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SPECIAL ISSUE | ÉDITION SPÉCIALE

**Diversity in the science
and practice of psychology**


**La diversité dans la science
et la pratique de la psychologie**

*Dr. Wolfgang Linden (President 2013-2014)
passes the CPA Presidential Gavel to
Dr. Kerry Mothersill (President 2014-2015)*

*Dr Wolfgang Linden (président 2013-2014)
remet le maillet Présidentiel au Dr Kerry
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INSIDE THIS ISSUE

Special Issue
Édition Spéciale

4-18 **Diversity in the science and practice of psychology**
La diversité dans la science et la pratique de la psychologie

19 **Convention | Congrès**

22 **Head Office Update**

29 **Nouvelles du siège social**

38 **CPA Affairs | Affaires de la SCP**

46 **In Memoriam**

49 **Ethics Corner**

50 **Campus Profile**

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Some diverse thoughts on psychology and diversity



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

The summer issue of *Psynopsis* is dedicated to diversity. The way in which we address diversity is as important as diversity itself. During earlier days of psychology accreditation when many programs were visited concurrently by the Canadian and American psychology associations, the single most frequent monitoring item was how doctoral and internship programs handled diversity. Our American colleagues and systems wanted programs to collect and count the number of faculty and students who represented diverse groups. Canadian policy and practice did not support the collection of information about diversity – such collection having the potential to fuel discriminatory practice rather than to guard against it. These different treatments of diversity were explored and presented by Bow-

man in 2000¹. These differences persist. Just a few weeks ago, a colleague described having returned from a meeting of psychologist leaders in the US where all persons of minority background were invited to participate in a group photo, presumably to celebrate inclusion – again, not a request likely to be made in Canada where we don't tend to single out in order to include or to celebrate.

The question about what is the right way to respect and honor diversity in all its forms is an important one. Several of the articles in this issue stress the importance of maintaining an open and receptive mind when considering social or individual problems. I would add to that the importance of being careful with assumptions – assumptions about whether a sign is a

Please see page 6





Quelques réflexions sur la psychologie et la diversité



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

Le numéro d'été de *Psynopsis* est consacré à la diversité. Notre façon d'appréhender la diversité est aussi importante que la diversité elle-même. Au tout début, lorsque la psychologie a commencé à agréer ses programmes de formation, les visites d'établissement se faisaient simultanément par les associations canadiennes et américaines; à ce moment-là, le point problématique qui ressortait le plus souvent était la façon dont les programmes de doctorat et d'internat géraient la diversité. Nos collègues des États-Unis et les systèmes d'éducation américains souhaitaient que les programmes recueillent et comptabilisent le nombre de professeurs et d'étudiants représentant divers groupes. La politique et la pratique au Canada n'appuyaient pas la collecte d'informations sur la représentation de la diversité, car celle-ci est susceptible d'encourager des pratiques discriminatoires au lieu de s'en prémunir. Les différentes façons de traiter la diversité ont été étudiées et présentées par Bowman en 2000¹. Ces différences persistent. Il y a quelques semaines à peine, un de mes collègues me racontait que, pendant une réunion de dirigeants de départements de psychologie qui se tenait aux États-Unis, toutes les personnes appartenant à une minorité avaient été invitées à participer à une photo de groupe, vraisemblablement pour célébrer l'inclusion – encore une fois, il est

peu probable que cela arrive au Canada, car nous n'avons pas tendance, ici, à individualiser pour inclure ou célébrer.

Or, il est important de nous interroger sur l'approche à adopter pour respecter et honorer la diversité sous toutes ses formes. Plusieurs articles publiés dans le présent numéro soulignent l'importance de garder l'esprit ouvert et d'être réceptif lorsque vient le temps d'examiner les problèmes sociaux ou les problèmes individuels. J'ajouterais à cela l'importance d'être prudent face aux présuppositions : lorsque nous nous demandons si un signe est un symptôme, si un symptôme est un problème, ou lorsque nous tentons d'identifier les facteurs déterminants d'un problème. Les modèles sociaux du handicap, par exemple, nous rappellent que le handicap résulte de l'échec de la société à s'adapter aux personnes handicapées, et n'émane pas de la capacité de la personne à fonctionner. Sans doute, plusieurs crédits et programmes sociaux offerts, au Canada, aux personnes handicapées sont, en réalité, une forme de compensation, qui trahit le fait que certaines personnes vivent dans une société qui ne parvient pas à s'adapter à celles-ci.

Je me rappelle mes années de pratique dans un centre de médecine physique et de réadaptation, lorsqu'un physiatre m'avait raconté ce qui s'était passé quand il avait demandé une consul-

Please see page 7



Some diverse thoughts on psychology and diversity

Continued from page 4

symptom, about whether a symptom is a problem, or about what are the determinants of a problem. Social models of disability, for example, remind us that disability is created when a society fails to accommodate and is not a function of the individual's state of ability. Arguably, many of credits and social programs we have in Canada for people living with disability are in effect compensation for the fact that some people live in a society that fails to accommodate them.

I recall my days in practice working in a centre of physical medicine and rehabilitation when a psychiatrist told me about an

experience he had requesting a mental health consult to assess the mood of one of his patients with a spinal cord injury. The mental health provider's feedback (not a psychologist thankfully) noted "I would be depressed too if I was paraplegic". What this provider failed to get is that a person has a health condition – the health condition doesn't have the person. How well a person lives or manages what others might consider to be a problem depends on any number of social, economic, cultural, spiritual, psychological and biological factors and may or may not be the problem that someone else assumes it to be.

This great range of factors not only combines to determine states of health and illness it also impacts how we cope with illness once we have it. Further, we are all more than any one of the factors that may define or impact our state of health and the salience of a single one of these factors may be evaluated differently when viewed from the outside as compared to the inside.

CPA partners with a wide range of stakeholders in the course of promoting the science, practice and education of psychology for the public good. There is no area better than mental health to remind us that diverse communities want to be partners and not recipients of care. Psychology's charge is not to impose perspectives or solutions but to offer to partner in the identification and resolution of problems about which we may have something to offer. As the articles in this issue well illustrate, there are a number of diverse communities with issues and challenges when it comes to their psychological health. Psychology needs to be ready to offer and partner so that we apply our expertise to the right problems, in the right way at the right time and in the right place.

Culture competence when it comes to health needs to be defined broadly to include awareness and respect for the range of biopsychosocial factors that combine to impact a person's state of wellness or illness. This awareness and respect need be demonstrated across the range of science, practice and training activities in which psychologists are involved in partnership with the research participants, patients and students upon whom our work and contributions rely. The reduction of health disparities, and indeed the delivery of quality health care, depend on this competence in large measureⁱⁱ.

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

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tation en santé mentale pour évaluer l'humeur de l'un de ses patients souffrant d'une lésion de la moelle épinière. Dans son rapport, le fournisseur de soins de santé mentale (heureusement, ce n'était pas un psychologue) avait mentionné : « Je serais déprimé moi aussi si j'étais paraplégique ». Ce que ce fournisseur n'a pas réussi à comprendre, c'est que la personne a un problème de santé – elle n'est pas sous l'emprise du problème de santé. La réussite d'une personne à vivre ou à gérer ce que d'autres personnes pourraient considérer comme un problème dépend d'un certain nombre de facteurs sociaux, économiques, culturels, spirituels, psychologiques et biologiques; et ce qu'autrui présume être un problème ne l'est pas nécessairement.

Tous ces facteurs ne font pas que se combiner pour déterminer l'état de santé et la maladie; ils ont également une incidence sur la façon dont on surmonte la maladie, lorsque celle-ci s'est installée. En outre, chacun de nous est plus que n'importe lequel des facteurs qui définissent notre état de santé ou qui ont un impact sur celui-ci, et la prépondérance d'un seul de ces facteurs peut être évaluée différemment, selon qu'elle est perçue de l'extérieur ou de l'intérieur.

La Société canadienne de psychologie s'associe avec un vaste éventail de partenaires pour faire la promotion de la science, de l'exercice et de l'enseignement de la psychologie pour le bien collectif. Il n'y a pas de domaine plus pertinent que la santé mentale pour nous rappeler que différentes collectivités veulent être des partenaires de soins, et non des bénéficiaires

de soins. La responsabilité de la psychologie n'est pas d'imposer des points de vue ou des solutions, mais de collaborer, afin de déterminer et de résoudre des problèmes que les psychologues sont à même de résoudre. Comme l'illustrent bien les articles du présent numéro, certaines collectivités particulières font face à des problèmes lorsqu'il s'agit de leur santé psychologique. La psychologie doit être prête à offrir son concours et sa collaboration de manière à permettre aux psychologues d'apporter leur expertise pour identifier les problèmes réels, et les traiter de la bonne façon, au bon moment et au bon endroit.

Quand il s'agit de la santé, nous devons définir de façon très large les compétences en matière de différences culturelles afin d'inclure la conscientisation culturelle et le respect de toute la gamme de facteurs biopsychosociaux qui, en se combinant, ont un impact sur l'état de santé ou la maladie. Cette conscientisation et ce respect doivent transparaître dans toutes les activités auxquelles prennent part les psychologues – activités scientifiques, interventions et enseignement – en collaboration avec les participants à la recherche, les patients et les étudiants, sur lesquels dépendent notre travail et nos contributions. La réduction des disparités en matière de santé, et, de fait, la prestation de soins de santé de qualité sont, dans une large mesure, tributaires de cette compétenceⁱⁱ.

Pour consulter la liste complète des références, veuillez vous rendre à www.cpa.ca/Psynopsisfr

Psynopsis Call for Submissions

Fall 2014: Public Health and Health Promotion: The fall issue of Psynopsis is dedicated to public health and health promotion. Submissions are invited from researchers and practitioners whose work focuses on health promotion and illness prevention. This can include research or intervention that addresses how communities, groups or individuals stay well as they live in states of health or illness. Ideally, this work addresses the psychological factors that impact the continuum of health and wellness at population, group or individual levels.

Automne 2014: – Santé publique et promotion de la santé : Le numéro d'automne de Psynopsis est consacré à la santé publique et à la promotion de la santé. Nous invitons les chercheurs et les praticiens dont le travail porte sur la promotion de la santé et la prévention des maladies à soumettre un article. Les articles pourraient faire état de travaux de recherche ou d'interventions qui explorent comment les collectivités, les groupes ou les personnes se maintiennent lorsque leur état de santé est bon ou mauvais. Idéalement, le travail présenté s'attarde sur les facteurs psychologiques qui ont une incidence sur le continuum de la santé et du bien-être à l'échelle de la population, des groupes ou des personnes.



Addressing Childhood Sexual Abuse and Family Violence

*Kerry Mothersill, Ph.D., CPA President (2014-2015)
Psychology Professional Practice Leader, Alberta Health Services*

A few years ago, there were several male clients in my clinical practice who had been sexually and/or physically abused when they were boys and adolescents. These men were all in their forties and fifties. They had lived with the serious effects of the abuse for decades, before finally seeking help, often only when they had reached a crisis in their lives. It was only then that they had told someone that they had been abused. The perpetrators had all been in positions of power: religious leaders, coaches, or parents.

Research on the effects of childhood abuse is variable in quality. However, the data indicates that being abused or neglected in childhood can have significant, pervasive and life-long negative impacts on functioning in female and male victims. Abuse can lead to depression and PTSD as well as neurobiological changes associated with cognitive deficits in adulthood^[1], including poor executive functioning and non-verbal reasoning in adulthood^[2] and decreases in IQ, working memory, processing speed and perceptual reasoning^[3].

A significant percentage of individuals who are dependent on prescription opioids have experienced a large number of early-age traumatic events^[4] and childhood maltreatment is a risk factor for opioid dependence^[5]. Childhood victimization increases the likelihood that traumatic events in adulthood will result in the development of PTSD with a greater severity of symptoms^[6,7,8,9]. Sexual abuse of boys is associated with adult shame, guilt, anger, aggression, depression, PTSD, self-harm, substance abuse, and criminal behavior^[10,11,12,13].

A number of studies have found that sexual abuse is associated with adult chronic pain^[14,15,16], multiple somatic disorders^[17] and psychogenic seizures^[18]. Sexual dysfunction can be related to early sexual abuse^[18]. Childhood sexual abuse is related to more severe symptoms of Bipolar Disorders^[19] and major depression in adulthood^[20] and mental health disorders in old age^[21]. Childhood abuse has been linked to the leading causes of death in adults^[22,23] (see www.acestudy.org).

The national health care associations and other stakeholders in Canada were invited by the Honourable Rona Ambrose

(Minister of Health, Government of Canada) to participate in a Round Table Discussion on the prevention of family violence and child abuse. The meeting was held in March 2014 at the Sheldon Kennedy Child Advocacy Centre in Calgary (sheldonkenedy.ca) and I attended on behalf of CPA. Discus-

sions centered on ways to reduce the stigma associated with addressing abuse with clients, and increase the skill and comfort in having conversations about issues of sexual abuse and family violence with patients. As a follow up, CPA members through the Sections were asked to suggest resources in these areas. CPA head office collected the materials and forwarded them onto the Minister's office. Plans are being developed to share resources among health care providers.

When assessing patients, do we purposefully screen for current or past abuse and violence? Are we comfortable in having those conversations? Do we know what to do when abuse and violence are disclosed? Do we know

where to refer clients if needed? Are there adequate services available to refer to? Are we familiar with the evidence based interventions to prevent^[24,25] and treat abuse^[26,27]? Is research of a higher quality needed? Can interventions with improved outcomes be developed? Should we advocate for more research funding in this area? What should be done to enhance prevention?

Perhaps the stigma against addressing abuse and violence is reducing. Maybe ignoring it is no longer acceptable. From the partnering of stakeholders (Child and Family Services, Alberta Health Services, the Calgary Police Force, the RCMP, Alberta Justice) to provide unified services to each abused child that comes through the door at the Sheldon Kennedy Child Advocacy Centre, to the introduction of abuse prevention programs in sports organizations; to Pope Francis' meeting with sexual abuse survivors and establishing a sexual abuse advisory board to hold accountable those that abuse or don't protect children; perhaps abuse is beginning to be addressed. Sorry Sigmund, those weren't just all childhood fantasies.

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





Aborder la violence sexuelle à l'endroit des enfants et la violence familiale

*Kerry Mothersill, Ph.D., président de la SCP (2014-2015)
Chef du service de psychologie, Alberta Health Services*

Il y a quelques années, j'ai reçu, dans le cadre de ma pratique clinique, plusieurs hommes qui avaient été victimes de violence sexuelle ou physique dans leur enfance et leur adolescence. Ces hommes étaient tous dans la quarantaine et la cinquantaine. Ils subissaient depuis des décennies les conséquences graves de la maltraitance avant, finalement, de chercher de l'aide, attendant souvent qu'une crise dans leur vie personnelle les y amène. Ce n'était qu'à ce moment-là qu'ils révélaient à une autre personne avoir été victimes de mauvais traitements. Tous les auteurs de cette violence étaient en position d'autorité : chefs religieux, entraîneurs ou parents.

La qualité de la recherche sur les effets des mauvais traitements subis dans l'enfance est variable. Toutefois, les données indiquent que le fait d'avoir été maltraité ou victime de négligence durant l'enfance peut avoir des conséquences négatives considérables, profondes et à long terme sur le fonctionnement des femmes et des hommes qui en ont été victimes. La maltraitance peut conduire à la dépression et au SSPT, en plus d'entraîner des changements neurobiologiques associés aux déficits cognitifs à l'âge adulte^[1], y compris des fonctions exécutives et un raisonnement non verbal déficients à l'âge adulte^[2], ainsi que la diminution du QI, de la mémoire de travail, de la vitesse de traitement et du raisonnement perceptuel^[3].

Un pourcentage important de personnes qui ont une dépendance aux opiacés d'ordonnance ont vécu un grand nombre d'expériences traumatisantes durant leur jeune âge^[4], tandis que les mauvais traitements durant l'enfance représentent un facteur de risque de dépendance aux opiacés^[5]. La victimisation durant l'enfance augmente la probabilité qu'un événement traumatisant subi à l'âge adulte se traduise par un SSPT, en plus d'en aggraver les symptômes^[6, 7, 8, 9]. La violence sexuelle envers les garçons est associée à la honte, la colère, les comportements agressifs, la dépression, le SSPT, l'automutilation, la toxicomanie et les comportements criminels à l'âge adulte^[10, 11, 12, 13].

Un certain nombre d'études ont montré que la violence sexuelle est associée à la douleur chronique chez l'adulte^[14, 15, 16], à plusieurs troubles somatiques^[17] et aux crises psychogènes^[18]. On croit également que les dysfonctions sexuelles sont liées à la violence sexuelle subie durant l'enfance^[18]. La violence sexuelle à l'endroit des enfants aggrave les symptômes du trouble bipolaire^[19] et de la dépression majeure chez l'adulte^[20], et augmente la sévérité des troubles de santé mentale à un âge avancé^[21]. On a également établi une corrélation entre les mauvais traitements subis durant l'enfance et les principales causes de décès chez l'adulte^[22, 23] (voir www.acestudy.org).

Les associations nationales de soins de santé et d'autres intervenants du Canada ont été invités par l'honorable Rona Ambrose (ministre fédérale de la Santé, gouvernement du Canada) à participer à une table ronde sur la prévention de la violence familiale et de la maltraitance des enfants. La réunion s'est tenue en mars 2014 au Sheldon Kennedy Child Advocacy Centre de Calgary (sheldonkennedycac.ca), et j'y ai assisté au nom de la SCP. Les discussions ont surtout porté sur les moyens de réduire la stigmatisation associée au traitement des séquelles de la maltraitance chez les clients, et de développer des compétences et acquérir de l'aisance lorsque vient le temps de parler, avec le patient, de la violence sexuelle et de la violence familiale. À titre de suivi, les membres de la SCP, par l'intermédiaire des sections, ont été invités à suggérer des ressources pertinentes. Le siège social de la SCP a recueilli les documents recommandés et a acheminé ceux-ci au bureau de la ministre. Nous prévoyons diffuser ces ressources auprès des fournisseurs de soins de santé.

Lorsque nous évaluons un patient, cherchons-nous expressément à dépister les mauvais traitements et la violence, présents ou passés? Sommes-nous à l'aise lorsque nous abordons cette question avec le patient? Savons-nous quoi faire lorsqu'une personne révèle une situation de mauvais traitements et de violence? Savons-nous où référer les clients, si nécessaire? Existe-t-il des services adéquats vers lesquels nous tourner? Connaissons-nous bien les interventions fondées sur des données probantes qui visent à prévenir les mauvais traitements^[24, 25] et à traiter les personnes victimes de maltraitance^[26, 27]? Avons-nous besoin de recherches de haute qualité? Est-il possible de mettre au point des interventions, qui seront à même de donner de meilleurs résultats? Devons-nous faire des représentations pour réclamer un meilleur financement de la recherche dans ce domaine? Que faut-il faire pour améliorer la prévention?

Peut-être que la stigmatisation liée aux expériences de mauvais traitements et de violence s'atténue-t-elle. Peut-être n'est-il plus acceptable de fermer les yeux sur cette réalité. Avec le partenariat entre différents intervenants (services à l'enfance et à la famille, Alberta Health Services, police de Calgary, GRC, ministère de la Justice de l'Alberta) pour fournir des services unifiés à chaque enfant maltraité qui franchit la porte du Sheldon Kennedy Child Advocacy Centre, avec l'introduction de programmes de prévention des mauvais traitements dans les organismes de sport, avec la rencontre du pape François avec des survivants d'agression sexuelle et avec la création d'un conseil consultatif sur la violence sexuelle qui vise à tenir responsables les personnes qui agressent ou négligent un enfant, commençons-nous peut-être à nous attaquer à la question de la maltraitance. Désolé, Sigmund, ces histoires n'étaient pas que des fantasmes sortis de l'imaginaire des enfants.

Diversity



Nathan J. Cooper, Psy.D., McMaster University

There is a growing awareness of how issues of diversity impact psychological service delivery and client outcomes. This awareness has resulted in increasing attention to issues of diversity in graduate curricula. Of all the helping professions, social work seems to do a particularly thorough job of exploring diversity as noted by research terms such as multiple identities and intersectionality. Thinking about myself in this context I identify as a male, heterosexual, married, protestant, professional. It is important for me to have awareness of my own identities in order to consider how it is that I can best serve the needs of the individuals in my care.

The topic of diversity is very much of interest in the context in which I work. Though our client population shares a post-secondary experience and is typically 18 to 23 years of age, traditional age is not descriptive of all the students that we see at our centre. Some are older, part time or graduate students with more life history.

Beyond post-secondary status, there is little else that neatly defines the population of students seeking counselling services in our centre. It is possible to identify our clients in terms of common presenting concerns such as anxiety, depression, relationship issues, grief, trauma, eating related concerns, and substance use. This identification alone offers only a small window into the experience of any given individual because it doesn't capture the important contextual variables such as family history, trauma history, culture, acculturation, and socioeconomic status (SES) that combine to impact their psychological concerns.

Working in the post secondary context affords an opportunity to interact with individuals from every continent and numerous nations. A student from a conservative, collectivist culture will often experience significant distress when their acculturation process brings them to a point that is very different from that of their parents and support community. Common examples include when students become culture brokers for their family and assist parents in navigating the culture. Additional examples include when students are faced with the prospect of a very traditional arranged marriage despite the fact that they have had relationship experience and would prefer more choice in selecting a long term partner. The most significant stress exists for international students who often pay as much as three times the tuition of local students and face immense pressure from family or village in their home country to be successful both academically and ultimately financially.

Culture, acculturation, family history, trauma, and SES impact exposure to and understanding of psychological concepts and ultimately presenting concerns. It is reasonably well known that some cultural variables may lead individuals to present to a primary care physician with predominately somatic complaints. It is important to work closely with other health care providers to manage care in a way that attempts to respect and understand the lens that culture brings to presenting concerns and therapeutic goals. Ultimately individuals want to "feel better." Our role is to assist them in outlining the biopsychosocial factors that may be contributing to their difficulties as well as clear manageable strategies to assist with making improvements. Knowledge of diversity issues is crucial to understanding presenting concerns and outlining a useful plan to assist with mitigating concerns.

Cultural competence has received more attention in recent years in graduate and medical training programs. This is an important step in developing objective goals and consistent expectations with regards to knowledge, awareness, skills, and passion for competent contextual service delivery. Cheryl Kodjo notes astutely that there is no endpoint because cultural competence is a process that is enriched by each interaction and by each introspection.¹ She also highlights the fact that professions themselves such as counselling, psychology, social work, and medicine each have their own culture. It is important to have awareness of the differences between our own personal/professional cultural assumptions and those of the individuals with whom we work. Examples of lack of awareness would include making recommendations to discontinue relationship with a family member(s) when the therapist views the relationship to be "toxic" despite the fact that the individual adheres to the cultural value of respect for authority, which includes parents and grandparents, despite their shortcomings. Perhaps a more fitting intervention would be to explore how best to be in relationship rather than consider whether or not to be in relationship.

Cultural competence is a life long journey which will be shaped by our own experiences, attitudes, and awareness. It demands that we receive our clients with openness. We must ask good questions of ourselves and our profession when it comes to knowledge, awareness, skills, and passion regarding diversity. The Canadian Psychological Association drafted a position paper on non-discriminatory practice in 1996 which was updated in 2001. This can be found online <http://www.cpa.ca/cpasite/userfiles/Documents/publications/NoNDiscPractrev%20cpa.pdf>

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A Biopsychosocial Approach to Diversity Competence

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This article briefly addresses important best practices when it comes to respecting diversity using a biopsychosocial approach to psychological disorders and conditions. The DSM diagnostic system has been criticized for casting patients as passive recipients of treatment and localizing the problem within the person instead of their sociocultural-political context [1]. An uncritical application of the DSM classifications can result in “a false sense of truly knowing and explaining a particular client who is facing unique psychological challenges in her or his life” [1, p.365], thus failing to account for important diversity considerations. However, recent definitions of the biopsychosocial model clearly aim to include social and cultural factors that impact behavior [3].

An understanding of the relationship between sociocultural context and symptomology is essential for achieving multicultural competence. For instance, the American Psychological Association’s multicultural guidelines indicate that psychologists are in a unique position to support social justice and racial equity, and that psychologists must seek to increase awareness of the perspectives of individuals from historically culturally devalued groups [4]. The role of social context is paramount because “the main determinants of mental health are the living conditions to which Canadians are exposed” [5, p.28]. Discrimination, marginalization, exclusion, and gender inequity are seen as adverse states that are directly attributable to social conditions that increase risk for a variety of adverse mental health effects, such as addiction, learned helplessness, shame, anxiety, isolation, and hopelessness [5,6]. The social determinants framework is aligned with an understanding of symptoms as attempts to cope with a problematic environment [1].

The DSM-5 introduced cultural factors to consider for each diagnosis and conceptualization. The “case formulation... must involve a careful clinical history and concise summary of the social, psychological, and biological factors that may have contributed to developing a given mental disorder” [7, p. 19]. Cross-cultural variations in presentations of diagnoses are integrated within the main text and clinicians are guided to approach the diagnostic system from a person-centered manner. There is formal acknowledgment that the diagnostic criteria alone are insufficient to ensure an accurate, socially and culturally informed diagnosis. Further, the DSM-5 offers the Cultural Formulation Interview for clinicians to consider cultural factors as they relate to assessment, diagnosis, and treatment [7]. The interview includes questions related to cultural perceptions of cause, context, and barriers. By providing a tool with specific assessment questions, a critical application of the DSM classification system is encouraged.

The examination of a brief case may help illustrate the best practice process of incorporating sociocultural factors within a biopsychosocial framework. Sam is a 23 year old transgender woman who was raised in a Chinese Canadian family. Her parents immigrated to Canada from Hong Kong before Sam was born and hold Christian religious beliefs. Sam was raised in small Canadian city embedded in a rural, conservative culture. In her teenage years, Sam found it increasingly difficult to conform to gender-expectations. Conflict with her family over her preferences for dress, activities, and romantic partners led her to run away from home at the age of 16 and spend a year homeless before connecting with government supports. Sam presents current depressed affect and mild social anxiety, as well as a history of suicidality. Sam holds multiple identities that have been powerfully shaped by biological, psychological, social, familial, spiritual, and cultural forces.

Please see page 14

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Sexual Coercion on Campus: the Experiences of Ethno-Culturally Diverse Women

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High rates of sexually coercive behaviours and other forms of sexual victimization continue to occur on university campuses in Canada and throughout North America. Canadian studies indicate that over 30% of surveyed women students report experiencing some form of sexually coercive behaviour as undergraduates. Women identifying as members of diverse ethno-cultural groups may experience even higher rates of these behaviours. The increased diversity of the Canadian student population suggests that addressing sexual coercion on university and college campuses is of critical importance.

While the negative physical and mental health effects of all forms of sexual victimization are well recognized, little attention is directed to the impact of these behaviours on the educational and academic experiences of women students. We know that the effects of sexual victimization can extend to learning and education and impact the potential career trajectories of young women in a number of ways. In addition to memory deficits and attention problems seen among adult survivors of sexual abuse, sexual victimization is associated with distress

and psychological trauma states that can have a significant effect on learning and academic performance [1]. Information from university staff, counsellors and therapists indicates that sexual victimization may have a profound and negative effect on women's education and may differentially impact women from diverse cultural backgrounds. Missed classes, delayed course completion and program transfers are noted -- events known to impact significantly on academic outcomes. Only a few studies identify behaviours of sexually victimized women on campus that may interfere directly with their education. For example, US research carried out by the Bureau of Justice reported that some women's responses to campus-based stalking included moving residences, dropping classes, and active attempts to avoid the stalker. A leading Canadian study [2] found that students reporting sexual victimization felt these behaviours had an impact on their academic work, however it did not specify the type of academic impact.

Sexual Victimization is a Barrier to Learning

Despite preliminary evidence linking the negative effects of sexual victimization on women to learning, surprisingly little research has systematically investigated the specific effects of victimization on young women's overall educational and learning outcomes [3]. The few studies focusing on this issue note the overall effect of these behaviours on academic progress however present little empirical data. As well, the importance of ethno-cultural background and the intersectionality of culture and gender on the impact of sexual coercion on women's learning and health has not been adequately addressed. This is a critical oversight as additional risk factors, such as differing gender role norms and attitudes towards sexual behaviours, may exist for women from diverse ethno-cultural groups. These may be based on multiple stereotypes and prejudices that make some women more vulnerable to coercion and less likely to report it. As a result, increased adverse outcomes for some women may exist.

Our Research Agenda

We have begun pilot work examining the experiences of female undergraduate students reporting sexual coercion on campus [4]. This study is among the first to investigate the effect of sexually coercive experiences on education among university students. A majority of the participants in the pilot (56%) identified as members of diverse and racialized ethno-cultural groups. Among our participants, we found that sexual coercion reported was described uniformly as negative; however, responses and resulting behaviours associated with its occurrence varied and led to differing attitudes towards education and ac-

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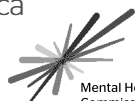
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Please see page 14



Skills for Living: Supporting Adults on the Autism Spectrum

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Adults diagnosed with *high-functioning* autism spectrum disorder (ASD) struggle with social functioning and communication, despite well-developed language and average or higher IQ. While intervention during childhood can improve outcomes, ASD is a lifelong condition and difficulties persist into adulthood. Unfortunately, in most Canadian provinces, higher functioning adults with ASD are often ineligible for support, thus making the transition from high school student to adult difficult¹. Negative outcomes in relational and vocational domains may contribute to frustration, low self-esteem, and a cycle of anxiety, depression, and other mental health issues²⁻⁴.

Advocacy groups and agencies across the country struggle to provide support for adults with ASD to acquire skills in social, emotional, vocational, adaptive, and relational domains so they can develop positive relationships, meaningfully contribute, and experience more independence and life satisfaction. Despite this struggle, effort is being made continuously to address the long-acknowledged service gap for adults (see <http://www.theabilityhub.org>). For example, in 2010, the members of Asperger Manitoba, Inc. approached our research team (Social Cognition Lab, University of Manitoba) about the possibility of providing support to adults with ASD via our school psychology training program. Together, researchers, students, and board members developed a consumer-driven program with the goal of providing adults with ASD an opportunity to enhance social and emotional awareness and develop important life skills.

Twenty adults with ASD (ages 18-29 years) participated in a program (from 2011-2013) consisting ten 2.5-hour lessons incorporating facilitator-lead discussions, role-playing scenarios, and various small and large group activities. Participants were interviewed to identify their personal goals, and smaller groups were formed on the basis of common goals. The lessons targeted common goals and also provided content about ASD and social communication, non-verbal cues and body language, conversation skills, dealing with frustration and anxiety, building and maintaining friendships, dating and romantic relationships, dealing with school and family demands, and employment skills. We also included training in emotional intelligence (EI) as our research indicates impairments in trait EI in ASD^{5,6}. Emphasis was placed on establishing and maintaining a comfortable, friendly, and supportive atmosphere for group members. To promote generalization of skills, the ninth lesson consisted of a social outing during which participants

were encouraged to practice their newly learned skills and receive immediate feedback from facilitators and other group members.

Participants completed self-report rating scales prior to the first lesson and following the final lesson. Twenty participants completed the Emotional Quotient Inventory (Short Form) (EQ-i:S) to assess social and emotional functioning⁷, and questionnaires to determine their satisfaction with the content and delivery of the program. A subsample of six participants (in our most recent group) also completed the Quality Of Life Inventory (QOLI) to assess life satisfaction and well-being^{8,9}. Upon completion of the program, participants' intrapersonal (e.g., self-awareness, self-expression) and adaptability (e.g., flexibility, problem-solving) skills as well as overall EQ increased significantly. In addition, satisfaction ratings on the QOLI demonstrated positive trends in the domains of Self-esteem, Work, Values, Love, and Friendship. Although the Love domain (measuring satisfaction with romantic relationships) scores tended to improve, post-intervention scores remained in the very dissatisfied range – a trend which is representative of the state of affairs for this population^{2,3} and reflects the core social difficulties in ASD.

From a facilitator perspective, the most validating information about the impact of the group was provided by participants themselves:

“Just being able to be with people who have similar traits as me boosts my self-esteem. I think participating in a group like this is a way of saying not all of us are perfect and all of us have obstacles to face. So coming here just makes me want to improve more to have a healthier lifestyle.”

“I think I am able to analyze anger more effectively. I used to react, now I try to calm and relax before approaching a disagreement with someone and assess the situation more. People from the group said it was helpful to try and see where the other person is coming from, where their thinking might be.”

“I think there will be a few new friendships out of this group, as they've already begun to take shape.”

“I found myself thinking on more than one occasion, ‘Thank God I'm not the only one’.”

These results provide support for the effectiveness of a group-format, training program with an adult sample. Moreover, comments from group members indicated the experience

Please see page 14



Sexual Coercion on Campus: the Experiences of Ethno-Culturally Diverse Women

Continued from page 12

ademic outcomes. Cultural identity and cultural perspectives were influential in a number of ways. Some students experienced fear, depression, and anxiety that interfered with their ability to focus and concentrate on their education. These students reported significant and generally negative changes in their attitudes, engagement with school, and academic performance. Other students, who perceived sexual coercion as related to gender-role behaviour of males associated with risky behaviours, described less negative impact on both their psychological state and their educational activities. The specific indices of educational outcome affected by experiences of sexual coercion identified in this pilot included academic performance, involvement in the academic and social life of the school, extracurricular activities, and general attitudes towards both overall education and the particular school.

Our preliminary findings indicated that women's ethno-cultural identities were important in how they shape women's experiences. We identified a number of factors potentially important in influencing women's perceptions and behaviours, notably attitudes towards sexuality and gender roles, whether sexually coercive behaviour was disclosed, and the extent and availability of supports.

The use of disclosure and support systems among ethno-culturally diverse women was particularly relevant in understanding the effects and responses to sexual victimization. The findings of our pilot study suggest that a complex interaction of factors, including expectations and behaviours, may influence and mitigate the impact of sexually coercive behaviours on students' education.

This pilot work forms the background of our research program on sexual victimization and women's education. We problematize sexually coercive behaviours as barriers to women's education and learning and focus our research agenda to address these barriers.

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

Skills for Living: Supporting Adults on the Autism Spectrum

Continued from page 13

was meaningful and personally transformative and that the supportive and safe atmosphere and a sense of belonging were clearly important to group members. The transition into adulthood can be very challenging for young adults with ASD and it is evident that they generally require social, adaptive, and emotional support and guidance in order to achieve independence and a better quality of life. Our findings emphasize the potential for services aimed at enriching the lives of adults with ASD with a specific focus on improving outcomes related to relationship skills. While a lofty goal, the ultimate aim of programming is to improve opportunities for adults with ASD to contribute to society in meaningful ways and achieve satisfying meaningful lives. Certainly, one program is not enough to attain such goals, however, with targeted research in this area we can begin to identify promising practices that will contribute incrementally to this aspiration.

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

A Biopsychosocial Approach to Diversity Competence

Continued from page 11

If we attend solely to a series of diagnoses (e.g., Gender Dysphoria, Persistent Depressive Disorder) we cannot fully understand Sam and the factors contributing to her distress and dysfunction. Social risk factors to consider include low socio-economic status (lack of accessibility to housing, finances, food, water, healthcare), unemployment, limited education (Sam did not graduate high school), poor social relationships, acculturative stress (both for Sam and her family), discrimination (both for Sam and her family), cultural and social gender expectations and biases, and loss of religious support. A culturally sensitive interview reveals that Sam sees her mild social anxiety as culturally normative and adaptive relational sensitivity, and that her depressed affect relates to shame about her ostracism and isolation from her family and religious community.

The psychologist will need to consider any limitations in beliefs, attitudes, knowledge, and skills that may compromise his or her diversity competence^[8,9], as well as issues of power, oppression, privilege, and individual difference that may impact treatment and the therapeutic relationship^[10]. Inter-professional collaboration enables sociocultural factors to be addressed and may involve increasing social support (perhaps group support or group therapy), providing resources in Sam's identified transgender, cultural, or spiritual communities, and facilitating a referral to a social worker to have basic needs met.

The biopsychosocial model facilitates a person-centered approach that allows psychologists to sensitively attend to cultural issues present within the therapeutic relationship; this approach represents an acknowledgment of the power the clinician holds, as well as recognizes that diagnosis "is only part of the clinician's task; they also [interpret] illness and health from an intersubjective perspective..." [11, p. 578]. Within the traditional medical model, the power differential between provider and patient is established and treatment delivery is less collaborative. In order to conceptualize from the biopsychosocial model, and learn of social determinants, it is essential that a provider conduct a thorough assessment of a client's way of life rather than simply an assessment of signs and symptoms.

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Cultural Considerations for the Psychological Wellbeing of Canadian Aboriginal Communities

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Canada's cultural diversity is increasing. First-generation Canadians presently represent approximately one quarter of the population, an event that last transpired in the 1930s^[1]. Aboriginal population growth now outpaces overall population growth^[2]; for instance, in Saskatchewan, the Aboriginal population is expected to reach 21-24% of the population by 2031^[3]. In an increasingly multicultural milieu, psychologists must continue to work to become more aware of our own cultural situatedness, responsive to the increasing diversity within our classrooms and clinics, and appreciative of the insights of diverse knowledge traditions.

Across the world, there is growing concern about the loss of indigenous knowledge to prevailing colonial perspectives. UNESCO recently recommended increasing intergenerational transmission of Indigenous knowledge by representing it in curricula and situating learning in local communities [4] and many such efforts have already begun in Canada. For example, Aboriginal perspectives are increasingly represented in primary and secondary curricula^[5,6], some Aboriginal communities are creating curricula for their students^[7], and some schools are delivering curricula in Aboriginal languages^[8,9]. At the post-secondary level, Aboriginal knowledge traditions are now a central focus in disciplines such as Indigenous Studies and Environmental Science^[10,11], but remain curiously underrepresented, while not absent^[12,13], in Canadian psychology.

Aboriginal worldviews are founded on a metaphysical, experiential, and subjective journey toward greater knowledge and meaning based on principles and skills that promote personal and social transformation^[14]. Healing practices of Aboriginal Peoples in Canada, while differing across communities, commonly address intellectual, physical, psychological, emotional and spiritual distress and encompass individual, family, and community^[15]. The emphasis of Aboriginal traditions on subjectivity, personal transformation, and social transformation has significant parallels with the work of clinical psychologists, and the holistic emphasis of these traditions closely resembles biopsychosocial models, systems theories, and community psychology approaches. Psychologists are thus well positioned to cultivate an understanding of indigenous perspectives, and have much to gain by doing so.

Contemporary cross-cultural dialogue cannot be divorced from Canada's colonial history. In 2008, the Government of Canada issued an apology to those who attended Indian Residential Schools, the last of which closed in 1996. Attendance at these institutions was required by the implementation of an

unambiguously oppressive policy referred to as *aggressive assimilation*^[16]. More than 100,000 individuals attended the schools^[16]. Mandatory attendance at these institutions, other losses of freedom and lifestyle, and other policies to suppress Aboriginal cultural identity resulted in unresolved trauma and mental health challenges for generations of Aboriginal people^[17]. The psychological impact of the Indian Residential School system and other oppressive colonial practices remains grossly under-documented in psychological writing, although a great deal of testimony during the ongoing Truth and Reconciliation Commission provides an alternative venue for understanding of the influence of colonial practices on the inter-generational health of Aboriginal persons, families, and communities^[18].

Culture Heals^[19] is a recent Canadian project that highlighted the importance of diverse treatment and support options for Aboriginal peoples on the Prairies and affirmed the significance of Canada's colonial history for the mental health of Aboriginal persons. Aboriginal participants seeking treatment for psychological concerns were provided with a range of treatment options derived from both Euro-North American and Aboriginal

Please see page 18

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Opportunities and Challenges of Studying Romantic Relationships of Adolescents with Intellectual Disabilities



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An important development in adolescence is the emergence of romantic relationships. It remains unknown, however, whether romantic relationships and dating is also important for adolescents with intellectual disabilities (ID). We know that romantic experiences are normative in typical adolescent development and become more so with age. Moreover, teens often think about and desire romantic relationships, whether or not they are involved in one. In fact, passionate attraction and sexual desire are often the sine qua non of adolescent romance relationships¹.

Despite research showing that people with ID have sexual feelings and show an interest in closeness, affection, and contact with others², just as non-disabled individuals do, research is lacking in relation to what happens to youth with ID in their development of romantic relationships. This knowledge gap leads to confusion for parents, educators, practitioners, and policy makers. People with ID are often seen as perpetual children who need an environment that restricts sexuality and sexual education². These misconceptions present various risks for adolescents with ID. For example, when youth with ID have sex, they are less likely to use contraception and more likely to become infected with STDs. Girls with ID are also at a higher risk for teen pregnancy³. These findings are alarming, and highlight the importance of sexual education and awareness for these youth.

Additionally, for typically developing youth, an important feature of dating and romantic relationships is the autonomy that results from exercising interpersonal competence⁴. Not surprisingly, parents who care for children with disabilities, as compared to parents of typically developing children, tend to be more overprotective and grant less autonomy to their disabled child⁵. In fact, some research has found as many as 83% of parents believe that their youth with an ID does not have the ability to make decisions for themselves in terms of relationships and sexuality⁶. Although in part adaptive, this tendency to grant less autonomy to youths with disabilities has been linked with more maladjustment, particularly with more externalizing behaviors⁷ and with increased risk for mental disorders and problems⁸. At the same time, many special education programs encourage students to be compliant with a wide variety of new activities. This learned compliance, in addition to a lack of knowledge about sex and sexuality, makes these youth more vulnerable to abuse⁹.

So why is it that research is lacking despite the clear need to know more about the romantic development and experiences of

adolescents with ID? After all, intellectual disabilities rank within the top 20 sources of burden of disease¹⁰ and among the top 20 most costly disorders¹¹. Some recent research has been conducted on adults with ID and their experiences with romantic relationships, which has led to some effective prevention programs in promoting healthy relationships¹² and, in so doing, protecting this vulnerable population. The question that follows, then, is what about research and program development for teens with ID?

While it is clear that there are many benefits to be gained from studying this vulnerable population during adolescence, it appears there are also many barriers and challenges that have yet to be overcome. As experienced by this author, recruiting eligible participants for this type of research is unexpectedly difficult and slow. Since adolescents still need consent from their parents to participate in the research, there is a large reliance on connecting with the parents. These parents are not only difficult to reach but are also typically quite hesitant to participate in a research study on “romantic relationships.” They often resist participation by claiming that their child is not interested in this topic and/or that they do not want to put those thoughts into their adolescent children’s minds.

Of course even if the parents *and* the youth are interested in participating, the degree of the teens’ ID is an important consideration for research. To obtain more reliable data, youth with mild ID and verbal capacity are ideal candidates. However, there is of course great variability in IQ levels and adaptive functioning in this population. Moreover, a large proportion of youth with ID are also limited verbally. To complicate the picture even further, individuals with ID often have comorbidity with other disorders, such as Autism Spectrum Disorders Attention Deficit Hyperactivity Disorder Fragile X Syndrome, Down Syndrome, Fetal Alcohol Spectrum Disorder, and various mental health problems. For instance, researchers have found that the prevalence rates of mental disorders among children and youth with ID range from 30-50%, with severity of ID generally not playing a significant role in the development of mental disorders¹³.

While there are certainly many challenges to conducting romantic research with youth with ID, a topic that seems almost taboo for this vulnerable population, this research is clearly needed. Similar to typically developing teens, teens with ID should have access to sex and relationship education, as well as be taught independence skills that can help them better understand what is safe and healthy.

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Transdiagnostic Approaches in Rural Clinical Practice



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Rural psychologists face a number of unique challenges^{1,4}. They often practice as generalists and deliver services to a broad range of clients with complex symptom presentations across the lifespan. In addition, rural psychologists are isolated both geographically and professionally relative to clinicians in urban settings. Although other mental health professionals may provide services rurally, they may not have the same depth or breadth of training in evidence-based interventions as psychologists at best, and at worst, may not appreciate the importance of “doing what works”.

The complexity of providing psychological services in rural settings may be exacerbated by training limitations. Few clinical psychology training programs prepare future clinicians for rural practice while recognizing cultural and contextual factors associated with providing services to diverse populations. For example, training programs may not offer rotations in rural clinical settings. This creates a disconnect between psychologists’ training and the realities of rural practice. We suggest that transdiagnostic approaches to psychological assessment and treatment may offer an evidence-based alternative to traditional categorically-derived approaches and a potential solution to the unique challenges of practice in rural settings.

Numerous standardized protocols exist to treat DSM-defined disorders. Typically these interventions target a single disorder and were validated with carefully controlled samples (often unrepresentative of rural populations). Despite the predominance

of these protocols, they are not standard practice for some clinicians for a number of reasons. For example, psychologists can have difficulty fitting clients’ complex symptom presentations within a categorical diagnostic system. This may occur when clients’ symptoms meet criteria for several comorbid disorders, when symptoms fail to meet the diagnostic threshold for any disorder (i.e., NOS diagnoses), or when access to comprehensive diagnostic services are unavailable.

Once clinicians find a diagnosis that approximates a client’s salient symptoms, the next hurdle is to choose between the many treatment protocols that exist for a given DSM disorder. This may be a confusing task; for example, at least 15 protocols exist solely to treat panic disorder⁵. Treatment protocols often differ little in their key content, making the benefits and limitations of selecting one over another unclear. Even when a disorder and protocol are matched, comorbidity may render the single-disorder treatment a poor fit. Furthermore, there is little to no substantiation of treatment protocols in rural practice, despite the need for such research in order to ensure provision of evidence-based treatment.

Cultural differences present additional challenges for the rural psychologist. Many psychologists in rural settings work with First Nations, Inuit, and Métis peoples, Francophone clients, and rural religious communities, and may have limited training and experience delivering services to these culturally diverse groups. As well, many (if not most) evidence-based treatments have not been validated for these unique populations, and the content of the protocols may not be culturally or contextually relevant. For example, most evidence-based treatments are based on Western conceptualizations of mental disorder and understandings of mental health, which may be incongruent with the understandings of different cultural groups.

Please see page 18



Cultural Considerations for the Psychological Wellbeing of Canadian Aboriginal Communities

Continued from page 15

traditions. In addition to typical hospital services, participants had access to sweat and ceremonial rooms, and to Elders and Aboriginal counselors. Results suggested a strong connection between treatment engagement and access to culturally relevant services. One particularly salient outcome was that enhanced attention to cultural context facilitated a process of identity development among clients, who expressed that they were 'finding themselves again' (i.e., recovering from a loss of personal and cultural identity). Clients utilized both Aboriginal and Euro-North American models of healing to promote healing, but preferred receiving supports that were informed by Aboriginal worldviews. *Culture Heals* is an important step toward cultivating the kinds of psychological knowledge and practice that will better acknowledge the experiences and needs of Canadian Aboriginal Peoples.

Beyond Canada, a global movement to recognize the psychological impact of oppressive colonial practices and the value of indigenous knowledge and healing traditions is well underway, although it remains a minority voice in our discipline. This work includes research on the role of social inequity on psychological development^[20, 21]; research on the psychological attributes of those who variously propagate oppression, ignore oppression, or act to stop oppression^[22]; and appreciative, community-based inquiry emphasizing indigenous knowledge traditions and healing practices^[4, 23]. Such work is nurtured by indigenous scholarship^[14, 24, 25] and writings on oppression and colonialism^[22, 26] and tends to cluster in approaches such as liberation psychology^[22], community psychology^[27, 28], and cultural psychology^[29].

We are committing to join this global movement as we set out on a community-engaged research project. Our work will rely on wisdom, guidance, and support from Aboriginal Elders, who will be engaged using cultural protocols appropriate to our local context. One intended product of our work is the creation of cross-cultural curriculum modules, vetted by Aboriginal Elders, for use in secondary and post-secondary psychology classrooms. Another is the cultivation of a greater awareness of local Aboriginal approaches to healthy development and healing. Early piloting of classroom material developed from indigenous scholarship and complementary perspectives within psychology suggests to us that there is great potential for engaging students in recognizing their own cultural situatedness and increasing their appreciation for diverse ways of knowing – skills of high value for those going on to pursue careers in psychology.

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Transdiagnostic Approaches in Rural Clinical Practice

Continued from page 17

Identifying psychological treatments that target symptoms, rather than categorical disorders, may help clinicians address the core processes underlying mental disorder, while providing the flexibility to respond appropriately to the influence of culture.

The limitations of categorical diagnosis and associated evidence-based treatment protocols in rural practice suggest the need for a more flexible approach to classifying, assessing, and treating mental disorder. A transdiagnostic framework provides a symptom-based approach to practice that may have greater utility for psychologists in rural practice. Transdiagnostic treatment stems from theory and evidence suggesting that common factors underlie a range of psychopathology defined as categorically distinct by the DSM³, notably in the case of anxiety and mood disorders (i.e., emotional disorders²). These factors include constructs such as negative affect, repetitive negative thinking (i.e., rumination and worry), and avoidance, among others. The identification of shared factors suggests the potential benefit of identifying transdiagnostic treatments that target core symptoms underlying a range of disorders, as opposed to focusing treatment on symptoms specific to a discrete diagnosis. This results in broadly applicable treatments that are not limited to a single diagnosis.

Several transdiagnostic treatments exist across a range of disorders, including motivational interviewing, psychoeducation, behavioural activation, mindfulness-based interventions, cognitive restructuring, and exposure-based interventions (i.e., interoceptive, cognitive, in vivo⁵). Isolating individual interventions and viewing their efficacy and effectiveness both alone and in combination, may assist in understanding what works, and for whom. In addition, given the nonspecific nature of these interventions, they may be more intuitively tailored to the unique symptom and cultural presentation of each client. For example, while behavioural activation may be tailored for either anxiety or low mood, it is also adaptable to culture-based approaches.

Perhaps most importantly, the identification and validation of core psychological treatments with efficacy and effectiveness across mental disorders may assist in establishing a minimum standard of mental health practice. This approach has the potential to help psychologists and other mental health professions develop a proficiency in using, at the very least, a set of fundamental transdiagnostic interventions with clients. Furthermore, these interventions would be supported by an evidence-base for their general utility in treating mental disorder, rather than being limited to a specific population or diagnostic category. In the context of rural practice, this may provide clinicians with the flexibility to adapt to various challenges, while ensuring a minimum standard of care for our diverse clients.

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



76th Annual Convention
e Congrès annuel

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

June 4-6 juin 2015

OTTAWA

WESTIN OTTAWA, OTTAWA, ONTARIO



CPA Honorary Presidential Address, entitled “Why Mental Health is the Issue of our Time”, given by the Hon. Bob Rae, was an attendee favorite of the convention.

La conférence du président honoraire de la SCP, donnée par l'honorable Bob Rae, et intitulée « Why Mental Health is the Issue of our Time », a été un événement très couru au congrès.



During our Convention Welcoming Ceremony, CPA's past presidents in attendance were asked to gather on stage for a photo opportunity.

Lors de la cérémonie d'ouverture du congrès, les anciens présidents de la SCP présents ont été invités à monter sur l'estrade pour une séance de photo.



Mayor of Calgary, Naheed Nenshi, is presented with the 2014 CPA Humanitarian Award by CPA President (2014-2015) Kerry Mothersill.

Le maire de Calgary, Naheed Nenshi, reçoit le Prix pour réalisation humanitaire de la SCP de 2014 des mains du président de la SCP (2014-2015), Kerry Mothersill.



The 75th Anniversary Celebration social event was a fun way to unwind from the busy day at convention. Thank you to all who attended and made the celebration a wonderful party!

L'activité sociale organisée pour célébrer le 75e anniversaire fut une façon agréable de se détendre après une journée chargée au congrès. Merci à tous ceux et celles qui y ont assisté et ont fait de cette célébration une fête inoubliable!



Thank you to the CPA Staff and Volunteers who helped organize and execute the 75th Annual CPA Convention in Vancouver, BC (June 5-7, 2014)

Merci au personnel de la SCP et aux bénévoles qui ont aidé à l'organisation et à la tenue du 75e congrès annuel de la SCP, qui a eu lieu à Vancouver, en Colombie-Britannique, du 5 au 7 juin 2014.



Our fundraising Fun Run/Walk participants on Friday June 6th at 7:00 am. We were fortunate this year to partner with The Running Room, who lead the walk/run through downtown Vancouver. Over \$1300 was raised - all funds raised will go to Lookout Society (lookoutsociety.ca).

Les participants à notre activité de financement, la course/marche amicale, qui a eu lieu le vendredi 6 juin à 7 h. Nous avons eu la chance, cette année, d'avoir comme partenaire le Coin des Coureurs, qui a guidé les coureurs et les marcheurs d'un bout à l'autre du centre-ville de Vancouver. Plus de 1 300 \$ ont été amassés — tous les fonds seront remis à la Lookout Society (lookoutsociety.ca).



Nenshi praises compassion of Calgarians

*Patrick Baillie, Ph.D. Psychologist, Alberta Health Services;
Consulting Psychologist, Calgary Police Service*

Calgary's mayor told a personal version of the city's flood and recovery story in a speech at the annual convention of the Canadian Psychological Association (CPA), being held in Vancouver. "People getting really dirty, helping total strangers, and they were all volunteers," said Mayor Naheed Nenshi in praising the thousands of people who came out to assist neighbours across the city.

Nenshi was in Vancouver to receive CPA's Humanitarian of the Year Award. In presenting the award, Dr. Kerry Mothersill, incoming CPA President, noted the many tasks the mayor has undertaken to address diversity issues and the mental health of Calgarians. Mothersill said that the mayor has championed the rights of gay, lesbian, and transgendered citizens, as well as tackling the mental health needs of youth.

In accepting the Award, the Mayor noted that many municipal actions can positively affect the mental health of Calgarians, even without having had a specific mental health goal attached to them. He also emphasized that he was accepting the Award on behalf of all Calgarians.

Nenshi recounted the events surrounding last year's floods with his first notification of trouble coming after he had finished a breakfast speech in Toronto. That notification told him that Calgary had about twelve hours to prepare for the results of a deluge that fell upstream, in Canmore. Evacuation of 100,000 people was part of the initial order. Flying back to Calgary, fellow passengers on his Westjet flight asked him whether they would be able to go home. For some, the answer was no. (In the end, only 1400 people arrived at City shelters, with the remainder finding accommodation with friends and family.)

"All these public servants working together" was key to the evacuation process, Nenshi said, even recruiting interpreters to assist in moving residents from a Chinatown seniors complex. "I stuck myself in front of the cameras on purpose", Nenshi commented, "When people are hearing bad news they want to hear it from someone they can recognize."

"People worked hard to make sure other people were safe", Nenshi stated, in observing that while insurance companies report the flood as being the costliest natural disaster in Canadian history, very few lives were lost. People were able to go home so soon, he noted, because "We made 35,000 people into their own home inspectors" by providing a series of checks for people to use before entering a home that had been flooded. Nenshi also spoke of the heroic efforts of staff at the Bonnyview water treatment plant who selflessly preserved the quality of the city's drinking water by removing debris from facility tanks.



Mayor Naheed Nenshi speaks at the annual conference of the Canadian Psychological Association on June 5, 2014.

The presence of so many heroes and volunteers helped in the cleanup and helped with Calgarians' mental health, said Nenshi. "People were reminded that they live in a community where other people care about them." Nenshi concluded his speech by showing a picture of the Bowness couple's sign that read, "We lost some stuff / We gained a community / Thank you" and by promoting his plan for positive ways to mark the anniversary of the flood. "I'm just inspired by what people can do for one another", he stated.



Head Office Update: The 2013/14 Year in Review
K.R. Cohen, Ph.D., CEO, CPA

In place of a Head Office Update for the Summer issue of Psynopsis, what follows is an abridged version of the Chief Executive Officer's (CEO's) report included in the June 2014 Annual Report. The readership of Psynopsis is a broader audience than the readership of the Annual Report of the Association and broader than the delegates who attend the Annual General Meeting at the June convention. The CEO's Annual Report is essentially a Head Office year in review.

2014 marks CPA's 75th anniversary! It is a special pleasure to report on another year of activity and accomplishment as organized psychology achieves this important milestone. The report that follows highlights the activities ongoing and accomplished on behalf of science, practice, and education and training in 2013/14. The activities undertaken by Head Office staff on the membership's behalf are routinely updated in quarterly issues of Psynopsis in a column entitled: *Head Office Update* <http://www.cpa.ca/Psynopsis/> I would like to note that CPA as an association undertakes and accomplishes a lot with the contributions of many able and committed staff, officers, and association members. I want to take this opportunity to thank you all for making the science, practice and education of psychology, and the mental health and well being of Canadians, your personal commitments.



Finances

Please see the 2013 Auditor's report included in the 2014 Annual General Meeting package and note that it will also be presented to the membership at the AGM by our Chief Financial Officer, Phil Bolger C.A.

The financial base of the Association continues to be solid with investments valued at approximately 1.02 million dollars at 2013 year end. The membership will note that, as reported last year, CPA had accumulated significant surplus from 2007 through 2011. The surpluses derived from a number of factors difficult to control or predict such as unexpected savings on human resources, an unexpected bequest, and investment performance that exceeded budget.

As has also been shared with the membership over the past few years, it had been CPA's plan and obligation as a not-for-profit corporation to spend these surpluses on activities that fulfill CPA's missions and mandates. 2012 and 2013 were the years in which a significant portion of the accumulated surplus had been spent. In 2013, CPA spent \$161,336 in excess of revenue. Some of this spending resulted from convention 2013 losses where attendance was very good but proportionately more student participation (and hence lower convention registration revenue) than is typical and higher production costs for Psynopsis in 2013 (issues have been longer and systematically mailed out in print to relevant partners and stakeholders, giving

Psynopsis an advocacy function as well). The remainder was intentional spending of accumulated surplus on the following activities:

- the commission of a report from a group of health economists creating a business case and model for better access to psychological services,
- expansion and investment in CPA's continuing professional development activity,
- the Supply and Demand Summit,
- Canadian Federation of Humanities and Social Sciences Big Thinking Lecture sponsorship,
- Mind Your Mental Health campaign,
- Remapping of Chart of Accounts and Reporting

CPA's equity position of 1.02 million represents just over 6 months of CPA's annual operating costs. CPA did consult with its auditors in 2013 about how much we are advised to keep in reserve to offset any revenue risk. In accordance with the auditor's recommendation and the recommendation of our CFO, the Board has directed management to hold 6 months of operating costs in reserves which equals a current target of approximately \$910,000. Further, at the advice of our auditors, CPA's Board in fact amended its budget directions in March 2013 to allow for a "break-even budget, in which budgeted annual expenditures are fully funded by a combination of budgeted annual revenues and planned/approved usage of the Association's unrestricted or restricted net assets." CPA's 2014 budget includes some additional but more modest reserve spending so that we can continue to reach our target of just under 1 million in reserves.

Of note this year when reviewing the Auditor's report on 2013 (included in the meeting package for the 2014 Annual General Meeting), once again CPA received an unqualified audit opinion with no control deficiencies noted and no identified misstatements or errors. Further, the audit was completed in March this year, two months earlier than usual. CPA's CFO, Mr. Phil Bolger, and our Financial Coordinate; Ms. Vijaya Ramesh, are to be credited for this excellent report and the very timely completion of the audit process.



Lease Renewal

In 2014, CPA in partnership with the Canadian Psychiatric Association renewed its lease at 141 Laurier in Ottawa. We were able to negotiate a lease at a lower rate per square foot than in our previous 10 year lease as well as negotiate inducements that covered the costs of painting and refurbishments necessary after ten years of residence. Pictures of our refreshed space can be found at <http://www.cpa.ca/aboutcpa/contactus/>

Staff Complement

There have been some changes to our Head Office comple-



ment since we last reported to the membership in June 2013.

Mr. Phil Bolger joined CPA as its Chief Financial Officer in July 2013. Mr. Bolger is a Chartered Accountant with considerable experience in the not-for-profit sector. He joins us at 2 days per week, worked over three days. In addition to managing our financial operations, Mr. Bolger has been of invaluable assistance in developing partner contracts – notably the one initiated this year with our new liability insurance broker BMS Group.

We have not recruited a Director or Manager of Administration. Those duties are shared by our Deputy CEO, Dr. Lisa Votta-Bleeker and an outsourced resource with expertise in human resource management.

In 2014, we created a new administrative position to work in the service of CPA's sections which has been resoundly welcomed by sections. Support for sections is entirely congruent with our 2013 strategic plan, one of the goals of which is delivering a unique and responsive value proposition to our membership. Ms. Cara Bernard has been recruited into this position at .5 FTE. Ms. Bernard will also devote .5FTE to the Practice Directorate where she will take over as Manager while Amy Barnard is on maternity leave until January 2015.



Membership benefits

CPA continues to issue student pricing cards (SPC cards), free to every CPA student affiliate, which gives discounts at a broad range of retailer and food services across Canada. Other significant membership benefits include access at a competitive rate to APA's PsychNET® GOLD package of electronic databases. A listing of membership benefits can be found at <http://www.cpa.ca/membership/membershipbenefitsandservices/> with several new ones currently in development.

After a year of considerable research and consultation, in February 2014 CPA along with CPAP (an organization of the provincial and territorial associations of psychology in addition to CPA) moved its liability insurance program to a new broker, BMS Group, which affords members access to broader and deeper coverage at reduced but sustainable premiums. In addition, this move has resulted in significantly lower brokerage fees as well as risk management education offered in partnership with the program's preferred legal provider, Gowlings. Further it creates the opportunity for CPA and CPAP to self-fund our liability insurance program in future years. This model enables us to even further expand our continuing professional development offerings as well as offer low and sustainable premiums to members. It is because of CPA's diligence on this file that psychologists across Canada will be able to renew their liability insurance coverage in 2014 at lower premiums for broader and deeper coverage than ever before. For a review of the program's offerings and to understand how it compares to rival offerings go to <http://www.psychology.bmsgroup.com/> and http://www.youtube.com/watch?v=7__LhYrJl4U



Knowledge Transfer and Exchange

Fact sheets. In 2013/14, three new fact sheets (suicide prevention, PTSD, bullying) have been solicited while three others are still in the review process. The membership should feel free to propose the development of a fact sheet, by contacting Dr. Lisa Votta-Bleeker lvottableeker@cpa.ca

Papers, briefs and positions. Virtually all the papers, briefs and presentations delivered by CPA senior staff continue to be posted on the CPA website. New postings are presented on the home page with links to the Government Relations, Practice and Science pages as relevant and appropriate and are discussed in this report under their area of activity <http://www.cpa.ca/governmentrelations/Submissions/>

Surveys. We have continued to run many surveys off of CPA's website.

New Surveys in 2013/14:

- Assessment of E-Learning for DSM-5
- CPA 2014 Convention Survey
- CPA Survey on Admitting Privileges of Canadian Psychologists
- Pre-Course Assessment for "A Psychologists Guide to Psychopharmacology"
- Post-Course Assessment for "A Psychologists Guide to Psychopharmacology"
- Evaluation of CPA Summit on the Need, Demand and Supply of Psychologists
- Survey of Psychologists and International Aid Work
- Survey on CPA Sections Logo
- Survey on CPA Sections Operations
- Voting for New Chair of CPA's Psychology of Religion Section

Continuing Surveys in 2013/14:

- Canadian Training Programs' Input on Implementing the CPA Accreditation Standards
- CPA Accreditation Online Reporting System

Psynopsis. Psynopsis continues to be well viewed and we continue to submit topical issues to relevant government departments (e.g. national defence, corrections, health). Themes for 2013/14 included e-health, military and veteran's health, criminal justice, and CPA's 75th anniversary. The summer 2014 issue will be devoted to diversity in the science and practice of psychology, the fall to public health and health promotion, winter 2015 to crisis response and spring 2015 to suicide. Any Section, member or affiliate with suggestions for issue themes, please contact Tyler Stacey-Holmes tyler@cpa.ca

Other media. CPA was very active in the media in 2013/14. Press releases are archived on CPA's website



<http://www.cpa.ca/mediarelations/psychologyinthenews/> and included:

- CPA joined the Health Action Lobby calling on the country's premiers to commit to health care transformation
- CPA joined the Canadian Alliance of Mental Illness and Mental Health in celebrating the 2013 Faces of Mental Illness
- CPA issued a release on the findings of the 2013 Statistics Canada report on mental health care in Canada
- CPA responded to the New York Times article on psychotherapy's image problem
- CPA letter to the editor of the Ottawa Citizen asserting the position that research does not support the view that same sex parents negatively impact children.
- CPA on the findings of the 2013 Hunsley report on the effectiveness of psychological treatments
- CPA Hill Times editorial on the need to commit to providing better access to psychological treatments for Canadians
- CPA article for Media Planet on moving the mental health agenda from awareness to action
- CPA release marking the one year anniversary of the Mental Health Commission's National Standard for Psychological Health and Safety in the Workplace
- CPA release on the Mind Your Mental Health Campaign
- CPA release applauding the federal government on doubling the coverage for psychological services available to its employees and retirees.
- CPA joins our mental health partners in responding to Bill C-14, Not Criminally Responsible Reform Act
- CPA Press Conference on Parliament Hill to launch a Board lobby day organized around access to psychological services for Canadians and across government departments

Journals and Publications. We completed the second year of the 2012 renewal of our SSHRC (Social Science and Humanities Research Council) grant for CP and CJBS and in May 2014, our Deputy CEO was hard at work re-applying for the grant for 2014 through 2016 (each grant has a three year term). 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. The 2012 Publisher's report (presented in 2013) indicated that institutional access to CPA journals numbers at approximately 3,493 (slightly higher than the rate for last year). After increasing by 26% in 2011, the journals' net revenue fell by 7% in 2012. Electronic licensing revenue for CJBS rose by 13% in 2012, and after a dip in 2011, CJEP's rose by 50% in 2012. CP's electronic licensing revenue fell by a quarter but was still 23% higher than it was in 2010. The impact factor for CP in 2012 was 0.895 (a drop from 1.540 in 2011). The impact factor for CJBS in 2012 was 0.662 (an increase from 0.458 in 2011). The impact factor for CJEP in 2011 was 1.016 (drop from 1.177 in 2010).

Journal editors in 2014 are Dr. Martin Drapeau (CP), Dr. William Roberts (CJBS) and Dr. Penny Pexman (CJEP). CPA's thanks go out to Dr. Todd Morrison who completed his editorial term for CJBS in 2013. CPA's Deputy CEO and Director Science, Dr. Lisa Votta-Bleeker is the Managing Editor for all three journals.



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

CPA undertakes ongoing and many activities to support the discipline and profession of psychology. The following are some examples – some that are specific to one of three pillars and others (like advocacy, the federal budget) that cross cut all of them. The CEO of CPA takes the lead on its advocacy files for practice whereas the Deputy CEO and Director of Science takes the lead on its advocacy files for science.



CPA Need, Supply and Demand Summit

On November 8-9, 2013, the CPA hosted a Summit on the Supply, Need and Demand of Psychologists in Canada. Over 75 participants attended to hear 16 different presenters speak on issues related to Canada's psychologist resource – both academic and practitioner. A draft report of the proceedings is in the final stages of completion; it will be used to update the recommendations from CPA's 2010 Supply and Demand Task Force report and, hopefully, enable us to chart some concrete steps forward for the discipline and profession. Issues discussed included: early career issues, internship demand and limited supply, training needs, continuing education, science funding, filling knowledge translation and transfer gaps, barriers and opportunities to training and recruiting academics, and filling data gaps.

CPA hopes to follow up the Summit with a second one that draws psychology's attention to the issues of concern to decision and policy makers as well as everyday Canadians. We will target key issues of public concern – examples are chronic disease like heart disease or diabetes, health needs of rural, remote and first nations peoples, needs of children and youth and older adults, uses of telehealth to name a few. The plan would be to bring together scientists and practitioners in psychology to share their work and expertise on these sentinel topics. We envision a proceedings paper which can then be used to inform and advocate about the role of psychological science and practice in responding to the needs of the public and other stakeholders.





CPA Task Forces

As reported last year, in 2011, the CPA Board appointed a task force on the **public practice of psychology**. This task force is overseen by Lorne Sexton, a past Board member and Director of Professional Affairs at CPA. The task force has further divided into three sub-task forces: one led by Drs. Joyce D'Eon and Bob McIlwraith on hospital psychology, one led by Dr. Mark Olver on criminal justice psychology and the other led by Ms. Juanita Mureika on school psychology. In 2012, the public task force on hospital psychology gave rise to the launch of the Section on Hospitals and Health Centres.

In 2011/12 the criminal justice task force released a paper to the Standing Senate Committee on Legal and Constitutional Affairs on Bill C-10: Safe Streets and Communities Act. https://docs.google.com/viewer?url=http%3A%2F%2Fwww.cpa.ca%2Fdocs%2Ffile%2FGovernment%2520Relations%2FSenateStandingCommittee_Jan2012.pdf

CPA is in receipt of the task force's final report and recommendations which it will review at the June 2014 Board meeting.



Convention 2014.

CPA's 2014 convention takes place in Vancouver on June 5th through the 7th <http://www.cpa.ca/convention/>. We are anticipating an attendance of 1400 delegates with approximately 1300 posters and presentations. Innovations for convention 2014 include more access to digital posters to presenters, a revised convention app that includes a searchable convention schedule and abstract book, social media and alert functions, maps and more. The Convention will continue to host a graduate and internship fair as well as the fourth annual high school psychological science fair awards. 2014 marks CPA's 75 anniversary and a special birthday party is planned – draws for prizes, a dessert bar, cash bar and a DJ. We look forward to the celebration!



Government Relations and Advocacy

Activity June 2013 to June 2014. Note that the breadth and depth of this work and activity is significantly enhanced by the work of Meagan Hatch, our Manager of Public Affairs and Communications. Meagan has been on maternity leave since October 2013 during which time we have been ably assisted in our advocacy efforts by Impact Public Affairs:

- CPA responds to the **House of Commons Standing Committee on Finance Pre-budget Consultations 2013**. CPA's submission focused on increasing caps for psychological services for federal employees; ensuring core research funding for Canada's granting councils; and increased funding for students through scholarships, internships and travel grants. The submission can be found

- at http://www.cpa.ca/docs/File/Press%20Release/PBC_2013_Interactive-e.pdf
- CPA joins the Ontario Psychological Association in reaching out to the **Ontario Minister of Health and Long-Term Care** on the government's initiative to redress the knowledge and practice gap at the interface of mental and physical health care <http://www.cpa.ca/docs/File/Press%20Release/january2014medpsyalliance.pdf>
- CPA, in consultation with the Section on Criminal Justice, responds to the **Ashley Smith Jury Verdict and Recommendations** http://www.cpa.ca/docs/File/News/2014/smith_verdict_feb2014.pdf
- CPA submission to the **Science and Technology Consultation, Industry Canada** http://www.cpa.ca/docs/File/News/2014/cpa_st_consultation_2014_final.pdf
- CPA reaches out to the federal **Minister of Health** about innovation and accountability in health care for Canadians http://www.cpa.ca/docs/File/News/2014/economicclub_jan282014.pdf
- CPA as Chair of the **Canadian Consortium of Research responds to the 2014 federal budget** http://www.cpa.ca/docs/File/News/2014/crr_budget_response_feb2014_final.pdf
- CPA presents and submits brief to the **Standing Committee on the Status of Women** on the needs and gaps in care for persons with eating disorders. CPA thanks Dr. Giorgio Tasca for his expert contributions to this presentation and submission <http://www.cpa.ca/governmentrelations/Submissions/>
- CPA presents to a **Senate Committee on the role of promoters and the disability tax credit** http://www.cpa.ca/docs/File/News/2014/Bill_C462_March_2014_update.pdf
- CPA presents to the **House of Commons Standing Committee on Health (HESA)** on best practices and federal barriers to the practice and training of healthcare professionals <http://www.cpa.ca/docs/File/News/2014/HESAApril2014FINAL.pdf>
- CPA speaks out on evidence-based practice http://www.cpa.ca/docs/File/Practice/Evidence_Based_Practice_inMentalHealth.pdf
- CPA reaches out to Canada's 50 largest employers and begins to convene meetings in 2014 http://www.cpa.ca/docs/file/practice/cpa_letter_to_employers.pdf
- CPA Board lobbies Parliament Hill <http://www.cpa.ca/governmentrelations/lobbyday/>





Education and Training Highlights

The CPA's **Accreditation Panel** celebrates its 30th year! Look for convention programming to mark this achievement. Stemming from the success of the Accreditation Panel's 2013 convention session on understanding the spirit behind the accreditation standards, a similar session is being planned for the 2014 convention. This session will focus specifically on programme evaluation and quality improvement. The Panel will also hold their usual site visitor workshop at the convention. The Panel is continually in need of site visitors and invites programmes to contact the CPA Accreditation Office if your faculty/staff would be interested in hosting a free workshop. There are currently 66 CPA accredited programmes – 33 doctoral and 33 internship; with more under review. The Panel is now recruiting for multiple open Panel member positions inclusive of the student position, and invites applications. Further details on Panel membership are available at: <http://www.cpa.ca/accreditation/resources/accreditationpanel/>

In 2013/14, CPA launched two **web-based courses - one on psychopharmacology and another on the DSM-V**. Development is being overseen by the extremely capable Dr. Melissa Tiessen (CPA's Registrar and Director Education) and thanks are due to Drs. Morgan Sammons and David Nussbaum (presenters for the psychopharmacology course) and Dr. Michael Zwiers (presenter for the DSM course). CPA plans video recording of the 2014 pre-convention workshop on PTSD in the military so that this too can be offered for CPD credit via CPA's scholar lab platform. With the development of our self-funded liability insurance program, we hope to be able to further grow our web-based CPD offerings to the membership and the psychology community at large.



Partnerships and Representation in Science

Canadian Consortium for Research (CCR). In 2012/13, CPA's CEO was elected Chairperson of the CCR. Upon her return from maternity leave in 2013, CPA's Deputy CEO, Dr. Lisa Votta-Bleeker very ably took over this role. The CCR met at the Sheraton Hotel (Ottawa) in December 2013 for its second annual breakfast for CCR member organizations with Canada's granting councils. Senior officers of SSHRC, NSERC, and CFI were in attendance in addition to a senior staff person from Mitacs. Each shared with us the views and positions on research funding in 2013/14 which was followed by a collegial roundtable discussion. We understood that all agencies are trying to standardize their procedures to make processing of grants more consistent and efficient. The research community is concerned that the 15 largest universities are getting the bulk of funding and smaller universities are having trouble retaining faculty and recruiting students.

Under Dr. Votta-Bleeker's leadership, the CCR also reno-

vated its website in 2013/14, made a federal government pre-budget submission, and responded to the 2014 federal budget as well as to Industry Canada's consultation on Canada's Science and Technology Agenda. CCR is endeavouring to meet with Parliamentarians to discuss the CCR's asks and offer input on Budget 2014. One key goal for CCR is to gain some information on the newest centres of excellence that will be set up (administered through SSHRC) to ensure that all universities/researchers have access to some of those funds. CCR plans on making a submission to the House of Commons Finance Committee in the summer of 2014, provided that pre-budget consultations are again open.

Canadian Primary Healthcare Research and Innovation Network (CPHCRIN). CPA continues its membership in CPHCRIN. CPHCRIN is still interested in applying to become a Coordinating Centre for CIHR's Primary and Integrated Health Care Research Network (SPOR initiative) but would need to find funds to do so. A meeting of the CPHCRIN Stakeholder Advisory Committee is currently being set up to discuss next steps

Other Science Advocacy in 2013/13. CPA on its own behalf responded to Industry Canada's consultation on Canada's Science and Technology agenda http://www.cpa.ca/docs/File/News/2014/cpa_st_consultation_2014_final.pdf

CPA's Deputy CEO and Director Science will serve as reviewer for CIHR's Spring 2014 Knowledge Synthesis Grant Competition – they are piloting a new structured application and review process, which is an opportunity for CPA to provide input to a key funder. Our Deputy CEO also launched a quarterly PSYence Update profiling the activity in which CPA is engaged on behalf of the discipline and science of psychology. We have also requested meetings in 2014 with SSHRC and NSERC to discuss various funding issues. Our Director Science has scheduled a meeting with CPA's Social and Personality Section Chair during convention to discuss issues related to SSHRC funding for social/personality research and a survey of S/P researchers re: funding challenges. Finally, CPA has been liaising with the Canadian Federation of Humanities and Social Sciences (CFHSS) and with the Canadian Society for Brain, Behaviour and Cognitive Science (CSBBCS) about the opportunity for some collaborative programming when the annual conferences of these associations, and CPA's will be held concurrently in Ottawa in 2015.

4th Annual High School Science Awards. 2014 Convention in Vancouver will host the presentation of the winner of the 4th annual high school science awards. Winners are funded to attend the convention in addition to receiving a cash award with the generosity of CPA's sponsor, Scotiabank.

International Congress of Applied Psychology (ICAP). Following our successful bid pitch in July 2012 to host the



ICAP 2018 in Montreal, CPA has developed a business model to deliver the Congress, which it submitted to the International Association of Applied Psychology (IAAP) for consideration at the end of February 2013. CPA hosted a site visit for IAAP delegates in Montreal, the proposed Congress venue. At the time of this writing, contract reviews are in their final stages and CPA is preparing to host a 2018 reception at the 2014 ICAP in Paris.



Partnerships and Representation in Practice

HST/GST. As reported in Psynopsis, the Federal 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 has had several meetings with the Department of Finance and Canada Revenue Agency in 2013/14 about our concerns that the proposed changes may lead to unintended consequences for Canadians seeking mental health treatment and that Canadians will now have to pay taxes on some psychological services that were once exempt. 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. CPA's CEO also presented our concerns to the Standing Committee on Finance. CPA continues to await release of the document that the CRA is drafting for public comment on guidance to health professionals about the applicability of the HST/GST. We are following up with CRA closely and will bring the document to the membership's attention as soon as it becomes available.

Advocacy for enhanced access to psychological services.

As reported in Psynopsis over the course of 2013/14, 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 This report includes a series of recommendations for enhanced access including the positioning of models and mechanisms within sectors. These recommendations follow from a series of surveys and stakeholder conversations about needs and opportunities for psychological services as well as a review of models and policies used internationally. Companion pieces to the report include a tool kit of briefs and advocacy materials have been made available for CPA's leadership, and its provincial and territorial partner organizations, to use in their advocacy work with their respective governments and funders. In December 2014, CPA sent letters to 50 of Canada's largest employers asking to meet with them to discuss their workplace wellness programs inclusive of extended health coverage for psychological services for their employees. Beginning in January, CPA has convened meetings

with senior executives of several employers. Toronto meetings were attended by CPA CEO, Impact Public Affairs and Dr. Gloria Gonzales Morales, a member of the CPA Section on Industrial Organizational psychology and whose expertise is workplace wellness. CPA is very grateful to Dr. Gonzalez-Morales whose contributions to these meetings were significant. CPA has also convened a meeting with the Canadian Life and Health Insurance Association talking to a committee of group plan managers about psychological practice and coverage and has also met with its President to discuss the possibility of presenting the access report to its Mental Health Committee. CPA anticipates working with the Practice Directorate in 2014 to commission a survey of insurance plan provisions and a guidance document for psychologists working with insurers. In April 2014, CPA was very pleased to learn that Treasury Board doubled the coverage for psychological services available to its hundreds of thousands of employees and will take effect in October 2014. CPA's news release can be found at <http://www.cpa.ca/docs/File/News/2014/TBSApril2014.pdf> Other meetings convened on access included the College of Family Physicians of Canada, the Mental Health Commission of Canada, the Manitoba Psychological Society and representatives from their province's department of healthy living, and a presentation at a meeting of the Canadian Association for Health Services and Policy Research. In addition to meetings convened, we have had opportunity to communicate our access messages in several properties. Some of these are listed in media activity listed above.

We 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 us 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.

Lobby day on Parliament Hill. On May 6, 2014 a team of CPA Board members and the CEO convened a lobby day on Parliament Hill <http://www.cpa.ca/governmentrelations/lobby-day/> We kicked off the day with a press conference in the Charles Lynch gallery calling on government to address barriers to accessing psychological services. These included caps on extended health coverage for psychological services, gatekeeper requirements to accessing services (i.e. requirements for medical referral), tax rules governing psychological services, and recruitment and retention of psychologists within government departments like the Department of National Defence and Correctional Services Canada. Members can view the video recording of our press conference at <http://www.youtube.com/watch?v=aW6yqsbOoRE>

During the course of the day, the CPA team inclusive of President-elect, Dr. Kerry Mothersill, Chief Executive Officer, Dr. Karen Cohen and CPA Board members Dr. John Meyer, Dr. Andrea Piotrowski, and Student Board Member Justin Feeney con-



vened meetings with Members of Parliament and Senators across political parties.

It was the team's experience that the relevance and messages that CPA brought to politicians were extremely well received. That mental health issues are timely, topical and highly relevant to health, home, community and the workplace resonated widely. The briefing paper that CPA prepared for our meetings is posted <http://www.cpa.ca/docs/File/Government%20Relations/2014/federal%20mini%20lobby%20day%20backgrounder%20may%202014FINAL.pdf>

Our lobby day gave us an opportunity to reinforce messages on CPA's agenda, to grow conversation and engagements and to get suggestions about next steps. CPA is hoping to be able to make its Board lobby days an annual event with 2015 focused on messages related to research funding and the importance of research to public policy.

Practice Directorate. 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 following highlights PD activity in the last quarter. The Mind Your Mental Health campaign launched during Psychology Month with great success! Over 800 letters advocating for increased access to psychological services were sent to local politicians in February alone.

The Practice Directorate launched a Strategic Plan for 2014-2016. A few of the plan's goals to be implemented this year are a Conversation Session at the annual convention 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 will be participating in a 4 hour media training session at their June meeting post-convention in Vancouver. In partnership with Head Office senior staff, the Practice Directorate intends to commission a survey of insurance plan provisions and a guidance document for psychologists working with insurers.

Health Action Lobby (HEAL). HEAL continues to work with the Health Care Innovation Working Group (HCIWG) of the Council of the Federation (CoF) <http://www.councilofthefederation.ca/keyinitiatives/Healthcare.html>. As co-Chair of HEAL, Dr. Cohen helps represent the alliance at the HCIWG and in particular on its team-based models working group and more recently on a consultation around seniors' care. As reported in Psynopsis, the HCIWG has been given a three year mandate and will focus on the following priorities: generic drug pricing, appropriateness of care (clinically and cost effec-

tive care from the right provider delivered to the right patient at the right time in the right place), and seniors health. In 2014, HEAL has drafted a foundation document outlining its position and recommendations about the role of the federal government and health care innovation and reform. This document has been reviewed by the CPA Board and will form the foundation of HEAL's position and messaging leading up the 2015 federal election.

Canadian Alliance of Mental Illness and Mental Health (CAMIMH). CAMIMH recently celebrated its May Champions event, honouring the achievements in mental health of its award recipients. Coincident with the Champions gala, CAMIMH convened a members meeting to move forward on its strategic priorities that include advancing access to mental health services and supports and preparing messaging as we come up on a 2015 federal election. CPA's CEO served as Chair of CAMIMH's Mental Illness Awareness activities for 2012 and 2013.

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. Many thanks due to Dr. Marnin Heisel who represents CPA on the MHCC's suicide collaborative. Issues attendant on the multi-stakeholder examination of e-mental health include definitions and distinctions between e-mental health treatment and education, the need and role for the provision of accountable and regulated treatment using electronic technologies or other modes of delivery, the importance of technology in enhancing access to needed services and supports and in responding to the changing needs and preferences of consumer communities. In terms of suicide prevention, CPA has been approached by consumer communities interested in enhanced education of the public in the detection and prevention of suicide. A public education event and continuing professional workshop on suicide prevention are in development for the 2014 annual convention.

Partners for Mental Health. CPA has met on several occasions with Partners for Mental Health, a national charity dedicated to improving how we think about and treat mental health. Partners' Founding Chair, the Honourable Michael Kirby spoke out in 2013/14 about the need for Canada's jurisdictions to provide better publicly funded access to psychological services <http://www.theglobeandmail.com/life/health-and-fitness/health/exposing-canadas-ugly-mental-health-secret/article14828590/>. Partners continues to promote the need to address the specific needs of children and youth.



Nouvelles du siège social : Résumé des activités de 2013-2014 K.R. Cohen, Ph.D., Chef de la direction, SCP

Les *Nouvelles du siège social* pour le numéro d'été de *Psynopsis* sont remplacées par une version abrégée du rapport annuel de la Chef de la direction présenté à l'Assemblée générale annuelle de la SCP 2014. Le nombre de lecteurs de *Psynopsis* est plus considérable que le nombre de lecteurs du Rapport annuel de la Société et plus vaste que les délégués qui participent à l'AGA au congrès de juin. Le rapport de la Chef de la direction se veut essentiellement un résumé de l'année des activités au siège social.

L'année 2014 marque le 75^e anniversaire de la SCP. C'est pour moi un immense plaisir de vous présenter le bilan des activités et des réalisations accomplies durant la dernière année, alors que les psychologues et leur association franchissent cet événement marquant. Le rapport qui suit souligne les activités en cours, et celles accomplies en 2013-2014 au nom de la science, de la pratique et de l'enseignement de la psychologie au Canada. Les activités que mène le personnel du siège social pour les membres sont systématiquement rapportées dans chaque numéro trimestriel de *Psynopsis*, sous la rubrique : *Nouvelles du siège social* <http://www.cpa.ca/Psynopsis/>. Je tiens à mentionner qu'en tant qu'organisation, la SCP entreprend et accomplit beaucoup de choses avec l'aide d'un grand nombre d'employés compétents et dévoués, des dirigeants et des membres de l'association. J'en profite donc pour remercier chacun de vous, qui mettez tout en œuvre pour défendre les intérêts de la science, la pratique et l'enseignement de la psychologie, et améliorer la santé mentale et le bien-être des Canadiens.



Finances

Veillez vous reporter au rapport du vérificateur de 2013, qui se trouve dans la trousse de l'assemblée générale annuelle (AGA) de 2014, et prendre note qu'il sera présenté aux membres par le directeur des finances et de l'administration, Phil Bolger, C.A., au cours de l'AGA.

L'assise financière de la Société demeure solide, avec des investissements évalués à environ 1,02 million de dollars à la fin de l'exercice de 2013. Les membres remarqueront que, comme il a été rapporté l'an dernier, la SCP a accumulé un excédent important entre 2007 et 2011. Cet excédent découle d'un certain nombre de facteurs difficiles à contrôler ou à prédire, comme les économies non prévues en ressources humaines, un legs inattendu et des placements qui ont affiché un meilleur rendement que prévu dans le budget.

Comme nous l'avons communiqué aux membres au cours des dernières années, la SCP veut et doit, comme organisme sans but lucratif, allouer ces excédents à des activités qui remplissent sa mission et ses différents mandats. En 2012 et 2013, une part importante de l'excédent accumulé a été dépensée. En 2013, la SCP a dépensé 161 336 \$ de plus que les recettes gé-

nées. Une partie de ces dépenses ont servi à compenser les pertes enregistrées à la suite du congrès de 2013; même si la participation au congrès était très bonne, le nombre de participants étudiants était proportionnellement plus élevé qu'à l'habitude, ce qui a entraîné une baisse des recettes provenant des frais d'inscription. En outre, les coûts de production de *Psynopsis* étaient plus élevés en 2013 : les numéros étaient plus longs et ont été envoyés systématiquement par la poste aux partenaires et aux intervenants pertinents, car *Psynopsis* remplit également une fonction de représentation. Le reste de cet argent a été dépensé intentionnellement à même l'excédent accumulé pour mener à bien les activités suivantes :

- commande d'un rapport à un groupe d'économistes de la santé, à qui la SCP a demandé de réaliser une analyse de rentabilité et de créer un modèle de soins qui améliorera l'accès aux services psychologiques
- expansion et investissement dans les activités de perfectionnement professionnel continu de la SCP
- Sommet sur l'offre, le besoin et la demande de psychologues
- participation à la série de conférences « Voir grand » offertes par la Fédération canadienne des sciences humaines
- Campagne Ayez votre santé mentale en tête
- Remaniement du plan comptable et d'établissement de rapports

La participation financière de la SCP, qui s'élève à 1,02 million de dollars, représente tout juste un peu plus de six mois de frais annuels d'exploitation de la SCP. La SCP a consulté ses vérificateurs en 2013 afin de savoir combien d'argent nous devrions garder en réserve pour compenser le risque de perte de revenu. Comme l'ont recommandé le vérificateur et notre directeur des finances, le conseil d'administration a chargé la direction de garder en réserve six mois de frais d'exploitation, ce qui équivaut à une cible d'environ 910 000 \$. En outre, suivant la recommandation des vérificateurs, le conseil d'administration de la SCP a modifié ses orientations budgétaires en mars 2013 pour permettre un « budget équilibré », dans lequel les dépenses annuelles prévues sont entièrement financées par une combinaison de revenus annuels budgétés et l'utilisation prévue/approuvée des capitaux nets affectés ou non affectés de la Société. Le budget de 2014 comprend d'autres dépenses, plus modestes par contre, à même l'excédent, qui nous permettront d'atteindre notre objectif d'un peu moins de 1 million de dollars en réserve.

À noter, cette année, que, dans le rapport de 2013 du vérificateur général (inclus dans la trousse de l'assemblée générale annuelle de 2014), l'auditeur émet une opinion sans réserve, ne faisant état d'aucune faiblesse de contrôle ni inexactitudes ou erreurs. En outre, l'audit a été achevé au mois de mars de cette année, deux mois plus tôt que d'habitude. Nous devons souligner l'excellent travail du directeur des finances de la SCP, M. Phil Bolger, et de notre coordonnatrice des finances, Mme Vijaya Ramesh, qui ont produit un rapport d'une grande qualité et ont permis de terminer en temps voulu le processus d'audit.



Renouvellement de bail

En 2014, la SCP, en partenariat avec l'Association des psychiatres du Canada, a renouvelé son bail de location au 141, rue Laurier, à Ottawa. Nous avons réussi à négocier un bail à un taux inférieur au pied carré que celui de notre précédent bail de 10 ans, et négocié des incitatifs à la location, qui ont couvert les frais de peinture et les rénovations qui devaient être effectuées après dix ans d'occupation. Des photos de nos locaux rénovés se trouvent à <http://www.cpa.ca/aprosopdelascpc/contacteznous/>.



Effectif

Depuis le dernier rapport transmis aux membres en juin 2013, la composition de l'effectif du siège social a changé.

En juillet 2013, M. Phil Bolger a joint la SCP à titre de directeur des finances. Monsieur Bolger est un comptable agréé, et possède beaucoup d'expérience dans les organisations sans but lucratif. Il a été embauché à deux jours par semaine, mais travaille plus de trois jours. En plus de gérer les opérations financières de la SCP, M. Bolger a été d'une aide précieuse quand est venu le temps d'élaborer des contrats de partenariats — notamment celui conclu cette année avec notre nouveau courtier en assurances pour la couverture d'assurance responsabilité, BMS Group.

Nous n'avons pas recruté de directeur ou de responsable de l'administration. Notre directrice générale associée, la D^{re} Lisa Votta-Bleeker, et une personne de l'extérieur qui a de l'expérience en gestion des ressources humaines, se partagent les responsabilités associées à cette fonction.

En 2014, nous avons créé un nouveau poste d'adjoint administratif, fort bien accueilli par les sections, dont la tâche est d'appuyer le travail des sections de la SCP. Le soutien des sections cadre tout à fait avec notre plan stratégique de 2013, dont l'un des objectifs est d'offrir aux membres une proposition de valeur unique et adaptée. Madame Cara Bernard occupe ce poste à 1/2 ETP. Madame Bernard consacrera également 1/2 ETP à la Direction générale de la pratique, en remplacement d'Amy Barnard, qui est en congé de maternité jusqu'en janvier 2015.



Avantages pour les membres

La SCP continue de remettre gratuitement à tous les étudiants affiliés à la SCP des cartes de rabais étudiant (SPC CardMC), qui font profiter ces derniers de différents rabais auprès d'un vaste éventail de détaillants et de restaurants partout au pays. L'accès à un tarif concurrentiel au logiciel de bases de données électroniques PsychNET® GOLD de l'APA est un

autre avantage intéressant offert aux membres. La liste des avantages offerts aux membres, et de plusieurs nouveaux avantages en préparation, se trouve au <http://www.cpa.ca/adhesion/avantagesdemembresdelascpc/>.

Après une année d'analyse et de consultations exhaustives, la SCP, en collaboration avec le Conseil des associations professionnelles de psychologues (CAPP) — une organisation regroupant les associations de psychologues provinciales et territoriales — a, en février 2014, changé de courtier en assurances. BMS Group gère désormais le programme d'assurance responsabilité et offre aux membres une plus grande couverture et des primes durables. En outre, ce changement a eu comme résultat de réduire considérablement les frais de courtage; de plus, notre courtier offre, en partenariat avec le programme du fournisseur de service juridique privilégié, Gowlings, des conseils sur la gestion du risque. Cela donne également la possibilité à la SCP et au CAPP d'autofinancer leur programme d'assurance pour les années à venir. Ce modèle nous permet d'étendre notre offre de cours de perfectionnement professionnel continu et d'offrir aux membres des primes peu élevées, et stables à long terme. Grâce au travail assidu de la SCP dans ce dossier, les psychologues du Canada en entier pourront renouveler leur assurance responsabilité en 2014 pour une prime plus basse, et profiter d'une couverture plus vaste et complète que jamais. Pour prendre connaissance des avantages du programme et comprendre comment ils se comparent aux produits concurrents, rendez-vous à <http://www.psychology.bmsgroup.com/> et à http://www.youtube.com/watch?v=7_LhYrJl4U.



Transfert et échange de connaissances

Fiches d'information. En 2013-2014, trois nouvelles fiches (prévention du suicide, SSPT et intimidation) ont été sollicitées, tandis que trois autres sont en cours de révision. Nous invitons les membres intéressés à rédiger une fiche d'information à communiquer avec la D^{re} Votta-Bleeker (lvottableeker@cpa.ca).

Articles, mémoires et énoncés de position. Pratiquement tous les articles, mémoires et présentations préparés par le personnel de direction de la SCP sont publiés sur le site Web de la SCP. Les nouveaux mémoires se trouvent sur la page d'accueil, et proposent, s'il y a lieu, des liens menant aux pages des relations gouvernementales, de la pratique et de la science. Chaque mémoire est présenté dans le rapport annuel. Se reporter au secteur d'activité auquel il se rapporte. <http://www.cpa.ca/governmentrelationsfr/>

Sondages et enquêtes. Encore cette année, nous menons plusieurs sondages à partir du site Web de la SCP.

Nouveaux sondages en 2013-2014 :

- Évaluation du cours en ligne sur le DSM-5
- Sondage sur le congrès de 2014 de la SCP

- Enquête de la SCP sur les privilèges accordés aux psychologues canadiens de faire admettre des patients à l'hôpital
- Évaluation précours du cours « A Psychologists Guide to Psychopharmacology »
- Évaluation postcours du cours « A Psychologists Guide to Psychopharmacology »
- Évaluation du Sommet sur l'offre, le besoin et la demande de psychologues organisé par la SCP
- Enquête auprès des psychologues sur l'aide internationale
- Sondage sur le logo des sections de la SCP
- Sondage sur les activités des sections de la SCP
- Élection du nouveau président de la Section de la psychologie de la religion de la SCP
- Sondages réguliers 2013-2014 :
- Rétroaction des programmes de formation canadiens sur la mise en œuvre des normes d'agrément de la SCP
- Système de rapports en ligne du Jury d'agrément de la SCP

Psynopsis. Les membres ont toujours une bonne opinion de *Psynopsis* et nous continuons de publier des numéros thématiques qui présentent un intérêt particulier pour les ministères gouvernementaux (par exemple, Défense nationale, Services correctionnels et Santé). En 2013-2014, les thèmes étaient la cybersanté, la santé des militaires et des anciens combattants, la justice pénale et le 75^e anniversaire de la SCP. Le numéro d'été 2014 sera consacré à la diversité dans la science et la pratique de la psychologie, et celui d'automne, à la santé publique et la promotion de la santé; le numéro d'hiver 2015 aura comme thème « Intervention de crise et premiers intervenants » et celui du printemps 2015 sera consacré au suicide. Les sections, les membres et les membres affiliés qui ont des idées de thème pour les futurs numéros de *Psynopsis* sont priés de communiquer avec Tyler Stacey-Holmes styler@cpa.ca.

Autres médias. En 2013-2014, la SCP a été très active dans les médias. Les communiqués de presse sont archivés sur le site Web de la SCP (<http://www.cpa.ca/mediarelationsfr/psychologyinthefnews/>). Cette année, les communiqués diffusés par la SCP portaient sur les sujets suivants :

- La SCP s'est jointe au Groupe d'intervention action santé (HEAL) pour demander aux premiers ministres du pays de s'engager dans la transformation des soins de santé.
- La SCP s'est jointe à l'Alliance canadienne de la maladie mentale et la santé mentale pour célébrer les personnes qui ont incarné les Visages de la maladie mentale en 2013.
- La SCP a diffusé un communiqué sur les conclusions du rapport de 2013 de Statistique Canada sur les soins de santé mentale au Canada.
- La SCP a réagi à un article du *New York Times* qui portait sur le problème d'image de la psychothérapie.
- Lettre de la SCP au rédacteur en chef du *Ottawa Citizen*, pour appuyer la position selon laquelle rien, dans la recherche, ne permet de conclure que les parents de même sexe ont un impact négatif sur les enfants.

- Communiqué de la SCP présentant les conclusions du rapport Hunsley de 2013, qui portait sur l'efficacité des traitements psychologiques.
- Éditorial de la SCP dans le *Hill Times* sur la nécessité de s'engager à fournir un meilleur accès aux traitements psychologiques pour le bien de tous les Canadiens.
- Article de la SCP soumis à Media Planet, intitulé « Moving the mental health agenda from awareness to action ». Communiqué de la SCP soulignant le premier anniversaire de la Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail.
- Communiqué de la SCP sur la campagne Ayez votre santé mentale en tête.
- Communiqué de presse où la SCP félicite la décision du gouvernement fédéral de doubler le montant des prestations accordées aux employés et aux retraités de la fonction publique pour le remboursement des services psychologiques.
- La SCP se joint à ses partenaires en santé mentale pour répondre au projet de loi C-14, *Loi sur la réforme de la non-responsabilité criminelle*.
- Conférence de presse de la SCP sur la colline du Parlement donnant le coup d'envoi de la journée de lobbying du conseil d'administration, entourant l'accès aux services psychologiques dont ont besoin les Canadiens et ceux offerts dans les ministères gouvernementaux.

Revue et publications. La subvention du Conseil de recherches en sciences humaines (CRSH), renouvelée en 2012, pour la production de *Psychologie canadienne* (CP) et de la *Revue canadienne des sciences du comportement* (RCSC), vient de franchir sa deuxième année. En mai 2014, notre directrice générale associée a travaillé fort pour préparer une nouvelle demande de subvention, qui couvrira la période de 2014 à 2016 (chaque subvention est d'une durée de trois ans). 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. Le rapport de l'éditeur (présenté en 2013) indique que, en 2012, l'accès institutionnel aux revues de la SCP s'élevait à environ 3 493; ce chiffre est légèrement supérieur à celui de l'an dernier. Après une hausse de 26 % en 2011, les recettes nettes des revues ont diminué de 7 % en 2012. Dans le cas de la RCSC, les recettes tirées des licences électroniques ont augmenté de 13 % en 2012, et après une baisse en 2011, celles de la *Revue canadienne de psychologie expérimentale* (RCPE) ont augmenté de 50 % en 2012. Dans le cas de PC, les recettes provenant des licences électroniques ont baissé de 25 %, mais elles restent de 23 % supérieures à ce qu'elles étaient en 2010.

Le facteur d'impact de PC en 2012 était de 0,895, ce qui représente une baisse par rapport à l'année précédente (1,540 en 2011). Le facteur d'impact de la RCSC en 2012 était de 0,662; il s'agit d'une hausse par rapport à l'année précédente (0,458 en



2011). Le facteur d'impact de la RCPE en 2011 était de 1,016, ce qui représente une baisse par rapport à l'année précédente (1,177 en 2010).

En 2014, les rédacteurs en chef des revues sont le D^r Martin Drapeau (PC), le D^r Todd Morrison (RCSC) et la D^{re} Penny Pexman (RCPE). La SCP tient à remercier le D^r Todd Morrison, dont le mandat à titre de rédacteur en chef de la RCSC a pris fin en 2013. La directrice générale associée et directrice de la Direction générale de la science de la SCP, la D^{re} Lisa Votta-Bleeker, est la directrice des services de rédaction des trois revues.



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

La SCP mène de nombreuses activités pour appuyer la psychologie

et la profession de psychologue. En voici quelques exemples. Certains d'entre eux ne concernent qu'un des trois volets du mandat de la SCP tandis que d'autres (comme la représentation, le budget fédéral) se chevauchent. La chef de la direction de la SCP s'occupe des dossiers de représentation au nom de la pratique, tandis que la directrice générale associée et directrice de la Direction générale de la science se charge des activités de représentation qui font la promotion de la science.



Sommet de la SCP sur l'offre, le besoin et la demande de psychologues

Les 8 et 9 novembre 2013, la SCP a tenu son Sommet sur l'offre, le besoin et la demande de psychologues au Canada. Plus de 75 participants sont venus entendre 16 conférenciers parler de divers enjeux entourant les ressources en psychologues – autant dans le milieu universitaire que dans celui de la pratique. La compilation des notes du Sommet est presque terminée. Nous nous servons du rapport préliminaire pour mettre à jour les recommandations formulées dans le rapport du groupe de travail sur l'offre et la demande de services psychologiques produit en 2010 par la SCP et espérons-le, pour définir des mesures concrètes pour la discipline et la profession. Les sujets abordés au Sommet étaient les suivants : psychologues en début de carrière, demande et offre limitée de stages, besoins de formation, éducation permanente, financement de la science, transfert des connaissances et correction des lacunes en matière d'application des connaissances, obstacles et possibilités relatives à la formation et au recrutement des universitaires et correction des lacunes statistiques.

La SCP espère donner suite au Sommet en en organisant un deuxième, qui attirera l'attention des psychologues sur différents sujets de préoccupation pour les décideurs et les respon-

sables des politiques, et pour les Canadiens ordinaires. Nous allons privilégier des questions clés qui préoccupent le public; par exemple, les maladies chroniques, comme la cardiopathie ou le diabète, les besoins en santé des personnes qui vivent en milieu rural et en région éloignée, et des Autochtones, les besoins des enfants, des jeunes et des adultes, les différents usages de la télésanté, etc. Nous voulons réunir psychologues scientifiques et psychologues praticiens, pour qu'ils viennent parler de leur travail et de leur expertise sur ces enjeux sentinelles. Nous envisageons de produire un rapport, rédigé à partir des notes du Sommet, qui pourra ensuite servir à orienter le rôle que peuvent jouer les psychologues scientifiques et les psychologues praticiens pour répondre aux besoins du public et des autres intervenants, et à définir les activités de représentation en leur nom.



Groupes de travail de la SCP

Comme il en a été question l'année dernière, le conseil d'administration de la SCP a créé, en 2011, un groupe de travail chargé de se pencher sur la pratique de la psychologie dans les établissements de santé publics. Ce groupe de travail est supervisé par Lorne Sexton, un ancien membre du conseil d'administration et directeur des affaires professionnelles de la SCP. Le groupe de travail est divisé en trois sous-groupes : l'un, dirigé par les D^{rs} Joyce D'Eon et Bob McIlwraith, chargé d'explorer la psychologie en milieu hospitalier; un autre, dirigé par le D^r Mark Olver, qui s'intéresse aux services psychologiques offerts dans le système de justice pénale, et le dernier, dirigé par Mme Juanita Mureika, qui se penche sur la psychologie en milieu scolaire.

En 2012, le groupe de travail sur la psychologie en milieu hospitalier a créé la Section des psychologues en milieu hospitalier et en centres de santé.

En 2011-2012, le groupe de travail sur les soins psychologiques offerts dans le système de justice pénale a présenté un mémoire au Comité sénatorial permanent des affaires juridiques et constitutionnelles afin de donner son avis sur le projet de loi C-10, *Loi sur la sécurité des rues et des communautés*. https://docs.google.com/viewer?url=http%3A%2F%2Fwww.cpa.ca%2Fdocs%2Ffile%2FGovernment%2520Relations%2FSenateStandingCommittee_Jan2012.pdf

La SCP vient de recevoir le rapport final et les recommandations du groupe de travail, qui seront examinés par le conseil d'administration à sa réunion de juin 2014.



Congrès de 2014

Cette année, le congrès de la SCP a lieu à Vancouver du 5 au 7 juin 2014 <http://www.cpa.ca/congres/>. Nous attendons environ 1 400 délégués, et 1 300 présentations par affiches et communications sont au programme. Nous introduisons certaines innovations au congrès de 2014, notamment : un plus grand

accès aux présentations par affiches numériques, une nouvelle application mobile, qui donne accès à l'horaire du congrès et au livre des résumés, et qui renferme une fonctionnalité d'alerte et un lien avec les médias sociaux, des cartes, etc. Encore cette année, le congrès tiendra le Salon des diplômés et le Salon des internats, et remettra, pour la quatrième année, les Prix scientifiques annuels destinés aux élèves du secondaire. L'année 2014 marque le 75^e anniversaire de la SCP, et une fête d'anniversaire spéciale est prévue – tirages, buffet dessert, bar payant et DJ seront de la partie. Nous attendons avec impatience ce moment de célébrations!



Relations gouvernementales et représentation

Activités menées entre juin 2013 et juin 2014. Nous tenons à mentionner que, sans le travail compétent de Meagan Hatch, notre gestionnaire des affaires publiques et des communications, nous n'aurions pu effectuer un travail et des activités de cette ampleur et de cette profondeur. Meagan est en congé de maternité depuis octobre 2013. Pendant son absence, nous avons été habilement secondés par Impact Affaires publiques dans toutes nos activités de représentation :

- La SCP présente un mémoire dans le cadre des **consultations prébudgétaires de 2013 du Comité permanent des finances de la Chambre des communes**. Dans sa présentation, la SCP fait valoir l'importance de hausser les plafonds imposés aux employés fédéraux pour le remboursement des services des psychologues, d'assurer le financement de base de la recherche par l'entremise des conseils subventionnaires et de financer davantage les étudiants, avec des bourses d'études, des stages et des bourses de voyage. Le mémoire se trouve à l'adresse suivante : http://www.cpa.ca/docs/File/Press%20Release/PBC_2013_Interactive-e.pdf.
- La SCP se joint à l'Ontario Psychological Association pour souligner une initiative mise sur pied par le **ministre de la Santé et des Soins de longue durée de l'Ontario**, dans le but de combler le fossé entre les connaissances et la pratique, à la jonction des soins de santé mentale et de santé physique <http://www.cpa.ca/docs/File/Press%20Release/january2014medpsyalliance.pdf>.
- En collaboration avec la Section de la justice pénale, la SCP réagit au **verdict du jury et aux recommandations formulées à l'issue de l'enquête sur le décès d'Ashley Smith** http://www.cpa.ca/docs/File/News/2014/smith_verdict_feb2014.pdf.
- Mémoire de la SCP présenté à **Industrie Canada dans le cadre de la consultation sur la science et la technologie** http://www.cpa.ca/docs/File/News/2014/cpa_st_consultation_2014_final.pdf.
- La SCP s'adresse à la **ministre fédérale de la Santé** afin de parler d'innovation et de responsabilité dans les soins de

santé offerts aux Canadiens

http://www.cpa.ca/docs/File/News/2014/economicclub_jan282014.pdf.

- En tant que présidente du **Consortium canadien pour la recherche**, la SCP réagit au **budget fédéral de 2014** http://www.cpa.ca/docs/File/News/2014/crr_budget_reponse_feb2014_final.pdf.
- La SCP présente et soumet un mémoire au **Comité permanent de la condition féminine** portant sur les besoins et les lacunes en matière de soins de santé pour les personnes souffrant d'un trouble de l'alimentation. La SCP remercie le D^r Giorgio Tasca pour sa contribution à titre d'expert à la rédaction et la présentation de ce mémoire <http://www.cpa.ca/governmentrelations/Submissions/>.
- La SCP fait une présentation devant un **comité sénatorial, afin d'exprimer son point de vue sur le rôle des promoteurs du crédit d'impôt pour personnes handicapées** http://www.cpa.ca/docs/File/News/2014/Bill_C462_March_2014_update.pdf.
- La SCP fait une présentation devant le **Comité permanent de la Chambre des communes sur la santé (HESA)** sur les meilleures pratiques et les barrières créées par le gouvernement fédéral, qui nuisent à l'exercice et à la formation des professionnels de la santé <http://www.cpa.ca/docs/File/News/2014/HESAApril2014FINAL.pdf>.
- La SCP publie un article sur la pratique fondée sur les données probantes http://www.cpa.ca/docs/File/Practice/Evidence_Based_Practice_inMentalHealth.pdf
- La SCP écrit aux 50 plus grands employeurs du Canada et commence à planifier des rencontres avec leurs dirigeants en 2014 http://www.cpa.ca/docs/file/practice/cpa_letter_to_employers.pdf.
- Le conseil d'administration de la SCP organise une journée de lobbying sur la colline du Parlement <http://www.cpa.ca/governmentrelations/lobbyday/>.



Faits saillants de l'éducation et de la formation

Le **Jury d'agrément** de la SCP fête ses 30 ans cette année! Consultez le programme du congrès pour célébrer cette grande réalisation. Encouragé par le succès de la séance offerte au congrès de 2013 dans le but de faire mieux comprendre l'esprit qui sous-tend les normes d'agrément, le Jury d'agrément prévoit organiser une autre activité du genre au congrès de 2014. Cette séance portera sur l'évaluation de programme et l'amélioration de la qualité. Comme chaque année, le Jury d'agrément offrira au congrès son atelier de formation pour les visiteurs d'établissement. Le Jury d'agrément a constamment besoin de visiteurs d'établissement et invite les programmes à communiquer avec le bureau d'agrément de la SCP, si leurs professeurs ou leur personnel sont intéressés à offrir un atelier gratuit. En ce moment,



66 programmes sont agréés par la SCP – 33 stages de doctorat et 33 internats – et plusieurs autres sont à l'étude. Le Jury d'agrément a entamé le processus de recrutement pour pourvoir à plusieurs postes, dont celui de membre étudiant. Les personnes intéressées sont invitées à proposer leur candidature. Pour avoir de l'information supplémentaire sur le Jury d'agrément, rendez-vous à : <http://www.cpa.ca/agrement/ressources/jurydagrement/>.

En 2013-2014, la SCP a lancé deux **cours en ligne** — **l'un sur la psychopharmacologie et l'autre sur le DSM-V**. Le perfectionnement professionnel est supervisé par la très compétente D^{re} Melissa Tiessen (directrice de la Direction générale de l'éducation et registraire de l'agrément). Nous adressons en outre nos remerciements aux D^{rs} Morgan Sammons et David Nussbaum (présentateurs du cours sur la psychopharmacologie) et au D^r Michael Zwiens (présentateur du cours sur le DSM-V). La SCP prévoit enregistrer sur vidéo l'atelier précongrès de 2014 sur le SSPT chez les militaires, afin d'en faire une activité d'apprentissage donnant droit à des crédits d'éducation permanente par l'intermédiaire de la plateforme d'apprentissage ScholarLab. Avec notre programme d'assurance autofinancé, nous espérons être en mesure de développer notre offre de cours de perfectionnement professionnel continue destinée aux membres et au milieu de la psychologie dans son ensemble.



Partenariats et représentation en science

Consortium canadien pour la recherche (CCR). En 2012-2013, la chef de la direction de la SCP assumait la présidence du CCR. À son retour de congé de maternité, en 2013, la directrice générale associée de la SCP, la D^{re} Lisa Votta-Bleeker, a repris ce rôle avec compétence. Le CCR s'est réuni à l'hôtel Sheraton (Ottawa) en décembre 2013 pour son deuxième petit-déjeuner de travail annuel, auquel étaient conviés les organisations membres du CCR et les organismes subventionnaires du Canada. Des dirigeants du Conseil de recherches en sciences humaines (CRSH), du Conseil de recherches en sciences naturelles et en génie du Canada (CRSNG) et de la Fondation canadienne pour l'innovation (FCI), ainsi qu'un cadre de la firme de consultants MITACS, étaient présents. Chacun d'eux a fait part de son point de vue et de ses positions sur le financement de la recherche en 2012-2013; des échanges en table ronde ont suivi.

Nous comprenons que tous les organismes tentent d'harmoniser leurs procédures de traitement des subventions de manière plus cohérente et efficace. Le milieu de la recherche est préoccupé par le fait que les 15 plus grandes universités reçoivent la majeure partie du financement et que les petites universités ont du mal à conserver leurs professeurs et à recruter des étudiants.

Sous la direction de la D^{re} Votta-Bleeker, le CCR a, en 2013-2014, remanié son site Web, préparé une présentation dans le cadre des consultations prébudgétaires, réagi au budget fédéral de 2014 et rédigé un mémoire en réponse à la consultation sur

la science et la technologie menée par Industrie Canada. Le CCR essaiera de rencontrer les parlementaires pour discuter des demandes du CCR et commenter le budget de 2014. L'un des objectifs principaux du CCR est d'obtenir de l'information sur les nouveaux centres d'excellence qui seront mis en place (administrés par le CRSH), afin de s'assurer que toutes les universités et tous les chercheurs ont accès à une partie de ces fonds. Le CCR a l'intention de présenter un mémoire au Comité des finances de la Chambre des communes au cours de l'été 2014, si les consultations prébudgétaires sont à nouveau ouvertes.

Réseau canadien de recherche et innovation en soins de santé primaires (RCRISSP). Cette année encore, la SCP était membre du RCRISSP. Le RCRISSP a toujours l'intention de se proposer comme centre de coordination du Réseau de la SRAP sur les innovations en soins de santé intégrés et de première ligne – une initiative financée par les Instituts de recherche en santé du Canada (IRSC) –, mais il a besoin de trouver des fonds pour le faire. Le comité consultatif des intervenants du RCRISSP se prépare à se rencontrer afin de discuter des étapes à venir.

Autres activités de représentation au nom de la science menées en 2013-2014. La SCP a, de sa propre initiative, préparé un mémoire dans le cadre de la consultation sur la science et la technologie d'Industrie Canada http://www.cpa.ca/docs/File/News/2014/cpa_st_consultation_2014_final.pdf.

La directrice générale associée et directrice de la Direction générale de la science de la SCP agira comme évaluatrice des demandes présentées aux IRSC dans le cadre du concours de subvention du printemps sur la synthèse des connaissances. Les IRSC testeront une nouvelle demande structurée et un nouveau processus d'évaluation structurée, ce qui donnera à la SCP l'occasion d'adresser ses commentaires à cet important bailleur de fonds. Notre directrice générale associée a également lancé un nouveau bulletin trimestriel intitulé *PSYence Update*, lequel décrit les activités dans lesquelles est engagée la SCP au nom de la psychologie en tant que science. En 2014, nous avons également demandé à rencontrer le CRSH et le CRSNG afin de discuter de différentes questions liées au financement. Notre directrice de la Direction générale de la science a prévu une réunion, pendant le congrès, avec la présidente de la Section de la psychologie sociale et de la personnalité pour discuter de différentes questions relatives au financement octroyé par le CRSH pour la recherche dans le domaine de la psychologie sociale et de la personnalité et d'un sondage mené auprès des chercheurs au sujet des difficultés de financement. Enfin, la SCP est entrée en contact avec la Fédération canadienne des sciences humaines (FCSH) et la Société canadienne pour le cerveau, le comportement et les sciences cognitives (SCCCSC) pour étudier la possibilité de mettre en place des programmes conjoints lorsque les congrès annuels de ces associations et de la SCP se tiendront en même temps, à Ottawa, en 2015.

Quatrième édition des Prix scientifiques annuels destinés aux élèves du secondaire. À Vancouver, au cours du congrès de 2014, nous décernerons pour la quatrième année les Prix scientifiques annuels destinés aux élèves du secondaire. Les récipiendaires recevront une aide financière pour assister au congrès et un prix en argent grâce à la générosité du commanditaire de la SCP, la Banque Scotia.

International Congress of Applied Psychology (ICAP). Après avoir été désignée en juillet 2012 organisation hôte de l'ICAP 2018, qui se tiendra à Montréal, la SCP a élaboré un modèle et une entente établissant les modalités de l'organisation du congrès de 2018, qu'elle a soumis à l'Association internationale de psychologie appliquée (IAAP), pour être étudiés à la fin de février 2013. La SCP a emmené les délégués de l'IAAP visiter le lieu proposé pour la tenue du congrès, à Montréal. Au moment d'écrire ces lignes, l'étude du contrat en était à sa phase finale et la SCP s'affairait à l'organisation de la réception « Montréal 2018 », qui aura lieu pendant l'ICAP 2014, à Paris.

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Partenariats et représentation au nom de la pratique

TVH/TPS. Comme nous l'avons annoncé dans *Psynopsis*, le budget fédéral 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. En 2013-2014, la SCP a rencontré à plusieurs occasions le ministère des Finances et l'Agence du revenu du Canada afin de leur faire part de ses préoccupations, quant au risque que les changements proposés aient des conséquences non intentionnelles pour les Canadiens qui sollicitent un traitement pour soigner un problème de santé mentale, et que les Canadiens aient désormais à payer des taxes sur certains services psychologiques auparavant exonérés de taxe. 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 devraient, par conséquent, demeurer exemptés de taxe. La chef de la direction de la SCP a également fait part de nos préoccupations au Comité permanent des finances. La SCP attend toujours la publication du document que l'ARC est en train de rédiger, aux fins de consultation publique. Dans ce document, l'ARC donnera des directives aux professionnels de la santé au sujet de l'application de la TVH/TPS. Nous suivons de près le travail de l'ARC à cet égard et transmettrons le document aux membres dès qu'il sera disponible.

Représentation pour l'amélioration de l'accès aux services de psychologie. Comme nous l'avons déjà mentionné dans *Psynopsis* en 2013-2014, la SCP a commandé 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. Ce rapport comprend une série de recommandations visant à améliorer l'accès aux services des psychologues, notamment par la mise en place de modèles et de mécanismes. Ces recommandations émanent d'une série de sondages et de discussions auprès des intervenants, qui portaient sur les besoins et les possibilités de services psychologiques, ainsi que sur l'examen des modèles et des politiques utilisés ailleurs dans le monde. Le rapport est accompagné d'une trousse d'outils qui renferme des mémoires et des documents de représentation, que nous avons mis à la disposition des dirigeants de la SCP et de ses organismes partenaires dans les provinces et les territoires, pour appuyer leurs activités de représentation auprès de leur gouvernement et leurs bailleurs de fonds respectifs. En décembre 2014, nous avons envoyé des lettres à 50 des plus grands employeurs du Canada afin de les inviter à rencontrer la SCP pour discuter des programmes de mieux-être au travail qu'ils offrent, et des services psychologiques remboursés par leur garantie d'assurance-maladie complémentaire. Depuis janvier, la SCP a organisé des rencontres avec les cadres supérieurs de plusieurs employeurs. La chef de la direction de la SCP, Impact Affaires publiques et la D^{re} Gloria Gonzales Morales, membre de la Section de la psychologie industrielle et organisationnelle, dont l'expertise est le mieux-être en milieu de travail, ont assisté à deux réunions à Toronto. La SCP est très reconnaissante à Mme Gonzalez-Morales pour ses importantes contributions au cours de ces réunions. La SCP a également convoqué une réunion avec l'Association canadienne des compagnies d'assurances de personnes (ACCAP) afin de rencontrer un comité de gestionnaires de régime collectif, et d'échanger sur la pratique des psychologues et la couverture des soins psychologiques. Elle a également rencontré le président de cette association afin de discuter de la possibilité de présenter le rapport sur l'accès aux services psychologiques au comité de l'ACCAP chargé des questions de santé mentale. En 2014, la SCP planifie de travailler avec la Direction générale de la pratique, à qui elle confiera la réalisation d'un sondage sur les dispositions des régimes d'assurance et la rédaction d'un document d'orientation pour les psychologues qui travaillent avec les assureurs. En avril 2014, la SCP était très heureuse d'apprendre que le Conseil du Trésor a doublé le montant des prestations pour les services psychologiques offerts aux centaines de milliers de fonctionnaires fédéraux. Cette mesure prendra effet en octobre 2014. Le communiqué de presse de la SCP se trouve au <http://www.cpa.ca/docs/File/News/2014/TBSApril2014.pdf>. D'autres réunions portant sur l'accès aux services psychologiques ont été convoquées. La SCP a rencontré, notamment, le Collège des médecins de famille du Canada, la Commission de la santé mentale du Canada, la Manitoba Psychological Society et des représentants du ministère de la Santé de cette province; la SCP a également fait une présentation lors d'une réunion de l'Association canadienne pour la recherche sur les services et



les politiques de la santé. Par ailleurs, nous avons eu l'occasion de communiquer nos messages sur l'accès dans plusieurs médias sociaux. Certains sont répertoriés dans la liste d'activités médiatiques ci-dessus.

Nous encourageons 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. Nous encourageons 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.

Journée de lobbying sur la colline du Parlement. Le 6 mai 2014, une équipe de membres du conseil d'administration de la SCP et la chef de la direction se sont rendus sur la colline du Parlement pour participer à une journée de lobbying <http://www.cpa.ca/governmentrelations/lobbyday/>. La journée s'est amorcée avec une conférence de presse, dans la salle Charles Lynch, demandant au gouvernement de s'attaquer aux obstacles qui nuisent à l'accès aux services psychologiques. Ces obstacles sont, notamment, les plafonds imposés sur les services psychologiques remboursés par les programmes d'assurance-maladie complémentaire, l'accès aux services contrôlé par l'État (c.-à-d. recommandation médicale obligatoire), les règles fiscales qui régissent les services psychologiques, et le recrutement et le maintien en poste des psychologues dans les ministères, comme le ministère de la Défense nationale et Service correctionnel du Canada. Les membres peuvent visionner la vidéo de la conférence de presse à <http://www.youtube.com/watch?v=aW6yqsbOoRE>.

Pendant la journée, l'équipe de la SCP, qui était composée du président désigné, le D^r Kerry Mothersill, de la chef de la direction, la D^{re} Karen Cohen, de trois membres du conseil d'administration de la SCP, le D^r John Meyer, la D^{re} Andrea Piotrowski et le représentant des étudiants, Justin Feeny, ont organisé des rencontres avec les députés et les sénateurs de tous les partis.

Selon l'équipe, les messages que la SCP a portés à l'attention des politiciens ont été extrêmement bien reçus. Le message que nous avons fait passer – La santé mentale est un sujet d'actualité, d'une grande pertinence pour la santé, la famille, la collectivité et le monde du travail, dont il est tout à fait opportun de parler – a trouvé un large écho chez les politiciens rencontrés. Le document d'information rédigé par la SCP pour la journée de lobbying se trouve à <http://www.cpa.ca/docs/File/Government%20Relations/2014/federal%20mini%20lobby%20day%20backgrounder%20may%202014FINAL.pdf>.

En rétrospective, la journée de lobbying nous a donné l'occasion de renforcer les messages que veut véhiculer la SCP, à faire évoluer le dialogue et les engagements et à recueillir des suggestions pour la suite des choses. La SCP espère que les journées de lobbying du conseil d'administration deviendront

un événement annuel dès 2015, une année où il sera important de s'exprimer sur le financement de la recherche et sur l'importance de la recherche dans les politiques publiques.

Direction générale de la pratique. 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.

Les faits saillants des activités de la DGP au cours du dernier trimestre sont les suivants. La campagne de sensibilisation Ayez votre santé mentale en tête lancée pendant le Mois de la psychologie a été un franc succès! En février seulement, plus de 800 lettres réclamant un meilleur accès aux services psychologiques ont été envoyées aux politiciens locaux. La Direction générale de la pratique a lancé son plan stratégique pour la période de 2014 à 2016. Dans le cadre de ce plan, la SCP organisera cette année une réunion d'échange au congrès, qui sera animée par la présidente du conseil, la D^{re} Andrea Piotrowski. Pendant cette activité, on tentera de savoir ce que font les psychologues dans leur province ou leur territoire pour améliorer la prestation des services de santé mentale de première ligne. En outre, le conseil participera à une séance de formation de quatre heures sur les médias, qui sera donnée après le congrès, à sa réunion de juin.

En partenariat avec les dirigeants du siège social, la Direction générale de la pratique a l'intention de commander un sondage sur les dispositions des régimes d'assurance et un document d'orientation pour les psychologues qui travaillent avec les assureurs.

Groupe d'intervention action santé (HEAL). HEAL continue de travailler avec le Groupe de travail sur l'innovation en matière de santé (GTIMS) du Conseil de la fédération (<http://www.councilofthefederation.ca/fr/initiatives-fr/204-groupe-de-travail-sur-l-innovation-en-matiere-de-sante>). À titre de coprésidente de HEAL, la D^{re} Cohen représente la coalition auprès du GTIMS, en particulier au sein du groupe de travail chargé des modèles de prestation de soins en équipe; elle a pris part récemment à une consultation sur les soins aux personnes âgées. Comme il en a été question dans *Psynopsis*, le GTIMS s'est vu attribuer un mandat de trois ans et se concentrera sur les priorités suivantes : la fixation des prix des médicaments génériques, la pertinence des interventions (soins cliniques et rentabilité des soins, lorsque ceux-ci sont donnés par le bon fournisseur, au bon patient, au bon moment et au bon endroit) et la santé des aînés. En 2014, HEAL a travaillé à la rédaction



d'un document de base, dans lequel il décrit sa position et présente ses recommandations sur le rôle du gouvernement fédéral, l'innovation en matière de santé et la réforme des soins de santé. Ce document a été révisé par le conseil d'administration de la SCP et constituera le fondement de la position de HEAL et du message qu'il compte véhiculer en prévision des élections fédérales de 2015.

Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM). Le gala de remise des Prix des champions de la santé mentale de l'ACMMSM a eu lieu en mai. Les prix récompensent des personnes et des organismes qui ont apporté une contribution exceptionnelle dans le domaine de la santé mentale. En même temps que le gala des champions, les membres de l'ACMMSM se sont réunis afin de faire avancer les priorités stratégiques de l'association, notamment l'amélioration de l'accès aux services de santé mentale et de soutien, et de préparer les messages qu'ils comptent véhiculer aux élections fédérales prévues en 2015. En 2012 et 2013, la chef de la direction de la SCP était présidente des activités de sensibilisation aux maladies mentales de l'ACMMSM.

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 prestation par voie électronique des soins de santé mentale et de créer un groupe de collaboration nationale dans la prévention du suicide. Nous remercions tout particulièrement le Dr Marnin Heisel, qui représente la SCP au sein du groupe de collaboration nationale dans la prévention du suicide de la CSMC. Les questions qui font l'objet de l'examen multilatéral sur la cybersanté mentale sont les suivantes : définitions et distinctions entre cybersoins de santé et formation en santé mentale en ligne, le besoin et le rôle de la prestation de traitements reconnus et réglementés, qui font appel aux technologies électroniques ou à d'autres modes de prestation, l'importance de la technologie pour améliorer l'accès aux services requis et pour répondre aux besoins changeants et aux préférences des groupes de consommateurs. En ce qui concerne la prévention

du suicide, des groupes de consommateurs qui cherchent à améliorer la sensibilisation du public quant à la détection du risque de suicide et la prévention du suicide ont communiqué avec la SCP. Nous travaillons en ce moment à l'organisation d'un événement de sensibilisation du public et d'un atelier de formation professionnelle continue sur la prévention du suicide.

Partenaires pour la santé mentale. La SCP a rencontré à plusieurs reprises Partenaires pour la santé mentale, un organisme de bienfaisance national qui a pour mission d'améliorer notre conception, nos attitudes et nos actions à l'égard de la santé mentale. Le président fondateur de l'organisme, l'Honorable Michael Kirby, s'est exprimé, en 2013-2014, sur la nécessité, pour les provinces et les territoires canadiens, d'améliorer l'accès aux services psychologiques financés par l'État <http://www.theglobeandmail.com/life/health-and-fitness/health/exposing-canadas-ugly-mental-health-secret/article14828590/>. La santé mentale des enfants et des adolescents, et la nécessité de répondre à leurs besoins particuliers restent au cœur de la mission de Partenaires pour la santé mentale.



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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

CURRENT 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, Health Psychology

Director retiring 2015

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

Directors retiring 2016

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

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 Giannone, 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

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APPEL 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 : Jean Saint-Aubin, Université de Moncton, cerveau et cognition

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SECOND CALL FOR NOMINATIONS FOR 2015 CPA AWARDS

CPA Gold Medal Award For Distinguished Lifetime Contributions to Canadian Psychology

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

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

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

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

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

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

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

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

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

1. Whose influence on education and

training has been exercised through excellence and/or leadership as a teacher;

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

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

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

CPA Professional Award for Distinguished Contributions to Psychology as a Profession

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

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

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

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

CPA Award for distinguished Contributions to the International Advancement of Psychology

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

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

CPA Award for Distinguished Contributions to Public or Community Service

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

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

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

CPA Distinguished Practitioner Award

This award is presented to CPA Members or Fellows who have made distinguished contributions in the practice of



psychology. The recipient will have made his or her contributions as a full-time practitioner in applied psychology (e.g., clinical, counseling, education, industrial/organizational, forensic, health). In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on the application of psychology.

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

CPA Award for Distinguished Lifetime Service to the Canadian Psychological Association

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

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

CPA John C. Service Member of the Year Award

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

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

CPA Humanitarian Award

This award is presented to outstanding individuals or organizations (psychological or non psychological) whose commitment and persistent endeavors have significantly enhanced the psychological health and well being of the people of Canada, at the local, provincial or national level. The recipient of the award should meet the following criteria:

1. The individual must hold Canadian citizenship or resident status at the time of the award;
2. The organization must be registered as an organization in Canada at the time of the award;

3. The contribution must be shown to have made a significant and demonstrable impact on the psychological health and well-being of the Canadian community; and

4. The goal of the contribution must be to enhance the psychological health and well being of the Canadian community and not for self-advancement.

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

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

NOMINATIONS PROCEDURES FOR CPA AWARDS

Nominations must include a letter of nomination, a current curriculum vitae for the nominee and **at least three endorsing letters** written in the last calendar year by current Fellows or Members. Preferably, the nominators should be drawn from three different institutions, with no more than one coming from the nominee's home institution.

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

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

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

governance@cpa.ca

or mailed to :

Dr. Wolfgang Linden

Chair of the Committee on Fellows and Awards

**Canadian Psychological Association
141, Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3**

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

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

SECOND CALL FOR NOMINATIONS FOR THE 2015 CPA PRESIDENT'S NEW RESEARCHER AWARDS

CPA President's New Researcher Awards Guidelines

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

Eligible candidates must meet the following criteria:

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

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

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

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

governance@cpa.ca

or by mail :

CPA President's New Researcher Awards

**Canadian Psychological Association
141, Laurier Avenue West, Suite 702
Ottawa, Ontario, K1P 5J3**



RAPPEL DE MISES EN CANDIDATURE POUR LES PRIX DE LA SCP POUR 2015

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

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

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

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

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

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

3. avoir réalisé des travaux qui ont influé de façon significative sur le développement de la psychologie.

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

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

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

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'enseignement de la psychologie au Canada et à la forma-

tion en ce domaine. Le récipiendaire de ce prix répondra à au moins l'un des critères suivants:

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

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

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

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

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

1. avoir effectué des travaux ayant influé sur les méthodes, les cadres ou les personnes engagées dans la pratique appliquée de façon que la profession et les clients en tirent des avantages importants;
2. avoir réalisé des travaux de recherche empirique ayant permis d'élargir la base de connaissances sur la psychologie en tant que profession;

3. avoir fait fonction de chef de file en tant que professeur, clinicien, théoricien ou porte-parole auprès du grand public ou sur des tribunes professionnelles;

4. avoir réalisé des travaux qui ont entraîné des changements dans la pratique ou les activités de formation exécutées par d'autres ou qui ont réorienté les efforts déployés en psychologie appliquée.

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

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

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

Ce prix sera accordé à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'avancement international de la psychologie. Le récipiendaire de ce prix devrait être une personne qui a apporté des contributions éminentes et durables à la coopération internationale et à l'avancement des connaissances en psychologie. Quelle que soit la forme qu'aient pu prendre les contributions jugées éminentes, les travaux des candidats devront avoir eu une incidence sur l'avancement international de la psychologie.

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

Prix pour contributions remarquables au service public ou communautaire

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

celles-ci devront avoir été orientées vers le service au public ou à la collectivité.

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

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

Prix pour contributions remarquables à l'exercice de la psychologie

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

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

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

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

au long de sa vie.

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

Prix du membre de l'année John C. Service

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

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

Prix pour réalisation humanitaire

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

Le récipiendaire de ce prix doit répondre aux critères suivants:

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

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

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

MODALITÉS DE MISE EN CANDIDATURE

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

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

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

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

governance@cpa.ca

ou par la poste :

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

Pour liste des lauréats des prix de la

SCP précédents, veuillez consulter

notre site web au

<http://www.cpa.ca/aproposdelascp/prixdelascp/>.

Suite à la page 44



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 MISE EN CANDIDATURE POUR LE PRIX DU NOUVEAU CHERCHEUR DÉCERNÉ PAR LE PRÉSIDENT DE LA SCP POUR 2015

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

Les candidats admissibles doivent répondre aux critères suivants:

1. Être membre de la SCP et posséder cinq années d'expérience ou moins liée à la formation de deuxième ou de

troisième cycle (suivant la maîtrise ou le doctorat);

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

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

année et participer à un symposium.

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

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

governance@cpa.ca

ou par la poste :

Prix du nouveau chercheur décerné par le président de la SCP

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

APPEL 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

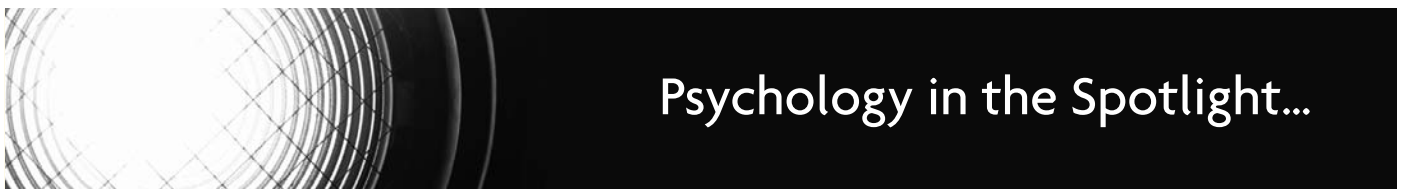
Société canadienne de psychologie

141 avenue Laurier ouest, bureau 702,

Ottawa, Ontario K1P 5J3

Veuillez consulter la liste des fellows actuels sur notre site web

<http://www.cpa.ca/aproposdelascp/prixdelascp/fellows/>



Psychology in the Spotlight...

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



Mary J. Wright (1915-2014)

Mary Lou B. Vernon, Ph.D., Director - University Laboratory School (1988-2012) and Albert N. Katz, Ph.D., Professor and Chair, Department of Psychology, Western University



Canadian Psychology has lost a true pioneer with the passing of Dr. Mary Jean Wright, days short of her 99th birthday. Mary Wright was the first female Director of the CPA (1959), its first female President (1968) and first honorary President (1975). She was also the first female Chair of a major Psychology Department in Canada, a strong advocate for early childhood education and the force behind the creation of the now aptly named Mary J. Wright University Laboratory School at Western University. She also was an avid historian of Psychology in Canada, including writing and editing with her long-time friend Roger Myers an influential book entitled *History of Academic Psychology in Canada* (1982). The history and philosophy section of CPA has a student award named after her.

Mary Wright was born in Strathroy Ontario Canada, the youngest of five children, and the only daughter, of Ernest Joel Wright and Mary Jean Clark Wright, a prominent family in Southwestern Ontario, owners of the Wright Piano Company. In 1935 Mary entered the University of Western Ontario in London Ontario, an *alma mater* for much of the rest of her life. After taking an elective in Psychology, she transferred her studies and graduated from the program in philosophy and psychology (1939) and entered the graduate program in Psychology at the University of Toronto, where she fell under the influence of William E. (Bill) Blatz. After attending a seminar conducted by Blatz, Mary signed up to take every course she could in child development and early childhood education. She was especially influenced by Blatz' notions about personality development, the approach that guided her subsequent thinking and was instrumental on the philosophy on which she based the laboratory school so many years later.

Although her original plan was to obtain an MA and then work as a clinician, her interactions with Blatz and the realities of World War II intruded and she was recruited by him to go work in England in the training of staff for nurseries that sprang up for children dislocated by the conflict. At war's end she returned to Canada, and completed a PhD at the University of Toronto. In 1946, Mary Wright was hired at the University of Western Ontario in the Department of Philosophy and Psychology, which in 1948 separated into two distinct departments. When Mary came to Western, she was convinced that Psychology at Western was missing the boat on the critical currents of the day. Taking advice from Donald Hebb, she determined that for Psychology to flourish at Western it had to become more experimentally based and attract first-rate experimentalists, a position not at that time supported financially or materially by university administrators.

For those who knew her, Mary was a force of nature, somewhat larger than life. She had a blunt no-nonsense way about her and said what she thought. In 1959, despite being characterized in those days as acting in a way "unbecoming" of a woman she wrote and submitted to the administration a brief outlining what was needed for Psychology at Western to become a modern, empirically based discipline. In 1960 Mary became the Chair of a unified Psychology Department (until then there were separate departments based in the various colleges on campus) and started implementing her vision of the department to-be, successfully obtaining from administration the funds necessary for the purchase of new equipment, the development of laboratories and additional hires. She served as Chair until 1970. During her years as Chair she actively pursued the construction of laboratories and the hiring of a cadre of young research-active scholars. By the mid-1960's her restructuring of the department led to an almost completely new faculty complement, researchers and graduate students publishing in top journals and the annual tripling of grants, laying the foundation for the department of today.

Throughout all this time, Mary very much wanted a laboratory school where her ideas and those of the people that most influenced her (Blatz, Erikson and Piaget) could be put into action. Often referring to it as "the crowning achievement of my career," Mary Wright established University Laboratory Preschool in 1973 and served as its Director until 1980 when she retired. Mary designed the philosophy and curriculum to reflect her core understanding that children learn best in an environment where security and independence are nurtured, where they are encouraged to develop trust, autonomy and initiative, and where they are allowed to actively engage in their environment as they explore the world around them and solve problems. During the lab school's early years, Mary conducted a major research project called the *University of Western Ontario Preschool Project* which explored the benefits of high quality early years education for children from families of varying income levels, resulting in her 1983 book titled *Compensatory Education in the Preschool: A Canadian Approach*. This book became required reading in several university courses throughout Canada for many years.

Mary has earned many honours in her lifetime including being elected as Fellow of both the Canadian and American Psychological Associations. Although Mary neither married nor had children, she left a large extended family that loved her and an even larger number of children, their parents and sometimes their grandparents influenced by her achievements and educational philosophy.

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CANADIAN PSYCHOLOGICAL ASSOCIATION
CONTINUING PROFESSIONAL DEVELOPMENT

FORMATION PROFESSIONNELLE CONTINUE
DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Draft Revision of the *Canadian Code of Ethics for Psychologists*

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

Since the first adoption of the *Canadian Code of Ethics for Psychologists* in 1986, the Canadian Psychological Association has been committed to maintaining its relevance and responsiveness through regular review and revision. The first revision was adopted in 1991; the second revision in 2000. A third revision is currently underway and it is anticipated that a draft will be ready for broad circulation to the CPA membership and other psychology organizations in the fall of this year. Circulation of the draft will be accompanied by a request for comments and feedback.

Each review process has included a review of the ethics literature since the previous version of the *Code*, a review of all comments and inquiries regarding the *Code* that have come in to the CPA office, consultations with CPA members and other psychologist organizations that are using the *Code*, and consultations with international colleagues.

Feedback from the consultations carried out during the most recent review process indicates that there is strong support for the underlying philosophy of the *Code*, its emphasis on the aspirational, its ordering of and organization around the ethical principles, and its emphasis on ethical decision making. The most frequent suggestions for change related to updates to content regarding: (a) more emphasis on the non-rational aspects of ethical decision making; (b) how the *Code* applies to the use of technology; (c) how the *Code* relates to the increase in collaborative work and interdisciplinary teams; and (d) the need for more adaptation of the *Code* to issues regarding diversity and

globalization, including the multicultural nature of Canadian society, rural practice, international work, and the link between non-discrimination and social justice issues.

The Association's Committee on Ethics is currently hard at work on the draft that will be circulated in the fall. In addition to working on changes relating to the main consultation themes mentioned above, members of the Committee also are working on such changes as clarification of the concept of "client," updates consistent with the additions and changes made to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* developed by Canada's three major research funding councils, inclusion of the concept of "peoples" found in the CPA-endorsed *Universal Declaration of Ethical Principles for Psychologists* (as well as in the Australian and New Zealand ethics codes), and updates to the section on Care of Animals consistent with recent national and international work on this topic.

As with all previous versions of the *Code*, your comments and feedback about the draft to be circulated this fall are essential to ensuring that the *Code* is as helpful and relevant as possible to Canadian psychologists. The Committee will inform all CPA members of the availability of the draft so you can provide us with your ideas and feedback. Please take a look when it is released, and tell us what you think.

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.



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The University of Manitoba Department of Psychology

Go Bisons!

*Hayley Riel, B.A. (Hons.),
CPA Undergraduate
Campus Representative*

History

The University of Manitoba opened in 1877 and is the first university of Western Canada. There are currently two locations in Winnipeg; the Fort Garry campus and the Bannatyne campus. The university is also one of the largest Indigenous student bodies in the country and continues to staff incredible professors from around the world, some of whom attended universities such as Princeton, Johns Hopkins, Waterloo, and Toronto.

Department of Psychology

The department of Psychology was established in 1946 and is presently the largest academic unit within the university. Undergraduates obtain knowledge and experience within the areas of abnormalities, behaviourism, neuroscience, cognition, developmental studies, research methods, and much more. Graduate students are trained in specialized areas such as Applied Behaviour Analysis, Brain and Cognitive Science, Clinical Psychology, Developmental Psychology, Methodology, School Psychology, and Social and Personality Psychology. There is also a focused program, Applied Health Psychology, which Ph.D. students can apply to regardless of their major area of study.

Research

Being research-intensive is certainly one of the university's proudest accomplishments. With 46 Canada Research Chairs and collaboration with over 53 research facilities around the world, students can receive the best education possible. In fact, the university ranks 15th among Canada's best research universi-



ties and received over \$136 million dollars in funding for research in 2012. Not to mention, the facilities for psychological research are outstanding – there are 15 areas where staff and students can participate. Some of these facilities include The Avian Behaviour Laboratory, The Developmental Neuropsychology Lab, Perception and Action Lab, and the Mood and Anxiety Disorders Research Lab.

Psychological Service Centre

On the Fort Garry campus, the Psychological Service Centre (PSC) opened its doors in 1968 to provide clinical training opportunities for graduate students and associated professionals within the area of Clinical Psychology. The PSC provides resources to people in need and offers services such as therapy for individuals and families, psychological assessments, consultations, and community education. The PSC maintains connections with local hospitals and agencies, and accepts referrals for therapy and assessments from the general public. Best of all, the services provided by the PSC are free.

Website

For more information about the University of Manitoba's psychology department, please visit www.umanitoba.ca/psychology

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The Canadian Psychological Association is pleased to announce the launch of our latest professional development course, "A Psychologist's Guide to Psychopharmacology", through our new online multi-media learning partner, ScholarLab.

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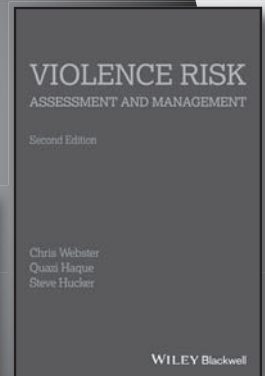
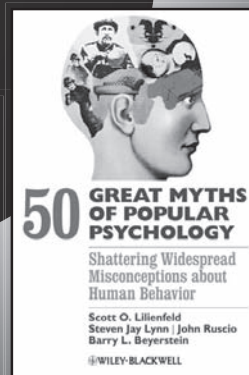
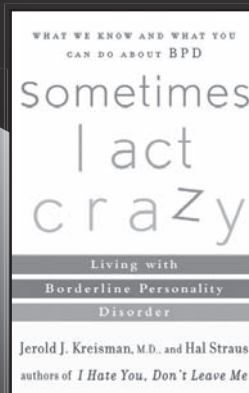
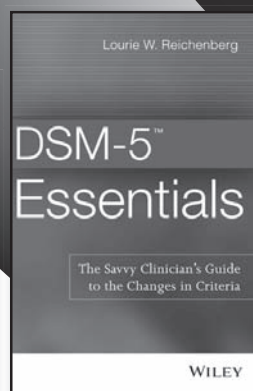
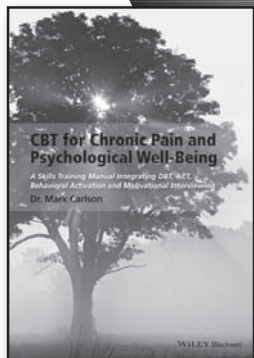
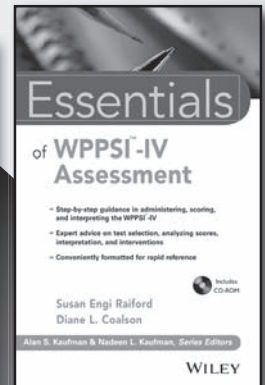
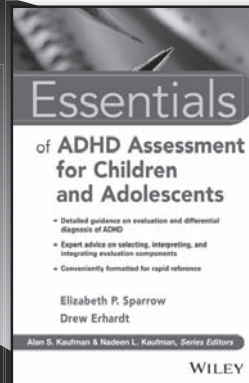
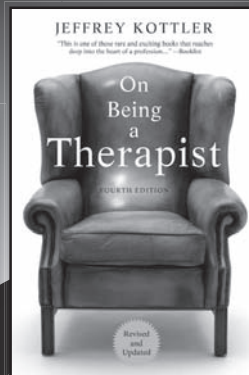
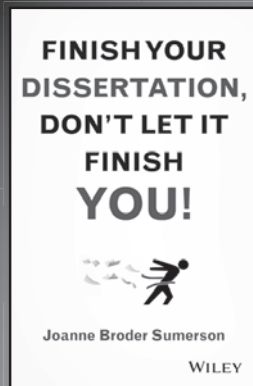
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Some diverse thoughts on psychology and diversity

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

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Return to article

Addressing Childhood Sexual Abuse and Family Violence

Aborder la violence sexuelle à l'endroit des enfants et la violence familiale

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From pages 8-9

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Diversity

Nathan J. Cooper, Psy.D., McMaster University

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Return to article

A Biopsychosocial Approach to Diversity Competence

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Sexual Coercion on Campus: the Experiences of Ethno-Culturally Diverse Women

Lana Stermac, PhD., Sarah Horowitz, M.A., Sheena Bance, M.A., M.Sc.

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[Return to article](#)

Skills for Living: Supporting Adults on the Autism Spectrum

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Cultural Considerations for the Psychological Wellbeing of Canadian Aboriginal Communities

*Kim McKay-McNabb, Ph.D.
Paulette Hunter, Ph.D.*

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[Return to article](#)

Opportunities and Challenges of Studying Romantic Relationships of Adolescents with Intellectual Disabilities

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From page 16

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Transdiagnostic Approaches in Rural Clinical Practice

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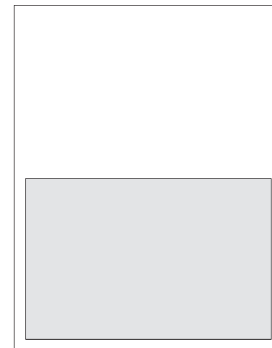
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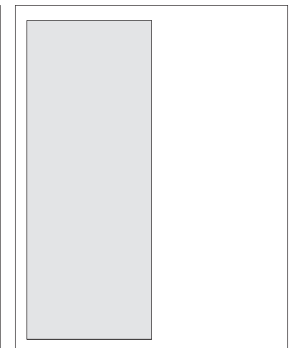
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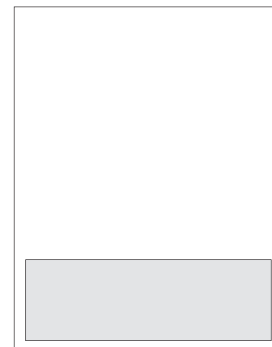
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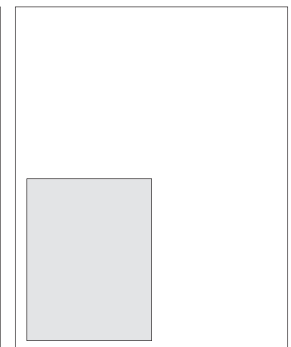
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