandonner leur point de vue rigide sur la santé. Le continuum santé et maladie fait partie de la vie de bien des gens. Les politiques et les programmes visant la promotion de la santé aident non seulement à garder les gens en bonne santé, mais ils peuvent aussi atténuer l'évolution d'une maladie. Le succès des traitements des maladies chroniques dépend de la gestion d'un certain nombre de facteurs biologiques, sociaux, économiques et psychologiques, qui fait appel à une gamme de services, de soutien et de fournisseurs de soins de santé. La promotion de la santé ne dessert pas que le bien-être. Elle est, en outre, importante pour la bonne gestion des maladies dont certains d'entre nous souffriront inévitablement.

L'importance de la promotion de la santé et de la prévention des maladies pour le bon fonctionnement du système de santé est également reconnue par le Groupe d'intervention action santé (HEAL) — une coalition de 41 organisations et associations nationales de soins de santé du pays, coprésidée par la SCP <http://healthactionlobby.ca/>. HEAL croit que l'amélioration de la santé dépendra, dans une grande mesure, de la promotion de la santé et de la prévention des maladies. Par ailleurs, HEAL est aussi préoccupé par la politique et la mise en œuvre du Transfert canadien en matière de programmes sociaux (TCPS) que par le Transfert canadien en matière de santé (TCS), en ce qui a trait à l'impact sur l'innovation en santé et le rendement du système de santé — sans parler de la santé des Canadiens.

L'influence déterminante du comportement humain semble largement reconnue, et plusieurs articles du présent numéro de *Psynopsis* montrent comment la recherche en psychologie et la pratique de la psychologie sont susceptibles d'aider les intervenants à comprendre et à faire changer les comportements liés à la santé, dont dépend la santé des gens, des familles, des milieux de travail et des collectivités. La psychologie, comme science et comme pratique, est au centre de la promotion de la santé et de la prévention des maladies, et c'est dans ce domaine qu'elle peut apporter certaines de ses plus grandes contributions — non seulement parce que la pensée, les sentiments et les comportements sont les éléments de base de notre science, mais aussi parce que les changements que veulent apporter nos partenaires et les intervenants du secteur de la santé se fondent sur les principes éprouvés du changement de comportement. Qui, à part les psychologues, en sait plus sur le sujet?



From the President's Desk

Basic research on the social, biological, emotional, cognitive and behavioural aspects of human functioning continue to yield fresh insights into the determinants of both illness and wellness. Assessment procedures help to quantify the continuum between the two. Procedures are designed to decrease one and enhance the other. Hopefully, it is becoming apparent to all that both physiology and psychology contribute to both. RCTs and meta-analyses are published regularly that demonstrate the effectiveness of strategies which help individuals, families and communities achieve optimal functioning. The science, data and interventions are there (with more to come).

Social media has given voice to collective narratives like never before. Outpouring of sadness in response to suicides and recognition of the ubiquitous nature of emotional distress threatens the perpetuation of stigma, opening the door to acceptance of effective treatments. We are increasingly more likely to say, out loud, that physical, sexual and emotional abuse by partners and authorities of all kinds is not okay. Oppression and aggression are recognized as unacceptable, at any level, by any group or individual. The answers to these and other problems lie in science, data and interventions. More decision-making evidence-finding by those who carry power won't be helpful.

Information and data found in journals and conferences help sharpen the inquiries and advance the findings of tomorrow. But they are beneficial to more than scientists. Getting experimental and clinical knowledge into the hands of decision makers is key to effecting change in policy and funding across all levels, from the legislator, to the health care program manager, to the warden, to the general, to the CEO, and to the principal. More advocacy for and dissemination of methods to improve the health of individuals, families, companies and communities is needed.

CPA, in concert with other health care organizations, channels a lot of energy into advocacy and dissemination. It is primarily about the goods and less about the guild, but some of that is natural. We don't own the turf that we till but we sure have some effective ways of doing so. All of us can demonstrate that efficacy on a daily basis as we carry out the professional activities of our choice.

*Kerry Mothersill, Ph.D.,
CPA President (2014-2015)*



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Du bureau du président

La recherche fondamentale sur les aspects sociaux, biologiques, affectifs, cognitifs et comportementaux du fonctionnement humain continue de produire des idées nouvelles sur les déterminants de la maladie et du bien-être. Les procédures d'évaluation aident à quantifier le continuum entre maladie et santé. Les procédures sont conçues pour diminuer l'un et améliorer l'autre. Heureusement, il est de plus en plus évident pour tous que la physiologie et la psychologie concourent à l'un comme à l'autre. On publie régulièrement des essais cliniques randomisés et des méta-analyses qui montrent l'efficacité de différentes stratégies qui aident les personnes, les familles et les collectivités à atteindre un fonctionnement optimal. La science, les données et les interventions sont là (et d'autres sont à venir).

Les médias sociaux donnent, comme jamais auparavant, un espace où les gens peuvent raconter leur histoire. Les effusions de tristesse à la suite de suicides et la reconnaissance du caractère omniprésent de la détresse émotionnelle fragilisent la stigmatisation, et amènent les gens à être plus réceptifs aux traitements efficaces. De plus en plus, nous osons dire à voix haute que la violence physique, sexuelle et psychologique par le conjoint et par les autorités de toutes sortes est inacceptable. Partout — à tous les échelons, dans tous les groupes et chez tous les individus —, on admet que l'oppression et les comportements agressifs sont injustifiables. Les solutions à ces problèmes, et à bien d'autres encore, résident dans la science, les données et les interventions. La recherche de données à des fins décisionnelles par les personnes qui exercent le pouvoir ne sera pas utile.

Les informations et les données communiquées dans les revues et les conférences aident à affiner les recherches et préparent les conclusions de demain. Mais, outre les scientifiques, elles sont utiles à bien d'autres personnes. Il est essentiel de mettre à la disposition des décideurs la connaissance expérimentale et clinique pour apporter des changements concrets dans les politiques et le financement, et ce à tous les échelons : du législateur jusqu'au gestionnaire de programme de soins de santé, du gardien de prison jusqu'au général, et du directeur général jusqu'au directeur d'école. Pour améliorer la santé des personnes, des familles, des entreprises et des collectivités, on doit augmenter nos activités de représentation et diffuser nos méthodes.

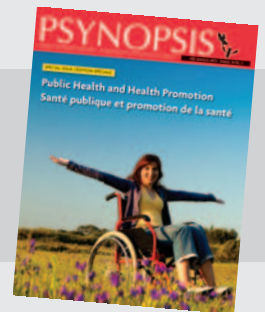
De concert avec d'autres organisations de soins de santé, la SCP consacre beaucoup d'énergie à la représentation et à la diffusion. Cela concerne davantage les produits que leurs artisans, mais une partie de ces efforts vont de soi. Nous ne possédons pas la terre que nous labourons, mais nous avons à coup sûr des moyens efficaces pour la transformer. Nous pouvons tous, au quotidien, faire la démonstration de cette efficacité lorsque nous menons les activités professionnelles que nous avons choisies.

*Kerry Mothersill, Ph.D.
Président de la SCP (2014-2015)*



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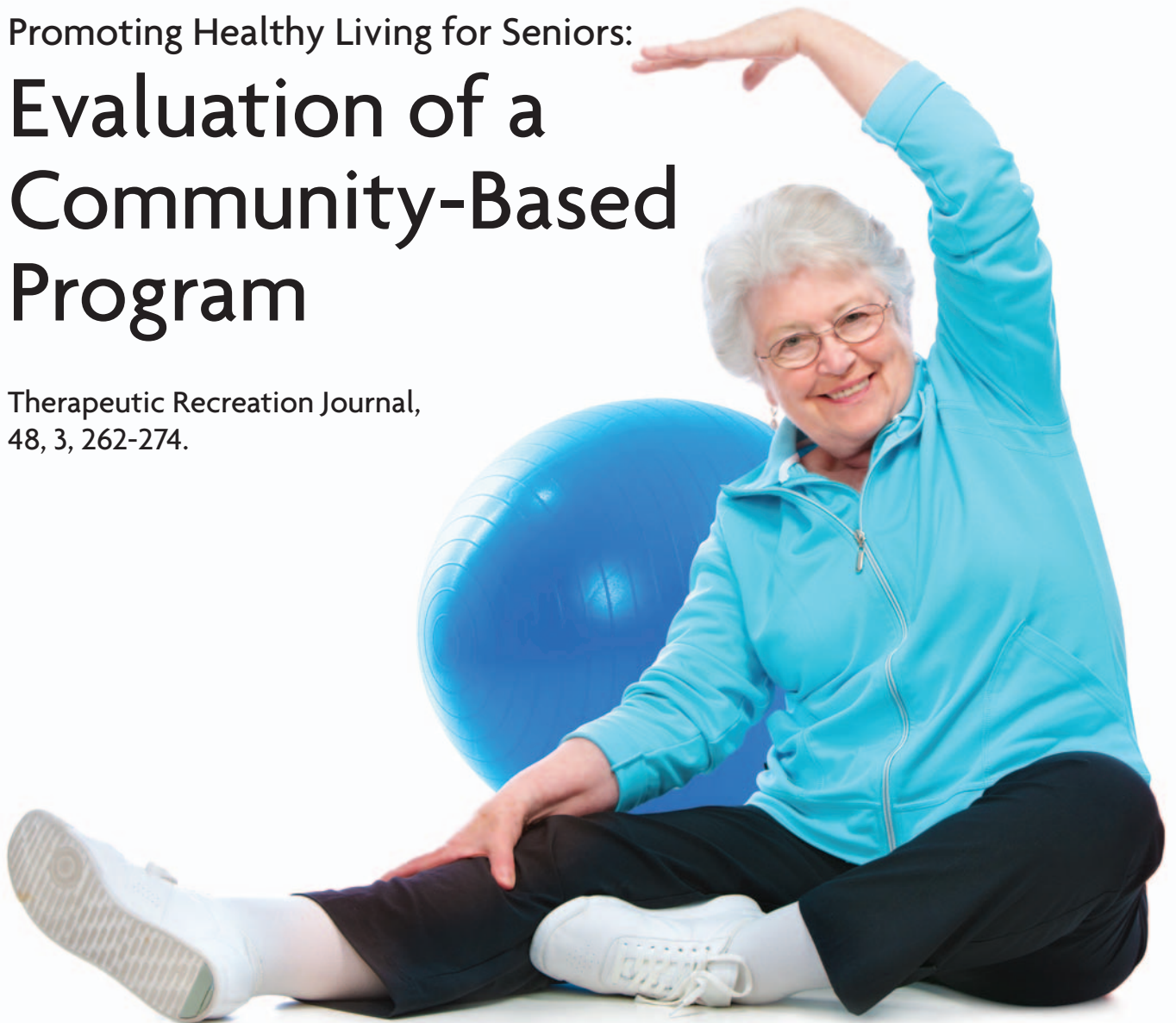
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Promoting Healthy Living for Seniors:

Evaluation of a Community-Based Program

Therapeutic Recreation Journal,
48, 3, 262-274.



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Psychologists, as part of interdisciplinary teams, have an important role to play in the health promotion of our aging population. Epidemiological studies have shown that there is a significant interest amongst the public in preventing memory loss (Tannenbaum, Mayo, & Ducharme, 2005). However, not everyone will develop dementia as they age. In fact, 75% of individuals age 85 and older do not have a diagnosis of demen-

tia (Alzheimer Society of Canada, 2013). There has also been an increased understanding of lifestyle factors that reduce the risk of developing dementia. Consuming a Mediterranean diet (Gu, Nieves, Stern, Luchsinger, & Scarmeas, 2010), aerobic exercise (Kramer & Erickson, 2007), mental activity (Hertzog, Kramer, Wilson, & Lindenberger, 2009), and social activity (Fratiglioni, Paillard-Borg, & Windblad, 2004) are all known to decrease the risk of developing dementia.

The report *Rising Tide: The Impact of Dementia on Canadian Society* (Alzheimer Society of Canada, 2010) makes many recommendations for reducing the risk of dementia on a population level. One of these includes the development of programs to delay dementia onset that would incorporate evidence-based strategies such as the provision of information



about a healthy lifestyle. *Grey Matters*, a community-based interdisciplinary program focusing on promoting healthy aging and use of practical memory strategies was developed to address this recommendation.

Development of the *Grey Matters* program was based on a review of the literature for factors known to impact the development of dementia. In addition, information was included from the following texts: *Strengthen Your Mind* (Einberger & Selleck, 2009), *The Harvard Medical School Guide to Achieving Optimal Memory* (Nelson & Gilbert, 2005), and *Memory Fitness: A Guide for Successful Aging* (Einstein & McDaniel, 2004).

Participants were older adults (aged 55 or more) who were both interested in learning more about reducing risk of memory loss and who did not have a known diagnosis of memory loss. Self-selected individuals attended an eight week program. For the first hour of the program, the following topics were covered:

- “Aging and Memory: what is normal and what is not,” presented by a licensed clinical neuropsychologist;
- “Nutrition and memory,” presented by a registered dietitian;
- “Keeping your brain healthy through leisure activities,” presented by a therapeutic recreation specialist;
- “Hearing loss and memory,” presented by a registered audiologist;
- “Exercise and memory,” presented by a physiotherapist;
- Benefits of relaxation on memory through demonstrations of yoga and tai chi;
- “Music and memory,” presented by a music therapist; and
- “Effects of medications/supplements on memory,” presented by a pharmacist.

Knowing that for the vast majority of older adults certain aspects of memory and attention decline with age (Glisky, 2007), the second hour of the program focused on memory tips and strategies aimed at improving one’s attention and prospective memory. Attendees discussed everyday memory slips that they had experienced and then were provided with strategies to improve their everyday memory and functional abilities. Consistent with adult learning principles, the application of these strategies was then brainstormed by the group.

Memory strategies corresponded to the acronym VASE. V - Visualization and Verbalization could be used to remember whether or not one has locked their locker when they are already in the swimming pool for a water aerobics class. This involves visualizing the turning of the key in the lock as one is leaving the locker room, and saying to themselves, “I have locked my locker.” A - Association could be used to remember the names of new individuals at a book club by relating the new person’s name with someone famous or someone they already know. S - Spaced Retrieval could be used to remember the phone number of the YMCA through the use of spaced repetitions of a phone number over increasingly longer intervals of time. E - Everything in its Place could be used to keep track of reading glasses, always keeping the glasses in the same place at home. As well, practical handouts that summarized each strategy and explained how it could be used to improve everyday memory were devised by the psychologist and given to participants.

As a result of attending *Grey Matters*, participants demonstrated increased knowledge of proactive lifestyle factors that they could use to reduce the risk of future memory loss. In addition, following program completion, participants demonstrated an increased use of memory strategies compared to their own baseline use. Through the use of focus groups and follow up telephone calls, the impact of the presented information was demonstrated immediately after the program ended and, for a small sub-group of participants, up to eight months following the program’s completion. Participants reported continuing to use the various memory strategies in day-to-day life, and had incorporated program-specific information directly into their regular routine (i.e., were more involved with leisure activities, had changed their diet). This is significant, as it suggests that by providing individuals with choice about lifestyle modifications to promote healthy aging, we may have been able to motivate participants to change their behavior and ultimately reduce one’s future risk of developing dementia. For more information about the study, please see our complete reference.

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



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.



Evaluating FASD prevention and support programs: How value-based evaluation supports planning, practice, and programming

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Introduction

The three-year *Toward an Evaluation Framework for Community-based FASD Prevention Programs* project aimed to bring program staff, evaluators, and funders together to create common evaluation frameworks and tools for FASD prevention and support programs. Development of a common evaluation framework was seen as a way to promote ongoing learning within community-based agencies and to recognize the social, cultural, and geographic diversity that exists within FASD programs. Additionally, the project aimed to enhance community-based evaluation capacity by providing evaluation-related mentoring to several community agencies in Canada.

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is the term used to describe a range of conditions arising from prenatal exposure to alcohol and the resultant damage to the fetus' central nervous system as well as other systems and organs. The effects of FASD vary widely, and there is tremendous heterogeneity amongst people with FASD in terms of their strengths and difficulties. Nevertheless, the majority live with significant cognitive, behavioural, health, and learning difficulties. Further, as an irreversible neuro-developmental disability, the implications of FASD are lifelong.

FASD as an under-recognized public health concern

FASD is the leading known cause of developmental disability in North America: Health Canada has estimated that nine in 1,000 infants have FASD (1). However, most recent research indicates that the prevalence of FASD likely is even higher than was previously estimated (2); researchers also suggest that FASD may be on the rise, due to increasing rates of binge drinking¹ and drinking during pregnancy among younger women (3). FASD thus must be viewed as a significant public health and social concern that affects Canadians in all regions.

Developing a common framework to support FASD-related program planning and evaluation

The research literature and practice evidence increasingly emphasize the value of a social determinants of health approach to FASD prevention and support (1, 4). Such an approach takes into consideration the complex and multi-faceted reasons why women drink alcohol as well as barriers to accessing services or supports.

Fortunately, the number of well-regarded comprehensive FASD prevention programs is growing in Canada. Nevertheless, relatively few evaluation studies have been published on these programs, and there are even fewer evaluations of support programs for people living with FASD. Similarly, to date there have been few opportunities for program planners, staff, and funders to come together to discuss programs' goals and anticipated outcomes. This absence of a common evaluation framework has made it difficult to identify which aspects of programs contribute to positive outcomes or to undertake multi-site studies.

Our project's process began with a comprehensive review of evaluations of FASD-related programming. We sought to tease out programs' theoretical underpinnings, activities and approaches, formative outcomes, and participant/client and community outcomes. After experimenting with different formats to display this information, we realized that a traditional matrix-like logic model would be ineffective to show the important inter-connections between programs' philosophical bases, approaches, and outcomes. Instead, we created a visual map of the 'big' picture that linked theoretical foundations with program activities and outcomes. Six regional consultations held across Canada enabled us to receive feedback on the emerging evaluation maps and to revise accordingly.

The result was three frameworks/maps showing evaluation of: i) FASD prevention programs; ii) FASD support programs; and iii) FASD programs in Aboriginal communities (See **Chart 1**). To augment the maps' utility, we created a website (www.fasd-evaluation.ca), which provides definitions, potential indicators and publicly accessible, standardized data collection tools.

¹ North American researchers define binge drinking, for women, as four or more drinks per occasion (i.e., within two hours or so).



Evaluation Maps and their application

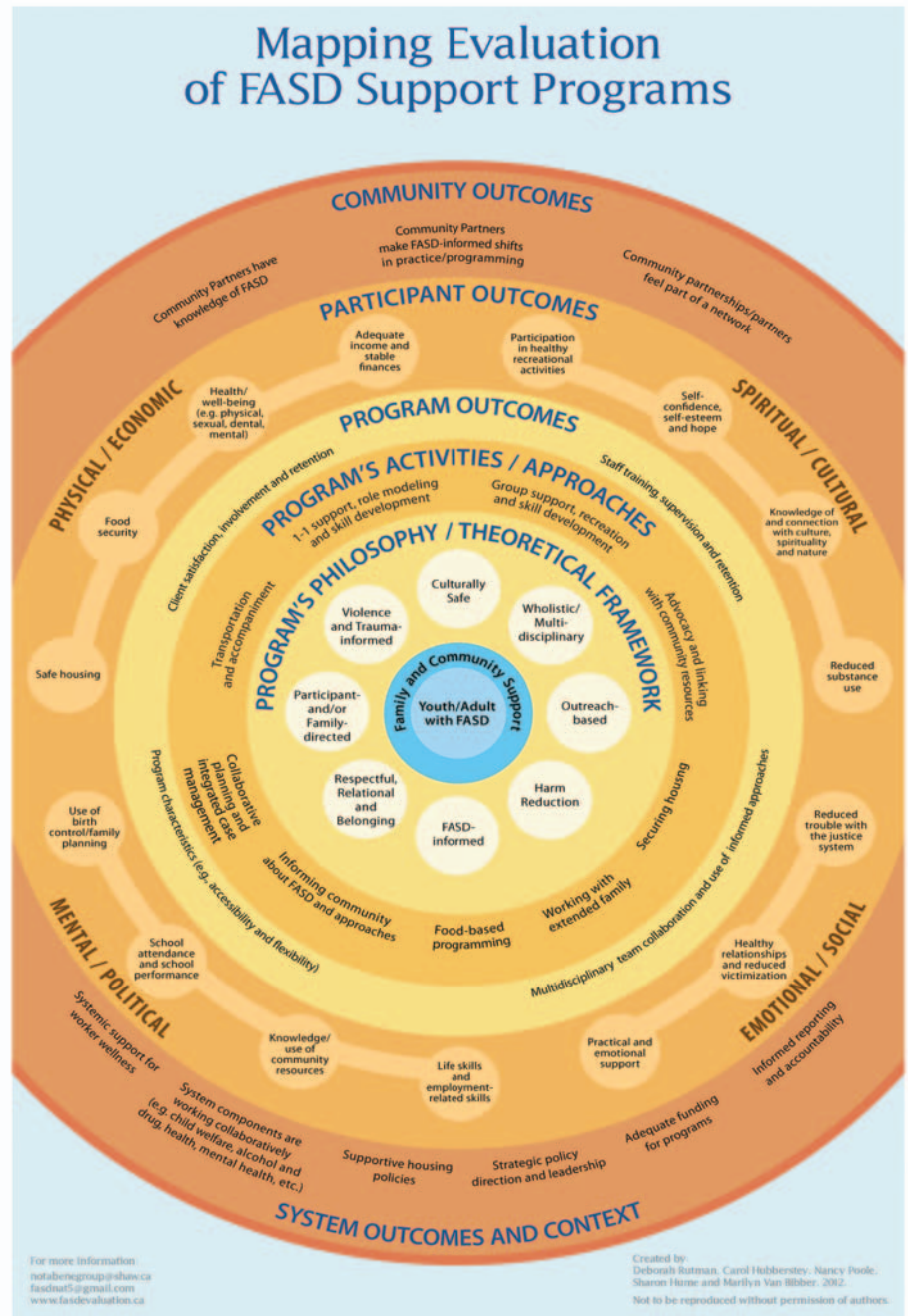
One of the most striking aspects of all three maps is their circular structure; this design is congruent with, and has been informed by, Indigenous frameworks that emphasize wholistic approaches to wellness and the inter-connections between all dimensions of existence.

At the centre of the Map is the focus of the program; for the map for FASD prevention programs, this is the “pregnant woman/mother and child”, reflecting the idea that prevention programs need to view the woman and her infant as “clients”. Moving outward, the next ‘ring’ of the map identifies potential elements of programs’ theoretical frameworks, including being trauma-informed, culturally safe, etc. The next ring outward identifies programs’ possible activities/approaches; here we make visible what in some programs are invisible—and unfunded—activities, such as transportation, accompaniment to meetings, and provision of food. The next ring relates to program (formative) outcomes, including participants’ experiences/satisfaction and staff’s experiences (training, supervision), operational factors and community partnerships. The next ring depicts the wide range of client outcomes that can stem from FASD prevention programs, followed by the final ‘ring’ of the maps, showing potential community and systemic outcomes.

To date, feedback received through all of this project’s knowledge exchange and mentoring activities has indicated that the Evaluation Maps are a valuable tool for evaluation planning and implementation. Moreover, program managers have reported that the Maps provide an anchor for practice-based discussions (i.e., “How are we engaging in “trauma-informed practice”?). Others told us that the circular aspect of the Maps resonates and that they use the maps to “draw people in” and “start a conversation” about FASD. Finally, we heard from service providers, researchers, program planners and funders that the maps and the project’s website have relevance beyond FASD, to a wide range of community-based health and wellness programs serving families, individuals and communities.

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

**Chart 1:
Evaluation Map of FASD Support Programs**





School Psychology: Making Health Promotion and Disease Prevention Come Alive



By Juanita M.K. Mureika, L.Psych., Chair
CPA Educational and School Psychology Section

Benjamin Franklin advised that “an ounce of prevention is worth a pound of cure”. Michael Kirby reiterated this caution (2013), noting that “almost all mental-health problems begin in the young, before the age of 24. If you get them early, you avoid a lifetime of problems and costs.”

Consider the statistics. It has been estimated and often cited that 20% of all Canadians will experience a mental health problem in their lifetime (Offord, 1983). This is now considered an underestimate given the number who “fly under the radar” because they are not identified early nor do they receive prompt intervention services (Flett and Hewitt, 2013). Yet, 80 % of mental health problems begin before the age of 18 (MHCC, 2013). And guess where ALL those folks can be found prior to age 18? Yes, they are in school! And schools are places where most students feel supported and have a sense of belonging (Leschied, Flett and Saklofske, 2013).

Schools are the only mandated service that all children and youth access, and they do so at the most critical times of their lives in relation to personal, social, emotional and intellectual development. Schools, and school psychologists, have the advantage of being able to work from both a prevention and intervention perspective, introducing universal programs to enhance mental health and wellness in all students. Because they are ‘within’ the system, school psychologists are in a most strategic – if not enviable – position to support teachers and assist in early

identification of potential problems and when required, to address the problems with targeted interventions intended to “nip them in the bud”. It is this primary and secondary prevention role that is so critical to ensuring the well-being of children in every sense of the word. And if problems do persist, school psychologists are there for direct services, including assessment, counselling, and referrals to other specialists, if needed.

Schools are strategically positioned to collaborate and work effectively with the larger community and other agencies concerned with the education, health, social and emotional well-being, and overall welfare of our children and youth. It is often the disconnect between societies’ agencies that limits, prevents or even denies the kinds of comprehensive and integrated services that together can do so much more in the promotion of psychological health. Interested readers are referred to a special issue of the *Canadian Journal of School Psychology* (2013) on “The role of schools in a new mental health strategy”, in which a number of preventative strategies used in schools in Canada are discussed. This is available online at <http://cjs.sagepub.com> as is our latest special issue: “Positive Behavioral Interventions and Supports—Soutien au comportement positif (PBIS-SCP) in Canada: Deep History, Promising Future”.

A key challenge to the effective implementation of these evidence-based programs and strategies to promote mental health at an early age is the relative shortage of school psychologists

Please see page 17



Taking the low road – Promoting healthy food choices in low self-control conditions



Tracy Cheung, M.Ed., Ph.D. Candidate, Clinical and Health Psychology, Utrecht University, The Netherlands

Healthy eating begins with making healthy food choices.

However, this is often difficult considering the current so-called obesogenic environment, where consumers are frequently confronted by the overwhelming presence of palatable but unhealthy, high caloric, fatty foodsⁱ. Unhealthy eating is a major contributor to the prevalence of overweight and obesity that is increasing at an alarming rate, not to mention that it has also been linked to a host of chronic illnessesⁱⁱ.

What do the major avenues of health interventions look like?

Actions aimed at promoting healthy eating have generally taken two major routesⁱⁱⁱ. First, the traditional approach has mainly relied on providing information, and by increasingly awareness and understanding of what constitutes healthy eating^{iv}. Similarly, health intervention programs have predominantly focused on modifying consumers' psychological characteristics such as self-efficacy and attitudes in promotion of healthy eating^v. Second, contemporary approaches aim at directing efforts in improving the healthiness of food products by changing the

make-up of the ingredients (e.g., reducing fat or sugar content), and subsequently marketing these food products with nutrition claims and health claims^{vi}. As such, the common thread of these health interventions is the underlying assumption that consumers have the capacity and the motivation to make optimal choices given the right information.

Our Research Agenda

Contrastingly, we recognize that consumers often make food choices mindlessly and impulsively^{vii}, hence in a state of low self-control that is not conducive to making well-considered and balanced decisions. Self-control is the capacity to alter and regulate predominant responses and forego immediate gratifications in the service of more virtuous long-term goals. However, when self-control resources are low, consumers lack the motivation to consider information thoughtfully, or to weigh out the pros and cons between food choices in favour of long-term health benefits. In light of this, we propose to make the impulsive and mindless choice the healthier one. By working with, rather than against, consumers' impulsive tendency to rely on external cues for swift decision-making, we aimed to demonstrate that making healthy food choices could be easy



Promoting healthy food

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and that even consumers low in self-control would prefer a healthy option if it was promoted by suitable heuristics in the choice-setting.

Conventional examples of heuristic used in marketing tactics include the *social proof* principle (e.g., “Over 1,000,000 sold!”), which implies that a certain behaviour is good because other people are performing it^{viii}; and the *scarcity* principle (e.g., “Limited Time Offer! Get yours now while supplies last!”), which infers that an item is desirable because objects that are scarce and difficult to attain are typically more valuable^{ix}. Considering that heuristics are decisional shortcuts or mental rule-of-thumbs requiring minimal time and effort^x, they are especially appealing to individuals who lack the self-control resources necessary for effortful and deliberate thinking^{xi}. Accordingly, at the Self-Regulation Lab in Utrecht University we tested the research idea that when the healthy option is promoted by a heuristic, consumers who are in low self-control would prefer the healthy choice in line with the heuristic.

Indeed, consumers experimentally induced to have low self-control resources chose more healthy food products when they were promoted by a social proof heuristic (i.e., presented as a pie chart showing that the majority of previous participants choosing the cereal bar over the chocolate bar, for example, without explicitly stating the healthier option). In fact, findings revealed that consumers low in self-control made the most healthy food choices, even more so than their counterparts who had sufficiently high levels of self-control^{xii}. Similarly in a separate study, preliminary findings showed that consumers preferred more healthy food choices that were promoted by a different heuristic, the scarcity heuristic presented with the tag line “Value of the week, while supplies last!”^{xiii}. It was again found that the consumers low in self-control benefited the most from the scarcity heuristic – the lower the self-control they had, the more healthy food choices they made.

Together these findings suggest that consumers are not necessarily prone to making suboptimal food decisions when they lack self-control, but could and *would* prefer the healthier alternative when the choice setting offers suitable cues, such as the social proof or scarcity heuristic, promoting them. The advantage of these heuristic principles is that they lend themselves as easy-to-implement tactics in health promotion campaigns and even in marketing schemes in favour of better health choices. Most importantly, as heuristics are also easy to follow, they facilitate making healthy choices, which usually requires effortful self-control, to be easier and even mindless in a positive way.

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

School Psychology

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needed to bring them to life in schools. Although national and provincial associations recommend ratios of school psychologists to students between 1:1000 to 1:750 depending on the needs of the students and travel required, there is nowhere in Canada where ratios this low exist. More often, one sees ratios of 1:3500+, which means there aren't enough heads and hands to do the job as well as it could be done.

Another challenge for school psychologists to work effectively to promote mental health is the reliance of schools and parents on assessment for diagnosis and placement. Although it is important to ensure that children presenting with special needs receive appropriate services, Specht (2013) notes that, “rather than categorizing and labeling, school psychologists can be a key supporter of classroom teachers in promoting successful academic, social, and emotional strategies to assist teachers in inclusive classrooms”. Indeed, school psychologists' time is better spent in that “ounce of prevention” which will go so far to encourage mentally healthy and resilient students, and later adults, in our society. There will never be a lack of work with a client base that large!

In June 2011, CPA commissioned a task force on publicly funded psychology that included school psychology. Members of the Section of Psychologists in Education (newly renamed the Educational and School Psychology Section) spent over two years exploring the landscape of school psychology in Canada and developed a report that summarized their findings. A national survey suggested that more school psychology programs and internships are needed in Canada to address not only the current shortage of school psychologists, but the additional need to arise from the soon-to-be-expected retirements. But the dedication of those filling school psychology positions came through loud and clear. The excitement of working in an environment where one can make a real difference in the lives of all the nation's children and youth is evident in the commitment school psychologists bring to their jobs, and explains why school psychologists choose to work in public service at salaries, and in working conditions, that may be less ideal than might be found in private practice. Recognition of the importance of the school psychologist's role in health promotion and disease prevention which they bring to schools is sometimes lacking, however. The CPA Educational and School Psychology Section is working to promote that professional recognition!

The final report of the CPA task force on the public practice of psychology can be found at : <http://www.cpa.ca/aboutcpa/committees/cpataskforces>. The Educational and School Psychology Section posted its own report at: http://www.cpa.ca/docs/file/Sections/EDsection/School_Psychology_TFpaper_Aug_2014_Final.pdf

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



Therapeutic Lifestyle Changes: A Psychologist's Role in Promoting Health



Kellsey Calhoon, M.Ed, University of Alberta

In our society, the diseases leading to the highest rates of morbidity and mortality are influenced by modifiable lifestyle behaviours. Choices such as smoking, alcohol consumption, inactivity or poor nutrition have been found to cause, contribute to and perpetuate a variety of illnesses and ailments ^[1]. The group that bears one of the largest inequalities in health is individuals with mental illness ^[2]. This twenty percent of Canada's population suffer a higher morbidity and mortality rate than those without mental illness ^[2]. Individuals with mental illness tend to have a more sedentary lifestyle and have high alcohol and tobacco consumption, along with being at a higher risk for cardiovascular disease ^[3].

While avoiding these unhealthy behaviours is not a panacea for all morbidity and mortality, countering them with positive lifestyle choices has been shown to improve mental and physical health. These healthy behavioural choices are commonly referred to in the literature as Therapeutic Lifestyle Changes, or TLCs. TLCs commonly include nu-

While avoiding these unhealthy behaviours is not a panacea for all morbidity and mortality, countering them with positive lifestyle choices has been shown to improve mental and physical health.

trition, exercise, nature, sleep, social connectedness, spirituality and religion, service to others, stress management and recreation ^[4]. TLCs have been found to effectively treat both physical and mental illnesses, and offer greater accessibility and affordability, fewer side effects, and less social stigma than traditional methods of mental healthcare ^[4].

Psychotherapists have the potential to play a key role in TLC promotion due to the time spent one-on-one with clients, the nature of the therapeutic relationship, and the psychotherapist's inherent behaviour change skills. However, despite the evidence, TLCs are underutilized by psychotherapists. Potential barriers may include a perceived lack of knowledge, lack of training, client resistance, societal influences, and therapist bias toward more traditional or pharmaceutical approaches ^[2,4].

Regardless of the barriers, there are psychotherapists who incorporate TLCs into their counselling practice on a daily basis.

In an effort to gain a better understanding of what this looks like, and to help bridge the gap between research and practice for others who want to incorporate TLCs, the author conducted



a qualitative study and spoke to psychotherapists who use TLCs in their practice. Data were collected through semi-structured interviews of five psychotherapists who use TLCs in their psychotherapy practices. The psychotherapists were asked questions such as “What inspired you to begin using TLCs in your practice?”, “How did you learn to effectively use TLCs with clients?” and “What challenges have you faced incorporating TLCs?” Interpretative Phenomenological Analysis ^[6] was used to identify intra-individual and inter-individual themes from the interviews.

Six themes emerged from the data:

1 Being Congruent. Participants discussed the way their own lifestyle practices inform their therapeutic work. All expressed the importance of “practicing what you preach” and encouraged other practitioners to reflect on their own lifestyle choices as a means of learning more about TLCs.

2 Looking At the Whole Picture. Participants spoke to the importance of gathering a holistic understanding of their clients by asking the right questions. Participants suggested incorporating into intake questionnaires questions around TLCs, such as exercise, diet and sleep habits.

3 Developing Competence and Recognizing Limits. Participants shared how they obtained the skills necessary for discussing TLCs with clients. These ways included drawing on their own backgrounds, receiving specialized training, attending conferences and workshops, reading books and perusing the internet, completing internships, and seeking guidance from supervisors. Working with and referring to other professionals was also discussed by participants.

4 Finding What Fits. Participants shared a perspective that “one size does not fit all”. In order to successfully incorporate behaviour change, it was the participants’ view that therapists must find an approach that fits the individual. Psychotherapists spoke of the way they work to have clients become grounded, meet clients where they are at, build on clients’ strengths, and unpack clients’ ideas around health.

5 Drawing on Psychologist Skills. Participants shared the belief that psychologists are “experts in behaviour change” and already possess many of the skills necessary for effective promoting of TLCs. Participants shared that promotion is done through looking at underlying issues, raising awareness, utilizing “counselling skills” such as reflection, validation, and encouragement, empowering clients and holding clients accountable, and getting clients to take the first step.

6 Addressing and Removing Barriers. All participants touched on the importance of addressing and working to remove barriers in order to increase lifestyle change. Barriers reported included injuries, comorbidities, time pressures, societal influences, low socioeconomic status, and frustrations (client’s and therapist’s). Suggestions to removing barriers included breaking things down into smaller steps, making things easy, accessible and convenient, encouraging routine, avoiding technical terms, providing resources, connecting clients to community resources, and adding support.

These findings help explain how these psychotherapists have and how other could incorporate TLC into existing therapies. Participants in this study expressed the belief that psychologists need not have specific knowledge or skills surrounding exercise or diet in order to successfully lead clients to behaviour change. By viewing client issues from a holistic standpoint, individualizing treatment for where the client is at, working with other professionals, addressing barriers, and using the skills one already possesses, psychologists can play a key role in promoting lifestyle change in their therapeutic work.

Not only are we fully-equipped to influence the health behaviour of our clients, but the impact of a healthy lifestyle has the potential to improve the effectiveness of our treatment and empower our clients to play a key role in their own health.

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



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



Karen R. Cohen, Chief Executive Officer; Lisa Votta-Bleeker, Deputy CEO and Director, Science Directorate; Melissa Tiessen, Director, Education Directorate & Registrar, Accreditation; Cara Bernard, Acting Manager, Practice Directorate; Tyler Stacey-Holmes, Manager of Association Development & Membership

What follows is an update of activity undertaken by Head Office staff and leadership since the summer 2014 update. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen (kcohen@cpa.ca) on national activities for practice. Lisa Votta-Bleeker leads our science activity (lvottableeker@cpa.ca). Cara Bernard staffs our Practice Directorate which focuses on inter-jurisdictional practice (cbernard@cpa.ca), while Amy Bernard is on maternity leave until February 2015. For information on accreditation and continuing education, contact Melissa Tiessen (mtiessen@cpa.ca). Meagan Hatch is responsible for public affairs (mhatch@cpa.ca) but is on maternity leave until October 2014, until that time advocacy related inquiries can be directed to Karen Cohen. For information on membership, contact Tyler Stacey-Holmes (styler@cpa.ca).



House of Commons Standing Committee on Finance. In August, the CPA submitted a brief to the House of Commons Standing Committee on Finance as part of its 2015 pre-budget consultation. The CPA's brief made four recommendations of which the focus was on removing barriers to accessing psychological care, increasing the base budgets of the granting councils, increasing support for student funding, and investing in various building blocks that support research and data collection. Click here to read the full brief: http://www.cpa.ca/docs/File/Government%20Relations/2014/CPA_pre-budget_submission_28July2014_v5_Final.pdf



Need, Supply, Demand. In follow up to the November 2013 Need Supply and Demand Summit hosted by CPA, we published a highlight of its proceedings in an editorial in the May 2014 Special Issue on Access to Psychological Services in *Canadian Psychology*. A presentation on information from the Summit was given at CPA's Convention in Vancouver in June and will be given at the Canadian Health Workforce Conference in Ottawa in October. CPA Staff are currently in discussion with the APA regarding the development of a Canadian-version of the APA's Doctoral Employment Survey as a means of collecting data on Canada's psychology workforce in an effort to collect and compile discipline specific data no longer being compiled by Statistics Canada.



Access to psychological services for Canadians. As reported in earlier updates, in 2013 CPA commissioned *An Imperative for Change: Access to Psychological Services for Canadians* http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf A summary of the report and its findings was published in an editorial in the May 2014 Special Issue on Access to Psychological Services in *Canadian Psychology*. In addition to the companion pieces to the report which included a tool kit of briefs and advocacy materials for our provincial and territorial partner organizations to use in their advocacy work with their respective governments and funders, CPA's leadership continues in it meetings with insurers and employers in an effort to move the report's recommendations forward. Recent activity has included meetings with the Canadian Life and Health Insurance Association, a presentation at an Economics Club of Canada luncheon in Ottawa <http://www.cpa.ca/bulletins/#WMHI> , and meetings with collegial professional associations who share in our third party payment concerns. CPA's Practice Directorate plans a survey of the insurance industry about provisions and limitations for psychological service; hopefully early in 2015.

We strongly encourage our provincial and territorial association partners to bring the access report and its materials to the attention of their governments and stakeholders and to feel free to call upon CPA to assist or collaborate at any time. We also encourage all Canadian psychologists to become familiar with the report's recommendations which they too can bring to the attention to the stakeholders and decision-makers with whom they work and interact.



HST/GST. As noted previously, budget 2013 (Pg. 375) makes changes to the HST/GST attached to reports and services for non-health care purposes. It notes that taxable supplies would include reports, examinations, and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy. CPA continues to work with a public affairs firm to push for clarity around the 2013 budget changes. We continue to await a draft guidance document from Revenue Canada intended to provide clarity on what is and isn't an exempt activity. In August 2014 we reached out to members in British Columbia and in Nova Scotia to encourage them to convene local meetings on this topic with their MPs. We had good response from British Columbia and have been able to brief them on the issue and provide them with meeting materials. We would like to encourage our Nova Scotia members to consider taking a similar opportunity by getting in touch with us at executiveoffice@cpa.ca As reported previously on this topic, it is CPA's position that a psychological assessment or intervention, even when delivered in a medical/legal context, or when privately insured, is a necessary basic health service and should therefore remain tax exempt.



Click here for more information on CPA's activity on this file <http://www.cpa.ca/bulletins/#GSTHST>



Practitioner Liability Insurance. In February 2014, after lengthy and comprehensive review and consultation, CPA along with the Council of Professional Associations of Psychologists (CPAP), made changes to the liability insurance program made available to members of CPA and to members of the provincial and territorial associations of psychology who comprise CPAP. The new program, now brokered by BMS Group, offers better and more coverage for lower premiums. Detailed information about the program, inclusive of how and why it was changed, can be found at <http://www.psychology.bmsgroup.com/> Information can also be obtained via psy.insurance@bmsgroup.com or 1-855-318-6038. Participation in the program has been excellent as has been psychologists' feedback about working with BMS Group and about pro bono legal counsel from Gowlings. We anticipate being able to grow the program to enable us to move to a member-funded deductible model of insurance, likely in 2015. We also anticipate further program offerings in 2014/15. For more information about CPA's liability insurance program, feel free to contact BMS at the coordinates above or contact Dr. Cohen at kcohen@cpa.ca



Requests for CPA Research Support. CPA continues to be asked to write letters of support and/or become a collaborator/knowledge user on psychology-related research projects across the country. The CPA is currently a knowledge user on the following CIHR-funded projects: 1) HELPinKids - Needle Fears in Children undergoing Medical Procedures: Knowledge Synthesis, Practice Guidelines, and Dissemination Strategies; and 2) Better Nights/Better Days: Improving Psychosocial Health Outcomes in Children with Behavioural Insomnia. We have written letters of support and/or been included as a knowledge user on three other proposals.



Granting Councils. In June, the CPA's Deputy CEO and Science Director, Dr. Lisa Votta-Bleeker, had separate meetings with representatives from NSERC and SSHRC. Key issues for discussion included: open access, budget 2015, master's scholarship allocations, requirements for funding of highly qualified personnel in grants, and funding for psychological research.



Health Action Lobby (HEAL). HEAL developed a position paper articulating a role for the federal government in Canada's health and healthcare. This paper has been endorsed by CPA's Board of Directors and is being similarly reviewed by the other

40 organizational members of HEAL. The paper will form the foundation of HEAL's advocacy work leading up to a 2015 federal election. CPA will share the paper with its membership once it has been endorsed in its final form by HEAL members. Other of HEAL work includes continued participation in the activities of the inter-provincial/territorial Health Care Innovation Working Group. As HEAL co-chair, Dr. Cohen has been participating in the work of the team-based model working group – charged with selecting models of innovations in team-based care in primary care, with seniors, in the area of mental health and now models which integrate pharmacists and paramedics. The working group is planning a summit in February 2015 at which these models will be presented and discussed. Also on behalf of HEAL, Dr. Cohen has attended a meeting of the inter-provincial/territorial Committee on Health Workforce where they received a paper from the Canadian Academy of Health Sciences which focused on scope of practice and its role, along with collaborative practice, in bringing about improvements to health care delivery in Canada <http://www.cahs-acss.ca/optimizing-scopes-of-practice-new-models-of-care-for-a-new-health-care-system/>



Canadian Health Workforce Conference. CPA through Dr. Cohen sits on the conference committee for this conference planned for October 21st and 22nd in Ottawa http://www.hhr-rhs.ca/index.php?option=com_content&view=article&id=509%3Ac%20a%20c%20a%20n%20a%20d%20i%20a%20n%20-%20h%20e%20a%20l%20t%20h%20-%20w%20o%20r%20k%20f%20o%20r%20c%20e%20-%20c%20o%20n%20f%20e%20r%20e%20n%20c%20e%20&catid=127%3A%20u%20p%20c%20o%20m%20i%20n%20g%20-%20e%20v%20e%20n%20t%20s&Itemid=113&lang=en The goal of the conference is to advance health workforce management and planning across Canada's jurisdictions. Dr. Cohen and Dr. Votta-Bleeker will be presenting on CPA's Need, Supply and Demand Summit.



Canadian Alliance of Mental Illness and Mental Health (CAMIMH). CAMIMH is preparing for its October Faces of Mental Illness event during Mental Illness Awareness Week in October <http://www.camimh.ca/mental-illness-awareness-week/about-miaw/> The event will include a breakfast on Parliament Hill, a celebration of the 2014 Faces and meetings with our elected officials about mental illness and mental health in Canada. The CAMIMH website also features a short videoclip where leaders within Canada's health professional community, CPA among them, speak out <http://www.camimh.ca/>



Mental Health Commission of Canada (MHCC). CPA continues to sit on two steering committees organized by the MHCC that are working with stakeholders to develop a framework for e-mental health in Canada and a national collaborative for suicide prevention. The MHCC's e-mental health report can



be found at <http://www.mentalhealthcommission.ca/English/node/27081/> Thanks go out to Dr. Marnin Heisel who is participating in the MHCC's ongoing work on suicide prevention <http://www.mentalhealthcommission.ca/English/issues/suicide-prevention>



Canadian Consortium for Research (CCR). Dr. Lisa Votta-Bleeker continues to serve as Chair of the Canadian Consortium for Research (CCR). The CCR meets bi-monthly to discuss all issues related to research in Canada. In August, the CCR submitted a brief to the House of Commons Standing Committee on Finance as part of its 2015 pre-budget consultation. The CCR's brief made three recommendations of which the focus was on increasing the base budgets of the granting councils, increasing support for student funding, and investing in various building blocks that support research and public science. In the fall, the CCR will be developing an advocacy strategy to pursue meetings with MPs and hold its 3rd annual breakfast with the funders.



International Congress of Applied Psychology (ICAP) 2018. In spring 2014, CPA has signed a number of agreements to host the 2018 International Congress of Applied Psychology (ICAP) in Montreal. CPA attended the 2014 ICAP held in Paris at which time we held a closing reception welcoming delegates to the next Congress in Montreal. CPA is collaborating with Mitacs to deliver the 2018 Congress. ICAP 2018 co-Presidents are Drs. David Dozois and Peter Graf. See articles this issue on ICAP2014 and ICAP2018.



Practice Directorate (PD). The PD is led by a Council of representatives from Canada's provincial and territorial associations of psychology. The PD is in part financially supported by CPA, primarily through designated staffing and project funding with parallel support for its Science Directorate. Whereas CPA and its leadership focus on practice advocacy and activity that have a national or federal focus, the PD focuses on practice issues that have trans-jurisdictional interest and concern.

The Practice Directorate held a number of events attached to the CPA convention in June. These included a conversation session facilitated by Council Chair, Dr. Andrea Piotrowski on the topic of how psychologists are improving front line mental health service delivery in their jurisdictions. Additionally, the Council participated in a 4 hour media training session. Activities planned for 2015 include a leadership summit, a survey of the insurance industry to better understand the requirements and conditions attached to insured psychological service, and looking at the development of common datasets so the profession can better understand and plan for its human resource.



Continuing Professional Development. CPA's web-based courses can be found at <http://www.cpa.ca/professionaldevelopment/webcourses/> - the most recent being our offering on psychopharmacology and one on the DSM-5. At convention 2014, we developed an additional offering on mental health within military populations. Watch CPA's website for the launch of this course in webinar format. Information about obtaining CE credit for your CE event can be found at <http://www.cpa.ca/professionaldevelopment/approval/>



Journals and Publications. In May 2014, we re-applied to SSHRC's Scholarly Aid for Journals program for continued funding for CP and CJBS for 2014 through 2016 (each grant has a three year term). We continue to await word on our applications.

CPA's publication partnership with the APA continues to be successful – the reach of all three of our journals continues to be extended through APA's capacity which increasingly enables the journals to support their own operation. Impact factors for 2013 show that while CP's impact factor has slipped a bit (0.895 in 2012 to 0.806 in 2013), both CJEP's and CJBS's impact factors and rankings have risen. CJEP's increased from 0.875 to 1.361, while CJBS's increased from 0.662 to 0.851.

Visit CPA's home page (www.cpa.ca), "Now in CPA's Journals", to see the most recent releases of CPA's three journals. Moving forward, all members who renew their CPA membership for 2014 will indicate if they want to continue receiving email alerts to notify you about each journal release, including the table of contents.

Journal editors in 2014 are Dr. Martin Drapeau (CP), Dr. William Roberts (CJBS) and Dr. Penny Pexman (CJEP). CPA's Deputy CEO and Director Science, Dr. Lisa Votta-Bleeker is the Managing Editor for all three journals.



Call for Submissions – Psynopsis. The winter 2015 issue of Psynopsis Magazine – *Canada's Psychology Magazine*, is devoted to *thinking*. We encourage submissions that profile research or practice-related work on any aspect of cognition from how children learn, how people make judgments and decisions, intellectual functioning, how memory works as well as any of the factors or conditions that potentiate, degrade or remediate how we think. Send 400-900 words to Managing Editor, Tyler Stacey-Holmes (cpa75@cpa.ca). Winter submissions are due by December 1st, 2014. Please note that submissions may be edited with the author's consent. If you have ideas for Psynopsis themes, please contact its Editor-in-Chief, Dr. Karen Cohen (kcohen@cpa.ca)





Fact Sheets. Two new fact sheets have been posted (suicide prevention, pain in children with cognitive impairments who are non-verbal). Three others are in the review process, while three others are in development. The membership should feel free to propose the development of a fact sheet, by contacting Dr. Lisa Votta-Bleeker (lvottableeker@cpa.ca).



Head Office Interns. CPA thanks Kojo Mintah, a masters-level graduate student from Carleton University who completed a practicum placement at Head Office over the summer semester. Students from within all areas of research and practice specialization are encouraged to contact the CPA if interested in doing a practicum or rotation at Head Office. It presents a unique opportunity to meet with CPA's partners in science and practice, contribute to policy development, and learn about advocacy. In fall 2014, we welcome Lyndsay Evraire, an intern from the Children's Hospital of Eastern Ontario (CHEO) who will do a minor rotation with us. For information, contact executiveoffice@cpa.ca.



Accreditation. At the June 2014 annual CPA convention in Vancouver, BC, the Panel held a session for all professional psychology training programs focused on program evaluation and quality improvement. Slides from this session are available on our CPA website at: www.cpa.ca/accreditation/resources. The Accreditation Panel launched its first Accreditation Update newsletter to report on accreditation activities and issues of relevance to the training community <http://www.cpa.ca/resources/newsletters>. Finally, following from CPA's Need, Supply, and Demand Summit held in the fall of 2013, the Panel has been working to enhance data collection from all CPA accredited programs. Programs are in the process of submitting annual student statistics to the Accreditation Office using a new reporting format, which should assist with more comprehensive data collection. Summaries of the most recent annual report statistics should be available by the end of 2014, and past years' data is currently available on our website at: <http://www.cpa.ca/resources/annualreportstatistics>



Other activity since our last update:

Tele-psychology: In addition to participating on the steering committee of the mental health report of the Mental Health Commission of Canada, CPA has participated in meetings with the Association of State and Provincial Psychology Boards (ASPPB) looking at issues and opportunities related to the practice of telepsychology. CPA will also be participating in a webinar on this topic organized by the Ontario Psychological Association in November 2014. CPA has also convened meetings looking at e-practice management resources for psychologists.

Other professional advocacy: CPA has had several meetings over the last quarter with practitioners concerned about issues related to the coverage of psychological services by private insurance, about the interface of professional practice with conditions of employment in public institutions, and about internship program sustainability. CPA has been working with members on these sector-specific concerns. CPA encourages students and members to reach out to us where our advocacy and involvement might be of assistance in addressing issues related to education and training, research or practice. Contact executiveoffice@cpa.ca

CPA strategic plan: CPA launched its strategic plan in 2013. In 2014 CPA staff held a retreat to review the plan and map the activities and indicators which will enable us to annually report on our progress. The plan can be found at http://www.cpa.ca/docs/File/Governance/CPA_Strategic_Plan-FINALAPRIL2013.pdf

Conference Board of Canada: CPA has been glad to participate in two significant Conference Board projects. The first is our participation in an advisory group for a research project on mental health strategies in the workplace entitled "Healthy Brains at Work: The Employer Role in Addressing Mental Health". The second is participation in a Expert model validation workshop on sustainable health care.

**FEBRUARY
is Psychology Month**



**We'd like to hear about your plans for
PSYCHOLOGY MONTH.**

Email us (styler@cpa.ca) and let us know how you're participating in Psychology Month! We'll share your events on our Psychology Month News & Events webpage, www.cpa.ca/psychologymonth.

**Need some inspiration?
Be sure to check out our suggested activities for PSYCHOLOGY MONTH on our website, by visiting www.cpa.ca/psychologymonth/activities.**



Karen R. Cohen, chef de la direction; Lisa Votta-Bleeker, directrice générale associée et directrice de la Direction générale de la science; Melissa Tiessen, directrice de la Direction générale de l'éducation et registraire du Jury d'agrément; Cara Bernard, gestionnaire intérimaire de la Direction générale de la pratique; Tyler Stacey-Holmes, gestionnaire du développement et de l'adhésion.

Voici une mise à jour des activités entreprises par le personnel et la direction du siège social depuis l'été 2014. Pour avoir des renseignements supplémentaires sur les activités décrites ici, n'hésitez pas à communiquer avec nous. Nous voulons connaître votre opinion. À moins d'indication contraire, la personne avec qui communiquer pour toute question relative aux activités nationales touchant la pratique est Karen Cohen (kcohen@cpa.ca). Lisa Votta-Bleeker dirige les activités relatives à la science (lvottableeker@cpa.ca). Cara Bernard s'occupera de la Direction générale de la pratique, qui s'intéresse à la pratique dans les provinces et les territoires (cbarnard@cpa.ca) pendant toute la durée du congé de maternité d'Amy Bernard, qui prend fin en février 2015. Pour avoir de l'information sur l'agrément et l'éducation permanente, communiquez avec Melissa Tiessen (mtiessen@cpa.ca). Meagan Hatch est responsable des affaires publiques (mhatch@cpa.ca), mais elle est en congé de maternité jusqu'en octobre 2014. D'ici là, les questions relatives aux activités de représentation doivent être acheminées à Karen Cohen. Pour plus d'informations sur l'adhésion, communiquez avec Tyler Stacey-Holmes (tyler@cpa.ca).



Comité permanent des finances de la Chambre des communes. En août, la SCP a présenté un mémoire au Comité permanent des finances de la Chambre des communes dans le cadre des consultations prébudgétaires de 2015. Le mémoire comprend quatre recommandations, qui s'articulent autour des préoccupations suivantes : supprimer les obstacles qui nuisent à l'accès aux soins psychologiques, augmenter les budgets de base des organismes subventionnaires, appuyer davantage le financement des étudiants et investir dans les différents modules de base qui soutiennent la recherche et la collecte de données. Cliquez ici pour lire le mémoire : http://www.cpa.ca/docs/File/Government%20Relations/2014/CPA_pre-budget_submission_28July2014_v5_Final.pdf.



Besoin, offre et demande. Afin de donner suite au Sommet de la SCP sur l'offre, le besoin et la demande de psychologues qui s'est tenu en novembre 2013, nous avons publié les faits saillants des actes du Sommet dans un éditorial du numéro spécial de mai 2014 de *Psychologie canadienne*, qui portait sur l'accès aux services psychologiques. Un compte rendu du Sommet a été présenté en juin, au congrès de la SCP, qui se tenait à Vancouver, et un autre sera présenté à la conférence canadienne

de la main-d'œuvre en santé, qui a lieu en octobre, à Ottawa. Le personnel de la SCP est actuellement en discussion avec l'APA au sujet du développement d'une version canadienne du sondage sur l'emploi des diplômés au doctorat. Ce sondage servirait à recueillir des données sur les effectifs en psychologie, de manière à collecter et à compiler les données propres à la discipline que Statistique Canada ne compile plus.



Accès aux services psychologiques au Canada. Comme nous l'avons déjà mentionné dans les mises à jour antérieures, la SCP a commandé en 2013 un rapport intitulé *An Imperative for Change: Access to Psychological Services for Canadians* http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf. Le résumé du rapport ainsi que ses conclusions ont été publiés dans un éditorial du numéro spécial de mai 2014 de *Psychologie canadienne*, qui portait sur l'accès aux services psychologiques. En plus de la trousse d'outils, qui renferme des mémoires et des documents de représentation que nous mettons à la disposition de nos organismes partenaires dans les provinces et les territoires pour les épauler dans leurs activités de représentation auprès de leur gouvernement respectif et des bailleurs de fonds, les dirigeants de la SCP continuent de rencontrer les assureurs et les employeurs afin de donner suite aux recommandations du rapport. Dernièrement, la SCP a rencontré l'Association canadienne des compagnies d'assurances de personnes, a fait une présentation lors d'un dîner organisé par le Club économique du Canada à Ottawa (<http://www.cpa.ca/bulletins/#WMHI>) et a rencontré des associations professionnelles qui ont les mêmes préoccupations que nous en ce qui concerne le paiement à des tiers. La Direction générale de la pratique de la SCP prévoit réaliser un sondage auprès du secteur de l'assurance sur les dispositions et les restrictions en matière de couverture des services psychologiques. Nous espérons lancer le sondage au début de 2015.

Nous encourageons vivement nos associations partenaires à porter à l'attention du gouvernement et des intervenants de leur province ou leur territoire le rapport et les documents qui l'accompagnent et les invitons à communiquer avec nous, en tout temps, si elles ont besoin de notre aide ou de notre collaboration. La SCP encourage aussi tous les psychologues canadiens à se familiariser avec les recommandations du rapport, qu'ils pourront porter, à leur tour, à l'attention des intervenants et des décideurs avec lesquels ils travaillent et communiquent.



TVH/TPS. Comme nous l'avons déjà mentionné, le budget de 2013 (p. 418) apporte des modifications à l'application de la TVH/TPS à l'égard des rapports, examens et autres services fournis à des fins autres que la santé. On y mentionne que seront des fournitures taxables les rapports, les examens et les autres services visant exclusivement à déterminer la responsabilité dans le cadre de procédures judiciaires ou aux termes d'une police d'assurance. La SCP continue de travailler avec un cabinet

de consultants en affaires publiques pour exiger des éclaircissements sur les changements apportés au budget de 2013. Nous attendons toujours l'ébauche du document d'orientation préparé par Revenu Canada dans le but de préciser ce qu'est, et ce que n'est pas une activité exemptée. En août 2014, nous avons communiqué avec des membres de la Colombie-Britannique et de la Nouvelle-Écosse afin de les encourager à planifier des réunions à l'échelle locale pour parler de cette question avec leurs députés. Nos membres de la Colombie-Britannique ont répondu à notre invitation, et nous avons pu les rencontrer pour les documenter sur la question et leur remettre la documentation à utiliser lors des rencontres avec leurs élus. Nous encourageons les membres de la Nouvelle-Écosse à faire de même et les invitons à communiquer avec nous en écrivant à executiveoffice@cpa.ca. Comme nous l'avons déjà dit, la SCP estime qu'une évaluation ou une intervention psychologique, même fournies dans un contexte médical/juridique, ou assurées par un régime privé, sont des services de santé de base nécessaires qui doivent, par conséquent, demeurer exemptés de taxe. Cliquez ici pour avoir des renseignements supplémentaires sur les activités de la SCP dans ce dossier <http://www.cpa.ca/bulletins/#GSTHST>.

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Programme d'assurance-responsabilité pour les psychologues praticiens. En février 2014, après une analyse et des consultations longues et exhaustives, la SCP, ainsi que le Conseil des sociétés professionnelles de psychologues (CSPP), a apporté des modifications au programme d'assurance responsabilité offert aux membres de la SCP et à ceux des associations provinciales et territoriales de psychologues qui font partie du CSPP. Le nouveau programme, offert par le courtier en assurances BMS Group, offre une meilleure couverture à une prime réduite. Vous trouverez des renseignements détaillés sur le programme, ainsi que des explications sur les différences et les nouveautés par rapport au programme précédent, sur le site de BMS Group : <http://www.psychology.bmsgroup.com/>. Vous pouvez également obtenir de l'information en écrivant à psy.insurance@bmsgroup.com ou en composant le 1-855-318-6038. La participation au programme a été excellente. Il en est de même des commentaires des psychologues, qui ont dit apprécier travailler avec le courtier de BMS Group et avoir profité des conseils gratuits fournis par le conseiller juridique du cabinet Gowlings. Nous prévoyons être en mesure de développer le programme, pour passer à un modèle de fonds de garantie de franchise collective, probablement en 2015. Nous prévoyons aussi bonifier le programme en 2014-2015. Pour plus d'informations sur le programme d'assurance responsabilité de la SCP, n'hésitez pas à communiquer avec BMS à l'adresse de courriel ci-dessus ou à contacter D^{re} Cohen à kcohen@cpa.ca.

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Demandes de soutien à la recherche. On demande souvent à la SCP de rédiger des lettres d'appui, ou d'être utilisateur des connaissances ou collaborateur dans le cadre de projets de recherche en psychologie menés partout au pays. La SCP est actuellement un utilisateur des connaissances issues de deux projets de recherche financés par les IRSC : 1) HELPinKids - Needle Fears in Children undergoing Medical Procedures: Knowledge Synthesis, Practice Guidelines, and Dissemination Strategies; 2) Better Nights/Better Days: Improving Psychosocial Health Outcomes in Children with Behavioural Insomnia. Nous avons rédigé des lettres d'appui ou nous sommes inscrits comme utilisateur des connaissances de trois autres propositions.

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Conseils subventionnaires. Au mois de juin, la directrice générale associée et directrice de la Direction générale de la science de la SCP, D^{re} Lisa Votta-Bleeker, a rencontré séparément des représentants du Conseil de recherches en sciences naturelles et en génie (CRSNG) et du Conseil de recherches en sciences humaines (CRSH). Les points principaux qui ont été abordés sont le libre accès, le budget de 2015, l'attribution des bourses d'études à la maîtrise, les exigences des programmes de subvention pour le financement de personnel hautement qualifié et le financement de la recherche en psychologie.

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Groupe d'intervention action santé (HEAL). HEAL a rédigé un énoncé de position portant sur le rôle du gouvernement fédéral en matière de santé et de soins de santé au Canada. Cet énoncé a été approuvé par le conseil d'administration de la SCP, et les 40 autres organisations membres de HEAL sont en train de le réviser de leur côté. Cet exposé de principe constituera la base des activités de représentation de HEAL d'ici aux élections fédérales de 2015. La SCP le fera parvenir aux membres, lorsque la version finale aura été approuvée par les membres de HEAL. En outre, HEAL continue de participer aux activités du Groupe de travail sur l'innovation en matière de santé dans les provinces et les territoires. À titre de coprésidente de HEAL, la D^{re} Cohen a participé aux travaux du groupe de travail qui se penche sur les modèles de prestation de soins en équipe. Ce groupe de travail a pour tâche de sélectionner des modèles novateurs de prestation de soins en équipe dans les soins primaires, auprès des personnes âgées, dans le domaine de la santé mentale et, depuis peu, des modèles qui intègrent les pharmaciens et les ambulanciers paramédicaux. Le groupe de travail prévoit organiser un sommet en février 2015 afin de présenter ces modèles et d'en discuter. En outre, toujours au nom de HEAL, la D^{re} Cohen a assisté à une réunion du Comité fédéral-provincial-territorial sur les effectifs en santé, où a été distribué un document de l'Académie canadienne des sciences de la santé portant sur les champs d'exercice et leur rôle, et sur la pratique



collaborative. Dans ses conclusions, l'Académie propose des améliorations à la prestation des services de santé au Canada : <http://www.cahs-acss.ca/optimizing-scopes-of-practice-new-models-of-care-for-a-new-health-care-system/>.



Conférence canadienne de la main-d'œuvre en santé. La SCP, par l'entremise de la D^{re} Cohen, siège au comité du programme de la conférence prévue les 21 et 22 octobre, à Ottawa http://www.hhr-rhs.ca/index.php?option=com_content&view=article&id=509%3Acanadian-health-workforce-conference&catid=127%3Aupcoming-events&Itemid=113&lang=en. L'objectif de la conférence est de faire avancer la gestion des effectifs en santé et la planification dans les provinces et les territoires du Canada. Les D^{res} Cohen et Votta-Bleeker y feront un exposé sur le Sommet de la SCP sur l'offre, le besoin et la demande de psychologues.



Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM). L'ACMMSM se prépare à célébrer les « Visages de la maladie mentale » dans le cadre de la Semaine de sensibilisation aux maladies mentales, qui se déroule en octobre <http://www.camimh.ca/mental-illness-awareness-week/about-miaw/>. Au programme de l'événement : un petit-déjeuner sur la Colline du Parlement, la célébration des cinq personnes qui incarnent, cette année, les « Visages de la maladie mentale » et des réunions avec nos représentants officiels, au cours desquelles nous parlerons de maladie mentale et de santé mentale au Canada. On présente également sur le site Web de l'ACMMSM un court vidéoclip où des dirigeants du milieu des professionnels de la santé au Canada, dont la SCP, prennent la parole : <http://www.camimh.ca/>.



Commission de la santé mentale du Canada (CSMC). La SCP siège toujours à deux comités directeurs relevant de la CSMC, qui travaillent avec les intervenants dans le but d'élaborer un cadre de cybersanté mentale au Canada et de créer un groupe de collaboration nationale en prévention du suicide. Le rapport de la CSMC sur la cybersanté mentale se trouve à l'adresse <http://www.mentalhealthcommission.ca/English/node/27081>. Merci au D^r Marnin Heisel, qui participe aux travaux en cours sur la prévention du suicide menés par la CSMC <http://www.mentalhealthcommission.ca/English/issues/suicide-prevention>.



Consortium canadien pour la recherche (CCR). La D^{re} Votta-Bleeker est toujours présidente du Consortium canadien pour la recherche (CCR). Le CCR se réunit tous les deux mois

pour discuter de la recherche au Canada. En août, le CCR a présenté un mémoire au Comité permanent des finances de la Chambre des communes dans le cadre des consultations pré-budgétaires de 2015. Le mémoire comprend trois recommandations, qui s'articulent autour des thèmes suivants : augmentation des budgets de base des organismes subventionnaires, augmentation de l'aide financière aux étudiants et investissement dans les différents modules de base qui soutiennent la recherche et la collecte de données. À l'automne, le CCR élaborera une stratégie de représentation pour les rencontres avec les députés et tiendra son troisième petit-déjeuner annuel avec les bailleurs de fonds.



International Congress of Applied Psychology (ICAP) 2018. Au printemps 2014, la SCP a signé un certain nombre d'ententes en prévision de la tenue de l'International Congress of Applied Psychology (ICAP) 2018, qui se tiendra à Montréal. La SCP a assisté à l'ICAP de 2014, qui avait lieu à Paris. À cette occasion, nous avons organisé une réception de clôture dans le but d'accueillir les délégués qui participeront au prochain congrès à Montréal. La SCP travaillera avec Mitacs pour l'organisation de l'événement en 2018. Les coprésidents de l'ICAP 2018 sont les D^{rs} David Dozois et Peter Graf. Voir les articles sur l'ICAP 2014 et l'ICAP 2018 dans le présent numéro.



Direction générale de la pratique (DGP). La Direction générale de la pratique (DGP) relève d'un conseil constitué de représentants d'associations provinciales et territoriales de psychologues de partout au Canada. Elle est financée en partie par la SCP, principalement par l'intermédiaire de personnel désigné et de financement de projet, avec le soutien parallèle de la Direction générale de la science. Tandis que la SCP et ses dirigeants s'occupent de défendre les intérêts de la pratique et concentrent leurs activités sur des questions qui ont des implications à l'échelle nationale ou fédérale, les activités de la DGP ont pour objet différents enjeux liés à la pratique, qui intéressent ou préoccupent les provinces et les territoires.

La Direction générale de la pratique a tenu un certain nombre d'événements en marge du congrès de la SCP en juin dernier. On a notamment organisé une réunion de discussion, animée par la présidente du conseil de la DGP, la D^{re} Andrea Piotrowski, pendant laquelle on a échangé sur ce que font les psychologues dans les provinces et les territoires pour améliorer la prestation des services de santé mentale de première ligne. En outre, le conseil a participé à une séance de formation de quatre heures sur les médias. Les activités prévues en 2015 sont, notamment : un sommet sur le leadership, un sondage auprès de l'industrie des assurances dans le but de mieux comprendre les exigences et les conditions relatives aux services psychologiques couverts et une réflexion sur la pertinence de développer

des bases de données communes pour aider la profession à mieux comprendre ses ressources humaines et à les planifier.



Cours de perfectionnement professionnel. La liste des cours de perfectionnement professionnel continu en ligne offerts par la SCP se trouve à l'adresse <http://www.cpa.ca/developmentprofessionnelle/webcourses/> — les plus récents étant le cours sur la psychopharmacologie et celui sur le DSM-5. Au congrès de 2014, nous avons développé un autre cours, qui porte sur la santé mentale chez les militaires. Rendez-vous sur le site Web de la SCP pour le lancement de ce cours, qui sera offert sous forme de webinaire. Pour savoir comment obtenir les crédits d'éducation permanente auxquels donne droit le cours que vous avez suivi, allez au <http://www.cpa.ca/developmentprofessionnelle/approval/>.



Revues et publications. En mai 2014, nous avons soumis une nouvelle demande de subvention auprès du programme d'Aide aux revues savantes du CRSH, qui couvrira la période de 2014 à 2016 (chaque subvention est d'une durée de trois ans), afin de maintenir le financement de *Psychologie canadienne* (PC) et de la *Revue canadienne des sciences du comportement* (RCSC). Nous attendons toujours une réponse.

Le partenariat d'édition entre la SCP et l'APA continue de porter ses fruits — le rayonnement de chacune des trois revues ne cesse de s'étendre grâce aux ressources de l'APA, ce qui rapproche de plus en plus les revues de l'autosuffisance. Les facteurs d'impact en 2013 montrent que, bien que le facteur d'impact de PC ait légèrement baissé (passant de 0,895 en 2012 à 0,806 en 2013), les facteurs d'impact et le classement des deux autres revues, la *Revue canadienne de psychologie expérimentale* (RCPE) et la RCSC, ont augmenté. Le facteur d'impact de la RCPE est passé de 0,875 à 1,361, tandis que celui de la RCSC est passé de 0,662 à 0,851.

La SCP présente sur sa page d'accueil (www.cpa.ca) une rubrique intitulée « Now in CPA's Journals ». Dans cette section, vous trouverez de l'information sur les plus récentes éditions de chacune des trois revues publiées par la SCP. À l'avenir, tous les membres qui auront renouvelé leur adhésion en 2014 commenceront à recevoir des notifications par courriel, qui les aviseront lorsque les numéros les plus récents de chaque revue sont disponibles, incluant la table des matières.

En 2014, les rédacteurs en chef des revues sont le Dr Martin Drapeau (PC), le Dr William Roberts (RCSC) et la Dr^e Penny Pexman (RCPE). La directrice générale associée et directrice de la Direction générale de la science de la SCP, la Dr^e Lisa Votta-Bleeker, est la directrice des services de rédaction des trois revues.



Appel d'articles — *Psynopsis*. Le numéro d'hiver de *Psynopsis* — le magazine des psychologues du Canada — sera consacré à la *pensée*. Les articles peuvent traiter de l'un ou l'autre des aspects de la cognition : modes d'apprentissage de l'enfant, façon dont les gens posent des jugements et prennent des décisions, fonctionnement intellectuel, fonctionnement de la mémoire et facteurs ou conditions qui potentialisent, détériorent ou reconstituent notre façon de penser. Envoyez votre texte (de 400 à 900 mots) au directeur des services de rédaction, Tyler Stacey-Holmes (cpa75@cpa.ca). La date d'échéance pour soumettre un article pour l'édition d'hiver de *Psynopsis* est le 1^{er} décembre 2014. Veuillez noter que les textes peuvent être modifiés avec le consentement de l'auteur. Si vous avez des idées de thèmes pour les prochains numéros de *Psynopsis*, veuillez écrire à la rédactrice en chef, Karen Cohen (kcohen@cpa.ca).



Fiches d'information. Deux nouvelles fiches d'information ont été publiées (La prévention du suicide et Pain in children with cognitive impairments who are non-verbal). Trois autres fiches sont en cours de révision, et trois autres sont en préparation. Nous invitons les membres intéressés à rédiger une fiche d'information à communiquer avec Dr^e Votta-Bleeker (lvotableeker@cpa.ca).



Stagiaires au siège social. La SCP tient à remercier Kojo Mintah, un étudiant à la maîtrise de l'Université Carleton, qui a fait un stage au siège social pendant le semestre d'été. La SCP invite les étudiants de tous les domaines de recherche et de spécialisation de pratique intéressés à faire un stage à la SCP à communiquer avec nous. Il s'agit d'une occasion unique de rencontrer les partenaires de la SCP qui œuvrent dans le domaine de la science et de la pratique, de contribuer à l'élaboration de politiques et de s'informer sur les activités de représentation. À l'automne 2014, nous accueillons Lyndsay Evraire, une interne de l'Hôpital pour enfants de l'Est de l'Ontario (CHEO), qui fera un court stage chez nous. Pour obtenir des renseignements supplémentaires, écrire à executiveoffice@cpa.ca.



Agrément. Au congrès annuel de la SCP, qui a eu lieu en juin à Vancouver, en Colombie-Britannique, le Jury d'agrément a tenu une séance à l'intention de tous les programmes de formation en psychologie professionnelle, qui portait sur l'évaluation de programme et l'amélioration de la qualité. Les diapositives qui accompagnent cette session sont disponibles sur le site Web de la SCP à l'adresse <http://www.cpa.ca/agrement/ressources/>. Le Jury d'agrément a lancé son tout premier bulletin, intitulé *Nouvelles du Jury d'agrément*. Ce bulletin rend compte des activités liées à l'agrément et traite de différentes



questions pertinentes pour le milieu de la formation (<http://www.cpa.ca/resources/newsletters>). Enfin, à la suite du Sommet de la SCP sur l'offre, le besoin et la demande de psychologues au Canada qui a eu lieu à l'automne 2013, le Jury d'agrément s'est employé à améliorer la collecte de données de tous les programmes agréés par la SCP. Les programmes préparent en ce moment les statistiques annuelles sur les étudiants à l'aide d'un nouveau format de rapport, qui aidera à recueillir des données plus complètes. Ces statistiques seront soumises au bureau d'agrément. Les résumés des plus récents rapports statistiques annuels seront disponibles vraisemblablement d'ici la fin de 2014, et les données des années passées sont sur notre site Web à : <http://www.cpa.ca/resources/annualreportstatistics>.

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Autres activités depuis la dernière mise à jour :

La cybersanté mentale : en plus de faire partie du comité directeur sur la cybersanté mentale de la Commission de la santé mentale du Canada, la SCP a rencontré à quelques reprises l'Association of State and Provincial Psychology Boards (ASPPB) afin d'examiner les enjeux de la télépsychologie et les possibilités qu'elle offre. En outre, en novembre 2014, la SCP participera à un webinaire sur le sujet organisé par l'Ontario Psychological Association. La SCP a également organisé des réunions afin de se pencher sur les ressources de gestion de la pratique de la télépsychologie pour les psychologues.

Autres activités de représentation au nom des professionnels : au cours du dernier trimestre, la SCP a eu plusieurs réu-

nions avec des psychologues qui se préoccupent de la question de la couverture des services psychologiques par les régimes d'assurance privés, de la jonction entre pratique professionnelle et conditions de travail dans les établissements publics et de la viabilité des programmes de stage. La SCP travaille avec les membres sur ces préoccupations particulières au domaine de la psychologie professionnelle. Nous encourageons les étudiants et les membres à communiquer avec nous si nos activités de représentation et notre engagement leur semblent utiles pour faire avancer d'autres questions liées à l'éducation et à la formation, à la recherche ou à la pratique. Veuillez écrire à executiveoffice@cpa.ca.

Plan stratégique de la SCP : la SCP a lancé son plan stratégique en 2013. En 2014, le personnel de la SCP s'est réuni pour une journée de réflexion dans le but d'examiner le plan stratégique et de dresser les activités et les indicateurs qui nous permettront de rendre compte chaque année des progrès réalisés. Le plan stratégique se trouve à l'adresse http://www.cpa.ca/docs/File/Governance/CPA_Strategic_Plan-FINALAPRIL2013.pdf.

Conference Board du Canada : la SCP est heureuse de participer à deux projets importants du Conference Board du Canada. Premièrement, nous nous joindrons à un groupe consultatif qui participera à un projet de recherche sur les stratégies en matière de santé mentale en milieu de travail, intitulé « Healthy Brains at Work: The Employer Role in Addressing Mental Health ». Deuxièmement, nous participerons à un atelier de validation du modèle d'expert.

Section on Women & Psychology (SWAP) Annual Student Awards

*E.B. Brownlie, Ph.D., Student Awards Coordinator,
Section on Women and Psychology.*

The Section on Women and Psychology (SWAP) is pleased to announce that **Nicole Jeffrey** is the 2014 winner of the SWAP Student Paper Award. The winning paper, entitled "*Women's Lived Experiences of Sexual Coercion in Intimate Relationships with Men*", was presented at the 2014 CPA annual convention. Ms. Jeffrey is a graduate student in the Applied Social Psychology program in the Psychology Department at the University of Guelph, supervised by Dr. Paula Barata, who co-authored the paper. The \$500 award was presented to Ms. Jeffrey at the SWAP annual business meeting at the CPA convention.

SWAP also awards \$250 travel bursaries to students presenting papers or posters particularly relevant to women and/or feminism at the CPA convention or a SWAP-sponsored pre-conference Institute. The 2014 travel bursary winners are Nicole Aitken (University of Guelph), Gisell Castillo (Carlton University), Carley Pope (Lakehead University), Kathleen Webb (University of New Brunswick), Victoria Sit (University of Toronto), and Cailin Stamarski (University of Guelph).



Nicole Jeffrey is the 2014 winner of the SWAP Student Paper Award



Only Once in Canada in Your Career

Peter Graf, Ph.D. University of British Columbia

David Dozois, Ph.D., University of Western Ontario

29th ICAP Co-Presidents

Extraordinary events like the Olympics, a federal election and the International Congress of Applied Psychology (ICAP) occur every 4 years, and the latter comes to Canada perhaps only once in the course of one's professional career. The ICAP was last held in Canada in 1974, and we are delighted to announce that it is coming back after all of these years to Montréal from June 23-30 in 2018. This outcome is a product of extensive behind-the-scenes efforts. In July 2012, a group of individuals from the Canadian Psychological Association (CPA), Mitacs Conference Services and the Palais des congrès de Montréal presented a bid to host the Congress in Canada, and two years later the CPA signed a contract with International Association of Applied Psychology for hosting the 29th ICAP in Montréal. ICAP 2018 is being hosted by the CPA in collaboration with Mitacs Conference Services. Mitacs is a Canadian not-for-profit research organization that funds innovative research projects between universities and industry in Canada across all disciplines, including psychology. Mitacs has been organizing and managing scientific and academic conferences for its community since 2001 and is an ideal partner for this event.

We opted for "Psychology: Connecting Science to Solutions" as a succinct statement of the core goals we are aiming to achieve with the 2018 ICAP. This theme is fundamentally about what psychology has to offer, on one hand, to individuals -- whether healthy or ill, young or old, male or female, etc., and on the other hand, to society or societies -- whether industrialized or emerging, rich or poor, etc.. In addition, the theme emphasizes that psychology is both a science and a profession, both closely connected with each other and complementing each other by searching for solutions and by providing solutions for individuals, societies and everything in between. For the Congress we plan to select a few red-hot topics (e.g., cognitive decline in aging, the social media transformation of public spaces, the link between stress and health; evidence-based assessment and treatment) that cry out for solutions, and in connection with them, we will feature psychology's contributions toward finding solutions. A specific purpose for the congress is to generate the greatest possible number of innovative science-based answers and solutions to the questions/concerns of citizens, and their political and socio-economic representatives as well as policy makers. Let's show everybody that Psychology truly matters, everywhere and to everyone.



JUNE 23-30
29th International Congress
of Applied Psychology
MONTREAL

Applied Psychology uses the methods and findings of scientific psychology to create solutions for the practical problems of individuals, groups and societies. Consistent with this definition, and despite having the word "applied" in its name, the ICAP is intended as a forum for all scientists (both basic and applied) and practitioners, as a venue for learning from each other, and for connecting with colleagues from around the world. Just as science and practice are intricately linked, basic and applied research are also symbiotically connected, for example, by identifying questions that inspire new research and by developing the methods and theories that enable their investigation.

In 2018, the annual CPA convention will be delivered as part of the 29th ICAP. The usual CPA convention will not be held in 2018, but in its stead, we expect the whole CPA family to participate at the 29th ICAP. The International Association of Applied Psychology (IAAP) is organized into Divisions which overlap extensively with the Sections that exist within the CPA. For this reason, the Scientific Program Committee for the 29th ICAP will include representatives from the CPA Sections and from the IAAP Divisions. One of the major tasks of these representatives is to ensure that CPA Section specific events and content can be delivered in an organized and familiar manner, except that it will be augmented by contributions from colleagues from far beyond Canada's borders.

The year 2018 seems to be in the distant future, but there is no time to spare when planning a large and complex international event that involves a massive effort in coordination and collaboration. Just as it takes a 'village to raise a child', it takes a national organization like the CPA to create a first-rate Congress, an event that will showcase Canadian achievements and stand as a shining testimony to Canadian excellence. We count on you to make it happen, and we invite you send us your plans and innovative ideas for delivering a successful and productive congress.

We, the Co-Presidents of the 2018 ICAP, are colleagues who have known each other for many years, have served together on the Board of Directors of the CPA, and cover different areas of psychology (Basic Science and Applied Research and Practice). We are committed to the 29th ICAP, to the creation of the best possible opportunity for connecting with researchers, practitioners, educators and students from around the globe. We warmly invite you to attend the International Congress of Applied Psychology in Montréal in 2018 (please mark your calendar) and we look forward to welcoming you to Montreal!



CPA Accreditation Turns 30!

Melissa Tiessen, Ph.D., Director, Education Directorate & Registrar, Accreditation

At CPA's recent 75th annual convention, in Vancouver, BC, the Panel held a special celebration to recognize not only the 30th anniversary of the CPA Accreditation standards, but also the valued contributions of all Panel members, site visitors, and training directors over the years. Attended by over 50 individuals from across the country, the reception was a lovely opportunity to connect with old and new colleagues, and to reminisce about accreditation's development. (See the 'developmental trajectory' on the CPA Accreditation website at: www.cpa.ca/accreditation/resources)

The heart of the celebration was a special awards ceremony, to recognize the contributions of the "Founding" members of the Panel in 1984, including: Drs. Harvey Brooker, John Conway, Kenneth Craig, Anna Beth Doyle, Henry Edwards, Terrence Hogan (posthumously), Tim Hogan, Mireille Mathieu, Bob Robinson, Michel Sabourin, and Janet Stoppard.

Their commitment all those years ago to the highest quality standards for professional psychology training has laid a solid foundation, of which our Canadian training community can be very proud!

Finally, the Panel also took this opportunity to recognize the valued ongoing relationship between CPA and APA, and particularly recognized Dr. Susan Zlotlow, Director, Office of Pro-



Four of the Founding Panel Members: Drs. John Conway, Henry Edwards, Bob Robinson, and Harvey Brooker

gram Consultation and Accreditation, APA. Dr. Zlotlow will be retiring from APA at the end of 2014, and to mark the occasion, the Panel presented her with a small retirement gift (including a CPA membership!) for her many years of collaboration and support.

The Accreditation Panel sincerely thanks all who have, and continue to, contribute to professional psychology education and training across the country. May the next 30 years bring even more growth and accomplishments!

PSYNOPSIS

In print, online and on all your mobile devices

*Share, comment,
discuss, like, tweet...*

<http://www.cpa.ca/docs/File/Psynopsis/fall2014/index.html>





Les normes d'agrément de la SCP ont 30 ans!

Melissa Tiessen, Ph.D., Directrice, Direction générale de l'éducation et registraire de l'agrément

Au 75^e congrès annuel de la SCP, qui a eu lieu à Vancouver, en Colombie-Britannique, le Jury d'agrément a organisé une célébration spéciale dans le but de reconnaître, non seulement le 30^e anniversaire des normes d'agrément de la SCP, mais aussi les contributions remarquables apportées, au cours des années, par tous les membres du Jury d'agrément, visiteurs d'établissement et directeurs de la formation. La réception, qui a attiré plus de 50 personnes de partout au pays, a été une belle occasion de rencontrer d'anciens et de nouveaux collègues, et de se remémorer l'évolution de l'agrément à la SCP. (Voir le cheminement de l'agrément à la section du site Web de la SCP consacrée à l'agrément : <http://www.cpa.ca/agrement/ressources/>)

Le point saillant de la célébration a été la cérémonie de remise de prix spéciaux, visant à reconnaître tout spécialement l'apport des membres « fondateurs » du Jury d'agrément, en 1984, notamment :

Les D^{rs} Harvey Brooker, John Conway, Kenneth Craig, Anna Beth Doyle, Henry Edwards, Terrence Hogan (à titre posthume), Tim Hogan, Mireille Mathieu, Bob Robinson, Michel Sabourin et Janet Stoppard.



Leur engagement, pendant toutes ces années, à l'égard de l'application de normes de qualité rigoureuses dans la formation des psychologues professionnels a jeté des bases solides, dont le milieu de la formation en psychologie au Canada peut être très fier!

Enfin, le Jury d'agrément a profité de cette occasion pour souligner la relation privilégiée qu'entretiennent la SCP et l'APA, en exprimant sa reconnaissance à la D^{re} Susan Zlotlow, directrice de l'Office of Program Consultation and Accreditation de l'APA. La D^{re} Zlotlow prend sa retraite de l'APA à la fin de 2014 et, pour l'occasion, le Jury d'agrément lui a remis un petit cadeau de départ (dont l'adhésion à la SCP!) afin de souligner ses nombreuses années de collaboration avec la SCP, et le soutien qu'elle a apporté à notre association.

Le Jury d'agrément remercie sincèrement toutes les personnes qui ont contribué – et qui continuent de le faire – à l'enseignement de la psychologie professionnelle et à la formation partout au pays. Espérons que les 30 prochaines années seront aussi fructueuses et productives!

Thank You to Our Site Visitors! Merci à tous les visiteurs d'établissements!

The Accreditation Panel would like to thank all those psychologists who volunteered their time and expertise as site visitors in the 2013-2014 academic year. Our sincere appreciation goes to Drs.:

Le Jury d'agrément veut remercier tous les psychologues qui ont donné bénévolement de leur temps et de leur expertise en tant que visiteurs d'établissement pendant l'année universitaire 2013-2014. Nous tenons à exprimer notre sincère reconnaissance aux D^{rs} :

- Maria Angelopoulos
- Joan Backman
- Harvey Brooker
- Clarissa Bush
- Karen Dyck
- Joel Goldberg
- Paul Greenman
- Lori Harper
- Charlotte Johnston
- Catherine Lee
- Lynn Loutzenhiser
- Ian Nicholson
- Terez Retfalvi
- Kerri Ritchie
- Bruce Shore
- Michael Vallis



SECOND CALL FOR NOMINATIONS FOR PRESIDENT-ELECT AND ONE DIRECTOR-AT-LARGE ON THE CPA BOARD OF DIRECTORS FOR 2015

Nominations are required for President-elect and **one director-at-large position reserved for a Francophone**. As specified in By-Law 5.04, directors shall be elected by the members by ordinary resolution at an annual meeting of members at which an election of directors is required.

INSTRUCTIONS FOR NOMINATIONS FOR PRESIDENT-ELECT AND DIRECTOR-AT-LARGE

Members and Fellows of the Canadian Psychological Association are invited to nominate for the President-elect position and for **one director-at-large position reserved for a Francophone**. Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. **It must be accompanied by a letter from the nominator and four letters of support** that 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 10, 2014** at CPA Head Office and should be sent preferably by email to:

governance@cpa.ca
Dr. Wolfgang Linden
Chair, Nominating Committee
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

PRESENT BOARD REPRESENTATION

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

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

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

President-elect: Kevin Kelloway, Saint Mary's University, Halifax, NS, Organizational

Director retiring 2015

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

Directors retiring 2016

Scientist: John Meyer, University of Western Ontario, ON, Industrial-Organizational

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

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

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

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

Directors retiring 2017

Practitioner: Samuel Mikail, Southdown Institute, Aurora, ON, Clinical

Director representing Section on Students: Zarina Gianone, University of British Columbia, BC Counselling

Director representing the Council of Professional Associations of Psychologists (CPAP): Andrea Piotrowski, University of Manitoba, Winnipeg, MB, Clinical Health Psychology

Director representing the Canadian Council of Professional Psychology Programs (CCPPP): Rupal Bonli, Royal University Hospital, Saskatoon, SK, Clinical Health Psychology

Director representing the Canadian Society for Brain, Behaviour and Cognitive Science (CSBBCS): Jean Saint-Aubin, Université de Moncton, Brain and Cognitive Science

RAPPEL DE MISES EN CANDIDATURE AU CONSEIL D'ADMINISTRATION DE LA SCP POUR UN POSTE DE PRÉSIDENT DÉSIGNÉ ET UN POSTE D'ADMINISTRATEUR POUR 2015

Des mises en candidature sont requises pour **un poste de président désigné et un poste d'administrateur non désigné, réservé à une personne francophone**. Comme le stipule le règlement 5.04, les administrateurs doivent être élus par les membres par résolution ordinaire à une assemblée annuelle des membres au cours de laquelle l'élection des administrateurs est requise.

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LE POSTE DE PRÉSIDENT DÉSIGNÉ ET D'ADMINISTRATEUR NON DÉSIGNÉ

Les membres et fellows de la Société canadienne de psychologie sont invités à faire des mises en candidature **pour le poste de président désigné et pour le poste d'administrateur non désigné réservé à une personne francophone**. Chaque candidature devra être accompagnée du curriculum vitae du candidat et devra inclure ses antécédents en matière de formation, le(s) poste(s) qu'il occupe présentement et qu'il occupait auparavant ainsi qu'un résumé de ses activités professionnelles ou dans le domaine de la recherche. **La mise en candidature devra être également accompagnée d'une lettre du présentateur et quatre lettres d'appui** 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 devront être acheminées au plus tard le **10 novembre 2014**, préférablement par courriel, à l'adresse suivante :

governance@cpa.ca

D^r Wolfgang Linden

Président du Comité des mises en candidature

Société canadienne de psychologie

141 avenue Laurier ouest, bureau 702

Ottawa, Ontario K1P 5J3

COMPOSITION ACTUELLE DU CONSEIL D'ADMINISTRATION

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

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

Président désigné : Kevin Kelloway, Saint Mary's University, Halifax, NS, Psychologie de la santé

Administrateurs dont le mandat se termine en 2015

Non-désigné réservé à un(e) psychologue francophone : Marie-Hélène Pelletier, Vancouver, CB, pratique privée

Administrateurs dont le mandat se termine en 2016

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

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

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

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

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

Administrateurs dont le mandat se termine en 2017

Praticien : Samuel Mikail, Southdown Institute, Aurora, ON, Clinique

Administrateur représentant la section des étudiants de la SCP : Zarina Giannone, University of British Columbia, BC, Counselling

Administrateur représentant le Conseil des sociétés professionnelles de psychologues (CSPP) : Andrea Piotrowski, University of Manitoba, Winnipeg, MB, Psychologie clinique et de la santé

Administrateur représentant le Conseil canadien des programmes de psychologie professionnelle (CCPPP) : Rupal Bonli, Royal University Hospital, Saskatoon, SK, Psychologie clinique et de la santé

Administrateur représentant la Société canadienne des sciences du cerveau, du comportement et de la cognition (SCSCCC) : Jean Saint-Aubin, Université de Moncton, cerveau et cognition



SECOND CALL FOR NOMINATIONS FOR ELECTION TO THE STATUS OF FELLOW OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION 2015

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. Wolfgang Linden

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/>

RAPPEL DE PRÉSENTATION DE MISE EN CANDIDATURE POUR LE TITRE DE FELLOW DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE POUR 2015

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 éminente au développement scientifique de la psychologie; 2) une contribution éminente au développement professionnel de la psychologie; et 3) un service exceptionnel aux associations nationales ou provinciales de psychologues.

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

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^r Wolfgang Linden

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

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

CALL FOR SUBMISSIONS NOW OPEN

The Convention Committee invites submissions to the *Canadian Psychological Association's 76th Annual Convention* in partnership with the *3rd North American Correctional and Criminal Justice Psychology Conference (NACCJPC)*, Thursday, June 4 to Saturday, June 6, 2015 in Ottawa at the Westin Ottawa and the Ottawa Conference Centre.

www.cpa.ca/Convention/callforsubmissions

DEMANDE DE COMMUNICATIONS EST MAINTENANT OUVERT

Le comité des congrès vous invite à présenter des propositions pour le *76e congrès annuel de la Société Canadienne de Psychologie* en partenariat avec la *3e Conférence nord-américaine de psychologie de la justice pénale et criminelle (CNAPJPC)*, Jeudi le 4 juin au samedi le 6 juin 2015 au Westin Ottawa (Ontario) et le centre des congrès d'Ottawa

www.cpa.ca/Congres/demandedecommunications/

76th Annual Convention
76^e Congrès annuel

CANADIAN
PSYCHOLOGICAL
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SOCIÉTÉ
CANADIENNE
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June 4-6 juin 2015

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Ethics, Competence, and the Role of Supervision in Developing Self-Knowledge

Carole Sinclair, Ph.D., Chair, Committee on Ethics

As pointed out by both Cooperⁱ, and Mandusiak and Sandhuⁱⁱ, in the excellent series of articles on diversity in the Summer 2014 issue of *Psynopsis*, psychologist self-knowledge is very important to understanding and serving the best interests of clients. Such self-knowledge includes awareness of one's own diversities, values, biases, and culture, as well as awareness of one's understanding of and attitudes to power, oppression and privilege.

Attention to self-knowledge (sometimes also termed "self-awareness" or "self-reflection"), has an interesting history within psychology. Prior to the 1960s, when mentioned at all in the psychology literature, self-knowledge referred to what clients needed or managed to achieve through psychological services. With the exception of the stream of psychology that required analysis as part of training, rarely did the mention of self-knowledge refer to something needed by psychologists. However, with the increased awareness and acknowledgment in the 1960s of racism and sexism in society came increased recognition that such attitudes also existed in science and in the helping professions, including the scientific, practice, and teaching activities of psychologists.^{iii,iv} With this increased recognition came an increased awareness of the role of self-knowledge in avoiding racism and sexism.

When the *Canadian Code of Ethics for Psychologists* was first adopted in 1986, non-discrimination was included as a value under Respect for the Dignity of Persons (Principle I). However, the *Code* also contained several references to self-knowledge and self-reflection. Self-knowledge was presented as an essential component of competence, which in turn was viewed as essential for psychologists to benefit and not cause harm to clients, students, research participants, supervisees, or others (Principle II). Self-knowledge also was portrayed as essential to avoiding bias and maintaining integrity in all psychological activities (Principle III), and as part of being reflective about the place of psychology in society and the ways the profession and discipline of psychology might be contributing to or detracting from beneficial societal changes (Principle IV). These portrayals of non-discrimination and of self-knowledge and self-reflection have remained in the *Code* across its two revisions, with only small wording changes.

Attention in the psychological literature to the importance of self-knowledge to being an ethical psychologist has increased exponentially since 1986, particularly with respect to the connection between self-knowledge and the competent provision of services. This has been due partly to increased research and knowledge about various diversities (e.g., gender, sexual orientation, abilities, age, and race) and partly due to an increasingly knowledgeable public that became more assertive regarding what it expected from relationships with professionals; however, it also has been the result of rapidly advancing globalization and the expanding multi-

cultural nature of most societies, which has challenged psychologists to find ways to provide services that benefit and do not harm clients with worldviews, cultures, beliefs, and sociopolitical histories different from their own.

In spite of agreement about the importance of self-knowledge in meeting these challenges, relatively little is available in the literature regarding how best to promote the development of self-knowledge in ourselves and those we supervise. One recent promising resource for both supervisors and supervisees is *Multiculturalism and Diversity in Clinical Supervision: A Competency-Based Approach*, edited by Falender, Shafranske, and Falicov. Although not reflected in the title, the major theme of the book is helping trainee supervisees to develop the self-knowledge needed to provide services that are respectful of and that benefit and do not harm clients. Several chapters demonstrate this by focussing on a particular diversity (e.g., culture, gender, race, immigration,

socio-economic status, disabilities, religiousness and spirituality, sexual orientation, and being a member of an indigenous people). Other chapters provide integrative models and approaches for responding to the multiple diversities that help form the personal identity of clients, supervisees, and supervisors.

Although each chapter provides a brief synopsis of some of the major issues and empirical findings related to the chapter's focus, the book's primary emphasis is the role of clinical supervision in the development of self-knowledge. Other than the introductory and final chapters, each chapter includes examples of supervision session conversations that demonstrate the process involved and the growth in self-knowledge. One chapter provides interesting personal reflections by three supervisees on their experience with this type of supervision. Another theme throughout the book is the importance of supervisors being self-aware and of their ability to create a safe environment for supervisees' self-reflection.

In fact, the tone of the book very much embodies the ethical principles and values espoused in the *Canadian Code of Ethics for Psychologists* and in CPA's *Ethical Guidelines for Supervision in Psychology*.

Although some Canadian readers might find the content a little too American in its examples and concerns, and some might find the treatment methods used in the examples quite different from their own, supervisees and supervisors will find much valuable information in this book regarding the use of the supervisory relationship to develop the self-knowledge needed for competencies related to multiculturalism and diversity.

Invitation: If you have topics or issues that you would like to see covered in future Ethics Corner articles, please let us know by sending an email to ethicscttee@cpa.ca.

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

In spite of agreement about the importance of self-knowledge in meeting these challenges, relatively little is available in the literature regarding how best to promote the development of self-knowledge in ourselves and those we supervise.



Paris and Reims: Hosts of Two International Psychology Conferences

Janel Gauthier Ph.D., Chair
John Berry Ph.D., Former Secretary
Saba Safdar Ph.D., Member
International Relations Committee

Two major international psychology conferences were held in France in July 2014; the 28th International Congress of Applied Psychology and the 22nd International Congress of the International Association for Cross-Cultural Psychology.

The 28th International Congress of Applied Psychology

The 2014 International Congress of Applied Psychology (ICAP) of the International Association of Applied Psychology (IAAP) was held at the Palais des Congrès in Paris on July 8-13, 2014. The last time an ICAP was held in Paris was in 1953.

The theme of this Congress was *From Crisis to Sustainable Well-Being*. It was hosted by the French Federation for Psychologists and Psychology (FFPP), the French Society of Psychology (SFP) and the French National Committee of Scientific Psychology (CNFPS), under the umbrella of the French Consortium of Psychology Associations (A-CIPA). The president of the 2014 Congress was Dr. Christine Roland-Lévy

The 2014 ICAP had an attendance of 4,500 delegates from 100 countries. France was represented by 515 delegates while the overwhelming majority of delegates (88.6%) were international. They came from all regions of the world, including Europe (1,800), Asia (800), North America (550), Oceania (450), Africa (315), and South America (200). Canada was represented by 178 delegates. Five countries outside of France had more delegates than Canada: Australia (412), United States (362), Japan (289), United Kingdom (210), and Germany (186).

The 2014 ICAP was by far the largest ICAP of all time. The previous record for the highest number of delegates was for ICAP held in Madrid in 1994 with 3,500 participants from 70 countries. As such 2014 ICAP in France has certainly set the bar exceedingly high for future ICAPs.

An extensive and rich scientific program of 5,537 presentations was offered to delegates of the Congress. These included 150 expert keynote addresses, 600 symposia, as well as roundtables, and panel discussions. In addition, there were several thematic sessions, brief oral presentations, electronic posters, and workshops. The scientific program included topics from a broad range of areas in applied psychology from various sub-disciplines including organizational, consumer, clinical, sports, cross-cultural, educational, environmental, economic and political psychology. Additionally, global issues in psychological treatments; multidisciplinary models of care; future developments in psychological services; ethics, and social issues were also discussed. Additionally, the Congress also provided a number of opportunities for networking and socializing.



Dr. José Maria Peiró (left) passes the IAAP Presidential Gavel to Dr. Janel Gauthier (right).

One noteworthy feature of the Congress was the Closing Ceremony on July 13. First, Congress participants adopted unanimously the 2014 *ICAP Declaration for the United Nations' Sustainable Development Goals for 2015-2030*. It was drafted following the United Nations' Round Table, which took place during the Congress on July 11. The full text of the Declaration is available for consultation on the 2014 ICAP website (www.icap2014.com). Second, at the Closing Ceremony the leaders of the Organising Committee of the 2018 ICAP and of the International Association of Applied Psychology signed a formal declaration of collaboration in advancing the science and practice of applied psychology through the 29th ICAP in Montreal, June 23-30, 2018. Third, Dr. José Maria Peiró passed the IAAP Presidential Gavel to Dr. Janel Gauthier who became the first Canadian to assume the presidency of IAAP since its creation in 1920. Janel Gauthier is a past-president of CPA and is also the Chair of the CPA International Relations Committee. He will be President of IAAP until the end of the 2018 ICAP.

The 29th ICAP will be held in Montreal in 2018. It will be hosted by the CPA. Dr. David Dozois and Dr. Peter Graf, both past-presidents of CPA, will be the co-presidents of the 2018 ICAP.

22nd International Congress of the Cross-Cultural Psychology

The 22nd International Congress of the International Association for Cross-Cultural Psychology (IACCP) was held in Reims (France) from July 15 to 19, 2014, with the theme of "*Diversity, Equality and Culture*".

The congress was the largest in the history of the Association, with over 800 registrants from 60 countries, and with nearly 1000 presentations. It was organized by the Association for Developing Cross-Cultural Psychology, with the support



from the French Consortium of Psychology Associations. The president of the congress was Christine Roland-Lévy, and Patrick Denoux served as the vice-president.

The academic sessions were held at the University of Reims Champagne-Ardenne, on the outskirts of the city, while the opening reception and closing banquet were held in the medieval city centre. Both receptions were well-attended where delegates connected, sipped champagne, and took photos. Of course, the city with its famous cathedral and piéton and the surrounding region in the heart of Champagne country were additional draws.

The conference was preceded by a four day Summer School attended by 44 students and two pre-conference workshops attended by 68 participants. A half-day workshop on “*Qualitative and quantitative methods in cross-cultural research*” was organized by Dorit Roer-Strier and Jenny Kurman from Israel. A full-day workshop on “*Theories, methods, and application of acculturation psychology*” was organized by Pawel Boski (Poland) and Saba Safdar (Canada). The main programme included numerous symposia and paper sessions devoted to many current cultural issues in psychology such as acculturation, intercultural relations and multiculturalism, and ranged across all domains of psychology such as development, education, health, personality and values.

Attendees found the programme to be very rich, with keynote addresses by Yoshi Kashima (Australia), Marta Fulop (Hungary), and Dan Everett (USA). In addition, major lectures were presented by Andrew Ryder (Canada), who received the Early Career Award, and Michael Bolger (Belgium), who received the Triandis Doctoral Thesis Award.

It will be of interest to Canadian colleagues that a bid to host the IACCP congress in 2018 in Guelph, Canada was presented to the Executive Committee of the Association by Canadian delegates Saba Safdar, John Berry, and Kimberly Noels. The bid was welcomed and the Executive Committee expressed support for the proposal.

Environmental Psychology 2014 Robert Sommer Award for Best Student Paper

At the Vancouver convention, the Section on Environmental Psychology awarded the third annual Robert Sommer Award for Best Student Paper in Environmental Psychology to UBC undergraduate student Sumeyye Cakal (supervisor: Dr. Jiaying Zhao) for a paper titled “How environmental features causally impact subjective well-being”. Here is a short summary of the paper:

The environment has a considerable influence on subjective well-being, and yet much is still unknown about the causal relationship. In Study 1 participants were randomly assigned to one of four locations (N=20 in each) over a 300m block on UBC's campus; one end included a water fountain and green space, and the other end was next to a construction site. In each location participants indicated their happiness and affect, and rated the pleasantness of the immediate environment. The ratings were reliably higher at the water fountain than at the other locations [$F(3,76)=24.8, p<.001$]. This suggests that there are sizeable differences in well-being across geographically proximate locations. More importantly, these ratings reliably predicted happiness [$B=.03, p<.05$], positive affect [$B=.23, p<.01$], and negative affect [$B=-.15, p<.01$], while controlling for weather. This suggests that the immediate environment can causally determine well-being. In Study 2 we replicated the results with 208 pedestrians surveyed at the four locations. Again, we found that the ratings of the pleasantness of their immediate environment were reliably higher at the water fountain than at the other locations [$F(3,204)=4.83, p=.003$]. These ratings also reliably predicted happiness [$B=0.03, p=.004$], positive affect [$B=0.21, p=.001$], and negative affect [$B=-0.13, p=.03$], while controlling for weather. Taken together, these results suggest that environmental features such as green space and water can improve subjective well-being.

The award commemorates the role of psychologist Robert Sommer in the creation of the field with his research at the Saskatchewan Hospital in Weyburn in the 1950s, which was described in the landmark book *Personal Space: The Behavioral Basis of Design*. Robert Sommer's amazingly prolific body of work covers many topics, but the common theme has always involved staying close to the real world and trying to make a difference in what he sees around him.

The award is judged by an independent panel of three reviewers based on extended abstracts of original research in environmental psychology for which the first author is an undergraduate or graduate student. The work need not have been presented at a CPA convention, and the student need not be a member of the Section on Environmental Psychology. This year's review panel included Loraine Lavalée, Annabel Cohen, and Katherine Arbuthnott, who judged several excellent entries. Recipients receive a certificate and a cheque for \$300.

Students, watch for the call for the 2015 Robert Sommer Award competition, with dates and submission information to be announced at the end of this year. Congratulations to Sumeyye for her outstanding work.

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Patrick Bazinet
Emily Gray
Tabatha Thibault

Masters Thesis

Lindsay Day

UNIVERSITY OF ALBERTA

Honours Thesis
Jeffrey Douglas Keith
Alex Ignatius Porthukaran
Phillip John Charles Reimer

Masters Thesis

Yang Fang
Kathryn Everhart Chaffee
Matthew Joseph Russell

Doctoral Thesis

Georgia Peggy McFall
Eric Leslie Gerald Legge
Rui Zhang

BISHOP'S UNIVERSITY**Department of Psychology**

Honours Thesis
Caitlyn Gallant
Genevieve Laliberte
Hannah Shucard

**UNIVERSITY OF
BRITISH COLUMBIA
- VANCOUVER****Department of Psychology**

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Christina Van Den Brink
Spencer Murch

Masters Thesis

Ellen Stephenson
Rui Mary Jia

Doctoral Thesis

William Dunlop

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Nadine Kimball
Santiago Hoyos

Masters Thesis

Thalia Semplonius

Doctoral Thesis

Cara MacInnis
Gillian Dale
Mary MacLean

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Sarah Penney
Andréa A. Shaheen
Michael Wall

CARLETON UNIVERSITY**Department of Psychology**

Honours Thesis
Alison Lesley Flett
Sawsane El Amiri
Mary Beatrice Ritchie

Masters Thesis

Garrett Leif Morawiec
Chang Xu
Hyoun S. (Andrew) Kim

Doctoral Thesis

Deanna Carolyn Whelan
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Lauren Arena

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Sarah Liu
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Doctoral Thesis

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Yannick-André Breton
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Masters Thesis

Ford Burles
Brendan McAllister
Codie Rouleau

Doctoral Thesis

Jared Berman
Amanda Epp
Ian Hargreaves

DALHOUSIE UNIVERSITY**Department of Psychology**

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Ashley Howse
Adria Markowich

Masters Thesis

Laura Ovens

Doctoral Thesis

Susan Battista
Jillian Filliter
Amanda Hudson-Ellsworth

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Honours Thesis
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Karisa Teindl

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Heather Morris
Stephen Stanley

Masters Thesis

Julia Stewart
Scott Cassidy
Kelsy Ervin

Doctoral Thesis

Brae Anne MacArthur
Stacey Schell
Anna Phan

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UNIVERSITY****Department of Psychology**

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Dawn-Leah McDonald
Kristina Uyeda

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Alexandra D. Popowich

Masters Thesis

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Alana J. Rawana
Katelyn M. Duchene

Doctoral Thesis

Stewart Madon
Julie M. Harper
Kristine L. Knauff

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Caroline Gagnon
Anne-Josée Guimond
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Marie-Ève Gagné
Katherine Labonté
Sarah-Jeanne Viau

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Masters Thesis

Elisa Radford-Paz
Sean C. Thomas
Danielle Valcheff

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Chelsea Gambin
Melissa Walsh

Masters Thesis

Kirk Luther
Philip MacCallum
Marsha Rowsell

Doctoral Thesis

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 Alexander Neilson
 Jeffrey Reid
 Masters Thesis
 Lillian MacNeill
 A. Luke MacNeill

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 Kirstian Gibson
 Maryani Lesmana
 Doctoral Thesis
 Krystelle Shaughnessy

UNIVERSITY OF NORTHERN BRITISH COLUMBIA
Department of Psychology
 Honours Thesis
 Kaleigh Pelletier
 Masters Thesis
 Erin Browne
 Doctoral Thesis
 Mireille Rizkalla

QUEEN'S UNIVERSITY
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 Honours Thesis
 Kathryn Barton
 Roya Del Sol
 Harrison Ritz

Masters Thesis
 Michael Best
 Amanda Timmers
 Seamas Weech
 Doctoral Thesis
 Stephaine Boyer
 Erica Refling
 Talia Trositer

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 Honours Thesis
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 Galilee Thompson
 Zeinab Ramadan

Masters Thesis
 Samantha Horswill
 Hollyanne Parkerson
 Kimberly Zorn
 Doctoral Thesis
 Sarah Chan
 Teresa Fitzgerald
 Phillip Sevigny

RYERSON UNIVERSITY
Department of Psychology
 Honours Thesis
 Mhairi Kay
 Alisha Salerno
 Esztella Vezer
 Masters Thesis
 Sara Gallant
 Lindsey Torbit
 Tyler Tulloch
 Doctoral Thesis
 Matilda Nowakowski
 Valerie Vorstenbosch
 Andrea Wilkinson

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Département de psychologie
 Thèse de spécialisation (baccalauréat):
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 Vincent Thibault
 Maxime Vachon
 Caroline Vachon Gagnon
 Thèse de doctorat
 Audrey Morin

ST. LAWRENCE COLLEGE
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 Honours Thesis
 Brittany Dolan
 Tyler Thrasher
 John Vogelzang

ST. THOMAS UNIVERSITY
Department of Psychology
 Honours Thesis
 Jasmin Heim
 Jaime Mckenzie-Mohr
 Emily Thomas

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 Joshua Romano
 Joanna Peplak

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 Honours Thesis
 D. Aaron Garcia
 Marissa Bowsfield
 Jessica Ferreira

UNIVERSITY OF TORONTO SCARBOROUGH
Department of Psychology
 Honours Thesis
 Sadia Riaz
 Megan Alexandra Hird
 Ryan Nicholas Howes
UNIVERSITY OF TORONTO Ontario Institute for Studies in Education (OISE)
 Masters Thesis
 Dawn Cowling
 Doctoral Thesis
 Theanna Bischoff
 Nina Mafriqi
 Ilana Goodman

UNIVERSITY OF TORONTO ST. GEORGE
Department of Psychology
 Honours Thesis
 Kyle Cleversey
 Jesse Wilde
 Chuqing Yang
 Masters Thesis
 Sebastian Dys
 Lisa Catherine Day
 Nicholas Diamond
 Doctoral Thesis
 Kristoffer Romero
 Michelle Hilscher
 Bratislav Misic

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 Honours Thesis
 Danielle Lachance
 Tanya Meyerhoff
 Heather Patton

VANCOUVER ISLAND UNIVERSITY
Department of Psychology
 Honours Thesis
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 Daniel Elleker

UNIVERSITY OF WATERLOO
Department of Psychology
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 Raina Armstrong
 Stephanie Chu
 Tyler Good
 Gloria Ip
 Jennah Kerman
 Elizabeth Stephen
 Danniell Varona-Marin

WESTERN UNIVERSITY
Department of Psychology
 Honours Thesis
 Jodie Baer
 Lindsay Szota
 Kevin Michael Stubbs

Masters Thesis
 Martin Smith
 Emily Nichols
 Chelsea Kirk
 Doctoral Thesis
 Sarah J Miles
 Taylor Kohut
 Paul Conway

YORK UNIVERSITY
Department of Psychology
 Masters Thesis
 Kevin DeSimone
 Dana Male
 Melissa Button
 Doctoral Thesis
 Inna Tsirlin
 Gabrielle Page
 Caitlin Mullin



Working With the CPA to Improve Student Career Prospects

Kojo Mintah, B.A., Carleton University

This past summer I completed a practicum as part of my master's studies at Carleton University at CPA headquarters. Anticipating starting a professional program in the fall at York University, yet having been trained in experimental psychology at Carleton University, interning at the CPA represented an opportunity to learn about a range of issues related to the study, research and science of psychology. At the CPA, I came to understand some of the factors that impact the funding of doctoral and internship programs in Canada and to what appears to be too little funding and too few spots. To my pleasant surprise, I also learned the extent to which the CPA attempts to improve the situation for students.

It may seem obvious that psychology student associations throughout Canada's graduate schools would get involved in student advocacy initiatives, particularly initiatives that are school specific. What may be less obvious, however, is the significant role the CPA plays in improving students' prospects for training and funding.

The CPA actively seeks to increase awareness about the role of psychology education, practice, and research to Canadians everywhere. CPA does this by submitting briefs to government, meeting with funders (e.g. granting councils) and decision-makers (e.g. government, university departments, industry, health care centres), and working in collaboration with colleagues from among other disciplines and professions. A greater recognized need for Canadian psychology can mean a greater recognized need for student training and funding.

A particularly impactful learning opportunity presented itself when the Deputy CEO and Science Director of the CPA, Dr. Lisa Votta-Bleeker, invited me to attend a presentation she was giving at the University of Ottawa. The presentation was given to the Canadian Council of Deans of Science and focussed on science advocacy. In her role with the CPA, and in her related capacity as Chair of the Canadian Consortium of Research, she spoke about her experiences advocating for student support, and funding for research and research infrastructure.

In her presentation, Dr. Votta-Bleeker gave a concrete example of the CPA's direct involvement in improving funding prospects for a subset of psychology students. She shared that in 2009, the Natural Sciences and Engineering Research Council (NSERC) changed its scholarship rules so that students in clinical psychology were no longer eligible to apply for an NSERC scholarship. Hearing of this, the CPA instituted an advocacy cam-

paign and was successful in persuading NSERC to change its eligibility requirements - students in clinical psychology could apply for an NSERC scholarship, provided their supervisor either held or had held an NSERC Discovery Grant.

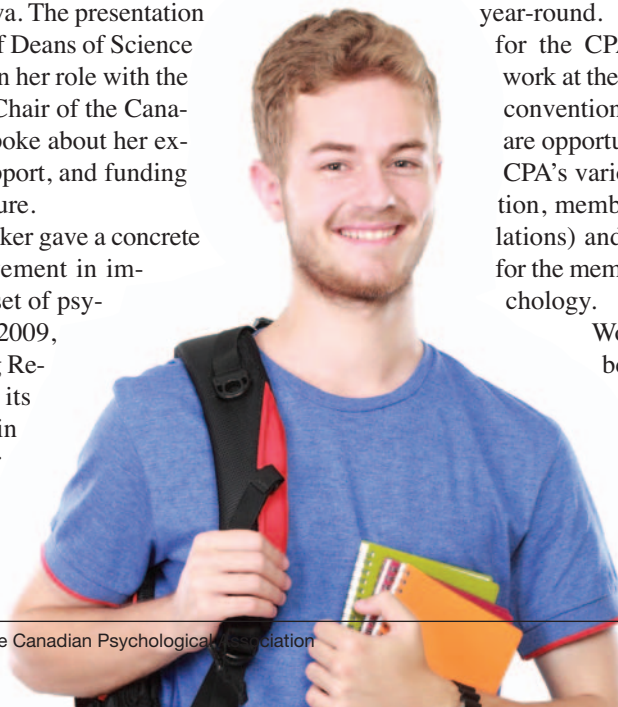
On the practice training side, I learned that the CPA has been concerned about a growing imbalance between the number of accredited internship positions and the number of students needing to intern. During its pre-budget submissions to government, the CPA has long advocated for the funding of federal internships. CPA also hosted a summit in late 2013 that looked at the need, supply and demand for psychologists in Canada. Most recently, the CPA's Board also approved the formation of a task force to look at the internship imbalance issue and recommend some needed steps.

The CPA is involved in many other advocacy initiatives on behalf of students. To learn what CPA is doing on your behalf, I would encourage you to read the Head Office Updates in each issue of *Psynopsis*. As I learned firsthand this summer, students can play a role in supporting CPA's efforts. One way to do this is by joining the CPA as an affiliate. From there, consider joining the CPA Student Section. At the CPA conventions, members and affiliates can attend meetings with various sections and have a voice on various initiatives related to training and career prospects for members and students. Moreover, students can run for a seat on the CPA Board, or get involved with the student section executive.

I also encourage Carleton University and other psychology students to contact the CPA about an internship opportunity at the CPA headquarters. To become a CPA intern, one simply first approaches their department and asks about opportunities to do a community practicum, or internship, directly with the CPA in Ottawa. The CPA has limited internship openings all year-round. Summer interns get to help prepare for the CPA summer convention, attend and work at the CPA convention, and help with post-convention data analysis. All year round, there are opportunities to work with all of the staff in CPA's various departments (science, accreditation, membership, convention, government relations) and gain exposure to all the CPA does for the membership and for the discipline of psychology.

Working with the CPA this summer has been a great and insightful initiative. If you are as interested as I am about advancing the science and practice of psychology, I invite you to get involved.

For more information contact executiveoffice@cpa.ca



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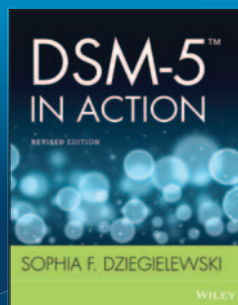
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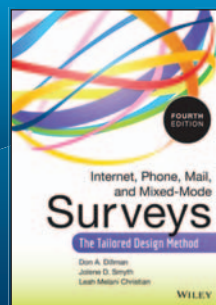
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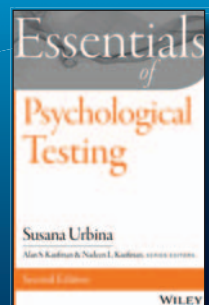
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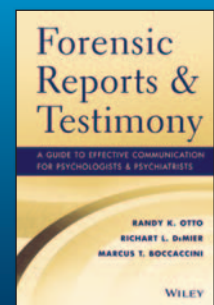
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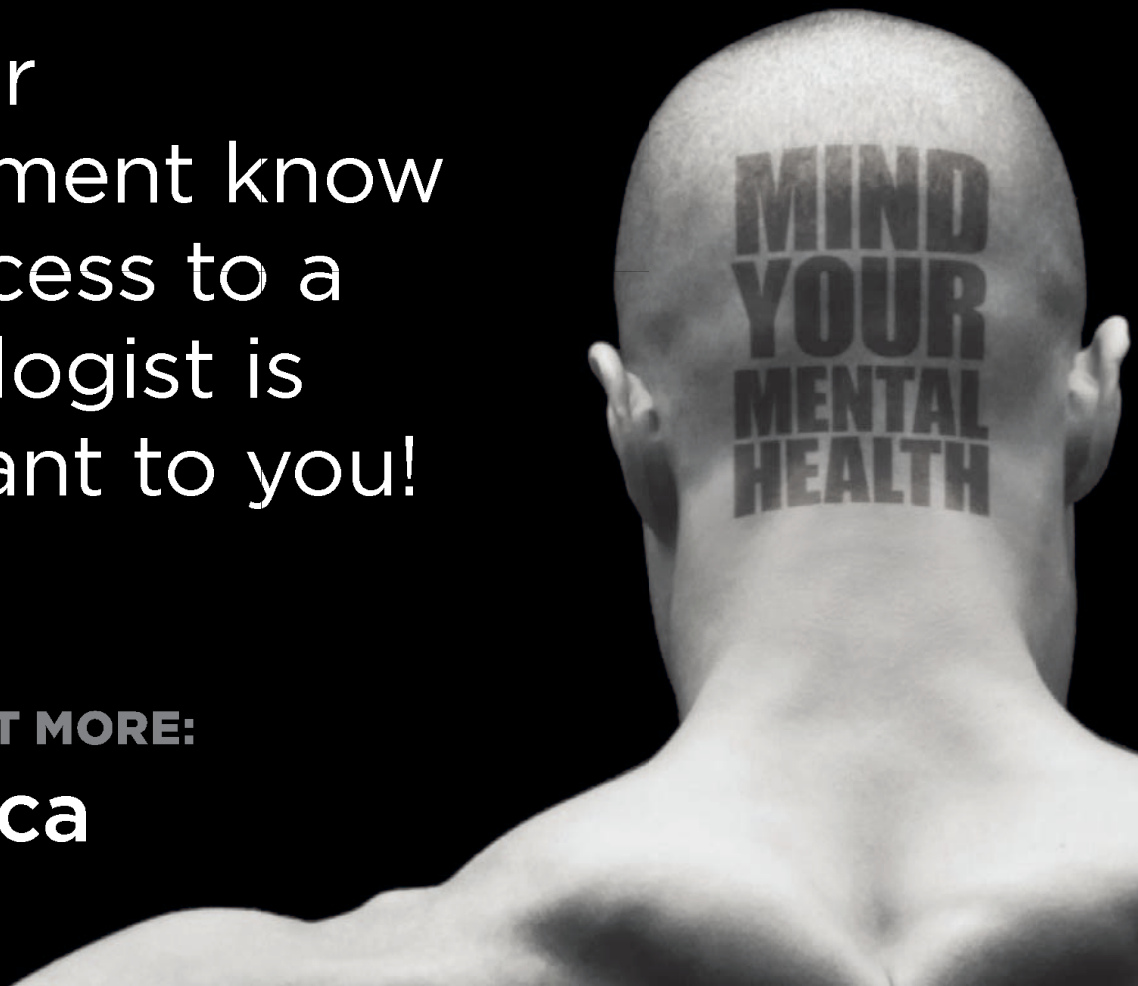
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Evaluation of a Community-Based Program
Therapeutic Recreation Journal, 48, 3, 262-274.**

Fogarty, J., Ph.D., Neuropsychologist,
Specialized Geriatric Services
Gutmanis, R., Ph.D., Director of Research,
Specialized Geriatric Services
Farrell, B., diploma in recreation leadership

From page 10

- Alzheimer Society of Canada. (2010). *Rising Tide: The Impact of Dementia on Canadian Society*. Retrieved from <http://www.alzheimer.ca/en/Get-involved/Raise-your-voice/Rising-Tide>.
- Alzheimer Society of Canada. (2013). *Risk factors for dementia*. Retrieved from <http://www.alzheimer.ca/en/About-dementia/Alzheimer-s-disease/Risk-factors>
- Einberger, K., & Selleck, J. (2009). *Strengthen your mind program. A course for memory enhancement*. Baltimore, Maryland: Health Professions Press.
- Einstein, G., & McDaniel, M. (2004). *Memory fitness. A guide to successful aging*. New Haven, Connecticut: Yale University Press.
- Fratiglioni, L., Paillard-Borg, S., & Winblad, B. (2004). An active and socially integrated lifestyle in late life might protect against dementia. *Lancet Neurology*, 3, 343-353.
- Glisky, E. (2007). Changes in cognitive function in human aging. In D. Riddle (Ed.) *Brain aging. Models, methods and mechanisms*. (pages 3-20). CRC Press: Boca Raton, FL.
- Gu, Y., Nieves, J., Stern, Y., Luchsinger, J., & Scarmeas, N. (2010). Food combination and Alzheimer Disease risk. A protective diet. *Archives of Neurology*, 67(6), 699-706.
- Hertzog, C., Kramer, A., Wilson, R., & Lindenberger, U. (2009). Enrichment effects on adult cognitive development can the functional capacity of older adults be preserved and enhanced? *Psychological Science in the Public Interest*, 9 (1), 1-65.
- Kramer, A.F., & Erickson, K.I. (2007). Capitalizing on cortical plasticity: Influence of physical activity on cognition and brain function. *Trends in Cognitive Sciences*, 11(8), 342-348.
- Nelson, A., & Gilbert, S. (2005). **Harvard Medical School guide to achieving optimal memory**. New York, New York: McGraw-Hill.
- Tannenbaum, C., Mayo, N., & Ducharme, F. (2005). Older women's health priorities and perceptions of care delivery: Results of the WOW health survey. *Canadian Medical Association Journal*, 173 (2), 153-159.

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**Evaluating FASD prevention and support programs:
How value-based evaluation supports
planning, practice, and programming**

Deborah Rutman, Ph.D.1,2, Carol Hubberstey,
M.A.1 & Sharon Hume, M.SW.1

From page 11

- Public Health Agency of Canada. (2005). *Fetal alcohol spectrum disorder (FASD): A framework for action*. http://www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/pdf/fasd-fw_e.pdf
- May, P. (2013). *Frequency of FASD and its prevention in a global perspective*. Presentation at the First International Conference on Prevention of FASD. Edmonton, Alberta, September 23, 2013.
- Centre for Addiction and Mental Health (2014). Fetal alcohol spectrum disorders: An under-recognized issue that may be on the rise. *Science Daily* 19 March 2014 <www.sciencedaily.com/releases/2014/03/140319124808.htm>
- Network Action Team on FASD Prevention from a Women's Health Determinants Perspective. (2010). *10 fundamental components of FASD prevention from a women's health determinants perspective*. Vancouver, BC: Canada North-west FASD Research Network and BC Centre of Excellence for Women's Health. Retrieved from <http://www.canfasd.ca/files/PDF/ConsensusStatement.pdf>.

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**School Psychology: Making Health Promotion
and Disease Prevention Come Alive**

By Juanita M.K. Mureika, L.Psych., Chair
CPA Educational and School Psychology Section

From page 13

- Michael Kirby interview in the *Globe and Mail*, Exposing Canada's Ugly Mental Health Secret, Andre Picard, October 13, 2013
- Offord, Daniel. The Ontario Child Health Study. 1983
- Flett, G. L. and Hewitt, P.L. Disguised Distress in Children and Adolescents "Flying Under The Radar": Why Psychological Problems Are Underestimated and How Schools Must Respond. *Canadian Journal of School Psychology*, 28:1, 2013.
- Mental Health Commission of Canada. **CHANGING DIRECTIONS, CHANGING LIVES: The Mental Health Strategy for Canada**. <http://www.mentalhealthcommission.ca/English/node/721>, March 2013.
- Leschied, A., Flett, G.L., and Saklofske, D.H. Introduction to the Special Issue – Renewing a Vision: The Critical Role for Schools in a Mental Health Strategy for Children and Adolescents. *Canadian Journal of School Psychology*,



28:1, 2013.
 Specht, J.A. Mental Health in Schools: Lessons Learned from Exclusion. *Canadian Journal of School Psychology*, 28:1, 2013.

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Taking the low road – Promoting healthy food choices in low self-control conditions

Tracy Cheung, M.Ed., Ph.D. Candidate, Clinical and Health Psychology, Utrecht University, The Netherlands

From page 14

ⁱ De Ridder, D., De Vet, E., Stok, M., Adriaanse, M., & De Wit, J. (2012). Obesity, overconsumption and self-regulation failure: the unsung role of eating appropriateness standards. *Health Psychology Review*, 7(2), 146–165.

ⁱⁱ World Health Organization. (2007). *The challenge of obesity in the WHO European Region and the strategies for response*. Copenhagen, Denmark: WHO Regional Office for Europe.

ⁱⁱⁱ Chrysochou, P., Askegaard, S., Grunert, K. G., & Kristensen, D. B. (2010). Social discourses of healthy eating. A market segmentation approach. *Appetite*, 55(2), 288–297. doi:10.1016/j.appet.2010.06.015

^{iv} Eurobarometer. (2006). *Health and food*. Brussels: TNS Opinion & Social. European Commission, Directorate-General Press and Communication. Special Eurobarometer 246/Wave 64.3.

^v Delormier, T., Frohlich, K. L., & Potvin, L. (2009). Food and eating as social practice. Understanding eating patterns as social phenomena and implications for public health. *Sociology of Health and Illness*, 31(2), 215–228.

^{vi} Bech-Larsen, T., & Grunert, K. G. (2003). The perceived healthiness of functional foods. A conjoint study of Danish, Finnish and American consumers' perception of functional foods. *Appetite*, 40(1), 9–14.

^{vii} Wansink, B., & Sobal, J. (2007). Mindless eating: The 200 daily food decisions we overlook. *Environment and Behavior*, 39, 106–123.

^{viii}, ^{ix} Cialdini, Robert B. (2008). *Influence: Science and Practice* (5th edition). Boston: Allyn and Bacon.

^x Shah, A. K., & Oppenheimer, D. M. (2008). Heuristics made easy: An effort-reduction framework. *Psychological Bulletin*, 134(2), 207–222.

^{xi} Janssen, L., Fennis, B. M., Pruyn, A. T. H., & Vohs, K. D. (2008). The path of least resistance: Regulatory resource depletion and the effectiveness of social influence techniques. *Journal of Business Research*, 61(10), 1041–1045.

^{xii} Salmon, S. J., Fennis, B. M., de Ridder, D. T., Adriaanse, M. A., & de Vet, E. (2014). Health on impulse: When low self-control promotes healthy food choices. *Health Psychology*, 33(2), 103–109.

^{xiii} Cheung, T.T.L., Kroese, F., Fennis, B. M., & de Ridder, D, T. (in preparation) Put a limit on it – the protective effects of scarcity heuristics when self-control is low. Manuscript in preparation.

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Therapeutic Lifestyle Changes: A Psychologist's Role in Promoting Health

Kellsey Calhoun, M.Ed, University of Alberta

From page 16

1. World Health Organization. (2010). Global status report on noncommunicable diseases. Retrieved from http://www.who.int/nmh/publications/ncd_report_full_en.pdf
2. Roberts, S. H., & Bailey, J. E. (2013). An ethnographic study of the incentives and barriers to lifestyle interventions for people with severe mental illness. *Journal of Advanced Nursing*, 69, 2514–2524. doi: 10.1111/jan.12136
3. Baker, A. L., Kay-Lambkin, F. J., Richmond, R., Filia, S., Castle, D., Williams, J., & Thornton, L. (2011). Healthy lifestyle intervention for people with severe mental disorders. *Mental Health and Substance Use*, 4(2) 144–157. doi: 10.1080/17523281.2011.555086
4. Walsh, R. (2011) Lifestyle and mental health. *American Psychologist*, 66, 579–592. doi:10.1037/a0021769
5. Calhoun, K. (2014). *Getting off the couch: Psychotherapists who have incorporated therapeutic lifestyle changes into their practice*. (Master's thesis). To be published on the Education and Research Archive of the University of Alberta on November 15, 2014.

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Ethics, Competence, and the Role of Supervision in Developing Self-Knowledge

Carole Sinclair, Ph.D., Chair, Committee on Ethics

From page 39

ⁱ Cooper, N. J. (2014). Diversity. *Psynopsis*, 36 (No. 3), 10.

ⁱⁱ Mandrusiak, M., & Sandhu, V. (2014). A biopsychosocial approach to diversity competence. *Psynopsis*, 36 (No. 3), 11, 14.

ⁱⁱⁱ Winston, A. S. (Ed.) (2004). *Race and racism in the history of psychology*. Washington, DC: American Psychological Association.

^{iv} Tiefer, L. (1991). A brief history of the Association for Women in Psychology. 1969–1991. *Psychology of Women Quarterly*, 15, 635–649.

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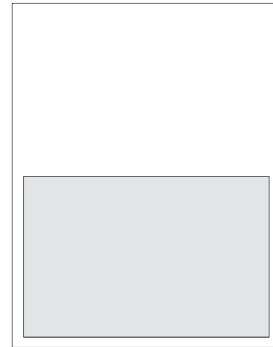
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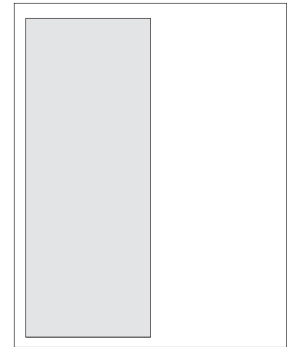
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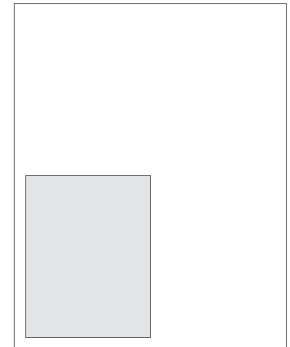
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