

# PSYNOOPSIS



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## 2014 Election Information

Page 32

## Information sur les élections de 2014


Page 34

**SPECIAL ISSUE  
ÉDITION SPÉCIALE**


## Criminal Justice and Mental Health

## Justice pénale et santé mentale





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# INSIDE THIS ISSUE

Special Issue  
Édition Spéciale

4-20 Criminal Justice and  
Mental Health

Justice pénale et santé mentale

21 Convention | Congrès 2014

32 CPA Affairs | Affaires de la SCP

36 Head Office Update

40 Nouvelles du siège social

45 News

48 Section News

49 Have your Say

52 Workplace Mental Health

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Karen R. Cohen  
Tyler Stacey-Holmes  
Marie-Christine Pearson  
Tyler Stacey-Holmes  
Raymond Léveillé

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# Psychology at the Interface of Criminal Justice

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

There may be no better example than criminal justice of how the research and practice of psychology can make meaningful and arguably critical contributions to the development of sound public policy and to the enhancement of societal and individual well-being. Canadian psychologists, researchers and practitioners alike have lived up to this responsibility and are among the most noteworthy members of our discipline and profession with their expertise acknowledged worldwide.

CPA's Section on Criminal Justice has been engaged at many opportunities over recent years, working with CPA to respond to government on the mental health needs within correctional populations, the qualifications of those entitled to assess the mental condition of an accused, victim impact, the incidence and prevalence of mental illness among correctional populations, mandatory minimum sentencing, sexual offences involving children and factors that impact recidivism. Research into factors that reduce recidivism and the development and implementation of programs that effectively reduce it have been notable contributions of correctional psychology. Recent advocacy activity on several of these topics includes a report of the Section's task force on the Safe Streets and Communities Act <http://www.parl.gc.ca/Content/SEN/Committee/411/lcjc/PDF/Briefs/C10/CPSYCHOA-EN.pdf> as well as CPA's participation in an alliance of health provider and consumer organizations concerned about the re-introduced Not Criminally Responsible Reform Act <http://www.cmha.ca/news/with-the-right-amendments-the-not-criminally-responsible-reform-act-can-support-all/>

As the articles contained within this special issue help show, the issues and factors at the intersection of mental health and the law are considerable and complex. For its part, CPA has endeavoured to represent the nature of this complexity to government and other stakeholders while advocating for the mental health needs and gaps within criminal justice and promoting the expertise of the science and practice of psychology in addressing these needs and gaps.

There are certainly gaps within health systems that need to be addressed so that those with major mental illness are treated and not incarcerated in the event they come into contact with the law as the direct result of their mental illness. Herein is an-

other complexity which is that psychological issues and disorders may be coincident rather than solely causal of criminal behaviour. As CPA has pointed out to partners in criminal justice on many occasions, there are mental health issues within offender populations (e.g. depression, anxiety, substance use and abuse, learning disabilities) that outnumber those of major mental illness. These are issues to which psychology and other health providers can and should effectively respond within the correctional environment, with the goals of reducing human suffering as well as reducing recidivism and thereby contributing to public protection. We have advocated for the removal of mental health apprehensions from the Canadian Police Information Centre (CPIC) so that those with mental illness are no less fairly treated at the interface of the law than are those with physical illness. Recent media reports on the impact of mental illness on mobility suggest that more work needs to be done in this area [http://www.thestar.com/news/gta/2013/11/28/disabled\\_woman\\_denied\\_entry\\_to\\_us\\_after\\_agent\\_cites\\_supposedly\\_private\\_medical\\_details.html](http://www.thestar.com/news/gta/2013/11/28/disabled_woman_denied_entry_to_us_after_agent_cites_supposedly_private_medical_details.html). Most recently, we have joined other of our health care partners in calling on government to ensure that its Not Criminally Responsible Reform Act does not unintentionally perpetuate the stigma of mental illness and result in less access or uptake of clinically meaningful and necessary treatment for those whose mental illnesses are implicated in any criminal behaviour. As we have pointed out, those with mental illness are much more likely to be the victims than the perpetrators of crime.

CPA applauds the work of its Section on Criminal Justice and of Canada's correctional and forensic psychologists. There is much that psychology has and will need to continue to contribute to legislation, policy and programming in criminal justice. Thanks as well to the Section, notably Dr. Jim Cheston, in calling for this special issue and its submissions. The Section's response was outstanding and we regret that we had more submissions than we could accommodate. As CPA's Board member, Dr. Dorothy Cotton pointed out in an earlier edition of *Psynopsis* <http://www.cpa.ca/docs/File/Psynopsis/Fall2011/index.html>, psychologists may be better poised than we think to address the mental health issues within special populations like criminal justice. Indeed, we have a collective responsibility to help address the problems our societies face and to meet the opportunities they present.





# La psychologie à la rencontre de la justice pénale

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

La justice pénale est sans aucun doute l'exemple parfait des contributions significatives, voire essentielles, que peuvent apporter la recherche et la pratique de la psychologie à l'élaboration de politiques publiques éclairées et à l'amélioration du bien-être de la société et de l'individu. Les psychologues canadiens, tant chercheurs que praticiens, assument cette responsabilité et sont parmi les membres les plus remarquables de notre discipline et de notre profession, tel qu'en témoigne leur expertise, reconnue dans le monde entier.

Ces dernières années, la Section de la justice pénale de la SCP a eu, à plusieurs reprises, l'occasion de travailler avec la SCP afin de répondre au gouvernement sur des questions qui touchent les besoins en santé mentale des populations carcérales, les qualifications des personnes autorisées à évaluer l'état mental d'un accusé, les répercussions sur les victimes, l'incidence et la prévalence de la maladie mentale au sein des populations carcérales, les peines minimales obligatoires, les délits sexuels impliquant des enfants et les facteurs qui ont une incidence sur la récidive. La psychologie correctionnelle a fait des contributions notables, la recherche sur les facteurs qui réduisent la récidive et le développement et la mise en œuvre de programmes qui permettent de l'éviter étant du nombre. Plusieurs de ces sujets ont été au centre des activités de représentation récentes de la SCP, et ont conduit notamment à la rédaction d'un rapport par le groupe de travail de la section chargé d'examiner la *Loi sur la sécurité des rues et des communautés* (<http://www.parl.gc.ca/Content/SEN/Committee/411/lcjc/PDF/Briefs/C10/CPSYCHOA-FR.pdf>). En outre, la SCP s'est jointe à une coalition formée de fournisseurs de soins de santé et de consommateurs préoccupés par l'intention du gouvernement de réinstaurer la *Loi sur la réforme de la non-responsabilité criminelle* (<http://www.cmha.ca/fr/news/si-on-lamendait-correctement-la-loi-sur-la-reforme-de-la-non-responsabilite-criminelle-pourrait-constituer-un-soutien-pour-tous/#.UtQh-NJ5N14>).

Comme tentent de le démontrer les articles du présent numéro spécial, les questions et les facteurs qui se trouvent à la jonction de la santé mentale et de la loi sont non négligeables et complexes. Pour sa part, la SCP a entrepris d'expliquer au gouvernement et aux intervenants toute la complexité de ces questions et ces facteurs, tout en mettant en évidence les besoins de santé mentale et les lacunes à cet égard dans le système de justice pénale et en faisant la promotion de l'expertise que peuvent apporter la science et la pratique de la psychologie pour répondre à ces besoins et corriger ces lacunes.

Il y a certes, au sein des systèmes de santé, des lacunes à combler, afin que les personnes qui souffrent de troubles mentaux graves soient traitées et non incarcérées, dans le cas où leurs problèmes avec la loi sont le résultat direct d'une maladie mentale. Dans ce numéro, nous abordons une autre question

complexe, soit le fait que les problèmes et les troubles psychologiques représentent parfois un facteur concomitant, sans lien de causalité unique avec le comportement criminel. Comme la SCP l'a fait remarquer à plusieurs reprises à ses partenaires du domaine de la justice pénale, les problèmes de santé mentale dans la population carcérale (p. ex. dépression, anxiété, consommation abusive d'alcool et de drogue, troubles d'apprentissage) dépassent largement les maladies mentales graves. Les psychologues et d'autres fournisseurs de soins de santé peuvent et doivent intervenir efficacement dans le milieu carcéral afin de réduire la souffrance humaine ainsi que les risques de récidive. Ils contribuent ainsi à la protection du public. Nous avons fait des représentations pour demander à ce que soient retirées du système du Centre d'information de la police canadienne (CIPC) les arrestations en vertu de la *Loi sur la santé mentale* afin de s'assurer que les personnes qui souffrent de troubles mentaux reçoivent un traitement juste, lorsqu'elles font face à la justice – le même traitement que reçoivent les personnes qui ont une maladie physique. Des reportages récents diffusés dans les médias, qui portaient sur les répercussions de la maladie mentale sur la mobilité, donnent à penser qu'il y a beaucoup de travail à faire dans ce domaine ([http://www.thestar.com/news/gta/2013/11/28/disabled\\_woman\\_denied\\_entry\\_to\\_us\\_after\\_agent\\_cites\\_supposedly\\_private\\_medical\\_detail](http://www.thestar.com/news/gta/2013/11/28/disabled_woman_denied_entry_to_us_after_agent_cites_supposedly_private_medical_detail)). Tout récemment, nous nous sommes joints à nos partenaires des soins de santé afin de demander au gouvernement de veiller à ce que la *Loi sur la réforme de la non-responsabilité criminelle* ne perpétue pas involontairement la stigmatisation de la maladie mentale et ne nuise pas à l'accès ou au recours à des traitements nécessaires et significatifs sur le plan clinique pour les personnes dont les problèmes de santé mentale sont en cause dans le comportement criminel. Comme nous l'avons signalé, une personne ayant une maladie mentale est beaucoup plus susceptible d'être la victime que l'auteur d'un crime.

La SCP félicite le travail de la Section de la justice pénale, et des psychologues judiciaires et correctionnels du Canada. La psychologie a déjà fait beaucoup et devra continuer à contribuer à la législation, aux politiques et aux programmes dans le domaine de la justice pénale. Merci également à la section, notamment au D<sup>r</sup> Jim Cheston, pour avoir pris l'initiative du présent numéro spécial et s'être chargé de l'appel d'articles. La réponse de la section a été exceptionnelle et nous regrettons de n'avoir pu publier tous les articles reçus faute d'espace. Dans une précédente édition de *Psynopsis* (<http://www.cpa.ca/docs/File/Psynopsis/Fall2011/index.html>), la D<sup>re</sup> Dorothy Cotton, membre du conseil d'administration de la SCP, a souligné que les psychologues sont probablement mieux placés que nous le pensons pour s'occuper des questions de santé mentale dans des populations particulières, comme dans le milieu de la justice pénale. En fait, nous avons la responsabilité collective d'aider à régler les problèmes auxquels sont confrontées nos sociétés et de tirer le meilleur parti des possibilités qu'ils représentent.



# Forensic Mental Health Programs and Services for Offenders: A Saskatchewan Perspective

Mark E. Olver, Ph.D.<sup>1</sup>, Arlene Kent-Wilkinson, Ph.D.<sup>2</sup>, and J. Stephen Wormith, Ph.D.<sup>1</sup>, University of Saskatchewan  
<sup>1</sup>Department of Psychology; <sup>2</sup>College of Nursing

For some time now it has been well established that mentally ill persons are overrepresented in Canadian corrections. The extant literature has reported frequencies of specific mental health conditions in Canadian prisons of three to six times higher for schizophrenia and other psychotic illnesses, two to five times higher for major mood disorders, and three to six times higher for substance use disorders [i]. Within the past decade, the admission of offenders with mental illness has continued its ascent. The 2008 Corrections and Conditional Release Statistical Overview reported that 11.1% of inmates newly admitted into federal custody had a mental health diagnosis, representing a twofold increase from ten years earlier [ii].

In 2010, the Forensic Interdisciplinary Research Saskatchewan Team (FIRST) embarked on a review of forensic mental

health programs and services available for offenders in Saskatchewan. This undertaking endeavored to assess the needs of offenders with mental health concerns (including substance abuse), how such needs were currently being met, and what evidence informed services were available in Saskatchewan. This needs assessment surveyed the landscape of community and institutionally-based services across Saskatchewan across federal and provincial public sectors in health and corrections. The assessment also included interviews with front line personnel and family members of service recipients. The final report prepared by Dr. Arlene Kent-Wilkinson and colleagues was completed late last year [iii].

The needs assessment revealed that chronic concerns regarding substance abuse, addictions, and untreated and undiagnosed mental illness prevailed in the Saskatchewan offender population across jurisdictions. The needs assessment identified over two hundred community and corrections based programs and services for

The needs assessment revealed that chronic concerns regarding substance abuse, addictions, and untreated and undiagnosed mental illness prevailed in the Saskatchewan offender population across jurisdictions.

Please see page 7



## Health Programs and Services

Suite de la page 6

offenders with mental health concerns available through federal and provincial corrections, justice, and the provincial health authorities. Despite this, interviews with a small cross-section of family members (n = 52) of offenders suggested a theme that the available services, community and institutionally-based, while perceived to be positive, were also perceived as being less than adequate to meet their family member's complex mental health and criminogenic needs.

Frontline staff identified a growing trend of a criminalization of the mentally ill in which individuals with mental health concerns are finding their way into the justice system. The rise indicates that correctional facilities are increasingly becoming a repository for mentally ill people, whose complex needs may be better served within the health care system. Frontline staff felt there was a concordant need for more specialized training and support within corrections to recognize and effectively manage and treat mental health concerns, in a system that was already overburdened and understaffed.

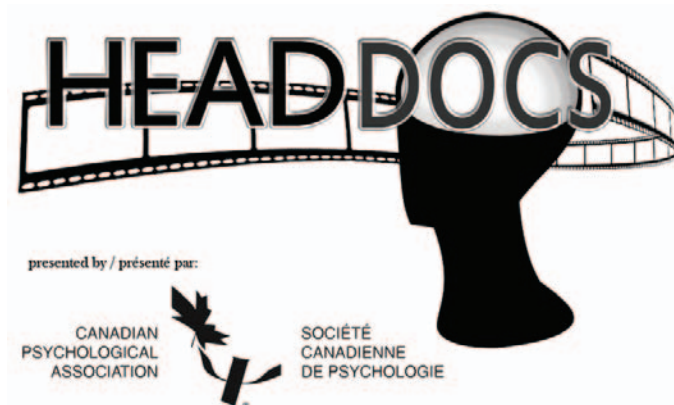
The underutilization of services by offenders with mental health concerns was a common theme from all surveyed. Simply put, many individuals, particularly Aboriginal peoples with substance abuse concerns, did not seem to be accessing services proportionate to their level of need. Ironically, it seemed that those who needed the services most, were often least likely to receive them. Although individuals would frequently receive programming while in custody (e.g., according to an identified correctional plan), these individuals would be released back to communities that were ill-equipped to deal with unresolved and complex needs. This seemed particularly problematic in Northern communities, some of which struggled with issues of substance abuse, addictions, violence, unemployment, poverty and a lack of services and supports; all of which seemed to undermine the initial gains and hopes of reintegration of the men and women returning to their home communities. The need for increasing continuity of care for transition back to the community

and increasing coordination of services was seen as paramount. There was also a common perception of the need to increase alternatives to corrections involvement, such as the development of a mental health court, or other types of therapeutic jurisprudence to divert appropriate candidates from hospitalization or incarceration to save on costs, conserve resources, and improve outcomes.

In the end, the needs assessment report released five sets of recommendations to improve access, availability, and provision of services to offenders with mental health concerns: 1) Need for a provincial mental health strategy and continuum of care; 2) Need for a consistent and precise definition of mentally ill offender; 3) Need for more culturally relevant forensic programming; 4) Need for increased funding; and 5) Need for specialized forensic mental health services. In 2012, the *Mental Health Strategy for Canada* addressed the "over-representation of people living with mental health illness and problems in the criminal justice system" (p. 46) as a priority with the following recommendation for action: "Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults" (p. 49, rec. 2.4.1) [iv]. Prairie Provinces to the east and west have either diversion mental health programs or mental health courts, and both Alberta and Manitoba have well established forensic outpatient service teams to address the needs of persons with compromised mental health involved in the criminal justice system. Historically, Saskatchewan has been the only province without these specialized forensic mental health services. However, we are encouraged by, but take no personal responsibility for, Judge Sheila Whelan's introduction of a problem solving court, dubbed the Mental Health Support Strategy (MHSS), in Saskatoon and the Saskatchewan government's recent decision to build a specialized 74-bed facility for provincial offenders with mental health problems.

The full report can be found online at: [http://www.usask.ca/cfbsjs/research/publications\\_reports.php](http://www.usask.ca/cfbsjs/research/publications_reports.php)

For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)



HEAD DOCS is a film festival dedicated to psychology awareness and education, presented at CPA's 75th annual convention held in Vancouver, BC, June 5-7, 2014, at the Hyatt Regency Hotel. <http://www.cpa.ca/convention/headdocs/>

HEAD DOCS est un festival de films consacré à la sensibilisation et à l'éducation en psychologie, qui sera présenté lors du 75e Congrès annuel de la SCP à Vancouver, Colombie-Britannique du 5 au 7 juin 2014, à l'hôtel Hyatt Regency. <http://www.cpa.ca/congres/headdocsfr/>





# Psychology Getting Smart on Crime

*Jim Cheston, Ph.D. and Christopher Koegl, Ph.D.,  
Ontario Correctional Institute*

The criminal justice systems in Canada and in North America are currently experiencing a number of major shifts. In Canada, the federal government is promoting getting tough on crime and the general public seems receptive to this position, while police-reported crime rates have been declining since 1991 (1). South of the border there is an increasing move toward becoming “smart on crime”. In August 2013, the U.S. Department of Justice put out a paper with the title, “Smart on Crime; Reforming the Criminal Justice System for the 21<sup>st</sup> Century” (2). The main points of this initiative are to focus priorities on the most serious crimes, on reforming sentencing to reduce the number of incarcerations and on improving prevention and community re-entry efforts.

The work of psychologists in the criminal justice system has been smart on crime from a number of other vantage points. Psychological research, assessments and interventions are used throughout the criminal justice process, from assisting law enforcement in creating criminal profiles of suspects, to conducting research on witness testimony in courts, to assessing and treating offenders with mental health disorders, assessing offenders’ risk to reoffend and conducting correctional treatment interventions to reduce recidivism. A perspective of getting smart on crime from a psychological position is to focus on reducing crime by implementing evidence-based assessment and correctional treatment programs to reduce recidivism, rather than a punitive approach such as lengthier incarcerations that tends to increase the likelihood of reoffending.

Canadian psychologists have played a particularly prominent role in the development and refinement of correctional research, assessment and treatment. Over the past several decades psychologists in Canada have created what has become the internationally recognized best practices model of treating offenders to reduce recidivism: the Risk-Need-Responsivity (RNR) model. A comprehensive theoretical foundation of criminal conduct underlies this approach to treating offenders (3). Spearheaded by a group lead by the late Dr. Don Andrews, RNR states that treatment to reduce recidivism should be done according to the three principles of Risk, Need and Responsivity. The intensity of treatment is determined by an offenders’ level of **Risk** to re-offend, and such treatment is targeted at individual, criminogenic **Needs** that have been empirically shown to be related to recidivism. The **Responsivity** principle promotes the effectiveness of treatment by using cognitive behavioural and social learning practices which have been demonstrated to be effective, and by accounting for offenders’ personal barriers to benefitting from treatment, such as mental health conditions, illiteracy, motivation, and cultural factors. RNR also includes a principle of programme integrity and professional discretion, though this is not reflected in the RNR acronym. Repeated empirical studies have demonstrated the efficacy of the RNR approach (4).

In addition to general correctional treatment interventions, Canadian psychologists have also pioneered treatment for sexual offending. This initially followed from applying the RNR principles to treating sexual offenders (5). More recently the tenets of the Good Lives Model (6) to sexual offender treat-

*Please see page 10*



# Advancing Best Practices and Evidence-Based Procedures of First Responders

*Chet C. Hembroff, B. A. (Hons), University of Regina*  
*Constance T. Heidt, B. A. (Hons), University of Saskatchewan*

Law enforcement positions involve complex operations during emergency or high-risk situations, in which these first responders are responsible for ensuring the safety of all citizens regardless of whether a person is committing a criminal act or is a victim of one. This responsibility allows officers to use ordinarily illegal measures to uphold the law and protect civilians. These procedures may involve driving at speeds beyond the posted limit or using lethal force. Under these circumstances, an incorrect decision can result in serious harm to an officer or civilian.

Although these procedures have been components of first responder training programs for decades, there is a substantial lack of scientific investigation in these areas. This has resulted in emergency procedure and training being based on experience rather than evidence. Past research that has studied law enforcement procedures has contributed substantial benefits to training programs, as well as the general public. For instance, interrogation techniques have significantly improved over the years because of evidence-based research. This research has resulted in the decrease of false imprisonment due to false or coerced confessions [1]. However, this research focuses on the suspect and their thought processes rather than the decision-making of the law enforcement officers. How do we know our officers are

making the best decisions? How do we know they are doing what is best to keep us and themselves safe under high-risk situations? Is the training that officers receive preparing them to make the best or safest decisions? These are important questions to be investigated and answered.

New trends in research are now focusing on how law enforcement officers' decision-making processes are influenced and how officer and civilian safety can be improved as a result. In particular, the decision-making behind first responders' emergency driving and use of force are currently being studied.

Driving at speeds above the posted limit may not seem like a high-risk task. Most people drive around 10 to 20 km/hr above the speed limit everyday and never feel at risk. However, emergency response driving involves much more than simply speeding. First response drivers must navigate through red lights and, when necessary, oncoming traffic. During these complex traffic situations, first responders must also be in constant communication with their dispatch officer to provide estimated arrival times, their current location, and to receive updates on the situation. Additionally, first responders must prepare themselves to take action upon arriving at the scene. This complex multi-tasking greatly diverts attention from the task of driving and increases the level of risk associated with emergency driving.

*Please see page 10*





## Smart on Crime

*Continued from page 8*

ment, which originated in Australia, have started to become incorporated into the approach for treating this group of offenders.

Another related area of practice in which Canadian psychologists have taken a leading role is in developing standardized measures of recidivism risk. As the RNR model gained greater acceptance and applicability, the need for better tools to measure recidivism increased. The foundational research and test development for the measurement of recidivism risk was developed in Canada. Measures such as the Level of Supervision-Revised, Statistical Information on Recidivism-Revised, Violent Risk Assessment Guide, HCR-20, Sex Offender Risk Appraisal Guide, Static-99, Stable-2007, Acute-2007, Spousal Assault Risk Assessment Guide and Ontario Domestic Assault Risk Assessment (7) are among the most highly respected measures of criminal risk and have become the standard from which subsequent measures have been created. This commitment of demonstrating empirical relationships between specific predictors and the likelihood of re-offence is a uniquely Canadian contribution to the field of correctional and forensic psychology. This trend is continuing with the more recent developments of risk assessment toward an Integrated-Actuarial approach that integrates actuarial risk assessment, dynamic risk factors, treatment recommendations and risk management strategies (8).

A strong research tradition has been at the heart of the psychological assessment and treatment developments in Canada. Knowing what treatments are effective, for whom, and in what amount is at the heart of evidence-based treatment. To this point, implementing best practice(s) requires an unequivocal commitment to the systematic collection of assessment, treatment fidelity and program evaluation information, often requiring the integrated collaboration of research-practitioners. A recent example of this approach is the implementation of the Strategic Training Initiative in Community Supervision (STICS) in British Columbia by Bonta and colleagues (9).

A significant Canadian contribution to correctional/forensic psychology has been the creation of the **North American Correctional and Criminal Justice Psychology Conference (NACCJPC)**, which was held in conjunction with the Canadian Psychological Association annual convention in 2007 and in 2011. This international conference, next to take place in conjunction with the CPA conference in **Ottawa from June 3-5, 2015**, has become the premiere professional venue for the sharing and development of research and practice in correctional and criminal justice psychology. The exceptional keynote speakers, the range of presentations on research and practice, and the networking opportunities among international scholars and practitioners have created the opportunity for this field of applied psychology to flourish. Indeed, the 2015 NACCJPC meeting will be yet another opportunity for psychology to be a leading force in the “get smart on crime” paradigm.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*

## First Responders

*Continued from page 9*

First response drivers' performance has been found to suffer in the same manner as civilian drivers [ii]. Current research has been investigating the performance of emergency drivers by examining the influence of arousal, visual scanning, and cognitive aptitude. Findings in each of these areas will establish new evidence-based procedures and training for law enforcement organizations. This knowledge will improve the ability of officers to avoid collisions and keep themselves and civilians safe from harm while also ensuring they arrive at the destination of the emergency call.

Recent events in Toronto have brought law enforcement officers' use of force under public scrutiny [iii]. When an officer uses excessive force it is often criticized by public media, but it has yet to be experimentally investigated. Fortunately, innovations in simulation technology have now made it possible to recreate dangerous scenarios, which officers can physically interact with while learning to use the appropriate amount of force for the given situation.

Present research using this simulation technology has begun examining the effects of framing on the use of lethal force. Label framing relies on simple changes in the wording of a description or the strategy of a task that an individual must undertake. Framing effects have shown to influence individual behaviour by simply changing a single word [iv]. Researchers found that when participants distributed fake money to either oneself or a group fund, participants placed significantly more money in the group fund when the game was titled (framed) as the Community Game rather than the Profit Game. It is important to understand if a similar change in strategy wording or emergency response reports will cause an officer to use more or less force. If so, this knowledge can be used to inform police organizations to use neutral language in order to avoid biasing an officer to use an inappropriate amount of force.

These innovations in law enforcement research are enabling the experimental investigation of emergency procedures and officer decision-making for the first time. Furthermore, the findings will help establish best practices in law enforcement and improve the training of officers by establishing evidence-based practices. More importantly, this will create a glimpse into the influences behind law enforcement officer decisions, which allows a better understanding of officer actions and enables the ability to teach officers how to make the best decisions under the worst circumstances.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*





# Criminalization of the Mentally Ill – a Canadian, Gender-Based Perspective



*Andrea Ennis, M.Sc. (cand.), Peter McLeod, Ph.D.,  
Acadia University, and Margo C. Watt, Ph.D.,  
Saint Francis Xavier University*

The phrase “criminalization of the mentally ill” captures the escalating prevalence of mental illness in the criminal justice system. In Canada, various factors have contributed to this process by which the responsibility for providing mental health services shifts toward the criminal justice system, and prisons become surrogate psychiatric facilities [1]. The deinstitutionalization movement of the late 20th century resulted in broad-scale closures of psychiatric hospitals. Although well intentioned (i.e., redirecting patients towards community-based treatment), money saved from the closure of psychiatric institutions was typically not redirected to the community to address the increased demands. Mental health reform (e.g. Bill C-30) placed further restrictions on the use of psychiatric hospitalizations, leading to acutely mentally ill inpatients being released. Without adequate access to community mental health services, many of these individuals ended up in the criminal justice system [1]. This trend has continued.

Over the past decade, the number of mentally ill offenders entering Canadian federal correctional facilities has doubled. Rates of offenders presenting with a mental health diagnosis at intake has increased from 7% to 13% for men, and from 13% to 29% for women, whereas only 10% of the general population experiences a mental disorder in a given year [2,3]. Today, approximately 15% of the men and 30% of the women in our correctional institutions have histories of hospitalization for

psychiatric reasons [2]. This greater increase in the rate of mental illness among female (vs. male) offenders is concomitant with an escalating rate of incarceration of women. Whereas the overall Canadian inmate population increased by 6.8% from 2010-2012, the population of women increased by 21% [2]. This alarming increase in women offenders might be related to their rates of mental illness. Mental illness could have a greater impact on women’s potential for crime than for men. Generally, men engage in more criminal and violent behaviour than women, however, this gender difference is not observed in mentally ill populations. Men and women with psychiatric diagnoses tend to exhibit comparable rates of criminal and violent behavior [4]. Another explanation for the higher rates of mental illness among women offenders could be that deviant behaviour is more likely to be viewed as criminal in men and psychopathological in women [5]. Regardless, statistics suggest that the criminalization of the mentally ill holds particular significance, and has had greater impact, for women.

The recent tough-on-crime measures enacted by the Canadian government, particularly Bill C-10, might further contribute to the burgeoning number of mentally ill being processed by the criminal and correctional justice systems. Bill C-10 imposes mandatory minimum prison sentences for certain crimes, such as production of, and possession for the purpose of trafficking, marijuana. Critics of the bill argue that it could disproportionately affect those with serious mental illness (more than half of whom experience a substance abuse issue during

*Please see page 13*



# Towards a National Agenda on Mental Health and Criminal Justice

Michael C. Seto, Ph.D., Royal Ottawa Health Care Group,  
University of Toronto

Anne G. Crocker, Ph.D., Douglas Mental Health  
University Institute, McGill University

Tonia L. Nicholls, Ph.D., BC Forensic Psychiatric  
Services Commission, University of British Columbia

Gilles Côté, Ph.D., Philippe Pinel Institute,  
Université du Québec à Trois-Rivières

A new documentary by award-winning film-maker John Kastner, *NCR: Not Criminally Responsible*, has been receiving very positive audience responses and reviews (this documentary will be shown at the next Canadian Psychological Association Convention in Vancouver, BC). The documentary has generated much discussion about the systems in Canada for the management of mentally ill accused, as have recent media stories about high-profile homicide cases where the Not Criminally Responsible on account of Mental Disorder (NCRMD) defence was accepted by the courts: Vincent Li (a young man who decapitated a fellow Greyhound bus passenger in Manitoba), Guy Turcotte (a Quebec MD who stabbed his two children to death), and Allan Schoenborn (a BC father who stabbed his daughter and smothered his two sons to death).

The public and policy-makers are understandably very concerned about public safety, the validity of the NCRMD defence, and the management of mentally ill accused by provincial or territorial review boards once they have been found NCRMD under the *Criminal Code of Canada*. This has been highlighted in recent proposals to reform the Criminal Code NCRMD provisions through the *Not Criminally Responsible Reform Act* ([http://www.justice.gc.ca/eng/news-nouv/nr-cp/2013/doc\\_33001.html](http://www.justice.gc.ca/eng/news-nouv/nr-cp/2013/doc_33001.html)). The proposed bill has some welcome provisions, including notification of victims when an NCR accused

is discharged and the introduction of non-communication orders between NCRMD accused and victims. But the bill has also elicited controversy with a new high-risk designation that would require courts (which have less experience managing the treatment and reintegration of NCRMD accused) rather than a review board to make decisions regarding discharge from custody, and an extension of the review of dispositions to every three years instead of annually. The concerns, expressed by many national stakeholders – including the CPA – is that the amended law may further stigmatize individuals who are designated NCRMD; may reduce the desirability of this defence for accused who would qualify, thereby inadvertently increasing the rate of mental illness in correctional populations; increase the burden on an already at-capacity forensic mental health system (due to longer lengths of stay); and decelerate or even disrupt the rehabilitation and recovery of mentally disordered accused (see CPA Senate submission: [http://www.cpa.ca/docs/file/Government%20Relations/SenateStandingCommittee\\_Jan\\_2012.pdf](http://www.cpa.ca/docs/file/Government%20Relations/SenateStandingCommittee_Jan_2012.pdf)).

The public and political debates about the treatment and management of mentally disordered accused play out in the context of increasing demand for forensic mental health services across Canada, the emergence of mental health courts, police mental health initiatives, criminal justice diversion programs for mentally ill accused, and a focus on mental health care in correctional facilities. As researchers and clinicians, we believe policies and practices regarding mentally ill accused – who are necessarily involved with both the mental health and criminal justice systems – should be informed by scientific evidence. It is for this reason that our team recently applied for, and received, funding from the Canadian Institutes of Health

Please see page 13



## Towards a National Agenda

*Continued from page 12*

Research (CIHR) to bring stakeholders together and develop a national research agenda on mental health and criminal justice.

Our team originally formed for the National Trajectory Project (NTP: <https://ntp-ptn.org>), a multi-province archival file study funded by the Mental Health Commission of Canada and the *Fonds de Recherche Québec en Santé* to examine the trajectories and outcomes of persons found NCRMD in Quebec, Ontario and British Columbia. Led by Anne Crocker (nationally and QC) Gilles Côté (QC), Tonia Nicholls (BC), and Michael Seto (ON), the NTP examined the review board files of persons found NCRMD in the three largest provinces. We coded information on demographic characteristics, mental health and criminal histories, review board dispositions and conditions, and trajectories through the hospital and review board systems. We have also obtained national criminal records data to look at recidivism. The results of this research are beginning to be disseminated through conference presentations and peer-reviewed journal submissions. Building on the momentum from the NTP, and to answer questions that were not possible to address using retrospective file reviews, our team successfully obtained funding from CIHR to follow persons found NCRMD as they are discharged from hospital back to the community. Our particular interest in this forensic reintegration project is in the factors associated with community re-entry, recovery and mental health and criminal justice outcomes.

Other evidence that the intersection of criminal justice and mental health is becoming a priority includes the 2011-12 annual report of the Office of the Correctional Investigator, identifying gaps in mental health care provided to inmates in the federal correctional system (<http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20112012-eng.aspx>), funding by the Ontario Ministry of Community Safety and Correctional Services of the St. Lawrence Valley Correctional and Treatment Centre, a unique provincial correctional facility in Brockville, Ontario, where correctional security and operations are maintained by MCSCS and clinical care is provided by a mental health organization, the Royal Ottawa Health Care Group, funded by the Ministry of Health and Long-term Care.

We believe it is essential for Canadian psychology to play strong roles in knowledge exchange, advocacy of empirically-supported policies and practices, and effective practices. This can include participation in the CPA Task Force on Forensic/Correctional Psychology, contributions to the national agenda in identifying current gaps in research and gaps between research and practice, and educating policy-makers and the public about the NCRMD defence and the forensic mental health system in Canada. We welcome contributions from members of the Canadian Psychological Association, and we invite you to join a public community of individuals who share experiences and resources regarding mental health and the law on MHCC's Collaborative Spaces; sign up for a free account at [mentalhealthcommission.ca/mhcc-collaborative-spaces](http://mentalhealthcommission.ca/mhcc-collaborative-spaces).

## Gender-Based Perspective

*Continued from page 11*

their lifetime)<sup>[4]</sup>, as well as women (based on findings of increased lifetime risk for some mental illnesses and a greater increase in substance abuse issues among mentally ill women relative to men)<sup>[6]</sup>. Moreover, Bill C-10 promises to result in increases in remand and prison populations. Crowded prisons are detrimental for all inmates but, perhaps, especially the mentally ill<sup>[7]</sup>. Annual reports from the Office of the Correctional Investigator consistently highlight inadequacies in treatment available to inmates with mental disorders<sup>[2]</sup>. The case of Ashley Smith, a 19-year-old whose death in custody has been the focus of a recent coroner's inquest in Toronto, clearly demonstrates the potential for harm with the criminalization of the mentally ill<sup>[8]</sup>.

Despite alarming increases in mental illness among the criminal justice populations, there is some room for optimism. For example, whereas Bill C-10 gives much cause for concern, it does offer exemption from mandatory sentencing for individuals who successfully complete a Drug Treatment Court (DTC) program. DTCs are designed to assist those with drug-related offences to overcome their addiction and are appearing across the country, with evidence of effectiveness in diverting participants from mandatory imprisonment and reducing recidivism [9].

Akin to DTCs, Mental Health Courts (MHCs) offer alternatives to traditional criminal sanctions where it is clear that mental illness has contributed to offending behaviour. MHCs have been established across North America in efforts to reduce the number of mentally ill in prisons and divert them to community-based treatment<sup>[1]</sup>. As MHCs are relatively new, research exploring their operation and efficacy is limited, particularly in Canada. Nonetheless, the extant literature has revealed some interesting findings in relation to gender. Studies have shown that, unlike traditional courts in Canada, women are more likely to be referred and accepted to MHC than men. Perhaps, women are perceived as being a lower risk to the public and/or more likely to successfully complete the MHC process, despite similar recidivism rates and MHC completion rates between men and women<sup>[10]</sup>. The lack of significant differences in MHC completion rates based on gender suggests that both men and women benefit from MHC diversion.

Whereas factors underlying the criminalization of the mentally ill have been researched fairly extensively in Canada and abroad, literature examining the role of gender among mentally ill offenders remains scarce, particularly for those in diversion programs such as DTCs and MHCs. Research is needed to further explore the relations among mental illness, gender, and the criminal justice system, and to guide gender-based decision-making in the health and justice systems. Such research could serve to prevent another loss, like Ashley Smith.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*





# Substance Use and Mental Health Problems among Canadian Women Offenders

Melissa J. Stewart, M.A.<sup>1</sup> & Margo C. Watt, Ph.D.<sup>1,2</sup>

<sup>1</sup>Department of Psychology, Dalhousie University,

<sup>2</sup>Department of Psychology, Saint Francis Xavier University,

The past three decades has witnessed a dramatic increase in the adult population of incarcerated women in Canada. Whereas only 93 women were incarcerated in Canadian federal correctional facilities in 1981, this number increased to 469 in 2008 – a growth of 403%<sup>[1]</sup>. In response to the rising number of women offenders in correctional institutions, researchers have expanded their focus to include women in studies examining risk factors associated with criminality. Such research has greatly aided in increasing our understanding of the complex and unique issues faced by women offenders. Indeed, comparisons between male and female offenders on a number of issues, ranging from risk factors for criminality to type of offence, suggest a distinct trajectory into criminality for women offenders, as well as unique treatment needs. Although prevalent in the general population and among male offenders, substance use and mental health problems are two issues of growing concern with Canadian women offenders.

Whereas women comprise a smaller proportion (6%) of all offenders, a growing body of literature demonstrates that substance use and mental health problems are more closely associated with criminal involvement for women than they are for men<sup>[2]</sup>. The high incidence of substance use among this population is apparent when considering that 80% of women offenders in Canadian federal correctional facilities experience problems with substance use<sup>[3]</sup>. While the prevalence of substance use among women offenders is comparable to that of male offenders, women's substance use appears to be a defining element of their criminal behaviour in that the severity of women offenders' substance use is more closely associated with their participation in crime than it is for male offenders. For example, drugs or alcohol have been found to play a role in 70% of incarcerated Canadian women's criminal involvement, while half were using drugs or alcohol at the time of their offence<sup>[4]</sup>.

Coinciding with the elevated rates of substance use among women offenders is an increased incidence of mental health problems among this population. Compared to their male counterparts, mental health problems (particularly problems characterized by emotional dysregulation such as anxiety, depression, self-injurious behaviour, and borderline personality disorder) have been found to be far more prevalent and complex among women offenders. Indeed, it has been estimated that Canadian women offenders are twice as likely as male offenders to have a mental health diagnosis at the time of admission (22% for women offenders versus 10% for male offenders)<sup>[5]</sup>. Moreover, research points to a substantial increase in the occurrence of mental health problems among women offenders, with the proportion of Canadian women offenders presenting with mental health problems at admission to federal prisons rising from 13% in 1996/1997 to 29% in 2008/2009 [6]. Furthermore, a recent study assessing the

Please see page 16



# Optimizing Case Conceptualization of Sex Offender Needs: The Utility of Behavioural Crime Scene Analysis

Andrew E. Brankley, B.A. Hons., Department of Psychology, Ryerson University  
 Alasdair M. Goodwill, Ph.D., Department of Psychology, Ryerson University

Researchers at the Criminal Investigative Research & Analysis Group (CiR&A) have been working on various methods to analyze crime scene behaviours to aid forensic clinicians with case conceptualization of sex offenders' needs. Analysis of crime scene behaviours is unstandardized and sporadically used in assessments. However, crime scene behaviours can often be identified to infer an offender's *motivation*—important in assessing criminogenic needs (i.e., risk-need-responsivity model; R-N-R) for offender treatment. Connecting clinicians with research from criminal investigative psychology will aid in their understanding of offenders' motivations through their crime scene behaviours. A framework for behavioural crime scene analysis (BCSA) in sexual offending using risk factors can be of specific help.

Clinicians adherent to R-N-R principles assess evidence to formulate an offender's criminogenic needs when planning treatment goals. Understanding the underlying causes of sexual offending is difficult, as multi-determined, complex behaviours inherent in sexual offences create a myriad of potential causal factors. Presently, forensic assessment is an intricate process, including dynamic risk management composing of clinical interview and/or structured (actuarial) clinical judgment tools (e.g., Static-99). While clinicians may read police reports to gain a sense of the offender, crime scene behaviours are rarely a required component of case conceptualization. It is our view that a clinician's conceptualization and formulation of treatment needs will be enhanced by a detailed analysis of *what* the offender actually did in his crime and inferences as to *why* he went about doing it in that particular manner.

BCSA is a two-step investigative tool typically reserved for violent crimes. In the first step, information is collected in order to reconstruct the offence; primary sources include crime scene photographs, police reports, and victim statements. Next, decisions are made as to what behaviours are necessary and sufficient to represent the offence and understand the offender. This step is highly variable, as relevance of behaviours is contextual. For instance knowing that the victim did not fight back *and* finding several bruises and cuts on the victim may lead to the interpretation that the offender was abnormally hostile. From an investigative perspective, BCSA is the basis for much of the behavioural investigative advice offered by experts, such as sus-

pect prioritization, serial offender linkage analysis, and threat assessment. Recently, BCSA emerged in sexual recidivism literature, signaling its potential clinical utility (see Lehmann, Goodwill, Gallasch-Nemitz, Biedermann, & Dahle, 2013).

A critical step in BCSA is deciding which behaviours to focus on which calls for the use of a risk factor framework. Mann, Hanson, and Thornton (2010) review psychologically meaningful risk factors that have both a plausible rationale to cause sexual offending and are strongly supported by empirical findings. It is our view that some of the more prominent risk factors may be discernible from BCSA, such as criminal versatility, hostility/grievance, need for intimacy, impulsivity, and sexual deviance. While assessments for sexual deviance (e.g., pedophilia, sadism) usually refer to crime scene behaviours for evidence, the assessment of other risk factors, such as need for intimacy, are usually derived from self-report. An offender's need for intimacy refers to a lack of stable intimate relationships, poor social skills, and feelings of isolation. Behaviourally

this could be evidenced in a crime by negative affect, complimenting the victim, engaging in foreplay, kissing, and/or erectile dysfunction. While this information may be collected through self-report, it is difficult to imagine a better source of relevant information than including objective behavioural details from the offence that caused the individual to present for treatment.

Not only can BCSA buttress assessment tools, it can also indicate when case conceptualization is incomplete. For example, police investigators may tradition-

ally describe crime scenes as organized or disorganized. In clinical terms, this likely captures an offender's overall impulsivity or level of behavioural regulation. Indeed, clinicians evaluating whether an offender was criminally responsible may address behavioural "disorganization", yet, BCSA may reveal additional and even contrary evidence related to impulsivity (e.g., evidence of prior planning) relevant for any assessment. Alternatively, a first-time sex offender may score low on scales of criminal versatility based on his official record, but an analysis of the index offence reveals a number of indicators of criminal versatility (e.g., con approach, bringing a weapon, stealing from the victim, awareness of police procedures). These indicators of criminal versatility might otherwise be overlooked in a seemingly comprehensive assessment. Therefore, the addition and synthesis of BCSA methods to standard sexual offender assessment methods may provide the clinician with additional

Indeed, clinicians evaluating whether an offender was criminally responsible may address behavioural "disorganization", yet, BCSA may reveal additional and even contrary evidence related to impulsivity (e.g., evidence of prior planning) relevant for any assessment.

Please see page 16



## Canadian Women Offenders

*Continued from page 14*

mental health needs of federally sentenced women in Canada found that 85% of incarcerated women reported a lifetime history of one or more mental disorders <sup>[7]</sup>.

Given the magnitude of substance use and mental health problems among women offenders, it is not surprising that these issues have been found to co-occur in this population. For example, Correctional Service Canada (CSC) found that 75% of Canadian women offenders experience significant substance use difficulties and 70% of this group have a comorbid mental disorder <sup>[8]</sup>. Occurring alongside these comorbid issues are elevated rates of medication use among women offenders. Indeed, it has been found that 87% of women offenders in CSC institutions had medical prescriptions, with psychotropic medications (42%) being most commonly prescribed <sup>[9]</sup>. Such findings have led researchers to question whether the widespread societal trend toward an increasing reliance on psychotropic medications to treat mental health and substance use difficulties ('medicalization') is even more prevalent within prison settings <sup>[10]</sup>. In light of the high dependency risk associated with the use of some psychotropic medications (e.g., anxiolytics for anxiety disorders), it is important that future research empirically examine whether the medicalization of women that has been found to occur in the community <sup>[11]</sup> contributes to even higher rates of substance use among women offenders.

As women entering correctional facilities represent a population at high risk for substance use and mental health problems, it is also important that research focus on developing gender specific interventions that address the unique issues faced by women offenders. Namely, it is imperative that women offenders are provided with a broad range of services that integrate issues related to their substance use and mental health. Although the heightened awareness of the substance use and mental health problems faced by women offenders has led to an increase in the number of treatment programs that focus on these risk factors for criminality, much of the research informing integrated (transdiagnostic) treatment programs for women offenders have been based on community-based treatment programs <sup>[2]</sup>. Women offenders, however, differ in significant ways from the general population of women, particularly in relation to their experiences of substance use and mental health problems. Thus, it is important that future research focus on evaluating the efficacy of integrated treatments designed to target factors (e.g., anxiety sensitivity, rumination, negative affect) that underlie substance use and mental health disorders commonly found among women offenders (e.g., borderline personality disorder). In doing so, treatment programs could be more appropriately targeted towards the identified needs of this diverse population. Importantly, targeting the unique issues faced by women offenders in a more comprehensive and integrated manner may ultimately lead to a reduction in criminal activity among this population.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*

## Behavioural Crime Scene Analysis

*Continued from page 15*

confirmatory or contradictory evidence to increase the validity of their case conceptualization and formulation of the offender, improving treatment efficacy.

BCSA should not replace current clinical methods for assessing sexual offenders; rather, it may enhance the capability of clinicians to correctly formulate an offender's needs. As sexual offences are complex multi-determined phenomenon, good clinical practice should require a standardized, multi-method approach to assess treatment needs. The authors are currently working on projects aimed at increasing standardization in BCSA. One such project directly useful to treatment is the creation of a tool to identify prominent sex offender risk factors through BCSA. While this tool will further improve BCSA efforts, we urge clinicians to always evaluate behavioural offence details where available to ground their conceptualization of an offender's needs in relation to their actual (read, not self-reported) behaviours. For further research on BCSA efforts in Canada, visit the CiR&A webpage ([www.criminvestresearch.com](http://www.criminvestresearch.com)).

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*

## Goethe Award Winner

Dr. Jon Mills recently won the Goethe Award for best book in 2012 for *Conundrums: A Critique of Contemporary Psychoanalysis* (New York: Routledge) given by the Section on Psychoanalysis & Psychodynamic Psychology of the Canadian Psychological Association. He also recently won a Gradiva Award from the National Association for the Advancement of Psychoanalysis in New York City for best TV program for his TV series *The Talking Cure*, which was produced by Rogers Television and aired from 2012-2013. Dr. Mills was the community producer and designed the series in order to educate the public about the value of talk therapy. This is the third time he has won a Gradiva Award, which has been in more categories than any other recipient in the history of the prize.





# La justice réparatrice: un contexte multidisciplinaire où la psychologie s'implique!

*Héloïse Sirois-Leclerc, Candidate au Ph.D. en Psychologie clinique,  
Université d'Ottawa, Ottawa, Canada*  
*Adam Plenkiewicz, J.D., Candidat au L.L.M. en Droit comparé,  
McGill University, Montréal, Canada*

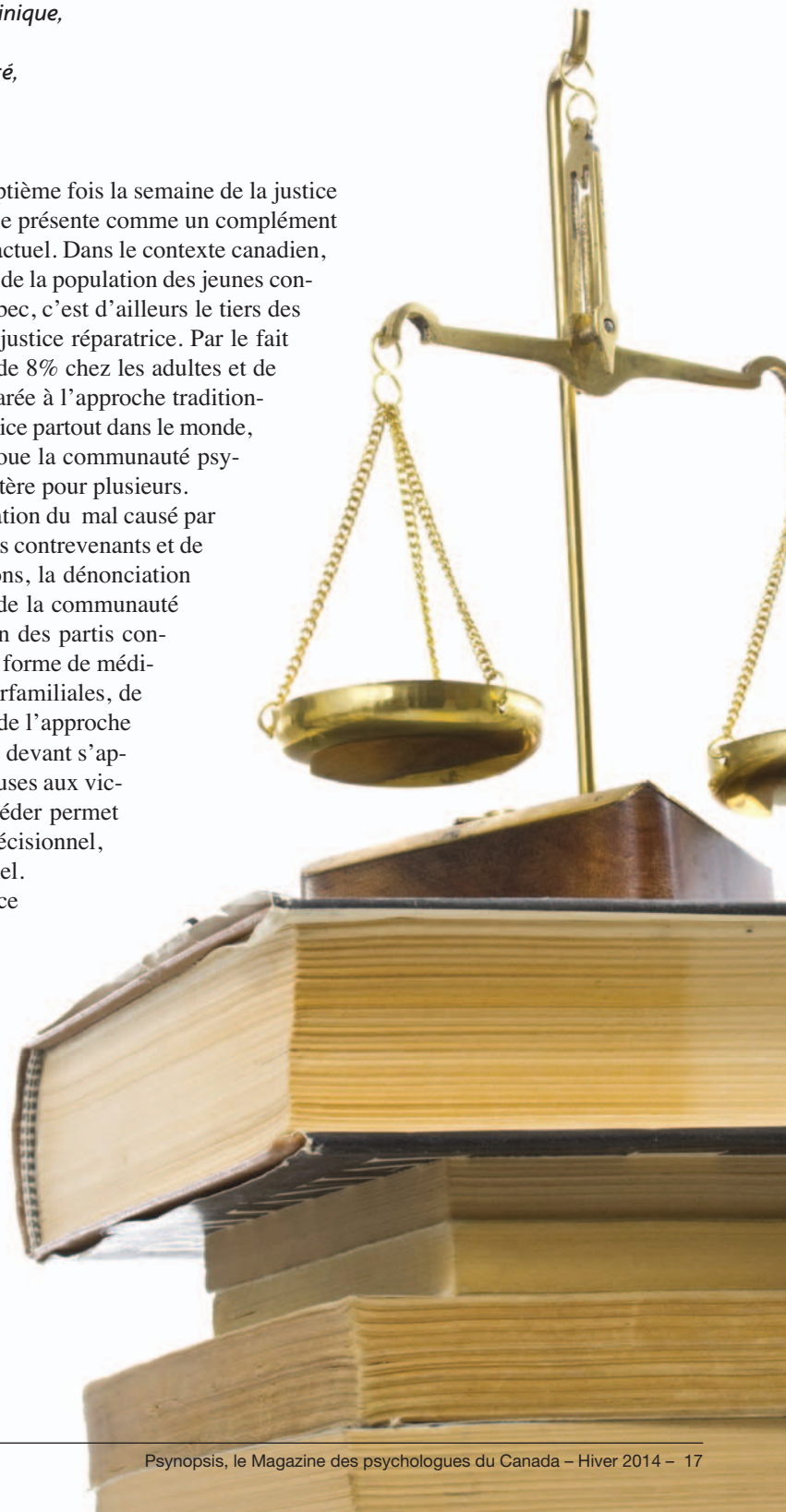
## Qu'est-ce que la justice réparatrice?

En novembre dernier, le Canada célébrait pour la dix-septième fois la semaine de la justice réparatrice, une approche à la résolution de différends qui se présente comme un complément à la justice rétributive, le pilier de notre système judiciaire actuel. Dans le contexte canadien, c'est surtout au sein des communautés autochtones et auprès de la population des jeunes contrevenants qu'elle est le plus couramment utilisée. Au Québec, c'est d'ailleurs le tiers des délits impliquant les jeunes qui sont résolus à l'aide de la justice réparatrice. Par le fait même, on observe une diminution du taux de récidivisme de 8% chez les adultes et de 2% chez les jeunes lorsque la justice réparatrice est comparée à l'approche traditionnelle. Malgré la popularité grandissante de la justice réparatrice partout dans le monde, elle demeure néanmoins peu connue. Le rôle crucial que joue la communauté psychologique dans le processus demeure donc encore un mystère pour plusieurs.

La justice réparatrice est une approche qui cible la réparation du mal causé par un crime tout en tenant compte des besoins des victimes, des contrevenants et de la communauté affectée. Elle vise la réparation des relations, la dénonciation du comportement criminel et la réaffirmation des valeurs de la communauté touchée tout en permettant la réintégration et la restitution des parties concernées. Par l'intermédiaire de dialogues pouvant prendre la forme de médiations entre victimes et contrevenants, de conférences interfamiliales, de comités de justice ou de « cercles de guérisons », l'objectif de l'approche est d'arriver à un consensus quant aux sanctions correctives devant s'appliquer au contrevenant (i.e. services à la communauté, excuses aux victimes, compensation monétaire, etc.). Cette façon de procéder permet aux victimes d'avoir une voix tout au long du processus décisionnel, une différence marquante par rapport au système traditionnel.

Les bénéfices psychosociaux reliés à l'usage de la justice réparatrice sont nombreux. Un meilleur taux de réhabilitation chez les contrevenants (i.e. moindre taux de récidivisme), des retombées positives pour la victime des crimes et ses proches (i.e. réduction des symptômes post-traumatiques, sentiment de justice rétablie, etc.) et une diminution des coûts assumés par la société ne sont que quelques exemples de l'impact positif de l'utilisation de cette approche. Chaque parti concerné participe de façon volontaire et doit être prêt à reconnaître sa part de responsabilité et à s'afficher avec transparence tout au long du processus. Évidemment, les interactions sociales et le contenu émotif de celles-ci sont inhérents au processus de résolution. Ce sont ces aspects qui confèrent à la justice réparatrice une nature moins formelle et beau-

*Suite à la page 19*





# The Responsivity Principle of Offender Case Management and the Case of the Long Forgotten “R”

## Responsivity Research at the Centre for Criminal Justice Studies

Ainslie McDougall, M.Sc., Heather Dyck, B.A. (Hons),  
Alex Macaulay, B.A., Julie Wershler, B.A. (Hons),  
Donaldo D. Canales, M.A., & Mary Ann Campbell, Ph.D.  
Center for Criminal Justice Studies, University of  
New Brunswick–Saint John Center for Criminal

The Risk-Need-Responsivity (RNR)

<sup>[1]</sup> model is among one of the most well-validated models of offender assessment and rehabilitation. It consists of three core principles for effective case management with offenders. The *RISK* principle states that in order to maximize recidivism reduction, the intensity of supervision and intervention services should be proportionate to an offender’s recidivism risk level. Research has demonstrated that high-risk offenders respond better to more intensive services, whereas low risk individuals do well with minimal supervision and support <sup>[2, 3, 4]</sup>. The *NEED* principle states that in order to have any appreciable impact on risk reduction, interventions should target empirically-supported criminogenic risk-need factors, and changes in criminogenic needs have been associated with changes in the risk of recidivism <sup>[5, 6]</sup>. For example, association with antisocial peers would be expected to increase recidivism risk, whereas removal of these influences and introduction of prosocial peers should decrease recidivism risk. Targeting non-criminogenic factors (e.g., low self-esteem, depression) that have weak or indirect ties to criminal behaviour tend to have minimal impact on recidivism risk reduction and should not be the primary targets of case plans intended to reduce criminal behaviour <sup>[1]</sup>. The *RESPONSIVITY* principle outlines general and specific guidelines for how intervention should be implemented to achieve reductions in criminal behaviour. General responsivity refers to the use of evidence-based strategies that are rooted in cognitive and social learning models that emphasize skill building, whereas specific responsivity highlights the importance of tailoring interventions to match offender characteristics that can enhance or detract from their response to intervention, such as mental health issues, cognitive capacities, and culture <sup>[7, 8]</sup>.



Research suggests that the greatest reductions in recidivism are achieved when the specific programming adheres to the principles of Risk, Need, and Responsivity <sup>[2, 4, 9]</sup>. However, most studies have focused on validating the principles of Risk and Need, whereas Responsivity has received comparatively less empirical attention <sup>[10]</sup>. Studies that have investigated aspects of the Responsivity principle have

found that it is typically neglected in case planning, evidenced by low rates of adherence to this principle <sup>[11]</sup>, particularly for specific responsivity <sup>[9, 12]</sup>.

The dearth of information available on the often ignored Responsivity principle is not surprising given challenges with how to accurately document and assess Responsivity adherence.

To address these shortcomings, the

Centre for Criminal Justice Studies (CCJS) located at the University of New Brunswick-Saint John campus in Saint John, New Brunswick, Canada, has initiated a series of research projects to address questions regarding Responsivity. The CCJS is an interdisciplinary research organization directed Dr. Mary Ann Campbell, and has the main objective of generating, synthesizing, and disseminating knowledge in criminal justice-related areas. The CCJS has an interdisciplinary advisory board that encompasses a

wealth of expertise ranging from psychological, sociological, political, and historical perspectives which aims to better understand crime, criminal behaviour, and various elements of the criminal justice system. The CCJS has developed a strong community-based research agenda.

Recent projects include an evaluation of the Saint John Mental Health Court (currently in preparation for publication) and a local methadone maintenance treatment program, as well as evaluating a pilot employment readiness program which seeks to increase employment opportunities for offenders by addressing criminogenic and employment-specific responsivity factors that limit these opportunities. Other CCJS projects include credibility assessment, police psychology, and intimate partner violence. Graduate students at the University of New Brunswick working under the supervision of Dr. Campbell are actively involved in all of these projects.

Please see page 19



## La justice réparatrice

Suite de la page 17

coup plus humaine. Étant donné les liens directs entre ces éléments et l'éventail de compétences de la communauté psychologique, cette dernière a un rôle important à y jouer. Loin d'être exhaustive, la prochaine section fournit quelques exemples quant au rôle de la psychologie au sein de cette approche.

### Quel est le rôle de la communauté psychologique au sein de la justice réparatrice?

**L'évaluation.** Dans les cas où les victimes ne sont pas psychologiquement prêtes à s'impliquer dans le processus (i.e. présence de symptômes élevés de stress post-traumatique) ou dans les situations où les contrevenants ne reconnaissent pas leur part de responsabilité, les tentatives de résolution par la justice réparatrice s'avèrent sans aboutissement positif. Par l'entremise d'une gamme de compétences incluant l'évaluation psychologique, les psychologues peuvent ainsi agir directement auprès des partis concernés à cet égard. En particulier, l'évaluation de l'état post-traumatique d'une victime ou du niveau de risque posé par un contrevenant requiert habituellement les compétences spécialisées de la communauté psychologique. L'apport des psychologues à cet égard peut donc être essentiel au bon déroulement du processus.

**L'intervention.** Afin que les conditions soient propices à la résolution par l'approche de la justice réparatrice, il est nécessaire que les victimes et les contrevenants soient dans un état psychologique leur permettant d'être en dialogue. Les individus impliqués reçoivent donc souvent le soutien d'intervenants en psychologie. De fait, lorsque le processus de justice réparatrice est utilisé comme outil de gestion du comportement, il implique

fréquemment une forme de soutien thérapeutique pour les individus concernés. Dans ces contextes, on fait habituellement appel à des techniques de thérapie cognitivo-comportementale (TCC) et à des notions empruntées à la thérapie axée sur l'acceptation et l'engagement (« *Acceptance and Commitment Therapy* »). Afin de prévenir le récidivisme et de favoriser le succès de la justice réparatrice, le rôle de l'intervention psychologique au cours du processus ne doit donc pas être sous-estimé.

**La recherche.** Afin d'optimiser l'utilisation de la justice réparatrice, il est nécessaire de l'étudier plus en profondeur, notamment en ce qui concerne les bénéfices et désavantages de l'approche pour les victimes et les contrevenants. Par exemple, la recherche a démontré que certaines situations criminelles ne sont pas propices à l'usage de la justice réparatrice (i.e. abus de substances, difficultés de régulation des émotions, présence de certains traits de personnalité, etc.). Plusieurs solutions ont été proposées afin de pallier à ces difficultés (i.e. compléter le processus avec un processus thérapeutique, etc.), mais leur efficacité demeure encore à déterminer. En raison de leur formation en recherche et de leur expertise au niveau du fonctionnement psychologique humain, les psychologues sont bien outillés pour contribuer à ce niveau et par le fait même à influencer les pratiques du système judiciaire canadien.

### Un regard vers l'avenir...

Munis d'une expertise particulière, les psychologues sont appelés à participer au travail interdisciplinaire que requiert l'approche de la justice réparatrice. Cette avenue de résolution de conflits prend de l'ampleur et gagne en popularité dans le monde entier, il faut donc s'assurer que la communauté psychologique y prenne sa place.

## Long Forgotten "R"

Continued from page 18

Over the past few years, the CCJS and its student members have focused on studying how addressing responsivity factors can positively impact community-based offenders in regards to their ability to comply with case management plans and associated interventions, and how these factors relate to recidivism. Preliminary results from these ongoing projects have shown that responsivity factors (e.g., motivation, mental health symptoms, therapeutic alliance, etc.) partially mediate the relationship between criminological predictors of intervention compliance. Consistent with the RNR model, these responsivity factors do not differentiate between recidivists and non-recidivists. Thus, although the Responsivity principle is not directly reducing recidivism risk, it is relevant to enhancing offender engagement and motivation in case plans, which are often limited in mandated interventions [13]. In general, targeting re-

sponsivity factors may lead to more successful interventions by increasing offender responsiveness to criminogenic-oriented rehabilitation programs [14, 15].

The next step for the CCJS in its research agenda is to uncover the responsivity factors that are addressed by practitioners working with offenders and how these responsivity factors are addressed. This can be best evaluated through coding the content of sessions between an offender and his or her probation officer (or other relevant intervention provider). This type of real-time assessment using session recordings allows for a unique and objective evaluation of Specific Responsivity. Offender motivation, readiness to change, and engagement are key outcomes to assess in determining how Responsivity adherence impacts future recidivism. Knowledge of characteristics that impact intervention outcomes and recidivism provides important information for designing effective interventions for those working with offenders.

For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)





# I don't do sex offenders!

Andrew J. R. Harris, Ph.D., Forensic Assessment Group R. Karl Hanson, Ph.D., Public Safety Canada

Imagine that you are providing couples counselling to George and Mary, and it comes out that George was convicted of a sexual offence 16 years ago. If your training did not include correctional and forensic issues, you would likely be stumped. You would most likely ask yourself, does George present an enduring risk? Should I expect him to be sexually deviant? Is a referral to a specialist necessary? You may also wonder what questions you should be asking to address these concerns.

Over the last 15 years correctional and forensic psychologists have developed considerable expertise concerning the onset and persistence of sexual offending. One important finding is that most sexual offenders do not have deviant sexual interests. The DSM-V has diagnoses for a variety of paraphilias, such as pedophilia, exhibitionism, voyeurism, frotteurism, fetishism, sexual sadism, and sexual masochism. Although such diagnoses are worthy of consideration, less than half of the individuals convicted of a sexual offence would have risk-relevant DSM-V diagnoses. Furthermore, such diagnoses have only a very limited association with whether that person will commit another sexual offence. There is no single factor that determines whether an individual is at low or high risk for committing another sex offence. Instead, we use risk assessment instruments that combine a range of risk factors, such as George's age (a rare situation where older is better), his friends, his attitudes towards sexual offending, his history of rule violation, his personal resources in managing his behaviour, and, of particular relevance to the current situation, the presence of an intimate partner.

Sexual offenders suffer from a public perception that they are incapable of change and that they always re-offend. Research on non-sexual offenders, however, has shown that risk of re-offence decreases the longer they remain offence-free in the community. We wondered if this was true for sexual offenders and whether a high risk sexual offender is a high risk sexual offender forever. In a study to appear in the *Journal of Interpersonal Violence*, we used data from 21 different samples (United States, Canada, Europe, & New Zealand) to track over seven thousand sexual offenders in the community for periods in excess of 20 years (Hanson, Harris, Helmus & Thornton, in press, "High Risk Sex Offenders May Not Be High Risk Forever"). Men were divided into high, moderate, and low risk groups based upon their Static-99R scores, a widely used measure of recidivism risk for sexual offenders. Due to his offence

history, age, and relationship history, George scored in the moderate range on the Static-99R (48<sup>th</sup> percentile). We found, using rough math, for every 5 years that an offender remains sex offence free in the community, the risk of a sexual re-offence was basically cut in half. Moderate risk offenders showed a recidivism risk of 6.7% over the first five years, dropping to 4.0% after 5 years and to 2.4% after 10 years sex offence free. Not all sexual offenders are moderate risk (like George). Among men judged to be high risk for sexual re-offence, the reductions were the most dramatic. Observed rates of re-offence among high-risk offenders were 22% during the first five years of community release, but these rates dropped to 8.6% after five years and to 4.2% after 10 years sex offence free in the community. Low risk offenders had consistently low levels of recidivism (1% to 3%).

## A comparison benchmark

In a study published in 2009 in *Criminology*, Blumstein and Nakamura promoted the idea of a "redemption" period for offenders. Simply described, redemption happens when an offender's risk reduces to that point where he presents a risk of re-offence no greater than that posed by a non-sexual offender "out of the blue" perpetrating his first sexual offence. Studies have shown that the likelihood of an "out of the blue" sexual offence by a non-sexual offending criminal, over about 4 years, is between 1% and 3%. In our hypothetical example, George has been offence free for greater than 15 years which would reduce his expected sexual recidivism rate to a rate similar to any other non-sex offending criminal who has ever had a criminal record (more than 10% of all Canadians).

In addition to Static-99R scores and time offence free, comprehensive evaluations of risk would also consider other psychologically meaningful risk factors, such as self-control and attitudes toward sexual offending. There is no such thing as a no risk sex offender. However, it would be easy to produce a case profile for George in which his risk for a new sexual crime would be less than 1% over his remaining lifetime. Notably, the presence of a positive intimate relationship with Mary would most likely function as a protective factor.

As evident from this case example, some knowledge of correctional psychology can be helpful to those whose professional concerns are not typically focussed on issues of crime and violence. Even the basic knowledge described above should help Mary, George, and their therapist make better-informed decisions about the risks and opportunities in this couple's relationship. Knowing the scientific literature is a prerequisite for ethical, evidence-based practice.

# VANCOUVER

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June 5-7 juin  
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# VANCOUVER 2014

## PRE-CONVENTION WORKSHOP

**Date:** Wednesday, June 4, 2014

**Location:** Hyatt Regency Vancouver  
655 Burrard Street, Vancouver, BC, V6C 2R7

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

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

Deadline for workshop registration: May 5, 2014.

**Please note: Pre-Convention Workshops can be cancelled due to low registration up until May 12th, 2014.**

Those who register for a pre-convention workshop are eligible for a reduced convention fee only until May 5, 2014.

*Please note: Online registration will be opened as of mid-February*

## ATELIERS PRÉCONGRÈS

**Date :** mercredi 4 juin 2014

**Lieu :** Hyatt Regency Vancouver  
655 Burrard Street  
Vancouver, (Colombie-Britannique) V6C 2R7

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

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

La date limite pour les inscriptions aux ateliers : le 5 mai 2014.

**Veillez noter que les ateliers précongrès peuvent être annulés dû à un manque d'inscription et ce, jusqu'au 12 mai 2014**

Les personnes qui s'inscrivent à un atelier précongrès sont admissibles à des frais réduits pour assister au congrès et elles doivent s'inscrire au plus tard le 5 mai 2014.

*Note : Inscription en ligne disponible à la mi-février*

**Please register online at <http://www.cpa.ca/convention/registration/>  
Veillez vous inscrire en ligne au <http://www.cpa.ca/congres/fraisdinscription/>**

### Giving Birth to a New Vision: Navigating the (in) Visibility of Motherhood in the Academy

**Presented by / Présenté par :** Taslim Alani, Lakehead University; Luci Kocum, Saint Mary's University; Janelle Kwee, Trinity Western University; Jessica McCutcheon, University of Saskatchewan; Lynda Ross, Athabasca University

**Sponsored by / Commandité par :**

CPA Section on Women and Psychology

**Note :** Morning and afternoon coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$100.00 \*\*

CPA/BCPA\* Student Affiliates: \$40.00 \*\*

Non-Members: \$150.00\*\*

Student Non-Affiliates: \$40.00\*\*

**Duration / Durée :** 9:00 am - 4:30 pm

**CE credits / Crédits d'éducation permanente :** N/A

**Workshop Description / Description de l'atelier :** This workshop focuses on two strategies to promote the visibility of motherhood in universities. First, motherhood discourses critical to psychology's mandate for understanding human behaviour will be explored. Though motherhood has emerged over the past 25 years as a significant area of scholarly inquiry, psychology departments in Canada are not recognizing its importance by including core courses focused on motherhood in curriculums. Workshop participants will be given the resources and practical skills to create and promote courses devoted to the 'Psychology of Motherhood.' Second, the workshop will provide a forum for faculty, graduate students and department adminis-

trators to examine ways in which invisibility undermines mothers in the academy and to share strategies that will promote institutional change. In Canada, we have seen an increase in the number of women graduating from university degree programs and entering academic careers. There still, however, remain fewer women than men employed as academics and women still spend more time in household labour and childcare. Caught between pressures and desires to be 'good mothers' and productive academics, there are many 'penalties' for highly educated women who anticipate blending successful academic careers with mothering. This workshop will provide the space to develop concrete strategies to alleviate these stressors.

### Supporting the Mental Health Recovery of Individuals Diagnosed with Serious Psychiatric Illnesses: 21st Century Attitudes, Interventions, and Tools for Psychologists

**Presented by / Présenté par :**

Mary A. Jansen, Bayview Behavioral Consulting, Inc.; Shirley M. Glynn, University of California Los Angeles

**Sponsored by / Commandité par :** N/A

**Note :** Morning coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$175.00 \*\*

CPA/BCPA\* Student Affiliates: \$75.00 \*\*

Non-Members: \$225.00 \*\*

Student Non-Affiliates: \$75.00 \*\*

**Duration / Durée :** 9:00 am - 3:00 pm

**CE credits / Crédits d'éducation permanente :** 4.75



**Workshop Description / Description de l'atelier :** For decades, there was pessimism about outcomes in serious mental illness (SMI) and many psychologists were deterred in the field. Over the past 25 years, a confluence of factors, including the development of a suite of effective psychosocial treatments and targeted early interventions to resolve first psychotic episodes successfully, has led to more positive SMI outcomes. The critical role that psychologists can play in supporting attainment of more positive outcomes for those with SMI through use of these practices is clear. The American Psychological Association developed a comprehensive curriculum on recovery and rehabilitation to enhance the skills of psychologists working with persons with SMI. The 15 module curriculum is grounded in the latest scientific literature and provides essential information about the most up to date assessments and evidence based and promising interventions for this population. In addition to describing a variety of effective treatments, the curriculum includes detailed guidance on other critical topics, including person-centered planning, peer services, active engagement and social inclusion strategies. This workshop is based on the APA curriculum and will impart evidence based principles and practices that are the gold standard for providing psychological services to those with severe mental health and other behavioral disorders.

### CCPPP – Poke me with a Fork, I'm Done: Addressing Burnout and Compassion Fatigue within a Training Context

**Presented by / Présenté par :**

Anna B. Baranowsky, Private Consulting Psychologist

**Sponsored by / Commandité par :** Canadian Council of Professional Psychology Programs (CCPPP)

**Note :** Morning coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$ 125.00\*\*  
CPA/BCPA\* Student Affiliates: \$ 75.00\*\*  
Non-Members: \$ 150.00\*\*  
Student Non-Affiliates: \$ 75.00\*\*

**Duration / Durée :** 9:00 am – 1:00 pm

**CE credits / Crédits d'éducation permanente :** 3.0

**Workshop Description / Description de l'atelier :** Finding yourself feeling worn down by the demands of your work? Refresh your outlook by exploring what happens in high demand careers or when caring for others where exposure to secondary trauma is a common element. Find out what approaches work well to re-energize and replenish yourself when demands seem overwhelming. This half day workshop is intended to explore the concepts of Compassion Fatigue, Secondary Traumatic Stress, and Burnout for professional psychologists. An emphasis will be on how these concepts impact the lives of professionals involved in training of new psychologists. There will also be a focus on how training programs can better prepare students to be aware of and manage burnout and compassion fatigue throughout their professional careers. This will be a three hour workshop followed by lunch for the workshop participants.

### The Truth about Lies: Using Psychology to Detect Lies in High-Stakes Situations and Everyday Life

**Presented by / Présenté par :**

Stephen Porter, University of British Columbia – Okanagan; Michael Woodworth, University of British Columbia – Okanagan; Alysha Baker, University of British Columbia – Okanagan; Pamela Black, University of British Columbia - Okanagan

**Sponsored by / Commandité par :** N/A

**Note :** Morning and afternoon coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$275.00\*\*  
CPA/BCPA\* Student Affiliates: \$175.00\*\*  
Non-Members: \$375.00\*\*  
Student Non-Affiliates: \$175.00\*\*

**Duration / Durée :** 9:00 am – 4:30 pm

**CE credits / Crédits d'éducation permanente :** 6.0

**Workshop Description / Description de l'atelier :** This workshop will offer comprehensive, evidence-based training in detecting deception, through the use of lecture, practice, feedback, and real-world videotaped examples of highly motivated deceivers. Part 1 of the workshop focuses on “myth-busting”, how to avoid common pitfalls, and the need for critical thinking. A theoretical model and the Stephen Truscott wrongful conviction case will be used to demonstrate how such pitfalls occur. Part 2 of the workshop will address the assessment of deception by close attention to: body language, facial expressions, and statements using the method of actual police investigations in which the presenters have been consulted. Further, active interviewing strategies aimed at enhancing deception detection ability will be described.

### Introduction to Structural Equation Modeling

**Presented by / Présenté par :**

Robert Cribbie, York University; Alyssa Counsell, York University

**Sponsored by / Commandité par :**

CPA Section on Quantitative Methods

**Note :** Morning coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$120.00 \*\*  
CPA/BCPA\* Student Affiliates: \$50.00 \*\*  
Non-Members: \$150.00 \*\*  
Student Non-Affiliates: \$50.00 \*\*

**Duration / Durée :** 9:00 am – 4:30 pm

**CE credits / Crédits d'éducation permanente :** 6.0

**Workshop Description / Description de l'atelier :** This course will provide an introduction to the theory of SEM, developing models, evaluating the fit of models, testing the significance of model parameters and performing model modification. Examples will include path analysis, confirmatory factor analysis, general latent models and growth curve models. The primary objectives of this class will be to provide: a) the ability to recognize situations where these techniques may be useful in research; b) an appreciation for the roles of sound theory in making these techniques useful; c) an understanding of the limitations of these methods; and d) the ability to use available software for analyzing data.

### Private Practice Made Simple: Creating and Sustaining a Successful Business

**Presented by / Présenté par :**

Randy J. Paterson, Changeways Clinic

**Sponsored by / Commandité par :** N/A

**Note :** Morning and afternoon coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$150.00 \*\*  
CPA/BCPA\* Student Affiliates: \$100.00 \*\*  
Non-Members: \$175.00\*\*  
Student Non-Affiliates: \$100.00\*\*

**Duration / Durée :** 9:00 am – 5:00 pm

**CE credits / Crédits d'éducation permanente :** 6.5

**Workshop Description / Description de l'atelier :** Therapists routinely say it: "I was never trained how to run a business." We were taught assessment strategy, how to conduct therapy, and when to refer - but not how to perform many of the central activities involved in running a private practice. So we stumble through, gradually picking up ideas and skills as we go along, and about the time we're planning our retirement we begin to think we understand. But running a practice doesn't have to be difficult. Many of the skills can be communicated and learned relatively easily. This program covers a wide variety of strategies to make your practice more successful, more effective, and more fun. Topics covered include: Making the decision to open a practice, defining your interests and scope of practice, selecting a location and practice name, designing the space, creating a website, getting referrals, managing practice finances, handling staff and payroll, and avoiding burnout. Participants will receive an extensive set of worksheets and handouts to help them realize their plans.

## Therapist-Assisted Internet-Cognitive Behaviour Therapy: From Research to Practice

**Presented by / Présenté par :**

Heather Hadjistavropoulos, University of Regina

**Sponsored by / Commandité par :**

CPA Section on Clinical Psychology

**Note :** Morning and afternoon coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$ 200.00\*\*

CPA/BCPA\* Student Affiliates: \$ 85.00\*\*

Non-Members: \$ 250.00\*\*

Student Non-Affiliates: \$ 85.00\*\*

**CE credits / Crédits d'éducation permanente :** 5.5

**Workshop Description / Description de l'atelier :** Depression and anxiety are prevalent, disabling and undertreated mental health conditions. Therapist-assisted Internet Cognitive Behavior Therapy (TAICBT) is efficacious for these conditions, but yet is largely unavailable in Canada. TAICBT involves patients reviewing cognitive and behavioural strategies for coping with symptoms over the Internet, while communicating with a therapist typically on a weekly basis using a secure email system and or telephone calls. In this workshop, participants will learn about and discuss: 1) strengths and challenges of TAICBT; 2) research evidence supporting TAICBT; 3) professional and ethical issues involved in delivering TAICBT; 4) important inclusion/exclusion criteria for TAICBT; 5) examples of cognitive and behavioural treatment materials provided to patients in receipt of TAICBT; 6) key components of therapist-assistance and suggestions for providing TAICBT; 7) strategies for addressing challenging aspects of TAICBT; 8) common outcome measures to assess the effectiveness of TAICBT; and 9) patient, provider, organizational and technological factors that facilitate and constrain the delivery of TAICBT. The workshop will be both didactic and experiential in nature.

## Evidence-Based Assessment, Treatment, and Special Considerations for Military-Related Posttraumatic Stress Disorder

**Presented by / Présenté par :**

Wendy L Rogers, Operational Trauma and Stress Support Centre (OTSSC)

CFB Gagetown; Michele Boivin, Royal Ottawa Operational Stress Injury Clinic (OSIC); Anne Bailliu, Royal Ottawa Operational Stress Injury Clinic; Alice Mohr, OTSSC, 1 Field Ambulance Unit

**Sponsored by / Commandité par :** CPA Section on Traumatic Stress and the CPA Section on Psychology in the Military

**Note :** Morning coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$150.00 \*\*

CPA/BCPA\* Student Affiliates: \$50.00 \*\*

Non-Members: \$200.00 \*\*

Student Non-Affiliates: \$50.00 \*\*

**Duration / Durée :** 9:00 am – 5:00 pm

**CE credits / Crédits d'éducation permanente :** 6.5

**Workshop Description / Description de l'atelier :** The last decade of military operations has led to an increase in combat-related mental health problems such as Post-Traumatic Stress Disorder (PTSD). This requires psychologists to broaden their cultural competence and to augment their training in diagnosing and treating PTSD. This workshop focuses on the assessment and treatment of military-related PTSD and highlights special considerations for working with veterans and members of the Canadian Forces. We provide an orientation to military culture and to the challenges faced by military members and their families. Then we provide an overview of the diagnosis of PTSD. Next we review the structured clinical interview and empirically validated self-report instruments used in the assessment of PTSD. Finally we focus on the use of evidence-based psychotherapies for the treatment of military-related PTSD, including Prolonged Exposure (Foa, Hembree, & Rothbaum, 2007), Cognitive Processing Therapy (Monson et al., 2006), and Eye-Movement Desensitization and Reprocessing Therapy (Shapiro, 1993), which have demonstrated effectiveness in reducing the broad range of PTSD symptoms. We then cover special treatment considerations for military-related PTSD, including the impact of comorbid conditions on outcomes and interventions for related concerns such as moral injury, persistent nightmares, pain, and impact on the spouse and family.

## Understanding and Reducing Self-Injury: Practical Treatment Strategies

**Presented by / Présenté par :**

Dawn McBride, University of Lethbridge

**Sponsored by / Commandité par :**

CPA Section on Counselling Psychology

**Note :** Morning coffee provided

**Cost / Coût :** CPA/BCPA\* Members: \$ 100.00\*\*

CPA/BCPA\* Student Affiliates: \$50.00 \*\*

Non-Members: \$ 125.00\*\*

Student Non-Affiliates: \$ 50.00\*\*

**Duration / Durée :** 9:00 am – 3:30 pm

**CE credits / Crédits d'éducation permanente :** 5.0

**Workshop Description / Description de l'atelier :** Clients who cut or carve wounds on their skin or engage in self-burning and/or other methods of self-injury can be challenging to work with as their behavior is shocking, repetitive, and destructive. This presentation will focus on an extensive range of treatment methods to reduce the dependence on self-injury. To put these harmful behaviors in context, a brief overview of the causes of self-injury will be presented using a biopsychosocial model of explanation. This model moves beyond seeing self-injury as manipulative behavior to a coping mechanism and a form of communication to express oneself because words have often not worked for the individual to feel heard and understood. Thereafter, most of the presentation will be focused on the assessment and treatment of self-injury, largely from an emotional regulation perspective. Included in this discussion will be the importance of the thera-

pists' reaction to disclosures of self-injury and a presentation of the "Bill of Rights For Those Who Self-Harm". Ample examples will be used to demonstrate application of the techniques, which range from creative expression arts strategies, replacement skills training (e.g., use a red felt pen to symbolically represent blood), cognitive behavioral strategies (e.g., challenging a core belief), to somatic experiencing/body work. Extensive handout package.

### Psychology and the Law-An Introduction for Psychologists to Dealing with the Legal System in Canada

#### Presented by / Présenté par :

Rick C Gambrel, British Columbia Psychological Association

#### Sponsored by / Commandité par :

British Columbia Psychological Association

Note : Morning coffee provided

Cost / Coût : CPA/BCPA\* Members: \$ 200.00\*\*

CPA/BCPA\* Student Affiliates: \$ 200.00\*\*

Non-Members: \$ 250.00\*\*

Student Non-Affiliates: \$ 200.00\*\*

Duration / Durée : 9:00 am – 4:00 pm

CE credits / Crédits d'éducation permanente : 6.0

**Workshop Description / Description de l'atelier :** This is a one day course intended to be both an introduction to the legal system for psychologists and to increase the efficiency and effectiveness of their interaction with the law, lawyers and the Courts

1. An Introduction to Psychology and Law and the Canadian Legal System - A basic introduction to the structure of the Canadian legal system, the division of powers between the federal and provincial governments, civil vs. criminal law, the Court system and the areas of law that psychologists most often interact with.
2. Professional Liability Loss Prevention for Psychologists – examining best practices to avoid liability and examining the College complaints process, members' rights under that process, the nature of topics complained about and how best to avoid complaints in the first instance.
3. Record Keeping Requirements and Record Disclosure Requirements in Legal Proceedings ... the Intersection of the Duty of Confidentiality and the request to disclose records in a legal proceeding. A review of the legal record keeping requirements for psychologists including the content of the records that must be retained, in what form, and for how long. Defining the nature and the scope of the duty of confidentiality with respect to psychological treatment records - under what circumstances may records be released to the client and to third parties and under what circumstances may they not be released? What is the procedure for such a release of information and what to do if you are uncertain?
4. Providing Evidence in a Court Proceeding - Writing medical legal reports ... How to satisfy the legal requirements for a report and tips from an experienced lawyer and psychologist on how to write

an effective report and then give evidence before the court including preparation, examination and cross-examination- taking the mystery out of giving evidence in court .

5. A mock Examination and Cross examination of a psychologist by two experience lawyers
6. A psychologist with extensive experience in Court work details how to approach legal proceedings - what you need to provide lawyers and the court, and what lawyers need to provide you.
7. A view from the bench - hear from a judge what makes an effective Court presentation from a psychologist.

### Suicide and its Prevention Among Adults and Older Adults: From Assessment of Risk to Provision of Sensitive Care

#### Presented by / Présenté par :

Marnin J Heisel, Western University LHSC-Victoria Hospital

Sponsored by / Commandité par : N/A

Cost / Coût : CPA/BCPA\* Members: \$ 150.00\*\*

CPA/BCPA\* Student Affiliates: \$ 50.00\*\*

Non-Members: \$ 200.00\*\*

Student Non-Affiliates: \$ 50.00\*\*

Duration / Durée : 9:00 am – 4:00 pm

CE credits / Crédits d'éducation permanente : 3.5

**Workshop Description / Description de l'atelier :** Suicide claims as many as 1,000,000 lives worldwide every year. Older adults, and men in particular, have among the highest rates of suicide worldwide, and the North American older adult population is projected to double over the next 25 years coincident with the aging of the baby-boomers, a cohort with a high lifetime suicide rate. Shifting population demographics, together with the high rate of suicide and lethal means of self-injury among middle-aged men and older adults, necessitate increased understanding of factors that contribute to suicide risk and enhancement of clinical interventions and public health prevention strategies. This interactive workshop will focus on the current state of knowledge regarding suicide risk detection and assessment strategies, and approaches to intervening with at-risk adults and older adults. Objectives: Attendees will gain a greater understanding of the prevalence of suicide in Canada, contributing factors, clinical assessment and treatment options, and approaches for clinical intervention and of public health prevention. This workshop is primarily intended for researchers, clinicians, educators, policy personnel, students and trainees in psychology and geropsychology, and advocates for promoting mental health and well-being and preventing suicide among older adults and other high-risk groups.

\*British Columbia Psychological Association

\*\*listed price does not include GST

**Please register online at <http://www.cpa.ca/convention/registration/>  
Veuillez vous inscrire en ligne au <http://www.cpa.ca/congres/fraisdinscription/>**

*Please note: Online registration will be opened as of mid-February / Note : Inscription en ligne disponible à la mi-février*



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

### **Aboriginal Psychology / Psychologie autochtone**

CPA/Section Invited Speaker / Conférencier invité (SCP / CPA)  
 \**“Healing Ourselves, Families and Communities from Internalized Oppression and Intergenerational Trauma”*  
 Hereditary Chief Phil Lane Jr, Four Worlds International Institute  
 Annual Meeting / Réunion annuelle

### **Addiction Psychology / Psychologie de la dépendance**

Annual Meeting / Réunion annuelle

### **Adult Development and Aging / Développement adulte et vieillissement**

CPA Invited Speaker / Conférencier invité de la SCP  
 \**“Integrative Perspectives on Neurocognitive Aging & Dementia: Tracking Trajectories, Detecting Transitions, Identifying Risk Modifiers”*  
 Roger A Dixon, University of Alberta  
 Annual Meeting / Réunion annuelle

### **Brain and Cognitive Science / Cerveau et science cognitive**

CPA Invited Speaker / Conférencier invité de la SCP  
 \**“Initial Biases and Experiential Influences on Bilingual Speech Perception Development”*  
 Janet F Werker, University of British Columbia  
 \**“Integrative Perspectives on Neurocognitive Aging & Dementia: Tracking Trajectories, Detecting Transitions, Identifying Risk Modifiers”*  
 Roger A Dixon, University of Alberta  
 Annual Meeting / Réunion annuelle

### **Clinical Psychology / Psychologie clinique**

CPA Invited Speaker / Conférencière invitée de la SCP  
 \**“Families and Attention-Deficit/Hyperactivity Disorder”*  
 Charlotte Johnson, University of British Columbia  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

### **Clinical Neuropsychology / Neuropsychologie clinique**

CPA/Section Invited Speaker / Conférencier invité (SCP / CPA)  
 \**“Advances in Neuropsychological Assessment of Sport-Related Concussion”*  
 Grant L Iverson, Harvard Medical School  
 Section Keynote Speaker / Conférencier invité par la section  
 \**“The Future of Brain Injury Rehabilitation: Advances in Neuroscience and Applied Technologies”*  
 Catherine A Mateer, University of Victoria  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

### **Community Psychology / Psychologie communautaire**

CPA Invited Speaker / Conférencier invité de la SCP  
 \**“Wellness and Fairness: Interdependence and Interventions”*  
 Isaac Prilleltensky, University of Miami  
 CPA/Section Invited Speaker / Conférencier invité (SCP / CPA)  
 \**“Healing Ourselves, Families and Communities from Internalized Oppression and Intergenerational Trauma”*  
 Hereditary Chief Phil Lane Jr, Four Worlds International Institute  
 Annual Meeting / Réunion annuelle

### **Counselling Psychology / Psychologie du counseling**

Section Keynote Speaker / Conférencier invité par la section  
 \**“Canadian Counselling Psychology: Recent Advancements & Continuing Debates”*  
 Jose F Domene, University of New Brunswick  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

### **Criminal Justice Psychology / Psychologie et justice pénale**

Annual Meeting / Réunion annuelle

### **Developmental Psychology / Psychologie du développement**

\**“Initial Biases and Experiential Influences on Bilingual Speech Perception Development”*  
 Janet F Werker, University of British Columbia  
 Annual Meeting / Réunion annuelle

### **Environmental Psychology / Psychologie de l'environnement**

Annual Meeting / Réunion annuelle

### **Extremism and Terrorism / Extrémisme et terrorisme**

Section Keynote Speaker / Conférencier invité par la section  
 \**“Jihad and Human Rights”*  
 Andrew Bostom, M.D.  
 Annual Meeting / Réunion annuelle

### **Family Psychology / Psychologie de la famille**

Annual Meeting / Réunion annuelle

### **Health Psychology / Psychologie de la santé**

Section Keynote Speaker / Conférencier invité par la section  
 \**“Motivating your Patients for Change: Why Consider Training in Motivational Communication and what it Can do for You”*  
 Michael Vallis, Dalhousie University; Kim Lavoie, University of Quebec at Montreal (UQAM)  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

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

Section Keynote Speaker / Conférencier invité par la section  
 \**“The Changing Face of Theoretical Psychology”*  
 Jack F Martin, Simon Fraser University  
 CPA/Section Invited Speaker / Conférencier invité (SCP / CPA)  
 \**“Healing Ourselves, Families and Communities from Internalized Oppression and Intergenerational Trauma”*  
 Hereditary Chief Phil Lane Jr, Four Worlds International Institute  
 Annual Meeting / Réunion annuelle

### **Industrial Organizational Psychology / Psychologie industrielle et organisationnelle**

CPA Invited Speaker / Conférencier invité de la SCP  
 \**“What Determines Perceptions of Academic Credibility?: The Role of Demographics and Ideological Beliefs”*  
 Karl Aquino, University of British Columbia, Sauder School of Business  
 Annual Meeting / Réunion annuelle

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

**International and Cross-Cultural Psychology / Psychologie internationale et interculturelle**

Section Keynote Speaker / Conférencière invitée par la section  
*“Intercultural Communication and Ethnic Identity: A Situated Perspective on Acculturation”*

Kimberly A Noels, University of Alberta  
 Annual Meeting / Réunion annuelle

**Psychoanalytic and Psychodynamic Psychology / Psychoanalytique et psychodynamique**

Section Keynote Speaker / Conférencier invité par la section  
*“Weininger Award: Roger Frie Psychoanalysis: Singular or Plural?”*

Roger Frie, Simon Fraser University; Heather MacIntosh, School of Social Work, McGill University  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Psychologists and Retirement / Psychologues et la retraite**

Section Keynote Speaker / Conférencière invitée par la section  
*“Population Aging: Big Issues and Opportunities for Psychologists”*

Gloria M. Gutman, Simon Fraser University  
 Conversation Session / Séance de conversation  
*“What have I been Doing Since Retirement?”*  
 John Conway, University of Saskatchewan; Elinor Ames, Simon Fraser University; Harvey Brooker, York University; Sandra Pyke, York University; Peter Suedfeld, University of British Columbia; Robert Wilson, Private Practice  
 Annual Meeting / Réunion annuelle

**Psychologists in Education / Psychologues en Éducation**

Section Keynote Speaker / Conférencière invitée par la section  
*“Four Decades of Research on School Bullying: What have we Learned?”*

Shelley Hymel, University of British Columbia  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Psychologists in Hospitals and Health Centres / Psychologues en milieux hospitaliers et en centres de santé**

Annual Meeting / Réunion annuelle

**Psychology and Religion / Psychologie et religion**

Annual Meeting / Réunion annuelle

**Psychology in the Military / Psychologie du milieu militaire**

Annual Meeting / Réunion annuelle

**Psychopharmacology / Psychopharmacologie**

Section Keynote Speaker / Conférencière invitée par la section  
*“The OPA RXP Process”*

Diana Velikonja, SVA  
 Annual Meeting / Réunion annuelle

**Quantitative Methods / Méthodes quantitatives**

Section Keynote Speaker / Conférencier invité par la section  
*“An Overview of New Developments in Psychometrics with Implications for Validation Studies: Pratt Indices for Latent Variable Models”*

Bruno D Zumbo, University of British Columbia  
 Annual Meeting / Réunion annuelle

**Rural and Northern Psychology / Psychologie des communautés rurales et nordiques**

Reception / Réception  
 Annual Meeting / Réunion annuelle

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

Annual Meeting / Réunion annuelle

**Social and Personality Psychology / Psychologie sociale et de la personnalité**

Section Keynote Speaker / Conférencier invité par la section  
*“Making Sense in the Face of Nonsense: How a Search for Meaning Underlies Many Key Psychological Motivations”*

Steve J Heine, University of British Columbia  
 Annual Meeting / Réunion annuelle

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

Section Keynote Speaker / Conférencière invitée par la section  
*“Realizing Rewards and Navigating Challenges: Providing Sport Psychological Services to a National Team in Training and Competition”*

Whitney Sedgwick, University of British Columbia  
 Annual Meeting / Réunion annuelle

**Students in Psychology / Étudiants en psychologie**

Section Keynote Speaker / Conférencier invité par la section  
*“Goal Setting: Theory, Research and Practice”*

Gary P Latham, Rotman School of Management, University of Toronto  
 Annual Meeting and Reception / Réunion annuelle et réception

**Teaching of Psychology / Enseignement de la psychologie**

Section Keynote Speaker / Conférencière invitée par la section  
*“Down the Garden Path: The Undergraduate Thesis in Psychology as a Humanistic Project in a Postmodern World”*

Diane Humphrey, King's University College  
 Annual Meeting / Réunion annuelle

**Traumatic Stress / Stress traumatique**

Annual Meeting / Réunion annuelle

**Women and Psychology / Femmes et psychologie**

Section Keynote Speaker / Conférencière invitée par la section  
*“Lethal and Non-Lethal Violence Against Women: Perspectives on Personal, Health, and Societal Consequences of Inter-Partner Violence”*

Noreen Stuckless, York University  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

\*Speaker nominated by multiple sections

CPA INVITED SPEAKERS /  
CONFÉRENCIERS INVITÉS PAR LA SCP



**“What Determines Perceptions of Academic Credibility?: The Role of Demographics and Ideological Beliefs”**

Karl Aquino, University of British Columbia, Sauder School of Business

**“Integrative Perspectives on Neurocognitive Aging & Dementia: Tracking Trajectories, Detecting Transitions, Identifying Risk Modifiers”**

Roger A Dixon, University of Alberta



**“Families and Attention-Deficit/Hyperactivity Disorder”**

Charlotte Johnson, University of British Columbia

**“Wellness and Fairness: Interdependence and Interventions”**

Isaac Prilleltensky, University of Miami



**“Initial Biases and Experiential Influences on Bilingual Speech Perception Development”**

Janet F Werker, University of British Columbia



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



**“Advances in Neuropsychological Assessment of Sport-Related Concussion”**

Grant L Iverson, Harvard Medical School

**“Healing Ourselves, Families and Communities from Internalized Oppression and Intergenerational Trauma”**

Hereditary Chief Phil Lane Jr, Four Worlds International Institute

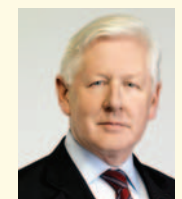


Keynote Speakers  
Conférenciers d’honneur

**CPA PRESIDENTIAL ADDRESS /  
ALLOCATION PRÉSIDENTIELLE**  
*“From Silos to Bridges: Psychology on the Move”*  
Wolfgang Linden Ph.D., CPA President



**HONORARY PRESIDENT’S ADDRESS /  
ALLOCATION DU PRÉSIDENT  
D’HONNEUR**  
*“Why Mental Health is the Issue of Our Time”*  
Hon. Bob Rae: Lawyer, Mediator, Speaker, Writer. Political Leader. Active on First Nations, Social Justice, International issues. Liberal.



**THE FAMILY OF PSYCHOLOGY  
KEYNOTE ADDRESSE /CONFÉRENCIÈRE**  
**“LA FAMILLE DE LA PSYCHOLOGIE”**  
*“Changing Behaviour: Models and Methods”*  
Susan Michie, B.A, M.Phil., D.Phil., CPsychol., Ac.ASS, FEHPsS, FBPsS, University College London



**SCIENCE AND APPLICATIONS  
KEYNOTE ADDRESS / CONFÉRENCE**  
**“SCIENCE & APPLICATIONS”**  
*“The Science-Practice Gap in Clinical Psychology: Sources of the Problem and a Roadmap for the Future.”*  
Scott Lilienfeld, Ph.D., Emory University





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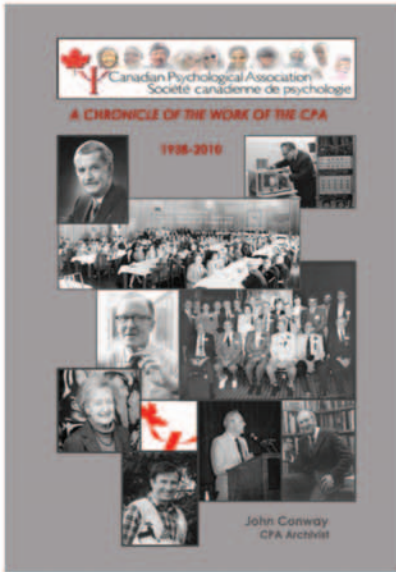
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- ψ major conferences on the State of the Discipline in the 1960s, 1980s and 1990s;
- ψ the Status of Women in Canadian psychology from the 1970s up to the present;
- ψ development of the Canadian Code of Ethics for Psychology in the 1980s and it's subsequent international recognition as a model Code;
- ψ accreditation of professional doctoral and internship programmes in psychology beginning in the 1980s and now including nearly seventy programmes;
- ψ the growth of specialties in both research and practice and the spread of psychology's presence across many disciplines in universities and many practice areas in human services;
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CONTINUING PROFESSIONAL DEVELOPMENT

FORMATION PROFESSIONNELLE CONTINUE  
DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE





# 2014 Election Information

As many of you will recall, CPA's new bylaws, in accordance with the new Canadian Not for Profit Corporations Act (CNCA), were passed at our AGM in June 2013. Since June we have had some clarification from legal counsel about how the new CNCA impacts our electoral process.

As the membership knows, historically we run our elections early in the New Year with members voting by paper or electronic ballot. The election results are then presented to the membership for acceptance at the Annual General Meeting in June of that same year. According to the CNCA, this will no longer be permissible since all elections must actually take place at an Annual General Meeting. This change is to enable any member to make a nomination from the floor.

For 2014, all of the available seats are either designated or acclaimed. At the 2014 AGM, we will submit a by-law change to allow for advance voting for 2015 onwards; Important when there are multiple candidates for an available seat.

Any acclaimed or designated seats will be presented to the

membership as a slate. Acclaimed seats are those where there was only one nominee for a particular position. Designated seats are those held for partner associations who then put forward a representative. The Canadian Council of Departments of Psychology (CCDP), the Canadian Council of Professional Psychology Programs (CCPPP), the Canadian Professional Associations of Psychology (CPAP) and the Canadian Society of Brain and Behavioural Science (CSBBCS) have all been offered designated seats on CPA's Board. Most often each association sends its Chair to take up the seat. If the membership wants to overturn the slate, they must put forward another slate which, as mentioned, they can do from the floor of the AGM. The membership then votes on the two (or more) slates.

For this year, there was only one nominee for each of the open positions of President-elect, Practitioner and Designated seats for CCPPP and CPAP. Consequently, you will find below the slate of candidates that will be presented to the 2014 Annual General Meeting.

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## SLATE OF CANDIDATES FOR THE 2014 ELECTIONS ON THE CPA BOARD OF DIRECTORS

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### Candidate for the seat of President-elect:

#### E. Kevin Kelloway, Ph.D.

It is an honor to be nominated for the role of President Elect on the CPA Board of Directors. I received my PhD in Organizational Psychology from Queen's University and taught for eight years in the Psychology Department of the University of Guelph. In 1999 I returned "home" to Nova Scotia as Professor of Management in the Sobey School of Business. I currently hold the Canada Research Chair in Occupational Health Psychology and am appointed as Professor of Psychology at Saint Mary's University in Halifax, NS. I am an active researcher and have been elected a Fellow of CPA, a Fellow of the Society for I/O Psychology and a Fellow of the Association for Psychological Science. I am Associate Editor of the journals *Work & Stress* and the *Journal of Organizational Effectiveness* and Section Editor of *Stress & Health* as well as serving on several editorial boards including *Canadian Psychology* and the *Journal of Applied Psychology*.

I have been active in CPA, having served as the chair and program coordinator of the I/O section as well as working with



CPA on various issues including the supply and demand for psychologists and the emergence of the new standard for Psychological Safety. Although my primary role is in academia, I also maintain an active consulting practice working with both private and public sector organizations around issues of leadership development, occupational health psychology and human resource management. In both my consulting and executive education work, I advocate for evidence-based practice and believe that psychologists are uniquely positioned to advise organizations on important issues.

A number of issues, including spiraling disability claims, the enactment of anti-harassment legislation in several jurisdictions and the promotion of the new standard for Psychological Safety in the Workplace have placed issues of occupational mental health at the top of many organizational agendas. I believe that CPA can, and should, be an active contributor to those discussions. As psychologists we know what works – indeed we even know what works at work! Our evidence base allows us to make informed contributions to both policy and workplace issues and I would like to see CPA become the primary advocate for occupational mental health as part of our, already active, advocacy.

**Candidate for the seat of Practitioner:****Samuel F. Mikail, Ph.D. ABPP**

Dr. Mikail has been on the staff of the Southdown Institute since 1996 and has served in the capacity of Clinical Director and member of the Senior Executive team since 2002. In addition to his administrative duties, Dr. Mikail provides clinical services to clients of the Southdown Institute and supervises psychology trainees at various levels. Dr. Mikail holds an adjunct clinical appointment in the Department of Psychology at University of Waterloo where he provides clinical supervision to graduate students and interns in the Centre for Mental Health and Research.



Dr. Mikail joined the Canadian Psychological Association shortly after beginning graduate studies in Clinical Psychology at the University of Saskatchewan in 1982. Over the years he served as an executive member of the Canadian Council of Professional Psychology Programs, Chair of the Clinical Section, Chair of the Accreditation Panel, and held the Practitioner seat on the Board of Directors of CPA from 1999 to 2002.

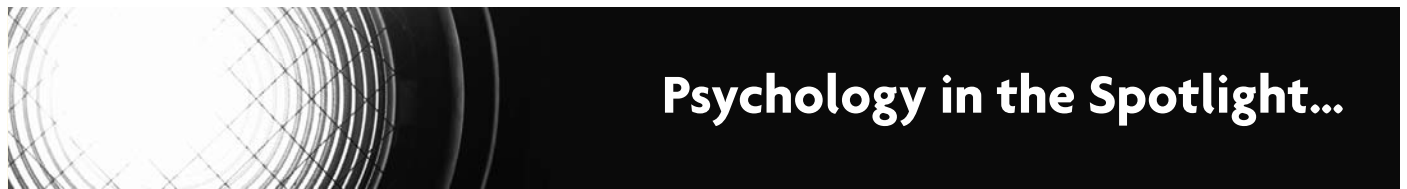
Dr. Mikail has elected to serve on the Board of CPA once again, recognizing that at this time the profession faces a number of significant challenges that will require the collective wisdom and talents of the entire board and CPA membership. The ongoing integration of the science and practice is more important today than ever before, particularly as the proportion of psychologists in private practice has increased exponentially. The move on the part of several provinces to regulate the practice of psychotherapy provides an opportunity that requires a reasoned and informed response by the profession. Increasing movement toward securing prescription privileges calls us to revisit and reflect on our identity as a profession; a task that has implications for training, continuing education, practice, and our relationship with other members of the health care team. Similarly, significant demographic shifts and the increasing multicultural composition of many of our communities calls us to review what we do and how we do it. These are some of the themes and issues which I hope will be a focus of my efforts.

**Candidate for the designated seat for the Council of Professional Associations of Psychologists (CPAP):****Andrea Piotrowski, Ph.D. C. Psych**

Dr. Piotrowski received her Master's degree in experimental psychology and Ph.D. in clinical psychology at the University of Manitoba. She completed her clinical psychology internship in Neuropsychology at Yale University. Currently, she works as a clinical psychologist in the Department of Clinical Health Psychology in Winnipeg and is an Assistant Professor in the Faculty of Medicine at the University of Manitoba. One of her research interests is the development of stepped care models for psychological treatment. Dr. Piotrowski has served as the Chair of the Council of Professional Associations of Psychologists (CPAP) and the Practice Directorate of CPA as well as a board member of CPA since 2011. She is also the Past-President and President-Elect of the Manitoba Psychological Society.

**Candidate for the designated seat for the Canadian Council of Professional Psychology Programs (CCPPP):****Mike Teschuk, Ph.D.**

Dr. Teschuk completed his B.A. in Psychology at U.B.C. and then received his Ph.D. in Clinical Psychology from the University of Waterloo in 1995. For the past 18 years, he has worked as a Clinical Psychologist for the Winnipeg Regional Health Authority and as a faculty member in the Department of Clinical Health Psychology within the Faculty of Medicine at the University of Manitoba. In addition to his clinical work as a pediatric psychologist, Dr. Teschuk has been active as a teacher in undergraduate medicine, and since 2008 he has served as the Residency Training Director in the CPA accredited Clinical Psychology training programme. Dr. Teschuk joined the Executive of the Canadian Council of Professional Psychology Programs in 2010 and served as President during the 2011-2012 term. Since the completion of his year as Past-President this past spring, he continued on with the CCPPP Executive as a Member at large.

**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](mailto:publicrelations@cpa.ca)



# Information sur les élections de 2014

Comme plusieurs d'entre vous se souviennent, les nouveaux règlements de la SCP, modifiés en conformité avec la nouvelle *Loi canadienne sur les organisations à but non lucratif* (Loi BNL), ont été adoptés lors de notre assemblée générale annuelle tenue en juin 2013. Par la suite, nous avons obtenu certaines clarifications de notre conseiller juridique au sujet des répercussions de la nouvelle Loi BNL sur notre procédure électorale.

Comme les membres le savent, nos élections se tiennent, depuis longtemps, au début de chaque année, et les membres votent au moyen d'un bulletin de vote par la poste ou par voie électronique. Les résultats de l'élection sont annoncés aux membres afin qu'ils les acceptent lors de l'assemblée générale annuelle, qui se tient en juin de chaque année. En vertu de la Loi BNL, cela ne sera plus permis, car toutes les élections doivent se tenir au cours d'une assemblée générale annuelle. Ce changement vise à permettre à tous les membres présents de proposer des candidatures sur place, durant l'AGA.

Cette année, tous les postes vacants sont soit pour des postes désignés ou élus par acclamation. Une proposition d'amendement aux règlements sera présentée à l'AGA de 2014 pour permettre le vote par anticipation. Cet amendement s'avère nécessaire surtout quand il y a plusieurs candidats pour le même siège.

Tous les postes élus par acclamation ou désignés seront présentés aux membres sur une liste. Un membre est élu par acclamation lorsqu'il est le seul à avoir été proposé pour un poste particulier. Les postes désignés sont réservés à des associations partenaires, qui nomment par la suite leur représentant. Le Conseil canadien des départements de psychologie (CCDP), le Conseil canadien des programmes de psychologie professionnelle (CCPPP), le Conseil des sociétés professionnelles de psychologues (CSPP) et la Société canadienne pour le cerveau, le comportement et la science cognitive (SCCCSC) ont chacun un siège désigné au conseil d'administration de la SCP. La plupart du temps, les associations envoient leur président pour siéger au conseil. Si les membres veulent rejeter la liste de candidats, ils doivent en proposer une autre sur place pendant l'AGA, comme nous l'avons mentionné précédemment. Les membres font alors leur choix parmi les deux listes (ou plus, le cas échéant).

Pour les élections de 2014, nous avons reçu un seul candidat pour chacun des postes vacants de président désigné, de praticien et pour les postes désignés réservés au Conseil canadien des programmes de psychologie professionnelle (CCPPP) et au Conseil des sociétés professionnelles de psychologues (CSPP).

## LISTE DES CANDIDATS AUX ÉLECTIONS DE 2014 AU CONSEIL D'ADMINISTRATION DE LA SCP

### Candidat au poste de président désigné E. Kevin Kelloway, Ph.D.

C'est un honneur pour moi d'avoir été choisi comme candidat au poste de président désigné du conseil d'administration de la SCP. J'ai obtenu mon doctorat en psychologie organisationnelle de l'Université Queen's et j'ai enseigné pendant huit ans au département de psychologie de l'Université de Guelph. En 1999, je suis rentré « chez moi », en Nouvelle-Écosse, pour occuper le poste de professeur de gestion à la Sobey School of Business. Je suis actuellement titulaire de la Chaire de recherche du Canada en psychologie de la santé au travail et je suis professeur de psychologie à l'Université Saint Mary's, en Nouvelle-Écosse. Je suis un chercheur actif et j'ai été élu fellow de la SCP; je suis également fellow de la Société canadienne de psychologie industrielle et organisationnelle et de l'Association for Psychological Science. Je suis rédacteur en chef adjoint des revues



*Work & Stress* et du *Journal of Organizational Effectiveness*; je suis, en outre, rédacteur de la section *Stress & Health* en plus d'être membre de plusieurs comités de rédaction, dont ceux de *Psychologie canadienne* et du *Journal of Applied Psychology*.

Je me suis investi activement à la SCP, notamment en tant que président et coordonnateur de programme à la Section de la psychologie industrielle et organisationnelle; j'ai aussi collaboré avec la SCP à différents dossiers, comme l'offre et la demande de services psychologiques et l'arrivée de la nouvelle norme sur la santé et la sécurité psychologiques. Bien que je mène principalement ma carrière en milieu universitaire, je suis aussi consultant pour des organisations du secteur public et du secteur privé. J'y donne des conseils sur le perfectionnement du leadership, la psychologie de la santé au travail et la gestion des ressources humaines. Tant comme consultant que comme conseiller auprès des cadres supérieurs, je fais valoir les pratiques fondées sur des données probantes et je crois que les psychologues sont les mieux placés pour conseiller les organisations sur des questions importantes.

Un certain nombre de questions, y compris la montée en





flèche des prestations d'invalidité, l'adoption de lois anti-harcèlement dans plusieurs provinces/territoires et la promotion de la nouvelle norme sur la sécurité psychologique au travail, ont fait de la santé mentale au travail une priorité au sein de plusieurs organisations. Je crois que la SCP peut et doit contribuer activement à ces discussions. Comme psychologues, nous savons ce qui fonctionne – en fait, nous savons même ce qui fonctionne au travail! En nous appuyant sur notre base de données probantes, nous pouvons contribuer de manière éclairée aux questions qui touchent les politiques et le milieu de travail. J'aimerais que la SCP devienne le principal défenseur de la santé mentale au travail, en plus de continuer à défendre, comme elle le fait déjà, les intérêts de la psychologie.

### Candidat au poste de praticien

#### Sam Mikail, Ph.D., ABPP

Le Dr Mikail travaille au Southdown Institute depuis 1996, et fait partie de l'équipe de cadres supérieurs de cet établissement depuis 2002. En plus de ses fonctions administratives, le Dr Mikail offre des services cliniques aux clients du Southdown Institute et supervise les stagiaires en psychologie à différents niveaux. Le Dr Mikail occupe un poste de professeur associé au département de psychologie de l'Université de Waterloo, où il assure la supervision clinique des étudiants des cycles supérieurs et des stagiaires au Centre for Mental Health and Research.



Le Dr Mikail s'est joint à la Société canadienne de psychologie en 1982, peu après le début de ses études supérieures en psychologie clinique à l'Université de la Saskatchewan. Au cours des années, il a été membre du comité exécutif du Conseil canadien des programmes de psychologie professionnelle et président de la Section de la psychologie clinique, en plus d'occuper, de 1999 à 2002, le siège de praticien au sein du conseil d'administration de la SCP.

Le Dr Mikail a choisi de siéger une fois de plus au conseil d'administration de la SCP; il reconnaît que, en ce moment, la profession est confrontée à des défis de taille, qui requerront, pour être surmontés, la sagesse collective et les talents de l'ensemble du conseil et des membres de la SCP. L'intégration continue de la science et de la pratique est, aujourd'hui, plus importante que jamais, d'autant plus que la proportion de psychologues en exercice privé augmente de façon exponentielle. La décision prise par plusieurs provinces de réglementer l'exercice de la psychothérapie est une occasion à laquelle la profession devra réagir de façon raisonnée et informée. La tendance croissante en faveur du privilège de prescrire des médicaments nous force à revoir notre identité en tant que profession et à y réfléchir; cette tâche a des implications pour la formation, l'éducation permanente, la pratique et notre relation avec les autres membres des équipes de soins de santé. Dans le même ordre

d'idées, les importants changements démographiques qui se produisent et la transformation multiculturelle d'un bon nombre de nos collectivités nous obligent à revoir ce que nous faisons, et comment nous le faisons. Voilà donc quelques-uns des thèmes et des questions qui, je l'espère, seront au centre de mes efforts.

### Candidate au poste de représentant du Conseil des sociétés professionnelles de psychologues (CSPP)

#### Andrea Piotrowski, Ph.D., C.Psych.

Dr<sup>e</sup> Piotrowski a reçu sa maîtrise en psychologie expérimentale et son doctorat en psychologie clinique à l'Université du Manitoba. Elle a fait son internat en psychologie clinique spécialisé en neuropsychologie à la Yale University. Elle travaille actuellement comme psychologue clinicienne au Department of Clinical Health Psychology, situé à Winnipeg, et est professeure adjointe à la Faculté de médecine de l'Université du Manitoba. L'un de ses intérêts de recherche est le développement de modèles des soins échelonnés pour les traitements psychologiques. Dr<sup>e</sup> Piotrowski a été présidente du Conseil des sociétés professionnelles de psychologues (CSPP). Elle siège, depuis 2011, au conseil d'administration et à la Direction générale de la pratique de la SCP. Elle est également présidente sortante et présidente désignée de la Manitoba Psychological Society.



### Candidat au poste de représentant du Conseil canadien des programmes de psychologie professionnelle (CCPPP)

#### Mike Teschuk, Ph.D.

Le Dr Mike Teschuk a obtenu son baccalauréat en psychologie de l'Université de la Colombie-Britannique et a reçu, en 1995, son doctorat en psychologie clinique de l'Université de Waterloo. Au cours des 18 dernières années, il a travaillé comme psychologue clinicien à l'Office régional de la santé de Winnipeg, et a enseigné au département de psychologie clinique, à la faculté de médecine de l'Université du Manitoba. En plus de sa pratique clinique comme psychologue pédiatrique, le Dr Teschuk a enseigné au programme de premier cycle en médecine. Depuis 2008, il est directeur de la formation en résidence du programme de formation en psychologie clinique, agréé par la SCP, de l'Université du Manitoba. En 2013, le Dr Teschuk s'est joint au conseil exécutif du Conseil canadien des programmes de psychologie professionnelle (CCPPP), dont il a été le président en 2011-2012. Depuis la fin de son mandat d'un an à titre de président sortant, qui s'est terminé au printemps dernier, il continue de siéger au conseil exécutif du CCPPP en tant que membre à titre particulier.





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

What follows is an update of activity undertaken by Head Office staff and leadership since the Fall of 2013. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)) on national activities for practice. Lisa Votta-Bleeker leads our science activity ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)). Amy Barnard staffs our Practice Directorate which focuses on inter-jurisdictional practice ([abarnard@cpa.ca](mailto:abarnard@cpa.ca)). For information on accreditation and continuing education, contact Melissa Tiessen at [mtiessen@cpa.ca](mailto:mtiessen@cpa.ca). Meagan Hatch is responsible for public affairs ([mhatch@cpa.ca](mailto:mhatch@cpa.ca)) but is on maternity leave until October 2014 at which time advocacy related inquiries can be directed to Karen Cohen. For information on membership, contact Tyler Stacey-Holmes at [tyler@cpa.ca](mailto:tyler@cpa.ca)



**CPA Need, Supply, 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. Notes from the Summit are being compiled into a proceedings report, which 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. This work was led by CPA Board member, Dr. Dorothy Cotton, with the assistance of CPA Board members, Dr. Andrea Piotrowski and Dr. Aimee Surprenant.



**Access to psychological services for Canadians:** At its June meeting, the CPA Board met with the principal author of our 2013 commissioned report *An Imperative for Change: Access to Psychological Services for Canadians* [http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf). The report includes a series of recommendations for enhanced access including the positioning of models and mechanisms. 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 which we have 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 2013/2014, CPA has been promoting the report's recommendations among stakeholders with meetings held or planned with the federal government, large national employers, public service unions, and the health insurance industry. CPA encourages all Canadian psychologists to become familiar with the report's recommendations which they too can bring to the attention to the stakeholders and decision-makers with whom they work and interact.



**Mind Your Mental Health.** Be sure to visit our new advocacy and awareness campaign, Mind Your Mental Health (MYMH). Through this National campaign, developed by the Manitoba Psychological Society, this campaign aims to:

- Help increase awareness among the public and government about mental health;
- Provide information to the public about psychological topics and disorders and how to prevent, manage and treat them; and
- Encourage the public, and other stakeholders in health, to let their governments know that Canadians need better access to treatments provided by psychologists, in the public health care system.



**Effectiveness of psychological services.** In the Fall of 2013, CPA's Board of Directors received the report commissioned from Dr. John Hunsley which is a revision of his 2002 report on the effectiveness of psychological services. The 2013 revision focuses on the effectiveness of psychological treatments with three sentinel health conditions: depression, anxiety and heart disease. CPA issued a press release about the report and Dr. Hunsley discussed its findings with several media outlets. Dr. Hunsley's report can be found at [http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments\\_web.pdf](http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf)



**Partners for Mental Health (Partners).** Partners is a national charity focused on raising awareness and inciting change when it comes to mental health in Canada. Michael Kirby, the founding chairperson of Partners, has called for better publicly funded access to psychological services for Canada's children and youth. CPA has met with Mr. Kirby, bringing the recommendations of our access report to his attention and engaging with him around the issues and opportunities to promote access to psychological care for Canadians. Mr. Kirby's call can be found at <http://www.theglobeandmail.com/life/health-and-fitness/health/exposing-canadas-ugly-mental-health-secret/article14828590/>



**HST/GST.** As noted previously, budget 2013 (Pg. 375) makes changes to the HST/GST attached to reports and services for non-health care purposes. It notes that taxable supplies would include reports, examinations, and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy. CPA met with the Department of Finance and Canada Revenue Agency 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. Dr. Cohen also presented our concerns to the Standing Committee on Finance. CRA is developing a guidance document upon which we will be able to provide feedback. CPA is awaiting release of the document for public comment which we hope will be in early 2014.



**Canadian Coalition for Public Health in the 21<sup>st</sup> Century (CCPH21).** The CPA continues to be a member of this coalition, speaking to the inclusion of mental health as a key public health issue. In October, the CCPH21 issued a press release in response to the Speech from the Throne calling for attention to the social determinants of health and the importance of investment in health promotion. CCPH21 is currently developing a letter that will be sent to the Ministers of Finance and Health concerning the potential economic impact of investments in public health.



**National Emergency Psychosocial Advisory Consortium (NEPAC).** Dr. Votta-Bleeker continues to serve as Chair for NEPAC. As various natural disasters and crises emerge, CPA continues to participate in various meetings regarding psychosocial responding and to post various resources on coping on our website.



**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. As reported in Fall 2013, 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 effective care from the right provider delivered to the right pa-

tient at the right time in the right place), and seniors health. In Fall 2013, HEAL has been working on a foundation document outlining its position and recommendations about the role of the federal government and health care innovation and reform. This position will be shared once completed in early 2014. HEAL, an alliance of 42 of the country's national health care organizations and associations, has been guided by its historic mandate to call for the federal role in Canada's health. Dr. Cohen's HEAL Co-Chair is Mr. Glenn who was formerly the CEO of the Association of Canadian Academic Healthcare Organizations and, as of August 2013, the CEO of the Canadian Psychiatric Association.



**Canadian Alliance of Mental Illness and Mental Health (CAMIMH).** In October, CAMIMH hosted its Faces Campaign during Mental Illness Awareness Week (MIAW). The Faces Campaign celebrates the stories and accomplishments of five Canadians living in recovery from mental illness. On October 8<sup>th</sup>, the Faces joined CAMIMH in a breakfast of stakeholders and parliamentarians where we launched public service announcements created for MIAW. The events were covered by various media outlets. More information available from <http://camimh.ca/mental-illness-awareness-week-english/about-miaw/>. Coincident with that occasion, CPA's Karen Cohen and Meagan Hatch attended an event hosted by Canada's Governor General in celebration of the artistic accomplishments within the community of persons living with mental illness. Noted during an open-mike portion of the event was the national need for better access to psychological and other mental health services. The October MIAW event marks the completion of Dr. Cohen's two year term as Chair of CAMIMH's mental illness awareness activities. CPA will continue its active involvement in CAMIMH.



**Mental Health Commission of Canada (MHCC).** CPA is pleased to announce the public support of the MHCC in our call for better public access to psychological services. The MHCC statement of support followed from a September 2013 presentation that Dr. Cohen and Ms. Hatch made to the MHCC about the recommendations of CPA's commissioned report on access to psychological services for Canadians ([http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf)). A copy of that letter of support can be found at [http://www.cpa.ca/docs/File/Practice/MHCC\\_LetterOfSupport\\_2013.pdf](http://www.cpa.ca/docs/File/Practice/MHCC_LetterOfSupport_2013.pdf)

CPA also 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. 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.



**International Congress of Applied Psychology (ICAP) 2018.** As reported in the fall, following our successful bid pitch in July 2012 to host the ICAP 2018, CPA has been working with the IAAP to develop a model and agreement with which to deliver the 2018 Congress. A site visit of IAAP and CPA officers successfully took place in November at the proposed Congress venue in Montreal and a formal agreement among CPA, Mitacs, IAAP and the Congress venue is in development.



**Accreditation.** The Accreditation Panel recently granted initial accreditation to the pre-doctoral internship programme at Correctional Services Canada (Ontario Region). There are now 66 CPA accredited programmes – 33 doctoral and 33 internship. The Panel will soon be recruiting for multiple open Panel member positions, and invites applications from any interested CPA members. Further details on Panel membership are available at: <http://www.cpa.ca/accreditation/resources/accreditation-panel/>

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, and a workshop in French has been confirmed for January 2014, in Gatineau, QC. 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.

Finally, the Accreditation Panel is pleased to announce that at the 2014 convention they will be hosting a special celebration in honor of past site visitors and Panel members. More details to follow as the convention draws nearer.



**Continuing professional development (CPD).** CPA's online CE course in psychopharmacology was successfully launched in Fall 2013. Over 200 individuals have already subscribed. Please see the advertisement in this issue of Psynopsis for more information about the online psychopharmacology course. Development of the next CPD offering, a workshop on

the new DSM-5, is currently underway and soon to be completed as an interdisciplinary offering on the management of chronic pain. This latter initiative is being developed in partnership with the Canadian Physiotherapy Association.



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

The Practice Directorate's webpage, located within CPA's website, has been updated with an up-to-date Council list and the inclusion of a provincial and territorial initiatives and campaigns page. Check out the webpage if you are interested in what the Practice Directorate is doing. <http://www.cpa.ca/practitioners/practicedirectorate/>. As mentioned earlier in this update, The Mind Your Mental Health website ([www.mymh.ca](http://www.mymh.ca)) launched in November with the help of CPA's Tyler Stacey-Holmes along with input from provincial and territorial associations. The website's letter writing campaign option has already proven effective with meetings between association members and provincial government officials taking place. Each jurisdiction will be organizing its own activities to promote psychology month, find out what each jurisdiction is doing here: <http://www.cpa.ca/psychologymonth/>.

The Practice Directorate met in January and welcomed its newest delegates: Dr. Douglas Cave of BCPA (British Columbia) and H el ene Gendreau of CPNB (New Brunswick). The council wishes to thank outgoing delegates, Dr. Ted Altar (British Columbia) and Louise Morin (New Brunswick) for their contributions to the Practice Directorate. A Strategic Planning session will take place with a goal of engaging delegates around how each association can be better equipped to advocate within their own jurisdictions as well as what activities the Council wishes to take on over the next five years. A report on the January meeting of the PD will be forthcoming in the Spring 2014 Psynopsis Update. For more information about PD activity, contact its Manager, Amy Barnard at [abarnard@cpa.ca](mailto:abarnard@cpa.ca).



**Journals and Publications.** Visit CPA's home page ([www.cpa.ca](http://www.cpa.ca)) for a new feature "Now in CPA's Journals" to see the most recent releases of CPA's three journals. While you're there, you can find out more about our email alert service that will notify you about each journal release. This free-service alert details the journal issue and includes a table of contents.

The CPA is pleased to announce that Dr. William Roberts is



the new Editor of the Canadian Journal of Behavioural Science, effective January 1, 2014. CPA's thanks go out to Dr. Todd Morrison who completed his editorial term for CJBS in December 2013.



**Call for Submissions – Psynopsis.** The spring 2014 issue of Psynopsis Magazine – *Canada's Psychology Magazine*, is a special issue to commemorate the Canadian Psychological Association's 75<sup>th</sup> Anniversary (1939-2014). In celebration of CPA's 75th anniversary in 2014, we would like to invite the membership to submit 400 words or less describing why you chose psychology as a career, any event or experience in science or practice that has been a defining moment for you, and/or describing how your career as a psychologist has enabled you to make a contribution to the well-being of society. Defining moments might be your own discoveries or initiatives or they might be the discoveries or initiatives of mentors and colleagues who inspired you.

CPA will use the submissions on our website and in Psynopsis throughout our anniversary year to highlight the contributions and accomplishments of the discipline and profession. Submissions are enthusiastically invited. Send 400-900 words to Managing Editor, Tyler Stacey-Holmes ([cpa75@cpa.ca](mailto:cpa75@cpa.ca)). Spring submissions are due by March 3<sup>rd</sup>, 2014. Please note that submissions may be edited with the author's consent. If you have ideas for Psynopsis themes, please contact its Editor-in-Chief, Dr. Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)).



**Fact Sheets.** We continue to identify needs and gaps in our fact sheet collection; two new fact sheets (one on suicide among

Head Office over the winter semester. Students from within all areas of research and practice specialization are encouraged to contact the CPA if interested in doing a practicum or rotation with the CPA. It presents a unique opportunity to meet with CPA's partners in science and practice, contribute to policy development, and learn about advocacy. For information, contact [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca).



**Canadian Psychological Association Foundation (CPAF).** The Canadian Psychological Association Foundation (CPAF) seeks nominations for its 2014 awards supporting the innovation and excellence of programs and services that deliver psychological services. The CPA Foundation has alternated in the past between funding student research and funding innovative initiatives for access to psychological services in order to fulfill its mandate with limited resources. The awards recognize the shortfall between the needs of Canadians and access to psychological services. In 2014, CPAF will disburse up to \$10,000 which will support up to 2 awards. The terms of eligibility for the award(s) can be found by visiting: [www.cpa.ca/cpafoundation](http://www.cpa.ca/cpafoundation).



**Annual High School Science Awards.** Following another successful competition of the Annual High School Science Awards, the CPA is pleased to continue this program which is designed to honour Canadian high school students who have completed and submitted a psychology-relevant project to their respective high school science fairs. These awards, which are made possible by the generous support of Scotiabank, are presented at CPA's Annual convention in June. <http://www.cpa.ca/convention/HighSchoolScienceAwards/>

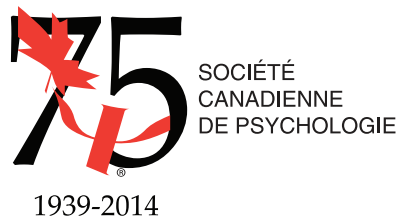


**Requests for CPA Input/Review of External Documents.** In the coming months, the CPA will contribute to the review and/or development of three documents.

*Living with Advanced Cancer*, being developed by the Canadian Cancer Society (expected completion date is 2015).

*Family-Centred Maternity and Newborn Care (FCMNC) National Guidelines*, currently being updated by the Public Health Agency of Canada (expected completion date is 2015-2106).

*Nutritional Needs of Women throughout the Lifespan. Clinical Guidelines*, currently being developed the Society of Obstetricians and Gynecologists of Canada.



the elderly and one on PTSD) have been solicited while two others (What is Psychology and How to Pick a Graduate School) 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](mailto:lvottableeker@cpa.ca)).



**Interns.** Heading in to the New Year, CPA is pleased to welcome Ana Dursun, a masters-level graduate student from Carleton University who will complete a practicum placement at



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

Voici une mise à jour des activités entreprises par le personnel et la direction du siège social depuis l'automne 2013. Pour avoir des renseignements supplémentaires sur les activités décrites ici, n'hésitez pas à communiquer avec nous. Nous voulons connaître votre opinion. À moins d'indication contraire, la personne avec laquelle communiquer pour toute question relative aux activités nationales touchant la pratique est Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)). Lisa Votta-Bleeker dirige nos activités relatives à la science ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)). Amy Barnard s'occupe de la Direction générale de la pratique, qui s'intéresse à la pratique dans les provinces/territoires ([abarnard@cpa.ca](mailto:abarnard@cpa.ca)). Pour avoir de l'information sur l'agrément et l'éducation permanente, communiquez avec Melissa Tiessen à [mtiessen@cpa.ca](mailto:mtiessen@cpa.ca). Meagan Hatch est responsable des affaires publiques ([mhatch@cpa.ca](mailto:mhatch@cpa.ca)), mais elle est en congé de maternité jusqu'en octobre 2014. D'ici là, les questions relatives aux activités de représentation doivent être acheminées à Karen Cohen. Pour plus d'informations sur l'adhésion, communiquez avec Tyler Stacey-Holmes à [styler@cpa.ca](mailto:styler@cpa.ca).



**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. Les notes du Sommet seront compilées et présentées dans un compte rendu, qui servira à 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 qui, nous l'espérons, nous permettra de définir certaines mesures concrètes pour la discipline et la profession.

Les questions qui ont été abordées sont les suivantes : les psychologues en début de carrière, la demande et l'offre limitée de stages, les besoins de formation, l'éducation permanente, le financement de la science, le transfert des connaissances et la correction des lacunes en matière d'application des connaissances, les obstacles et les possibilités relatives à la formation et au recrutement des universitaires et la correction des lacunes statistiques. Ce projet était dirigé par une membre du conseil d'administration de la SCP, D<sup>re</sup> Dorothy Cotton, avec l'aide de deux autres membres du conseil d'administration de la SCP, D<sup>re</sup> Andrea Piotrowski et D<sup>re</sup> Aimée Surprenant.



**Accès aux services psychologiques au Canada.** À sa réunion de juin, le conseil d'administration de la SCP a rencontré l'auteur principal du rapport commandé en 2013, intitulé *An Imperative for Change. Access to Psychological Services for Canadians*. [http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf). Ce rapport comporte une série de recommandations visant à améliorer l'accès aux psychologues, notamment par la mise en place de modèles et de mécanismes. Ces recommandations découlent d'une série de sondages et de discussions avec les intervenants, concernant les besoins et les possibilités en matière de services psychologiques, ainsi que 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, pour appuyer leurs activités de représentation dans leur province ou leur territoire. En 2013-2014, la SCP a fait connaître les recommandations du rapport aux intervenants. Elle a rencontré le gouvernement fédéral, les grands employeurs nationaux, les syndicats de la fonction publique et l'industrie des assurances de personnes, ou prévoit le faire. La SCP encourage tous les psychologues canadiens à se familiariser avec ces recommandations, qu'ils pourront porter, à leur tour, à l'attention des intervenants et des décideurs avec lesquels ils travaillent et communiquent.



**Ayez votre santé mentale en tête.** Ne manquez pas de suivre notre nouvelle campagne de représentation et de sensibilisation, Ayez votre santé mentale en tête. Cette campagne nationale, mise sur pied par la Manitoba Psychological Society, vise à :

- Aider à accroître la sensibilisation auprès du public et du gouvernement de l'importance de la santé mentale;
- Fournir de l'information au public au sujet de la psychologie et des troubles psychologiques et la manière de les prévenir, les gérer et les traiter;
- Encourager le public, et d'autres intervenants du secteur de la santé, à dire à leurs élus que la population canadienne a besoin d'un meilleur accès aux traitements offerts par les psychologues dans le système de soins de santé public.



**L'efficacité des services psychologiques.** À l'automne 2013, le conseil d'administration de la SCP a reçu le rapport commandé à D<sup>r</sup> John Hunsley, qui est une version révisée de son rapport sur l'efficacité des services psychologiques préparé en 2002. La révision de 2013 porte sur l'efficacité des services psychologiques du point de vue de trois maladies sentinelles : la dépression, l'anxiété et les maladies du cœur. La SCP a émis un communiqué de presse au sujet du rapport et le D<sup>r</sup> Hunsley a parlé de ses conclusions avec plusieurs médias. Le rapport du D<sup>r</sup> Hunsley se trouve à l'adresse [http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments\\_web.pdf](http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf).





**Partenaires pour la santé mentale.** Partenaires pour la santé mentale est un organisme de bienfaisance national qui a pour mission de sensibiliser la population à la santé mentale au Canada et à provoquer des changements à cet égard. Michael Kirby, le président fondateur de l'organisme, a réclamé un meilleur accès aux services psychologiques financés par l'État pour les enfants et les jeunes du Canada. La SCP a rencontré M. Kirby afin de porter à son attention les recommandations de notre rapport, et en a profité pour souligner certains enjeux, et les possibilités de promouvoir l'accès aux soins psychologiques pour le bien des Canadiens. Pour prendre connaissance du message de M. Kirby, rendez-vous à <http://www.theglobeandmail.com/life/health-and-fitness/health/exposing-canadas-ugly-mental-health-secret/article14828590/>.



**TVH/TPS.** Comme nous l'avons déjà mentionné, 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. La SCP a rencontré le ministère des Finances et l'Agence du revenu du Canada (ARC) 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 psychologiques, même si elles sont fournies dans un contexte médical/juridique, ou assurées par un régime privé, sont des services de santé de base nécessaires et devraient, par conséquent, demeurer exemptés de taxe. D<sup>re</sup> Cohen a également fait part au Comité permanent des finances de nos préoccupations. L'ARC prépare actuellement un document d'orientation sur lequel nous pourrions faire des commentaires. La SCP attend la diffusion du document pour consultation publique qui, nous l'espérons, sera publié au début de 2014.



**Coalition canadienne pour la santé publique au 21<sup>e</sup> siècle (CCSP21).** La SCP est encore membre de ce réseau, qui fait valoir la nécessité d'inclure la santé mentale parmi les enjeux fondamentaux de la santé publique. En octobre, la CCSP21 a publié un communiqué de presse qui donnait suite au discours du Trône. Dans ce communiqué, la Coalition demandait au gouvernement de s'intéresser davantage aux déterminants sociaux de la santé et à l'importance d'investir dans la promotion de la santé. La CCSP21 est en train de rédiger une lettre qui sera en-

voyée aux ministres des Finances et de la Santé, et portera sur les répercussions économiques potentielles des investissements dans le domaine de la santé publique.



**National Emergency Psychosocial Advisory Consortium (NEPAC).** La D<sup>re</sup> Votta-Bleeker est toujours la présidente du NEPAC. Pendant que différentes catastrophes naturelles et crises se produisent, la SCP continue de participer à des réunions portant sur l'intervention psychosociale et à publier sur son site Web diverses ressources sur les réactions face aux stressés.



**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, D<sup>re</sup> Cohen représente la coalition auprès du GTIMS. Comme il en a été question à l'automne 2013, le GTIMS a 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. À l'automne 2013, 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. Cette position sera communiquée une fois achevée au début de 2014. Les activités de HEAL, une coalition de 42 organisations et associations nationales de soins de santé du pays, sont orientées par son mandat initial, c'est-à-dire voir à ce que le gouvernement fédéral maintienne ses responsabilités à l'égard des soins de santé au Canada. HEAL est coprésidé par D<sup>re</sup> Cohen et M. Glenn Brimacombe, auparavant directeur général de l'Association canadienne des institutions de santé universitaires, et depuis août 2013, directeur général de l'Association des psychiatres du Canada.



**Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM).** En octobre, l'ACMMSM a tenu sa campagne intitulée « Visages de la maladie mentale » dans le cadre de la Semaine de sensibilisation aux maladies mentales (SSMM). Cette campagne présente les témoignages et les accomplissements de cinq Canadiens qui souffrent de problèmes de santé mentale, et sont en voie de rétablissement. Le 8 octobre, ces cinq personnes, les cinq Visages de la maladie mentale, se sont jointes à l'ACMMSM pour prendre le petit-déjeuner avec des intervenants et des parlementaires. À cette occasion, la SCP a lancé des communiqués d'intérêt public visant à pro-



mouvoir la SSMM. Différents médias ont parlé de ces activités. Pour en savoir plus, rendez-vous à <http://camimh.ca/fr/semaine-de-sensibilisation-aux-maladies-mentales/a-propos-de-ssmm/>. En même temps, Karen Cohen et Meagan Hatch, de la SCP, ont assisté à une soirée organisée par le gouverneur général du Canada, vouée à l'exploration des liens entre la santé mentale et la créativité, et soulignant les réalisations artistiques de personnes souffrant de maladie mentale. Dans la partie de la soirée où les participants pouvaient s'exprimer au micro, on a mentionné l'importance d'améliorer l'accès aux services psychologiques et à d'autres services en santé mentale. L'événement de clôture de la SSMM, tenu en octobre, marquait la fin du mandat de deux ans, qu'occupait D<sup>re</sup> Cohen à titre de présidente des activités de sensibilisation aux maladies mentales de l'ACMMSM. La SCP continuera de s'investir activement auprès de l'ACMMSM.



**Commission de la santé mentale du Canada (CSMC).** La SCP est heureuse d'annoncer que la CSMC soutient ses efforts en vue d'améliorer l'accès du public aux services psychologiques. La déclaration d'appui de la CSMC faisait suite à la présentation livrée par D<sup>re</sup> Cohen et Mme Hatch en septembre 2013, qui portait sur les recommandations issues du rapport commandé par la SCP sur l'accès aux services psychologiques au Canada ([http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf)). Une copie de la lettre de soutien se trouve à l'adresse [http://www.cpa.ca/docs/File/Practice/MHCC\\_LetterOfSupport\\_2013.pdf](http://www.cpa.ca/docs/File/Practice/MHCC_LetterOfSupport_2013.pdf).

En outre, 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 un cadre de collaboration nationale pour la prévention du suicide. 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 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 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.



**Congrès international de psychologie appliqué 2018.** Comme il a été mentionné à l'automne, après avoir été désignée en juillet 2012 organisation hôte du congrès de 2018, la SCP a travaillé avec l'Association internationale de psychologie ap-

pliquée (AIPA) afin d'élaborer un modèle et une entente établissant les modalités de l'organisation du congrès de 2018. En novembre, les représentants de l'AIPA et les dirigeants de la SCP se sont rendus à Montréal afin de faire la visite du lieu proposé pour la tenue du congrès. Un accord formel entre la SCP, Mitacs, l'AIPA et le site du Congrès est en cours d'élaboration.



**Agrément.** Le Jury d'agrément a accordé, récemment, l'agrément initial du programme d'internat de doctorat du Service correctionnel du Canada (région de l'Ontario). En ce moment, soixante-six programmes sont agréés par la SCP : 33 stages de doctorat et 33 internats. Le Jury d'agrément aura bientôt plusieurs postes à combler. Tous les membres de la SCP intéressés sont invités 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/>.

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. Le Jury d'agrément offrira également au congrès un atelier de formation pour les visiteurs d'établissement. Un atelier en français est prévu en janvier 2014; il se tiendra à Gatineau, au Québec. 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.

Pour finir, le Jury d'agrément est heureux d'annoncer qu'il tiendra une activité spéciale, au congrès de 2014, dans le but d'honorer les anciens visiteurs d'établissement et les anciens membres du Jury d'agrément. Plus de détails suivront plus la date du congrès approchera.



**Cours de perfectionnement professionnel.** Le cours de perfectionnement professionnel en ligne en psychopharmacologie a été lancé à l'automne 2013. Plus de 200 personnes s'y sont déjà inscrites. Veuillez voir l'annonce publiée dans le présent numéro de *Psynopsis* pour en savoir plus sur le cours. La conception du prochain cours de perfectionnement professionnel, un atelier sur le nouveau DSM-5, est en cours et sera bientôt terminée. Il s'agira d'un cours interdisciplinaire sur la douleur chronique. Cette dernière initiative est mise sur pied en partenariat avec l'Association canadienne de physiothérapie.



**Direction générale de la pratique (DGP).** La Direction générale de la pratique (DGP) relève d'un conseil constitué de représentants d'associations provinciales et territoriales de psychologues de partout au Canada. La DGP 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. Ce qui suit est une mise à jour des activités menées par la DGP depuis la publication de son rapport dans le numéro d'automne de *Psynopsis*.

La page Web de la DGP, qui se trouve sur le site Web de la SCP, a été actualisée. En plus de publier la liste à jour des membres du conseil d'administration, la DGP a créé une page consacrée aux initiatives et aux campagnes menées dans les provinces et les territoires. Si vous voulez en savoir plus sur les activités de la DGP, consultez sa page Web : <http://www.cpa.ca/praticiens/generalepratique/>. Comme nous l'avons mentionné ci-dessus, le site Web de la campagne Ayez votre santé mentale en tête ([www.mymh.ca](http://www.mymh.ca)) a été lancé en novembre avec l'aide de Tyler Stacey-Holmes, de la SPC, ainsi que les commentaires et les suggestions des associations provinciales et territoriales. La campagne épistolaire a déjà prouvé son efficacité, des réunions entre les membres de l'association et les fonctionnaires provinciaux ayant déjà eu lieu. Dans le cadre du Mois de la psychologie, chaque province et territoire organisera ses propres activités. Pour les connaître, rendez-vous à l'adresse suivante : <http://www.cpa.ca/lemoisdelapsychologie/>.

La Direction générale de la pratique s'est réunie en janvier et a accueilli ses nouveaux délégués : le Dr Douglas Cave de la British Columbia Psychological Association (Colombie-Britannique) et Hélène Gendreau, du Collège des psychologues du Nouveau-Brunswick (Nouveau-Brunswick). Le conseil d'administration tient à remercier les délégués sortants, le Dr Ted Altar (Colombie-Britannique) et Louise Morin (Nouveau-Brunswick) pour leurs contributions à la Direction générale de la pratique. Une séance de planification stratégique, à laquelle ont participé les délégués, a été organisée. Ceux-ci ont échangé sur ce qui manque à leur association respective pour être plus efficace dans les activités de représentation dans leur province/territoire. Le conseil d'administration a parlé également des activités qu'il compte mener au cours des cinq prochaines années. Le compte rendu de la réunion de janvier de la DGP sera publié dans le numéro du printemps 2014 de *Psynopsis*. Pour plus d'information sur les activités de la DGP, communiquez avec sa gestionnaire, Amy Barnard, à [abarnard@cpa.ca](mailto:abarnard@cpa.ca).



**Reuves et publications.** La SCP présente sur sa page d'accueil ([www.cpa.ca](http://www.cpa.ca)) une nouvelle rubrique intitulée « Now in CPA's Journals ». Dans cette section, vous trouverez de l'information sur les plus récentes éditions de chacune des trois revues publiées par la SCP. Profitez-en pour vous inscrire à notre service de notification par courriel, qui vous avise dès que les numéros de chaque revue sont disponibles. Ce service gratuit vous donne des détails sur chaque numéro publié et comprend la

table des matières des nouveaux numéros.

La SCP est heureuse d'annoncer que le Dr William Roberts est le nouveau rédacteur en chef de la *Revue canadienne des sciences du comportement*. Il est entré en fonction le 1<sup>er</sup> janvier 2014. La SCP tient à remercier le Dr Todd Morrison. Son mandat à titre de rédacteur en chef de la RCSC s'est terminé en décembre 2013.



**Appel d'articles - *Psynopsis*.** L'édition du printemps 2014 de *Psynopsis - le magazine des psychologues du Canada* - sera un numéro spécial consacré au 75<sup>e</sup> anniversaire de la Société canadienne de psychologie (1939-2014). À l'occasion de la célébration du 75<sup>e</sup> anniversaire de la SCP en 2014, nous vous invitons à présenter des textes de 400 mots ou moins dans lesquels vous pourriez expliquer pourquoi vous avez choisi la carrière de psychologue, évoquer les événements ou les expériences que vous avez vécues comme chercheur ou comme praticien, et qui ont été des moments déterminants dans votre vie, ou décrire comment votre carrière de psychologue vous a permis de contribuer au bien-être de la société. Les découvertes que vous avez faites ou les initiatives que vous avez menées, ou encore les découvertes ou les initiatives des mentors et des collègues qui vous ont inspiré, sont des exemples de moments déterminants qui peuvent marquer la carrière de psychologue.

Tout au long de l'année, la SCP publiera les textes proposés sur son site Web et dans *Psynopsis* afin de mettre en valeur les contributions et les réalisations de notre discipline et notre profession. Nous attendons vos textes avec impatience. Envoyez votre texte (de 400 à 900 mots) au directeur des services de rédaction, Tyler Stacey-Holmes ([cpa75@cpa.ca](mailto:cpa75@cpa.ca)). La date d'échéance pour publier un article dans le numéro du printemps est le 3 mars 2014. Veuillez noter que les textes peuvent être modifiés avec le consentement de l'auteur. Si vous avez des idées de thèmes à nous proposer pour les prochains numéros de *Psynopsis*, veuillez écrire à sa rédactrice en chef, Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)).



**Fiches d'information.** Nous cherchons constamment à identifier les besoins et les lacunes de notre série de fiches d'information. Deux nouvelles fiches (l'une sur le suicide et l'autre sur le TSPT) ont été sollicitées, tandis que deux autres fiches (« Qu'est-ce que la psychologie » et « Comment choisir son école d'études supérieures ») sont en cours de révision. Nous invitons les membres intéressés à rédiger une fiche d'information à communiquer avec Dr<sup>re</sup> Votta-Bleeker ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)).



**Internes.** En ce début d'année, la SCP est heureuse d'accueillir Ana Dursun, une étudiante à la maîtrise à l'Université Carleton, qui fera un stage au siège social pendant le semestre d'hiver. La SCP invite les étudiants de tous les domaines de re-





cherche et spécialités de pratique, qui sont intéressés à faire un stage à la SCP, à communiquer avec nous. Il s'agit d'une occasion unique de rencontrer les partenaires de la SCP qui s'intéressent à la science et la pratique de la psychologie, de contribuer à l'élaboration de politiques et de s'informer sur les activités de représentation. Pour obtenir des renseignements supplémentaires, écrire à [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca).



**Fondation de la Société canadienne de psychologie (FSCP).** La Fondation de la Société canadienne de psychologie (FSCP) sollicite des candidatures pour ses prix de 2014 visant à soutenir l'innovation et l'excellence des programmes et des services de psychologie. Dans le passé, la Fondation de la SCP accordait ses prix en alternance, finançant à tour de rôle la recherche étudiante et des initiatives novatrices appuyant l'accessibilité aux services psychologiques. Ces prix cernent les lacunes entre les besoins de la population canadienne et l'accès aux services de psychologie. En 2014, la FSCP versera un montant pouvant aller jusqu'à 10 000 \$, qui permettra de financer un ou deux prix. Les conditions d'admissibilité aux prix sont décrites à l'adresse suivante : <http://www.cpa.ca/fondationde-lascp/prixCPAF/#2013awards>.



**Prix scientifiques annuels destinés aux élèves du secondaire.** Après le succès remporté encore cette année par le concours des Prix scientifiques annuels destinés aux élèves du secondaire, la SCP est heureuse de continuer à offrir ce programme, qui honore les élèves du secondaire qui ont réalisé et présenté un projet ayant trait à la psychologie dans le cadre de l'expo-sciences de leur école. Ces prix, rendus possibles grâce au généreux appui de la Banque Scotia, sont remis au congrès annuel de la SCP, en juin. <http://www.cpa.ca/congres/PrixScientifiques/>



**Appels à commentaires auprès de la SCP/révision de documents externes.** Dans les mois à venir, la SCP participera à l'élaboration ou la révision de trois documents.

*Living with Advanced Cancer* : en cours d'élaboration par la Société canadienne du cancer (date d'achèvement du document prévue en 2015).

*Les soins à la mère et au nouveau-né dans une perspective familiale : lignes directrices nationales* : mise à jour en cours par l'Agence de la santé publique du Canada (date d'achèvement de la mise à jour prévue en 2015-2016).

*Clinical Guideline on the Nutritional Needs of Women through the Lifespan* : en cours d'élaboration par la Société des obstétriciens et gynécologues du Canada.

## Robert Sommer Award for Best Student Paper

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

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

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

**Due Date: March 31, 2014**

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

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

**All materials must be e-mailed with the subject line "Robert Sommer Award" to: [elizabethnisbet@trentu.ca](mailto:elizabethnisbet@trentu.ca).**



# Your Committee on Ethics at Work: Research Ethics Boards and Standardized Psychological Tests

Carole Sinclair, Ph.D., Chair, Committee on Ethics  
John Service, Ph.D., Member, Committee on Ethics

One of the functions of the Association's Committee on Ethics is to respond to questions and consultation requests from CPA members. Occasionally, the focus of a consultation has broad applicability and involves a written response from the Committee. The following is an example of this type of consultation request. The Committee wishes to thank the parties involved for forwarding the important questions discussed below, and for agreeing to share the following summary.

## Background

In the spring of 2013, Dr. Roelof Eikelboom, Chair and Professor of Psychology, Wilfrid Laurier University, asked CPA for an opinion regarding two specific requests by the University's Research Ethics Board (REB): (1) the REB receive copies of and review standardized psychological tests to be used in a research study being submitted for REB approval; and (2) research consent forms inform participants that they are free not to answer any particular test item. Dr. Eikelboom noted that the REB's requests were based on the REB's understanding of the second edition of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2)*<sup>i</sup>. However, he also noted that the requests seemed to be in conflict with what the psychology faculty perceived to be their ethical responsibilities. Dr. Eikelboom asked for advice, letting CPA know that the University Ethics Committee was supportive of his request for consultation.

## Response: REB Access to and Review of Standardized Psychological Tests

There are three main ethical expectations for psychologists regarding access to psychological tests: (a) avoiding the harm that occurs to persons when the tests are used by persons not competent to administer or interpret them; (b) being responsible to society by ensuring that the tests do not enter into the public domain and thereby lose their validity and future usability; and (c) respecting laws regarding copyright and intellectual property. The first two expectations are covered in the *Canadian Code of Ethics for Psychologists*<sup>ii</sup> and the ethics codes of many other countries.<sup>iii</sup> The third expectation is covered under laws governing copyright and intellectual property.

Competence to administer and/or interpret standardized tests is not one of the concerns in the questions posed by Dr. Eikelboom. However, this issue is very important and CPA has been active in setting ethical standards as well as working with test publishers on policies and practices regarding test purchaser qualifications.<sup>iv v vi</sup>

Concentrating on the other two ethical expectations (test security and respect for laws regarding copyright and intellectual property), the most relevant standards in the current *Canadian Code* include Standard III.17 (to honour all commitments in a written or verbal agreement); Standard IV.11 (to protect psychology from being misused, used incompetently, or made useless), and Standard IV.17 (to be familiar with and abide by democratically established law unless such law is in conflict with ethical principles).

Most test publishers require a written agreement from purchasers that test materials will be appropriately secured and that copyright will not be violated. For example, Pearson Canada in a document entitled "Purchasing Requirements"<sup>vii</sup> states: ". . . tests and scoring keys must be kept in locked files or storage cabinets accessible only to authorized personnel." In addition, Multi-Health Systems in its *MHS Purchase Qualification Form*<sup>viii</sup> (2012) requires the following commitment:

" . . . test users must adhere strictly to copyright law and under no circumstances photocopy, translate, alter, distribute, publish, or otherwise reproduce answer forms, test booklets, or manuals; access to test materials must be limited to qualified persons who agree to safeguard their use."

It is clear that purchasers of standardized tests face a dilemma when asked to provide test materials to unqualified persons.

The *TCPS2* is silent on whether any or all questions, tools, etc., must be seen as part of the REB process. However, a search through several universities' REB webpages indicates that most REBs ask that copies of interview questions or instruments be submitted to them. On the other hand, several REBs seem to be aware of the ethical issues involved and treat standardized tests and instruments differently. For instance, McGill asks that copies of questionnaires or draft interview guidelines be attached to the application but that any standardized tests simply be named. Mount Saint Vincent's application states: ". . .if you are using tools that are subject to test security regulations, please contact the Research Ethics Coordinator to discuss alternatives."<sup>ix</sup> Windsor's states: "It is not necessary to describe standard tests or procedures (e.g., DNA analysis, MRI scans, Beck Depression Inventory).

There is little published literature exploring the dilemma as it relates to REBs. There is, however, a fairly extensive literature on disclosure of test materials in the litigation context. For example, CPA, in collaboration with leading Canadian test publishers, produced the document *Test Disclosure Policy*<sup>ix</sup>, which recommends obtaining the following agreement (to the extent possible) when a court believes that direct access to test mate-

Please see page 46



## Represent Canadian Psychology to the World

### Call for Nominations for a Canadian Delegate To the General Assembly of the International Union of Psychological Science

The Canadian Psychological Association (CPA) is responsible for managing Canada's membership in the International Union of Psychological Science ([www.iup-sys.org](http://www.iup-sys.org)). IUPsyS is the international body dedicated to the advancement of psychology as a basic and applied science around the world. The Canadian National Committee for IUPsyS (CNC/IUPsyS) is the CPA committee charged with the work.

Among the members of the CNC/IUPsyS are two delegates to the General Assembly of IUPsyS. These are the individuals who attend the formal meetings of IUPsyS (held every two years) and who vote for Canada at these meetings. CPA and the National Research Council of Canada contribute to the travel costs for the delegates to attend these meetings. The next meeting will take place in Paris, France, in July 2014 (in conjunction with the International Congress of Applied Psychology).

Each delegate holds the position for an 8-year term (or four General Assembly meetings). At this time, we seek nominations for ONE delegate, to serve a term from 2014-2022.

Nominees must be Members/Fellows in good standing of CPA. Preference will be given to psychologists who have been involved in national or international organizations in psychology and whose major professional activity involves research and teaching, and whose CVs are judged by the CNC/IUPsyS to meet these criteria.

The name of the preferred nominee will be submitted to the CPA Board of Directors for approval and appointment. The term will begin at the CPA Convention in 2014.

Each nomination shall consist of:

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

The deadline to submit nominations is **March 31, 2014**. For more information, or to submit nominations and supporting documents, send an e-mail to the Chair of the CNC/IUPsyS, Jennifer Veitch, at [jennifer.veitch@nrc-cnrc.gc.ca](mailto:jennifer.veitch@nrc-cnrc.gc.ca).

### Committee on Ethics at Work

*Continued from page 45*

rials is necessary: (a) restricted access to the materials . . . to the most limited audience possible, preferably only to individuals who satisfy the test publisher's qualification policy (e.g., a psychologist); (b) restriction on copying of test materials; (c) assurance of return or destruction of the materials at the conclusion of the proceeding (and confirmation of such return or destruction); and (d) removal from the record any portion of test materials that are revealed (e.g., in minutes of discussions), not allowing them to become part of the public record. This kind of agreement could provide a framework for REB access that optimizes test security.

#### Response: Informing Research Participants they are Free Not to Answer any Question

The *TCPS2* is also silent on the specific issue of participants being free not to answer any particular question. However, the Committee agrees that research participants should always have the option, as this is consistent with the informed consent expectations of both the *TCPS2* and the *Canadian Code*. Rather than seeing this option as incompatible with the importance of test and scientific validity, Committee members believe the apparent conflict can be resolved in the informed consent process by informing participants that they are free not to answer any particular question, but that the participants' results for such a test cannot be scored or used in the research if they decide to exercise this option. The participants, as appropriate, could then be informed that, if they do not want to answer a particular question, they are free not to continue with the test or to withdraw from the study.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*





# Representing Canadian Psychology to the World: Why become a delegate to the General Assembly of the International Union of Psychological Science?

Janel Gauthier Ph.D. and John Berry Ph.D.  
Members of the Canadian National Committee for IUPsyS, CPA

The International Union of Psychological Science (IUPsyS) is an international body dedicated to the advancement of psychology as a basic and applied science around the world ([www.iupsys.net](http://www.iupsys.net)). It is composed of National Member organizations, not more than one National Member per country. It is to psychology what the United Nations is to the world. Some National Members are psychological associations or societies; others are national academies of science; others are confederations across two or more national organizations of psychology. Canada's membership in the Union is funded by the National Research Council of Canada (NRC) through its International Relations Office and is managed by CPA according to the terms of an agreement between NRC and CPA. The Canadian National Committee of Psychology for IUPsyS (CNC/IUPsyS) is the CPA committee charged with the work.

The legislative body and final authority of the Union is its General Assembly (GA). It holds a formal voting meeting every two years at an international congress of psychology, either in conjunction with the International Congress of Psychology or the International Congress of Applied Psychology. Each National Member, depending upon its category of membership, is entitled to send either one or two delegates to the Assembly. Canada is entitled to send two. The first author (JG) of this article has been a Canadian delegate to the IUPsyS GA since 1998, and the second one (JB) since 2004. This may sound like a long time, but the duration is proportional to the frequency of the meetings. Each delegate holds the position for an 8-year term (i.e., for four GA meetings), renewable once. Canada's influence on the development of international psychology benefits from the continuity of representation that these terms provide.

The Canadian National Committee has put out a call for nominations for a Canadian delegate to the IUPsyS General Assembly. We need a Canadian psychologist to replace the first author of this article (JG), whose term ends at the CPA Convention in June 2014, and who is not eligible for re-election.

Why should you consider becoming a delegate to the IUPsyS GA? We can think of several reasons:

- *Represent Canada to the world of psychology.* We are fortunate in Canada to have access to good quality education and training in psychology. We have knowledge and exper-

ience to share with the world. It is a good thing to do and it is also good for the international promotion of Canadian psychology.

- *Bring the world of psychology back to Canada.* There is a world of psychological science out there waiting to be discovered. Our IUPsyS delegates bring back to Canada the knowledge they gain about psychology in the rest of the world, and in the process they also gain personal and professional enrichment.
- *Advance psychology internationally.* IUPsyS delegates work collectively to advance psychology for all around the world.
- *Encounter fun, exciting new challenges.* We live in an increasingly global world. National borders disappear a little more every day. We, the people of the world, are individually and collectively affected by this phenomenon. New challenges for psychology, and new avenues for psychological research, emerge.

The nomination and appointment procedure for Canada's IUPsyS delegates is an open one (described in the advertisement in this issue and on the CPA web site). Like all volunteer roles, it comes at some cost. There is work to do during meetings, between meetings and in preparation for them – more, if you choose to become active in a task force or other committee. As a Canadian delegate, you travel only once every two years to a GA meeting. NRC and CPA cover travel costs for the delegates to attend these meetings inclusive of economy class airfare, ground transportation to and from the airport and hotel and set meal costs for the two GA meeting days. Any other expenses are covered by the delegate.

It has been our honour and privilege to be Canadian delegates to the IUPsyS General Assembly. The job requires work, sacrifice, dedication, faith and belief in the value of representing Canada to the world and making contributions to the international advancement of psychology. Our experience is that the sense of accomplishment, the experiences, and the friends made through this work far outweigh its costs. We hope that some of you will be willing and able to stand for nomination for Canadian delegate to the GA of IUPsyS. This could turn out to be one of the best decisions you ever made in your career.

# Twin Peaks: The U.S. Hosts Two International Congresses in 2013



Saba Safdar, Ph.D., University of Guelph

The North-American Regional congress of the International Association for Cross-Cultural Psychology (IACCP) was held in the inspiring grounds and aesthetically stunning campus of the University of California, Los Angeles (UCLA) from June 20-22, 2013. The theme of the conference was *Culture in Psychology: Variation Within and Across National Borders*. Prof. Patricia Greenfield from UCLA and Prof. Steven Heine from the University of British Columbia Co-Chaired the Scientific Organizing Committee, which consisted of 18 members, 11 of whom were Americans and two were Canadians. The remaining five members were from other countries, with no member representing South-America or Caribbean.

The program included pre-conference workshops, symposia, oral and poster presentations. All the presentations, except the poster sessions, were organized at Franz Hall, the Psychology Department building, which created an environment that was catalyst of interaction, networking, lucidity and clarity. The fountain in front of Franz Hall was a spectacle of interactions between the conference delegates around the pool chatting, eating, or relaxing in the warm sun between the sessions.

There were six pre-conference workshops, including the one that I co-organized with Prof. Pawel Boski on *Theory and Methods in Acculturation Research*. The workshop was well attended and participants included both senior graduate students and faculty members from different parts of the world. One piece of feedbacks that we received was that the participants valued the discussion of different and occasionally contradictory perspectives on acculturation research. Due to high demand and positive feedback, we are planning to organize a similar workshop at the next IACCP congress in Reims, France (July 15-19, 2014).

The congress consisted of over 30 symposia. Double symposia on *Challenging Gender Stereotypes: Cross-Cultural Perspectives* were organized by Prof. Natasza Kosakowska-Berexecka from Poland and myself. The presenters were from Hungary, the U.S., Guatemala, and Canada. My Ph.D. student, Rashelle Lictchmore, who was attending the IACCP congress for the first time, presented on Muslim women and the meaning of Hijab. The symposia generated much interest and a proposal has been made to develop a *Special Interest Group on Gender and Sexuality* within the IACCP. More than 20 researchers signed their support for establishing the Special Interest Group

and requested that a similar symposia to be organized in the next IACCP congress. Furthermore, a representative from Springer Publisher met with Prof. Kosakowska and myself and invited us to edit a book on gender across-culture. The book proposal is now approved by the publisher and its development is underway.

The conference was intellectually engaging and provided many unique opportunities for networking and collaboration. The conference also lent itself to fun time and entertainment. In the evenings, the conference affiliates including students and faculty relaxed in local bars and restaurants and mingled with the locals who were as diverse as the conference affiliates who travelled to LA from different parts of the world.

A farewell reception was held at Fowler Museum of Cultural History at the UCLA, which had a Mandela exhibit. Latin Music and dance were performed in the elegant focal room of the museum with skylights. The food was plentiful and delightful and the atmosphere conjured diversity, culture, and art.

The 8<sup>th</sup> biennial Congress of the International Academy of Intercultural Research (IAIR) was held in Reno, Nevada from June 22-27, 2013. The city sits in a high desert valley, is referred to as the Biggest Little City in the World, and is known for its casinos. The theme of the conference was *Pushing the Frontiers of Intercultural Research: Asking Critical Questions*. The congress was held in Harrah's Reno Hotel and Casino where it was almost compulsory to walk by slot machines and neon signs before getting to the registration desk.

Prof. Jennifer Mahon, from the University of Nevada, Reno Chaired the Scientific Organizing Committee, which included nine members. Prof. Michael Prosser, a founder of the academic field of intercultural communication, delivered the Keynote address. The conference included 20 paper sessions, nine symposia, poster presentations, and a workshop on *building resilience for intercultural sojourners*. Prof. John Berry gave a "Fireside chat" on *40 years of research: A retrospective*. He also gave the Lifetime Achievement Award to Prof. David Heise who delivered an Award Address on his work, which spans quantitative modeling and computer applications in qualitative research.

I attended the conference as a member of the Board. One of the major discussions was the organization of future IAIR congresses and in particular the 9<sup>th</sup> Biennial Congress of the IAIR, which will be held in Bergen, Norway in 2015 (June 28-July 2).



# Performance Improvement Program (PIP) Training

*John Byron Gassaway, Psy.D.*

Performance Improvement Program (PIP) Training Clinical psychologist John Byron Gassaway has a strong desire to help elite performers excel. He has worked with athletes, musicians, CEOs, and surgeons. More recently, he began working at Luke Air Force Base in integrated behavioral health with primary care - providing mental health to service members and their families. Dr. Gassaway began to engage in outreach work with the Explosive Ordnance Disposal technicians (bomb squad) and to discuss his sport psychology background with his boss Major Corey Christopherson, the Commander for the Behavioral Health Flight.

Dr. Gassaway and Maj Christopherson hit it off when they discovered a mutual interest in applying psychological skills to non-problematic populations (individuals who were functioning well but could benefit from advanced training in mental skills). While deployed with the Army in Afghanistan in 2008-09, Maj Christopherson had worked with soldiers deployed in the Korengal Valley (see documentary Restrepo), who were experiencing some of the most intense enemy engagements imaginable. It was there that Maj Christopherson had outstanding success developing resiliency for soldiers, a treatment model he coined Mental Fitness & Resiliency Training (MFRT).

Utilizing their respective areas of experience and expertise (resiliency, mindfulness, sport psychology, and psychotherapy), they decided to incorporate several tools to enhance the performance of active duty airmen. Together, they developed Performance Improvement Program (PIP) training; a model that seamlessly integrates Cognitive-Behavioral Therapy, Mindfulness skills and Sport Psychology.

Dr. Gassaway and Maj Christopherson identified populations who work in high stress and more technologically saturated environments as their target participants. Fighter pilots and Explosive Ordnance Disposal (EOD) technicians perform their duties in high stress, volatile, and life-threatening environments even while training. When the difference between life and death is decided in a matter of seconds, mental skills are paramount to decision making and performance.

Utilizing sport psychology skills that have been associated with expert performance in both military and sport settings<sup>1</sup>, PIP training helps to hone in on controlled emotional and physiological responses to stimuli. When pilots and EOD technicians are able to focus their attention on the most vital aspects of the environment, they process decisions more fluidly to yield success, confidence, and motivation. The directors of the program were hopeful that the results of PIP training would lead

*Please see page 51*







## The CPA Congratulates Dr. Rhonda Matters

Earlier this month, Clinical psychologist and member of CPA's Practice Directorate, Dr. Rhonda Matters was named PEI's first Chief Mental Health and Addictions Officer as part of the government's plan towards improving treatment for mental health and addictions on PEI.

Dr. Matters kindly took the time to talk about her new role.

**CPA:** First off, thank you for taking the time to answer these questions, your new appointment must keep you pretty busy so far?

**RM:** Yes it has been very busy. My first step has been to examine carefully a review of Mental Health and Addictions services and supports on Prince Edward Island that was recently completed, and to begin working on forming an Advisory Council and determining its terms of reference.

**CPA:** How are you finding the transition from front line practice to government official responsible for the development long-term strategy?

**RM:** It certainly has been a transition but there are many enthusiastic and knowledgeable people helping me. Initially it felt a bit like people were speaking a different language as the terms and acronyms were not familiar to me, but that is changing quickly and I am very excited about this opportunity. I certainly feel that I bring my front line practice experiences with me and believe this will be helpful.

**CPA:** How do think your skills and knowledge as a clinical psychologist will guide your work?

**RM:** It's hard to know where to begin. I think that the training and experience I have had as a clinical psychologist will help immensely. My background in research will ensure that we are recommending programs and supports that are firmly grounded in evidence. The training in social psychology and systems theory should prove helpful as I host meetings and work with the advisory council. And certainly I feel that the development of good communication and interpersonal skills will be helpful in every aspect of the work. These are issues that people feel very passionate about and I will need to find a way to ensure that all perspectives are understood and considered. And change is difficult for many, with long standing systems and programs being no exception. But I think that these

are challenges that my career as clinical psychologist has prepared me for well.

**CPA:** A major criticism of this government's strategy to date is that it has lacked measurable actions, how do you respond to this?

**RM:** With the announcement of this new position, came several other new or expanded services for addictions. The government significantly expanded access to Methadone and Suboxone, they added three additional clinical positions in addictions, 10 transition beds, and are providing financial support to a community group that will support youth transitioning from a treatment facility to the community. At the same time Government has acknowledged that more needs to be done, which is why it has asked me to develop a long-term provincial strategy on mental health and addictions.

**CPA:** In order to deliver concrete results for this strategy, coordination among appropriate government departments' will be necessary, how will you approach and facilitate this collaboration?

**RM:** I think that one of the unique things I bring to this challenge is having done a lot of front line work in many of these departments both within PEI and NS. I have worked for many years in Mental Health, Education, and private practice. I have done work with or consulted with Child and Family Services, and Justice on many, many occasions. I think I have at least a basic understanding first hand of some of the challenges, but also the many strengths that exist in the Government departments and Crown corporations that that will be working together to achieve these results. Of course the collaboration and work will need to extend beyond government. That's why I'll be working with an Advisory Group that will include community organizations and Islanders with firsthand experiences with mental health and addictions struggles.



**CPA: What are the main challenges you foresee moving forward within your new role?**

**RM:** Well first and foremost it would have to be the fiscal realities we are facing. Although PEI's government is making a strong commitment to Mental Health and Addictions, there is not an endless pot of money. And although we know that monies spent now, particularly for prevention and early intervention, will more than pay for themselves in the long run, we must also continue to meet the needs of those already experiencing difficulties now.

Another challenge is the lack of access to some professions or areas (psychology; forensics, child custody assessments, etc). For example, there are psychology shortages across the nation, and there are currently vacant positions on PEI. I think, however, that we can continue to work on some recruitment and retention issues and see fewer vacancies in the future.

We certainly want to improve access to services for Islanders, and initially that will involve working within the existing capacity to transform how we do things so the shortages and fiscal restraints pose less of a barrier.

**CPA: What opportunities do you see for PEI to be a leader among other provinces and territories in the area of mental health and addictions?**

**RM:** Sometimes Prince Edward Island's size is seen as a disadvantage. But I think that it can also be seen as an advantage. We have a very strong sense of community and it is possible to know and meet with a lot of the key players. Providing for the optimal mental health and well being of Islanders will require a great deal of coordination and cooperation. It will involve not only government departments, but also community groups, and all community members as well. We must all work together and I really do think that is something that a small community like PEI can do well.

**CPA: Any advice to psychology students or recent graduates interested in a career such as the one you were just appointed to?**

**RM:** Find work that you feel passionate about, and if you feel that change is needed, do not be afraid to speak up, again and again.

**CPA: Thank you very much for your time.**

## Performance Improvement Program (PIP) Training

*Continued from page 49*

to enhanced performance psychologically and physically; equally as important, however, they hoped that a secondary gain for the participants would be a breakdown of the stigma of mental health from their respective populations.

So far, results from PIP implementation have been very promising. Fighter pilots in the 309th Fight Squadron agree that the course has helped them become better pilots, leaders, instructors, and team-members. Overall, the 309th FS participants of PIP perceive improvements across all measured domains.

They also increased their reaction times on an attention, processing speed, and motor dexterity instrument used in neuropsychological testing (the Trail Making Test - Forms A & B). PIP participants who attended a majority of the program sessions improved their reaction times by 2.5 seconds. Putting this in perspective, if your life depends on your reaction time and motor dexterity in the cockpit of a machine propelling you through space at hundreds of miles per hour, two-and-a-half seconds could mean the difference between life and death.

Similar results were found with the EOD technicians. A majority of participants agree that the course has helped them become better EOD technician team members. The heavy emphasis placed on teamwork and reliance on one another was revisited in the training and from participant feedback throughout the PIP training. All EOD technician participants reported improvements across all measured domains.

When comparing their abilities to focus attention, process information quickly, and utilize motor dexterity, EOD technicians showed statistically significant improvements, jumping from the 50th (average) to the 80th percentile (superior) in their respective age ranges. Again, their specific occupational demands weigh heavily on motor dexterity, and just seconds can save lives.

Additionally, the EOD technicians participated in a duty related test which measured their performance in extreme conditions of both physical and psychological efforts. Donning a bomb suit (roughly 70lbs) and carrying heavy equipment, they would travel at an "energized" pace 200meters between both cognitive and duty based obstacles, totaling 1600meters and 7 obstacles. EOD technicians who participated in PIP training outperformed their colleagues by making fewer mental errors, working more efficiently, and improving their time on the test. Overall, those who participated in PIP training were 1minutes and 25seconds faster than the control group of EOD colleagues from pre- to post-test.

Ultimately, PIP training was associated with improvements in goal setting skills, ability to transfer skills across domains, ability to regulate arousal levels, imagery for performance, focus and attention skills, and reaction time. It increased confidence and both physical and psychosocial awareness. PIP training provided participants better tools to overcome stress and enhanced their skills to think more positively with controlled self-talk. Additionally, it appears to have helped EOD technicians to better perform duty related actions with fewer mistakes (cognitive focus and memory) and more efficient physical performance.

Dr. Gassaway and Major Christopherson are most pleased with the secondary gain of the PIP training. Participants were more likely to approach mental health providers for topics ranging from relational issues to adjustment struggles after participating in the program.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*



# Kick-starting the conversation around workplace mental health

*Jeff Moat (B.Comm), President of Partners for Mental Health, a national charitable organization dedicated to transforming the way Canadians think about and support mental health, can be reached at (613) 798-5862 or by email at [info@partnersformh.ca](mailto:info@partnersformh.ca).*

With 500,000 people being absent from work each day due to mental health reasons<sup>1</sup>, there is no doubt that there are staggering costs to ignoring mental health issues in the workplace.

Partners for Mental Health, a national charitable organization dedicated to transforming the way Canadians think about and support mental health, recently conducted an online poll of 1,000 working Canadians, almost half of whom said they found work and their workplace to be a stressful part of their day<sup>2</sup>.

Psychologists are already quite aware that mental health problems and illnesses in the workplace can have a serious impact on employee morale and productivity, just as with any physical malady. One in three workplace disability claims are related to mental illness<sup>3</sup>. Meanwhile, it is estimated that 35 million work days are lost each year<sup>4</sup> and 20% of all sick leave is due to mental health problems and illnesses<sup>5</sup>.

With up to 25% of mental disability costs directly incurred by many employers being avoidable<sup>6</sup>, taking a proactive approach is vital to the creation of mentally healthy workplaces

across the country.

The launch of the National Standard for Psychological Health and Safety in the Workplace in January 2013 was a strong step in the right direction, providing clear, systematic guidelines to help employers and managers develop robust strategies in the fostering of a positive work environment for all employees. As well, there are many excellent services already provided through psychologists and employee assistance programs that employers can implement for this purpose.

However, the provision of such programs and practices is just one piece of the puzzle. Stigma remains a big part of the problem when it comes to dealing with mental health concerns in the workplace.

Less than a quarter of Canadians said they would talk to their employer if they thought they had a mental illness<sup>7</sup>, and among those who indicated that they had experienced at least three of the nine tested issues associated with mental illness – such as trouble sleeping, feelings of helplessness or worthlessness, irritability and so on – that year, 21% said they did not seek any help<sup>8</sup>. Meanwhile, 27% of employees said that if they faced a mental health issue or problem at work and revealed it to others, they could lose their chances for promotion or their job<sup>9</sup>. As well, a survey commissioned by Partners for Mental Health found that 38% of respondents to its poll indicated they would







ignore or hide a mental illness from work<sup>10</sup>.

These numbers show that stigma and shame often prevent people from properly addressing and caring for their mental health concerns. As such, offering the best workplace mental health programs and services can only go so far if employees are unwilling to utilize these resources.

To facilitate engagement around the issue of workplace mental health in a fun and non-threatening manner, in 2013 Partners for Mental Health adapted the popular *Not Myself Today* campaign to focus on reducing stigma, kick-starting the conversation among employees around workplace mental health, and shining a spotlight on the best practices of companies and organizations that are already taking a leading role in the creation of mentally healthy workplaces.

At the heart of this initiative is the insight that every one of us has had days when we didn't feel like ourselves, but that most of us learn or are told to suppress these feelings, or don't feel equipped to share these concerns with others. For many, it can be a struggle to cope with these feelings every day, at an intensity that few of us can imagine. This is especially critical at work, where so many of us spend so many hours a day.

Recognizing that creating change in the way Canadians think about, act towards and support workplace mental health requires the leadership and support of employers and managers, the *Not Myself Today* campaign aims to equip organizations with the tools, resources and recognition needed to drive positive change in the workplace.

In 2013, nearly 100 companies and organizations across Canada participated in the *Not Myself Today* initiative, reaching approximately 225,000 employees, with an estimated 300 Not Myself Today At Work events held during the campaign. Par-

ticipants encompassed a wide variety of organization sizes, industries and environments, including organizations such as Manulife Financial, the University of Manitoba, Enbridge and Mountain Equipment Co-op. The participating organizations were highlighted in a full-page *Globe & Mail* advertisement in June 2013, through the *Not Myself Today* campaign microsite and in various campaign materials.

*Not Myself Today* 2014 will launch April 2, 2014 and end May 9, 2014 during Mental Health Week, with participating companies free to hold their Not Myself Today At Work events at any time during the year. Building on the success of the 2013 campaign, the initiative will feature a robust toolkit for employers to engage their employees around the topic of workplace mental health, and to organize their own Not Myself Today At Work event.

This year, the campaign will also offer additional resources to enable continued efforts in the goal of creating mentally healthy workplaces, including a year-round calendar of exclusive content for participating companies that will highlight best practices and expertise related to workplace mental health, through e-news, webinars, blogs, live chats and more.

Given the personal and economic costs of not dealing with workplace mental health in an effective and compassionate manner, it is clear that it is time for action and for change, through initiatives such as *Not Myself Today*. Mental health is everyone's business and it is important to work together to improve it.

For more information about *Not Myself Today*, visit [www.notmyselftoday.ca](http://www.notmyselftoday.ca).

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*

The Canadian Psychological Association (CPA) is pleased to announce the release of a new edition of *Psychology and Public Policy: A Government Relations Guide for Psychologists*. This updated guide is designed to encourage psychologists toward greater political participation and provides the basic tools and guidance needed for bringing issues forward to government. This new version includes expanded appendices with the tools you will need to craft letters and meet with elected representatives.

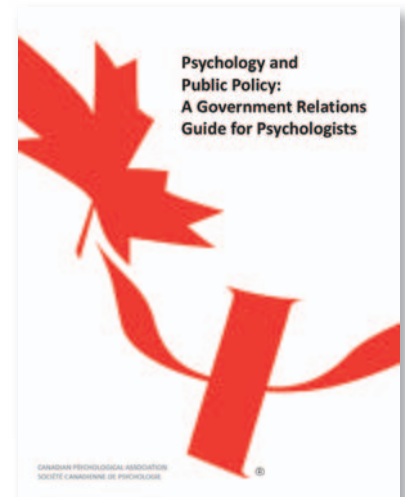
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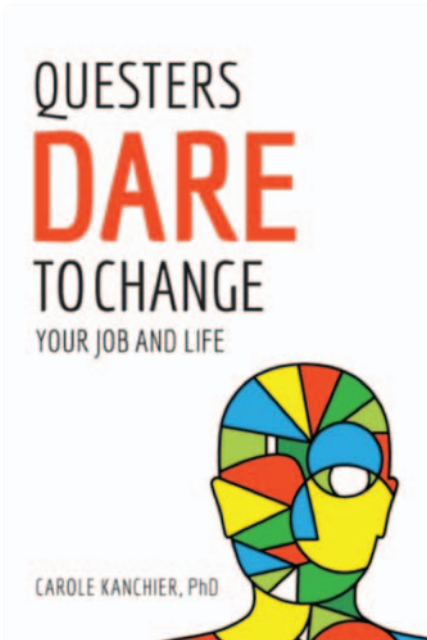
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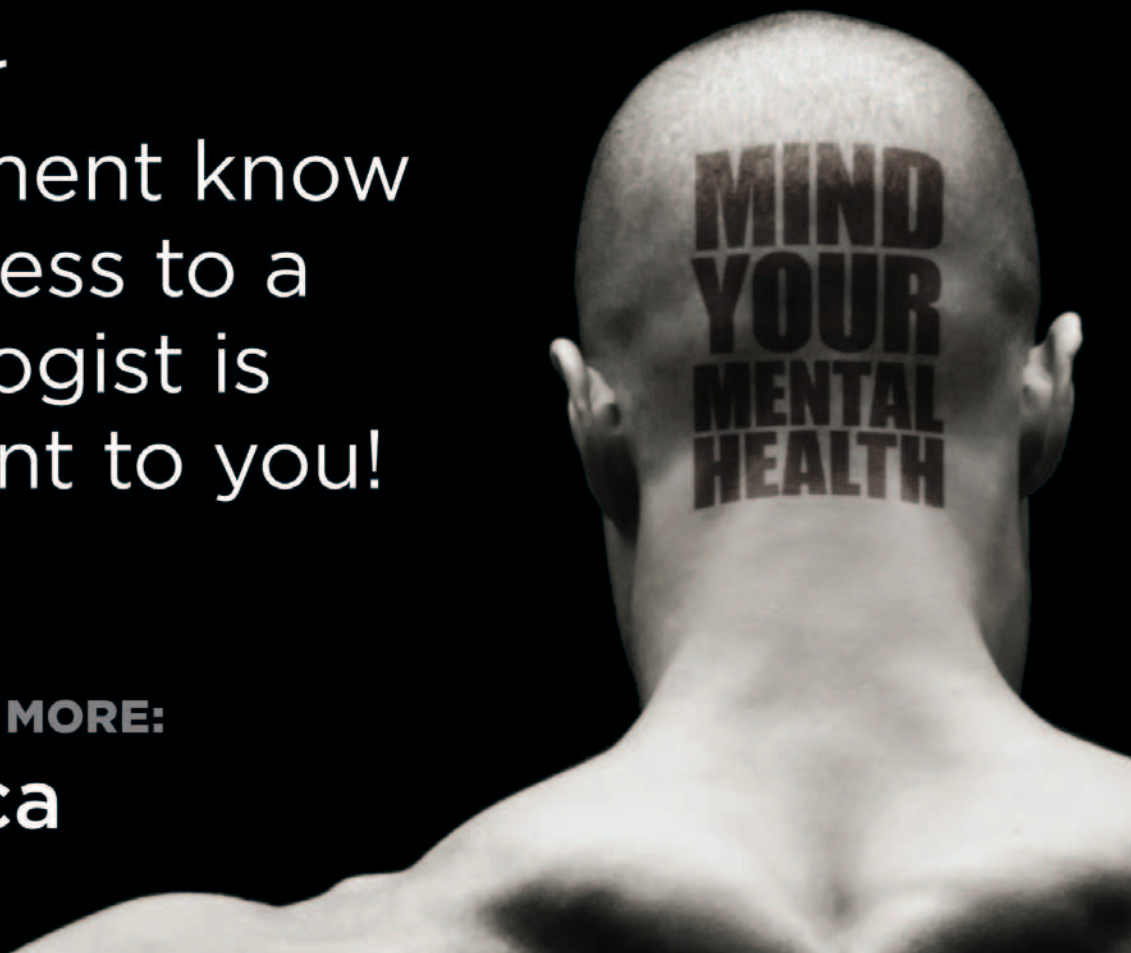
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<sup>1</sup>Department of Psychology; <sup>2</sup>College of Nursing

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Acadia University, and Margo C. Watt Ph.D.,  
Saint Francis Xavier University

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Melissa J. Stewart, MA<sup>1</sup> & Margo C. Watt, PhD<sup>1,2</sup>

<sup>1</sup>Department of Psychology, Dalhousie University,

<sup>2</sup>Department of Psychology, Saint Francis Xavier University,

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[Return to article](#)

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Return to article

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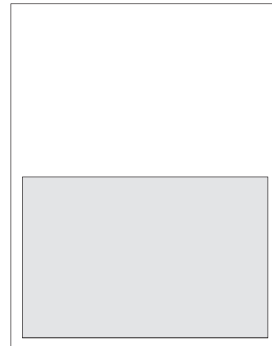
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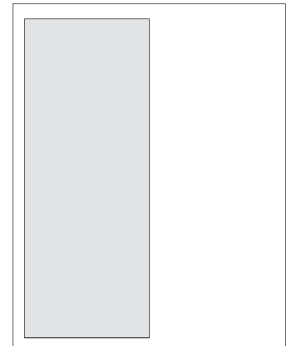
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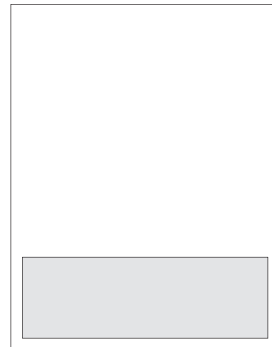
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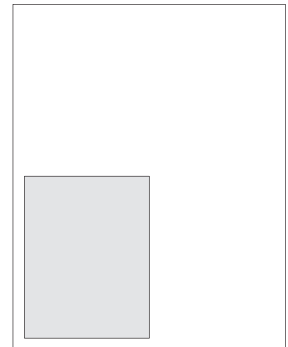
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