

# PSYNOOPSIS



CANADA'S PSYCHOLOGY MAGAZINE | LE MAGAZINE DES PSYCHOLOGUES DU CANADA

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SPECIAL ISSUE | ÉDITION SPÉCIALE

## Crisis Response/First Responders La réponse initiale en cas d'urgence (première intervention)



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Revision / Révision  
Advertising / Publicité  
Design / Production

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

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# Crisis response... maybe one size doesn't fit all<sup>i</sup>



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

As a few of the articles in this issue of *Psynopsis* point out, the field of crisis incident stress management (CISM) has itself had a rocky road. Its goals, principles and efficacy have been called into question<sup>ii</sup> and, as Mureika and Hayes (see their articles this issue) point out, its usefulness as an intervention has been abandoned by some groups and institutions that provide organized responses to critical incidents. The Society of Clinical Psychology of the American Psychological Association lists debriefing, one of CISM's interventions, as an intervention that lacks research support of its effectiveness and one that is potentially harmful<sup>iii</sup>.

CISM was first developed to address the needs of first responders rather than victims of a critical incident<sup>iv</sup>. Its goal as advanced by its progenitor, Jeffrey Mitchell, is to help people navigate normal reactions to abnormal events<sup>v</sup>. Its intervention is immediate and aimed at lowering tension experienced in response to a crisis and at restoring function<sup>vi</sup>.

According to Mitchell, critical incident stress management (CISM) has been developed and used by many institutions as the model through which critical incident stress is managed. Its focus and intent is to support groups of people who have experienced

a traumatic event in common. Its interventions, which include but are not limited to Critical Incident Stress Debriefing, do not treat psychopathology and are not psychotherapy but, according to Mitchell, may prevent the onset of stress-related psychological disorders<sup>vii</sup>.

Critics of CISM have suggested that its effectiveness in preventing stress-related psychological disorders is undemonstrated and it may even lead to more, rather than less distress in those compelled to undergo debriefing following a traumatic event<sup>viii</sup>. Here critics are referring more specifically to debriefing which, as mentioned, is only one of CISM's set of interventions. Some have further suggested that proponents of CISM have a financial and not just scientific interest in its effectiveness<sup>ix</sup>.

In response to these criticisms, Mitchell points out that reviews of debriefing have included studies whose fidelity to the principles and processes of CISM have been lacking. He calls these Type III errors where there is an "inability to detect effects owing to faulty model implementation"<sup>x</sup>. For example, they have included studies where debriefing was aimed at individuals rather than groups who have experienced a common traumatic event. Debriefing has been held to account for symptoms experienced by individuals after one session, which the intervention was not intended to treat. According to Mitchell, some meta-analyses in-

*Please note that this article was written as a preface to the Spring issue of Psynopsis, themed on crisis response.*

*While it summarizes some of the issues within the science and practice of crisis response, it is not a comprehensive literature review on the topic.*



cluded studies where debriefing interventions included counselling and psychotherapy and not just crisis intervention. Further, he states that the outcome measures used to assess the effectiveness of debriefing may be better suited to assess the outcome of psychotherapy. Mitchell maintains that when assessing the effectiveness of debriefing, we should not just or even be measuring psychopathology but also a broader range of factors such as sick leave, alcohol use, motivation for work and general functioning.

A cursory look reveals that CISM interventions are used throughout Canadian institutions (e.g. corrections, firefighters, government workplaces, municipalities)<sup>xi</sup>. Many of these appear to have adopted CISM for its intended purpose, namely use with first responders or those whose work poses some risk of encountering an incident. One psychologist involved in such a program within a publicly funded institution that routinely faces a high risk of incidents has pointed out that CISM interventions used do not typically include debriefing, precisely because of the findings in the literature that its effectiveness is at best equivocal. Defusing is more likely employed. Defusing is delivered more immediately following the incident, by trained peers, to individuals or groups who opt to participate. It is informational and makes individuals aware that assistance is available. When it comes to any of CISM's interventions, the psychologist reiterated the importance of using the correct outcome measures when assessing their effectiveness: "Expecting CISM to wholly prevent or treat psychopathology is like expecting the first aid delivered to someone suffering a heart attack to prevent or cure heart disease"<sup>xii</sup>.

The psychologist further explains that CISM interventions, typically delivered in institutions that routinely face a high risk of incidents, is structured peer support, delivered to groups who have experienced a common traumatic event. Individuals participate voluntarily. CISM isn't psychological treatment and its goal has nothing to do with treating illness. It educates about trauma and the normal response to trauma. It imparts information about self-care in the service of resilience. It communicates to

employees that their employer recognizes their experience and that further assistance (i.e. individual counselling or psychological services) is available should someone want it.

As also pointed out in this issue, psychologists in Canada and internationally have an established tradition of helping people and communities respond to extraordinary events be these acts of violence, war or terrorism, airline or other disasters, or the consequences of extreme weather<sup>xiii</sup>. The mandates described of CISM in the paragraph above are in fact quite similar to the roles defined by the American Psychological Association for psychologists providing disaster relief<sup>xiv</sup>. The differences and distinctions between disaster response and the increasingly popular psychological or mental health first aid and CISM call for some scrutiny. While as mentioned, CISM is supposed to be directed at groups who have commonly experienced a specific traumatic event, psychological first aid is directed towards individuals experiencing a mental health problem or crisis that may or may not involve a critical incident<sup>xv</sup>. Despite their different goals, according to Hayes and others, psychological first aid is being advanced as a better response to even group crises<sup>xvi</sup>.

It would seem equally important for researchers to examine the application of psychological first aid to the group purpose. The mental health crisis experienced by an individual with an emergent mental disorder is quite different from what might be experienced by a group of correctional officers who respond to a hostage taking or a group of employees who witnessed an incident of workplace violence. The one size fits all approach is unfortunately all too common when it comes to service and policy in mental health. Just as with physical health, there are range of issues, needs and pathology in psychological health and illness. Matching problems and disorders to evidenced based interventions is critical – as is ensuring the fidelity of service and intervention when evaluating their effectiveness.

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

## Psynopsis Magazine Call for Submissions (Understanding Suicide)

The summer 2015 issue of Psynopsis Magazine – Canada's Psychology Magazine, is devoted to Understanding Suicide. We are inviting submissions from researchers and practitioners that offer information and perspective about preventing suicide, managing suicidal risk and associated mental disorders, working with stakeholders and family and indications for strategy and social policy. Send 400-900 words by June 1st to Managing Editor, Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)).

## Psynopsis Appel d'articles (Comprendre le suicide)

Le numéro d'été de Psynopsis – le magazine des psychologues du Canada – aura pour thème « Comprendre le suicide ». Les chercheurs et les praticiens qui ont des connaissances sur le suicide et des points de vue particuliers sur la prévention du suicide, la gestion du risque suicidaire et des troubles mentaux associés, le travail auprès des intervenants et des familles et les stratégies et les politiques sociales en matière de suicide sont invités à soumettre un article. Envoyez votre texte (de 400 à 900 mots) avant le 1er juin au directeur des services de rédaction, Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)).



# L'intervention de crise... peut-être pas pour tout le monde



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

Comme le soulignent quelques-uns des articles publiés dans le présent numéro de *Psynopsis*, le domaine de la gestion du stress en cas d'incident critique (GSIC) a eu un parcours semé d'embûches. Ses objectifs, ses principes et son efficacité ont été remis en question et, comme le soulignent Mureika et Hayes (voir leur article respectif dans le présent numéro), certains groupes et institutions qui fournissent des interventions structurées en cas d'incidents critiques ont abandonné ce genre d'intervention en raison de son utilité limitée. La Society of Clinical Psychology de l'American Psychological Association classe la verbalisation, l'une des techniques utilisées dans la GSIC, comme une intervention dont l'efficacité n'est pas prouvée scientifiquement, et potentiellement dangereuse.

À l'origine, la GSIC a été créée pour répondre aux besoins des intervenants de première ligne et non à ceux des victimes d'un incident critique. Comme l'avancé son fondateur, Jeffrey Mitchell, le but de la gestion du stress en cas d'incident critique est d'aider les gens à prendre conscience de la « normalité » de leurs réactions face à l'événement anormal qu'ils ont vécu. L'intervention est immédiate et vise à réduire la tension ressentie à la suite d'un événement critique, et à restaurer le fonctionnement.

Selon Mitchell, la gestion du stress en cas d'incident critique (GSIC) a été développée et utilisée par de nombreuses institutions en guise de modèle par lequel le stress lié à des événements critiques est géré. Son objet et son intention sont d'appuyer les groupes de personnes qui ont vécu en même temps le même événement traumatique. Les interventions liées à la GSIC, qui comprennent, sans toutefois s'y limiter, la verbalisation à la suite d'un incident critique, ne traitent pas une psychopathologie et ne constituent pas une psychothérapie mais, d'après Mitchell, elles peuvent empêcher l'apparition de troubles psychologiques liés au stress.

Les détracteurs de la GSIC laissent entendre que son efficacité à l'égard de la prévention des troubles psychologiques liés au stress n'a pas été démontrée et que ce type d'intervention pourrait même causer une plus grande détresse chez les personnes que l'on oblige à participer à une séance de verbalisation après un événement traumatique. Ici, c'est la verbalisation qui est remise en cause, mais, comme il est mentionné ci-dessus, celle-ci n'est qu'un des aspects des interventions pratiquées dans la GSIC. D'autres personnes laissent également entendre que les promoteurs de la GSIC auraient des intérêts financiers, et non uniquement un intérêt scientifique, à défendre son efficacité.

En réponse à ces critiques, Mitchell souligne que les examens de la verbalisation font appel à des études dont la fidélité aux

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*Veillez noter que cet article est la préface du numéro du printemps de Psynopsis, qui portait sur l'intervention de crise. Bien qu'il résume certaines questions qui relèvent de la science et de la pratique de l'intervention de crise, il ne s'agit pas d'un examen complet de la documentation sur le sujet.*



principes et aux processus de la GSIC fait défaut. Il invoque des erreurs de type III, soit l'incapacité de détecter les effets parce que la mise en œuvre du modèle est inappropriée. Par exemple, dans ces examens, on utilise des études où la séance de verbalisation était destinée à des personnes, plutôt qu'à des groupes, qui ont subi un événement traumatique commun. On a attribué à la verbalisation les symptômes éprouvés par des personnes après une séance, que l'intervention n'était pas censée traiter. Selon Mitchell, certaines méta-analyses prennent en compte des études, où les interventions de verbalisation étaient accompagnées de counselling et de psychothérapie, et non des interventions seules, pratiquées en situation de crise. En outre, Mitchell dit que les mesures des résultats utilisées pour évaluer l'efficacité du processus de verbalisation convenaient davantage à l'évaluation des résultats de la psychothérapie. Mitchell soutient que, lorsque vient le temps de mesurer l'efficacité de la verbalisation, nous ne devrions pas nous limiter à évaluer la psychopathologie, si tant est que nous décidions de le faire; nous devrions aussi évaluer un vaste éventail de facteurs, comme l'absence du travail pour cause de maladie, la consommation d'alcool, la motivation au travail et le fonctionnement général.

Un rapide coup d'œil révèle que plusieurs institutions canadiennes utilisent des interventions de GSIC (p. ex. services correctionnels, pompiers, milieux de travail gouvernementaux, municipalités). Bon nombre d'entre elles semblent avoir adopté la GSIC et utiliser cette approche pour les fins pour lesquelles elle a été conçue, à savoir comme une intervention destinée aux premiers intervenants ou aux personnes qui sont exposées, dans leur travail, à des risques d'incident. Un psychologue qui participe à un programme du genre dans une institution financée par l'État, et fait face couramment à un risque élevé d'incidents, a souligné que la verbalisation ne fait pas partie, habituellement, des interventions de GSIC, justement parce que les conclusions tirées de la documentation démontrent que son efficacité est pour le moins équivoque. On a plutôt tendance à utiliser le désamorçage. Le désamorçage est une intervention pratiquée peu après l'incident, par des pairs formés pour le faire; elle est destinée aux personnes ou aux groupes qui acceptent d'y participer. Il s'agit d'une intervention informative, qui sert à mettre au courant les personnes touchées par un incident critique qu'elles peuvent avoir de l'aide, si elles le souhaitent. Comme pour toutes les interventions de GSIC, le psychologue a réitéré l'importance d'utiliser les bonnes mesures des résultats au moment d'évaluer leur efficacité : « Penser que la GSIC empêchera une psychopathologie d'apparaître ou sera capable de traiter celle-ci, c'est comme penser que les premiers soins prodigués à une personne qui subit une crise cardiaque empêcheront une maladie du cœur d'apparaître ou guériront celle-ci » [traduction].

Le même psychologue explique, en outre, que l'intervention de GSIC, généralement effectuée dans des institutions qui sont couramment exposées à un risque élevé d'incidents, est un processus structuré de soutien par les pairs, offert à des groupes qui ont subi un événement traumatique commun. Les individus

y participent de leur plein gré. La GSIC n'est pas un traitement psychologique et son objectif n'a rien à voir avec le traitement de la maladie. Elle a pour but d'expliquer ce qu'est un traumatisme et les réactions normales aux traumatismes. Elle sert à transmettre de l'information sur les façons de prendre soin de soi pour augmenter la résilience. Elle communique aux employés que leur employeur reconnaît l'expérience qu'ils ont vécue et que les employés qui le désirent peuvent avoir de l'aide supplémentaire (c'est-à-dire counselling individuel ou services psychologiques).

Ailleurs, dans le présent numéro, on souligne que les psychologues au Canada et ailleurs dans le monde ont des façons de faire bien établies pour aider les gens et les collectivités à réagir à des événements exceptionnels, qu'il s'agisse d'actes de violence, de guerre ou de terrorisme, de catastrophes aériennes ou d'autres catastrophes, ou des conséquences de phénomènes météorologiques extrêmes. Les mandats de la GSIC, décrits au paragraphe précédent, sont en fait très semblables aux rôles des psychologues qui donnent des secours en cas de catastrophe, tels que définis par l'American Psychological Association. Les différences et les distinctions entre les interventions en cas de catastrophe, les premiers secours psychologiques ou les premiers soins en santé mentale, de plus en plus populaires, et la GSIC doivent être examinées avec minutie. Tandis que, comme il est mentionné ci-dessus, la GSIC est censée s'adresser à des groupes qui ont généralement connu un événement traumatique particulier, les premiers secours psychologiques sont donnés aux personnes qui ont un problème de santé mentale ou qui traversent un épisode de crise, liés non à un incident critique. Bien que ces interventions aient des objectifs différents, Hayes et d'autres auteurs avancent que les premiers secours psychologiques seraient une réponse plus efficace en situation de crise comparativement à d'autres méthodes, y compris les interventions de groupe.

Il semble tout aussi important pour les chercheurs d'examiner l'application des premiers secours psychologiques dans le cadre d'une intervention de groupe. L'épisode de crise vécue par une personne qui a un trouble de santé mentale imminent est très différent de celui que traverserait un groupe d'agents correctionnels après une intervention pendant une prise d'otages ou d'un groupe d'employés qui ont été témoins d'un incident violent dans leur milieu de travail. Malheureusement, l'approche universelle est devenue trop répandue, lorsqu'il s'agit des services et des politiques en santé mentale. Tout comme c'est le cas de la santé physique, la santé psychologique et la santé mentale présentent une gamme de problèmes, de besoins et de pathologies. Il est essentiel d'associer les problèmes mentaux et les troubles de santé mentale à des interventions fondées sur des données probantes, de la même façon qu'il est primordial de s'assurer de la fidélité du service et de l'intervention lorsque vient le temps d'en évaluer l'efficacité.

*Pour la liste des références, voir [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*



# Where was prevention?

It was there 30 years ago – can we revive it now?



*Submitted by Juanita M. K. Mureika, L. Psych., Education Coordinator, NBCISM Team (Retired)*

The news that we have an “epidemic of PTSD in our military and emergency services personnel” is truly upsetting. This just didn’t have to happen! But unfortunately, the culture of the times 30 years ago and the acceptability of accessing psychological services and familiarity with the term “PTSD” were much different than today. Society apparently wasn’t ready for the prevention measures offered that were obviously way ahead of their time.

Recall that PTSD was first included in the DSM III in 1980, and serious research finally began on a condition well-known to, although not acknowledged by governments, which had set up VA hospitals after WWI and WWII to house the huge numbers of psychological casualties of war, but did little more. Thanks to the Vietnam vets, again a product of their time, the silence on psychological fall-out from war that ensued after other wars was broken with a vengeance, and PTSD was identified. Unfortunately, although we had no cures for PTSD back then, it was finally recognized as a legitimate diagnosis and research on healing methods began in earnest. Prevention was essential, clearly, and that potential evolved with the introduction of Critical Incident Stress Management programs in the early 1980’s, when the parallel to “battle fatigue” in war veterans and

civilian front line workers was noted. The nature of their chosen professions put them at high risk for developing PTSD, but their work was/is essential to the safety of society. Undoubtedly finding a way to insulate them was necessary.

Psychologist Bruno Bettelheim has been credited as observing that, “What can’t be put into words can’t be put to rest”<sup>i</sup>. Taking this cue from the experiences of the Vietnam vets, group “rap sessions” guided by mental health professionals helped give words to the images, stresses and responses being experienced, and once identified as expected responses to the abnormal experiences and “labeled”, they could be normalized and filed away in memory, hopefully as learning experiences. (Indeed, there is now research on Post-Traumatic Growth!<sup>ii</sup>) It was important, though, that partnerships between cross-trained mental health and emergency service personnel be formed, since trained peer supporters provided credibility to mental health professionals who brought their knowledge and expertise about stress reactions and emergency response needed to facilitate the talking sessions. Pre-incident educational sessions were critical to the process, both to enable responders to understand their own reactions to stress and learn coping skills, and to normalize the “reaching out” for help rather than burying the thoughts and feelings after a critical incident. Timing was important, since our physiological and psychological response to crisis mimics the stages identified in Abraham Maslow’s Hierarchy of Need-





s<sup>iii</sup>, with trauma immediately reducing us to a focus on basic needs, followed by a gradual return to connection and reflection. “Defusings” ensued immediately after critical incidents to allow the mind and body to rest a bit, while “debriefings” were generally 48-72 hours afterwards, at which time it was felt the physiological responses had subsided and the need to talk and resolve was prime. Leaving those thoughts and reactions too long or unaddressed could lead to cumulative stress response.

The model of critical incident stress response developed by the International Critical Incident Stress Foundation<sup>iv</sup> became the gold standard for crisis intervention, as evidenced by the fact that Health Canada would only accept volunteer responders to the Swiss Air crash who were ICISF trained, and the same was true after 9-11 in the U.S. The model has been endorsed by the United Nations, and teams around the world are able to learn from one another and provide mutual support whenever needed.

New Brunswick has had a provincial CISM team since 1991, co-sponsored by the College of Psychologists of New Brunswick and the provincial department of Mental Health and Wellness. It is interdisciplinary, comprised of both mental health and emergency services workers; province-wide, with teams located in each of the regions of the province to allow immediate response as well as mutual aid, when needed; well-trained, with annual basic training for new members and enhanced training for the full team. The mandate of the team is capacity-building education (“teach a man to fish”) as well as immediate response when required (“provide the fish if he is starving, then teach him again to fish to bolster his personal capacity for next time”). It is a model that works, and is definitely a feather in our provincial cap. <http://www.gnb.ca/0055/cismge.asp>

Canada had a vibrant network, as well. The Canadian Traumatic Stress Network, which later merged with the International Critical Incident Stress Foundation as the Canadian Critical Incident Stress Network<sup>v</sup> united CISM teams across Canada and provided on-going education and research activities. Psychologists were high profile in this network, and the number of organizations adopting the model for response grew to include the RCMP, the Canadian Forces, corrections, Red Cross, and air traffic control. Pre-deployment training became the norm for military personnel, as well as on-site responses in the theatre and post-deployment debriefings and mental health responses. We were well on our way to creating a much healthier population.

So what happened to disrupt that progress? Studies began to arise out of the UK, based on a political agenda, which drove some meta-analyses to be done on some very bad research in which “debriefing models” were not defined, target populations were inappropriately offered a model intended for emergency services personnel, and session-leaders were not appropriately trained. Unfortunately, many of the powers of the day, and sadly even many psychologists, read the headlines and not the research. CISM came under fire, and was dropped, by a num-

ber of the target first responder groups.

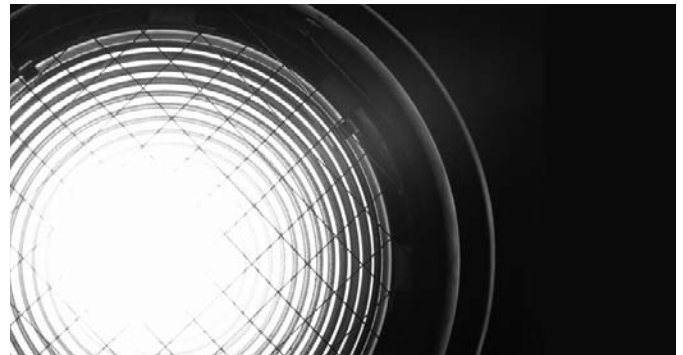
Fast forward to today. PTSD is now well-researched and we have a number of successful approaches to deal with it. The diagnosis is acknowledged by emergency services and military populations. The demand for individual psychological interventions is more acceptable than it ever would have been earlier. But because pre-incident educational opportunities are often not provided, an individual’s first encounter with critical incident stress can lead to PTSD symptoms<sup>vi</sup>. Without the inoculation that was provided by CISM programs to most high risk populations, some are now left to suffer the symptoms and wait in line for individual treatment – a crisis and life-threatening epidemic that need not happen if pre-incident investments had been made. What a shame.

Fortunately, a new initiative being mounted by the Department of National Defense and the Mental Health Commission of Canada – The Road to Mental Readiness (R2MR)<sup>vii</sup>. We can hope that this new approach to insulation for our emergency services providers will bring the desired resiliency and we can again look to preventing PTSD from becoming an even bigger crisis to society.

There are comprehensive research reviews to substantiate what I’ve written. For anyone interested, I would suggest you review:

<http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>

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



## Psychology in the Spotlight...

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



# A Silent Killer: Giving a Voice to the Quiet Mental Health Crisis among First-Responders

*Ms. Louise Bradley, President and CEO of the Mental Health Commission of Canada*

Canadian first-responders bear the weight of tremendously responsible jobs. These unsung heroes are quick to act in times of crisis, courageously putting their personal safety at risk in an effort to help others.

In a relatively short time, the true toll exacted by this work has become the focus of an impassioned national dialogue. In March of 2014, the Mental Health Commission of Canada was honoured to co-host a conference with the Canadian Association of Chiefs of Police. The agenda was centred on improving the interactions between police and people living with mental health problems and illnesses.

When asked to speak, I focused my remarks, in part, on the crucial importance of prioritizing the mental well-being of police officers. The resonance of this message – and the subsequent session on the same topic – generated a consensus that the mental health of police merited a full conference agenda.

This year, the MHCC was once again invited to co-host the CACP annual conference, which was held in Toronto from February 17-19. It was themed “*Mental Readiness: Strategies for Psychological Health and Safety in Police Organizations*,” and the sole focus was police mental wellness. This is a very positive step, and one I would not have imagined when I first began my career in mental health 30 years ago.

The safety risk faced by first responders goes well beyond their physical well-being on the job. Therefore it’s heartening to see the leadership of these organizations taking an active role in confronting the reality of occupational stress injuries, like Post Traumatic Stress Disorder (PTSD).

In 2014, 27 first-responders died by suicide in Canada, and studies reveal some alarming trends. For example, the prevalence of PTSD in the general population of Canadian males sits at 1.2 percent. Among Canadian firefighters, however, it’s a startling 17.3 percent.

It’s important to note the mental health concerns plaguing first responders are not limited to PTSD. They include a range of problems, from depression and somatic and psychosomatic complaints, to chronic fatigue and difficulties with alcohol. Subsequently, the suicide rate is approximately 30 percent higher than comparison groups, while marital problems are twice as prevalent.

Thankfully, the collaborative work spearheaded by organizations like the MHCC, is lending a voice to this quiet crisis. Our efforts are centred on empowering first-responders by ex-

changing knowledge, sharing best-practices and leading cutting-edge research.

Among our seminal work is the adaptation of *Road to Mental Readiness (R2MR)*, which is a program developed by the Department of National Defence, and was originally designed to foster stigma reduction and mental health promotion among the Canadian Forces. The MHCC has taken this excellent blueprint, and is modifying it to reflect the needs of first-responder workplace settings. Participants are familiarized with a mental health continuum model, and provided with a simple, colour-coded self-assessment tool with clear indicators of good, declining and poor mental health.

R2MR also focuses on teaching a set of cognitive behavioural techniques that help manage stress and build resiliency. These include positive self-talk, visualization, tactical breathing and SMART (Specific, Measurable, Attainable, Realistic, Timely) goal setting. Currently, more than 20 police organizations across the country are partnering with the MHCC to deliver this training.

Beyond this, the Commission is shepherding a pilot project with the Ottawa Fire Service to train all 1,500 members in the provision of Mental Health First Aid (MHFA). MHFA is similar to physical first aid, in that it’s provided until a crisis is resolved, or appropriate treatment is found. Given that first-responders regularly interact with individuals undergoing a mental health crisis, equipping them with MHFA training is of particular relevance. However, the importance of this training also extends to the promotion of good mental health and prevention of mental illness among first-responders themselves.

The final evaluation of the pilot project with the Ottawa Fire Service will be completed in January of 2016, after which time the MHCC hopes to make the adaptation of MHFA for first-responders available to organizations across the country. Currently, more than 60 police organizations in Canada are instituting basic MHFA training.

As President and CEO of the MHCC, I feel very fortunate to be at the helm of this organization at a time when so many positive initiatives are being undertaken. However, I am even more hopeful about the positive outcomes that may result as mental health becomes an integral part of workplace safety training. Now, more than ever, we are in a position to equip our first-responders with lifesaving tools and training. As far as I’m concerned, it’s our societal obligation.

Ultimately, to neglect the mental health of our first-responders is to put the welfare of our communities at risk. And that’s a risk we simply cannot afford to take.

**In 2014,  
27 first-responders  
died by suicide  
in Canada.**



# Compassion Fatigue

*Nathan J. Cooper, C. Psych, Assistant Professor (Part Time)  
Department of Psychiatry and Behavioural Neurosciences,  
McMaster University*

First responders have a job that is very demanding both physically, mentally, and emotionally. Though not a first responder, my role involves individual and group counselling for post-secondary students which, on occasion, involves critical incident stress debriefing when the campus community is faced with an extenuating circumstance. Part of my professional development involved participating in an Overcoming Compassion Fatigue workshop facilitated by Francoise Matthieu. Babette Rothschild in her book “Help For The Helper” outlines how principles like neurobiological attunement and structures like mirror neurons are activated in response to bearing witness to human suffering. She goes on to describe how providing care to others has the potential to slowly erode our ability to be empathic unless we are attentive to our own wellbeing both during and after providing care.

I recently had opportunity to provide a keynote address and a half day training on the topic of Compassion Fatigue in Winnipeg, MB for the Paramedics Association of Manitoba. It was certainly a timely request from the organization to provide training for first responders stemming from the growing awareness that the work is quite challenging. The presentation is focused on distinguishing the difference between burnout, compassion fatigue, and vicarious traumatization. Burnout is something that can occur in any employment and stems from work demands that exceed capacity (ie: accountants during tax season). Vicarious trauma is a term that highlights the fact that witnessing a traumatic event can result in symptoms of post-traumatic stress for the care provider. Compassion fatigue refers to the “ninety-nine” that are not immediately in memory as opposed to the one that is impossible to forget. Compassion fatigue is recognition of the fact that, while it is unclear where the images and stories go, there is an impact of providing care over time.

Compassion fatigue is a construct that can be assessed. Individuals can complete a Compassion Fatigue Self-Test known as the Professional Quality of Life Inventory (Proqol) developed by Dr. Beth Stamm and Charles Figley [http://proqol.org/Home\\_Page.php](http://proqol.org/Home_Page.php). Francoise Matthieu has also made this instrument available via an email auto responder. If you email [thingy@aweber.com](mailto:thingy@aweber.com) you will receive the Proqol in a very easy to use self-scoring Excel file format. The instrument measures not only compassion fatigue but also compassion satisfaction noting that it is the most caring who are most susceptible to developing compassion fatigue and vicarious trauma. Interestingly there is also some suggestion that an increase in compassion fatigue generally correlates with an increase in the quantity and quality of work. While this may seem counter intuitive it may be fitting in that an individual will at-



tempt to work more in order to generate compassion satisfaction. Unfortunately the eventual result is further erosion of empathy and decrease in overall wellbeing. This trajectory is summarized nicely in a short video produced by a paramedic who evidenced signs of compassion fatigue and began to self-medicate using substance <https://compassionfatigue.ca/a-video-to-watch-a-paramedic-reflects-on-his-trauma/>

The most important part of any discussion about Compassion Fatigue is exploring protective factors. While it is important for individuals to be aware of their own unique risk factors and vulnerabilities it is even more important to be empowered to grow in awareness regarding what can be done to mitigate compassion fatigue. This shifts discussion toward the topic of maintaining wellness through healthy lifestyle. When care providers are doing a good job of taking care of themselves they are in a much better position to be able to provide care. Self-care can be represented in many different forms but often divides up into active and passive strategies. Active strategies include activities such as exercise, socializing, art, and music. Passive strategies include things such as relaxation, meditation, prayer. Maintaining an effective work/ life balance is elusive but is something that each one of us should be reflecting on and striving toward in order to promote our own wellbeing with a view to providing quality care.

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



# Responding To Crisis: EMDR Can Help

Judy Moench, Ph.D<sup>1</sup> & Ceri Moore, M.Ed.<sup>1</sup>

<sup>1</sup>Dr Judy Moench Psychological Services Ltd., Edmonton

Crisis has been described as perceiving an event or situation as an intolerable difficulty which surpasses the resources and coping mechanisms of the individual<sup>i,ii</sup>. These authors state that unless relief from the crisis is obtained, the potential exists for severe complications in affect, cognition, and behavior<sup>ii,iii</sup>. Early intervention, including Eye Movement Desensitization and Reprocessing (EMDR), may play an integral role in preventing such complications.

EMDR therapy incorporates many theoretical orientations including cognitive, behavioural, psychodynamic, and experiential<sup>iii,iv</sup>. The clinician works with the client to process memory fragments associated with the event, such as images, thoughts, body sensations and affect, while simultaneously using various forms of bilateral stimulation (BLS). Treatment encourages clients to share their experience of the event either verbally or through illustration, and they are not required to disclose a high degree of detail. This minimizes the potential for re-traumatization. EMDR provides the space to “just notice” what clients are experiencing. This process leads to a shift from the event being experienced as a present circumstance, to being experienced as a past event. New insights and a more positive self-perception may follow<sup>iii,iv</sup>.

Although EMDR provides a framework for treating trauma months or even years after it has occurred, the development of new protocols has permitted a narrower treatment focus. These protocols are designed to help survivors in the immediate aftermath of a crisis. Furthermore, some protocol adaptations address the specific mental health needs of first responders traumatized on the job<sup>v</sup>. Such interventions can be administered at the group level and/or the individual level.

The Emergency Response Procedure (ERP) is delivered to one individual at a time. This protocol is designed to help survivors recognize that the event exists in the past and they are safe now in the present. ERP is useful for calming the affect of “highly agitated” individuals, as well as eliciting affect from those who may be in a “silent terror state”<sup>vi</sup> (p. 144). For the latter group, this involves normalizing the bodily response to crisis, such as shaking uncontrollably. This is followed by the administration of BLS while repeating phrases such as “you are in the ER and safe now from that past event. That is over.”<sup>vi</sup> (p. 148). The ERP protocol has been used at the scene of the crisis, as well as in ambulances or other emergency response vehicles during transport to the hospital or other safe locations.

The Integrative Group Treatment Protocol (IGTP), as the name suggests, is implemented with groups. It allows clinicians to treat a large number of survivors in a short amount of time, which is desirable following a crisis. For example, five clini-

cians were able to treat between 160-200 children in 4 hours<sup>vii</sup>. When working within the IGTP framework, clinicians ensure safety and prepare survivors for therapeutic work by enabling them to regulate their internal state. For example, they may lead them through an exercise imagining a secure place or teach them what relaxation and safety feel like in their bodies. Both activities also incorporate BLS once a calmer internal state is achieved. Then survivors are asked to draw a series of pictures depicting the traumatic event, and rate each picture using the subjective units of disturbance scale (SUDS). After each drawing, self-administered BLS in the form of “butterfly hugs” (i.e., alternating taps on the left and right sides of the chest)<sup>viii</sup> is used. Finally, survivors draw a picture of a positive future, write a word or phrase that describes the picture, and administer butterfly hugs again. Clinicians have survivors re-evaluate immediately afterwards to ensure the level of distress is decreasing<sup>vii,ix</sup>.

The EMDR Group Traumatic Event Protocol (G-TEP) can be implemented with smaller groups of up to 12 people. It may be used immediately after a crisis or following a larger group intervention (such as IGTP). G-TEP involves giving survivors a worksheet depicting five boxes. These boxes represent present safety; the traumatic event; resources used in the past; desired future; and points of disturbance (PoDs) within the traumatic event. Not unlike a board game, G-TEP navigates survivors through these boxes, which also provide a means of BLS. For example, survivors may alternate tapping on their present safety square, with tapping on their past event square (which are positioned opposite to each other on the worksheet)<sup>x</sup>.

The EMDR Recent Traumatic Episode Protocol (R-TEP) is used with individuals. After helping stabilize survivors using grounding and containment activities, they are encouraged to focus on the traumatic episode. While receiving continuous BLS, survivors imagine a movie depicting the episode while sharing the story out loud. Afterwards, they conduct a “Google search” to see if anything about the episode still feels distressing. When something comes up, it is reviewed using a narrow focus limited to the image, event, or episode<sup>xi</sup>, or expanded to permit free association which may include content from across the lifespan<sup>xi,xii,xiii</sup>.

EMDR therapy possesses many characteristics that make it a good fit for implementation in crisis situations. It uses a gentle, client-centered approach that does not require a high degree of verbalization<sup>xiv</sup>, and is also efficient and cost-effective<sup>xv</sup>. Furthermore, EMDR provides clients with a sense of control since they may initiate breaks using a stop signal at any time during protocol delivery if necessary. Results are often achieved quickly, providing rapid relief in acute situations<sup>xv</sup>.

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



Weathering the Storm:

# The Importance of the Clinical Supervisory Relationship in Crisis Management

*By Jon Woodend, M.Sc., Educational Psychology,  
University of Calgary & Jeff Vander Werf, R. Psych,  
SU Wellness Centre, University of Calgary*

For beginning mental health practitioners, the clinical supervisory relationship is at the heart of skill development. This relationship is critical during client crisis situations. Using a case example, this article will provide the perspectives of the supervisee and the supervisor to demonstrate how the supervisory relationship may be used to handle crises effectively.

## **Crisis Case Example**

A few months into the trainee's practicum placement at a university counselling centre, the trainee met with a walk-in client for an intake interview. The client had recently left an inpatient treatment facility and was experiencing a significant episode of anxiety and depression. It became clear that the client was experiencing suicidal ideation.

The counselling centre in this example introduces new trainees to clients in a step-wise fashion. During orientation,

trainees view a video of an experienced counsellor conducting an intake session, then role play with the supervisor, and later observe senior clinicians during intake sessions. After this, trainees participate in intake sessions with a supervisor until they are able to lead sessions with support. Finally, trainees conduct treatment sessions, often with clients they have seen at intake. Supervision includes video recording the sessions. This serves two purposes: first, it allows the new counsellor to develop skills and confidence through a gradual, developmentally appropriate process; and second, it allows supervisors to develop confidence in the trainees' abilities through observation and feedback.

## **Supervisee Perspective**

Before starting the placement, I had received a year of training within a counselling psychology program, which included theoretical underpinnings, ethics, and intervention courses. Although I was introduced to the topic of risk-assessment, there was no practice in handling crisis situations, including suicidal-

*Please see page 15*



# The Psychology of Organizational Crisis Response

Jennifer K. Dimoff, MSc., Saint Mary's University,  
E. Kevin Kelloway, Ph.D., Saint Mary's University

Organizations deal with a wide variety of crises. Product contamination, public relations disasters, and industrial accidents all threaten the viability of the organization and require an effective response. Not surprisingly, the strategic principles of crisis response are well-known, and an extensive literature on crisis management has developed over the last few decades. Implementation of these strategies largely relies on employees' abilities to a) recognize that there is a crisis situation or imminent threat, b) remain calm under pressure (e.g., manage feelings of stress), c) process information effectively, and d) garner assistance and support from others. Our review suggests that the ability to respond effectively to crisis situations is largely determined by three factors: our ability to manage emotions, the availability of resources, and our learning from previous experience or formal training.

## Emotion Management

Individuals able to maintain composure and remain focused during crisis situations are likely to make adaptive decisions under pressure—a hallmark of effective crisis response. Yet, many people make poor decisions during crisis situations due to the physiological responses caused by the “fight, flight, or freeze” phenomenon. When experiencing physiological responses, such as increased heart rate, blood pressure, and muscle tension, individuals experience narrowed attention, impaired cognitive processing, and emotional strain<sup>i</sup>. Individuals least likely to be burdened by these reactions are often described as having a positive affect and being able to manage their emotions<sup>ii</sup>.

People with a positive affect—a “glass-half-full” perspective on life—are often able to adapt, think flexibly, and approach novel, stress-provoking situations with creativity and innovation<sup>iii</sup>. Compared to individuals with a negative affect, positive individuals are more likely to possess a more extensive “thought-action repertoire” that enables them to identify a variety of responses that would be appropriate for a crisis situation at work. The expansion of this behavioural repertoire can be explained, at least somewhat, by emotion management.

Emotions can impede performance and decision-making because they draw attention away from normal cognitive processes. People who cannot divert attention away from their emotions are more likely to make poor decisions that are influenced by fear and anxiety. While vigilance, fear, and anxiety can be advantageous in moderation, they can also lead to maladaptive responses, such as phobias, nausea, muscle tremors, heart palpitations, and even fainting.



## Personal Resources

The Job Demands-Resources model of stress suggests that stress results when the demands of the situation exceed available resources<sup>iv</sup>. In this context, resources are the aspect of a job that help achieve goals, reduce demands, and/or stimulate development. An individual's resources increase the likelihood of effective crisis response through two processes: appraisal and response. The number and type of resources that we have available may play a role in how and when we appraise a situation as constituting a crisis. Moreover, the amount and nature of available resources may determine our response to a given situation. Either directly or indirectly, resource availability impacts the emotions that individuals experience, the extent to which they are able to manage these emotions, their decision-making performance, and their ability to respond to crises.

## Experience

More formal resources, such as past experience or training, can also improve an individual's ability to respond to crisis situations<sup>v</sup>. Training and experience have both been linked to improved performance and reduced levels of stress and strain. In stress inoculation programs, individuals are taught how to self-monitor, problem-solve, and regulate their own emotions in order to improve their ability to cope with, and respond to, stressors. These skills are critical to responding to crises. For ex-



ample, in emergency situations, highly experienced pilots seem to spend less time making decisions than novice pilots<sup>vi</sup>. They also experience less physiological arousal in the process. Thus, experienced pilots seem to be less susceptible to maladaptive emotions and are more efficient at processing information. Compared to their less experienced colleagues, experienced employees are more likely to focus attention, manage emotions, and make effective decisions under pressure—all key aspects of effective crisis response.

Yet, other findings suggest that training or experience may actually be detrimental to performance<sup>vii</sup>. For instance, over-training may lead to a heavy reliance on heuristics, which can be maladaptive if the heuristics do not readily translate from a past crisis situation to a current crisis situation. Individuals who are making decisions based on heuristics, emotion, and previous experiences, without carefully considering the current situation, risk being unable to respond to the crisis effectively. Therefore, while training and experience can bolster job-related resources or act as resources in and of themselves, their utility during crisis situations may be dependent on the situation, or other factors, such as personal affect.

## Conclusions: A Role for Psychology

Effective crisis management requires individuals to manage their emotions, mobilize resources, and apply their experiences. How, then, do organizations ensure that their employees are capable of dealing with crises effectively? The organizational strategy literature suggests that it is necessary to either “make or buy” any needed capability. That is, organizations can either train individuals in crisis response – teaching them the skills they need to be able to manage emotions, mobilize resources and apply experiences – or they can select individuals who already possess these capabilities. Psychologists have a role to play in the design and implementation of both training programs and selection systems designed to enhance organizational crisis response.

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

## Weathering the Storm

*Continued from page 13*

ity. Fortunately, the training site offered a weekly seminar, which did include practice in risk-assessment. Nevertheless, this training only helped me to conduct a rudimentary screening of the level of risk for this client, and I had little knowledge around next steps (i.e., long-term safety planning/treatment options). I felt nervous about my lack of experience in this area, and overwhelmed with the sense of responsibility I felt for the client’s well-being.

Clearly beyond my level of experience, I immediately approached my supervisor. In supervision, my supervisor was able to help me fully conceptualize the level of risk and develop a reasonable safety plan for the client’s immediate well-being. Specifically, my supervisor asked me a series of questions around potential threats (e.g., accessibility to ways of dying), reasons for living, supports, and so on. What was incredibly helpful was that my supervisor did not immediately take over the situation, which would have been easier for him, but instead had me remain as the primary counsellor, guiding me through my own anxiety, and moving me to a new level of experience.

The supervision experience did not end there; my supervisor continued to walk with me through the processes that follow a crisis. This allowed me to develop the necessary skills to navigate such a situation from beginning to conclusion. On reflection, the supervisory relationship needed to be strong so that I knew when to consult my supervisor and so that he was aware of my level of skill which he could help me extend and grow competently.

## Supervisor Perspective

Although the case example occurred early in the practicum, it came after weeks of direct and indirect observation. When my supervisee approached me about the risk concerns he had regarding this client, I could provide supervision with a clear understanding of

his strengths, demeanour in session, and ability to follow through with suggestions. I started by trying to gain an understanding of the situation at hand, the risk factors my supervisee had observed and other relevant data, including the worry my supervisee felt in session. We then discussed options; I first asked my supervisee about his ideas before providing additional options, some of which were informed by my knowledge of procedures within the centre. We identified a course of action and, because of my observations of his work, I was confident that these would be followed. I later consulted with my supervisee about the action taken and we revisited this during regular supervision sessions.

After this process of supervision, I followed up with my Associate Director. We discussed the urgency level of the client’s risk and, through a similar decision making process, chose to move the client from the waitlist into active treatment. I then informed my supervisee of this process. This served two purposes: first, I modelled a supervisory relationship with my administrative supervisor, the Associate Director of our centre; and second, I demonstrated my confidence in my supervisee and his judgment of the client risk level and appropriate options. Through this process, we both learned to trust each other to provide appropriate feedback and share concerns openly.

## Conclusion

Crisis situations are a real and unavoidable part of front line counselling work, and need to be an integral part of therapy training. The supervisory relationship has a strong influence on how a supervisee will handle crisis situations. Through preparation, support, trust, openness, constructive feedback and consistent follow-up, satisfactory supervisee development can occur, while ensuring appropriate client care<sup>1</sup>.

<sup>1</sup> The authors were the nominator and the recipient, respectively, of the University of Calgary Excellence in Practicum Supervision Award.



Responding to Sexual  
Assault on Canadian  
University Campuses:

# Promising Policies and Future Directions



*Alani, T. (Lakehead University), & Jeffery, N (University of Guelph), on behalf of the Section for Women and Psychology Student Executive*

In 2013, a female Lakehead University student was sexually assaulted by a male student. While she chose not to pursue charges, she did speak with the university to inquire as to whether he would be in her classes the following semester. Her request for this information was denied on the basis of protecting her assailant's privacy. As a result, she experienced daily harassment from him. She does not blame Lakehead for the assault, but reported that the aftermath "could have been prevented if faculty was trained in how to deal with these situations"<sup>i</sup>.

This situation is not unique to Lakehead University. Recently, there has been a flurry of reports of sexual assault and university mishandlings. Such events have been reinforced by a campus culture supportive of violence against women. Students at Carleton University were seen wearing "F\*ck Safe Spaces" t-shirts<sup>ii</sup>, male students at Dalhousie University joked about violently assaulting and drugging women, and Orientation week chants about non-consensual, underage sex were heard at the University of British Columbia and Saint Mary's University<sup>iii</sup>, to name a few.

Experts suggest that between 20 and 50 percent of university women<sup>iv</sup> will be sexually assaulted, and that women in this cohort are 5 times more likely to be sexually assaulted<sup>v</sup>. Despite the general underreporting of sexual assault to authorities (e.g., police, researchers), more than 700 sexual assaults were reported on Canadian university campuses over the past five

years<sup>vi</sup>. Moreover, approximately one third of sexual assaults and almost half of attempted sexual assaults take place on campus<sup>vii</sup>. Campuses continue to be "risky" places for women and universities have often remained complacent—very few Canadian universities have policies or university-funded services that deal specifically with sexual assault and instead often consider such instances as harassment, discrimination, and/or misconduct.

Fortunately, some universities have chosen to respond. In order for policies to be effective<sup>viii</sup>:

- Key terms such as "consent", "force", and "incapacity" must be defined
- Forms of sexual assault and to whom such policies apply (e.g., students only, visitors on campus) must be included
- They must be developed in ways that include student voices
- The rights of the survivor and accused must be clearly stated
- Institutional responses must be clearly outlined and accessible, including treatment, referrals, and services
- Students, staff, and faculty must all be made aware of these policies and responses
- Policies and procedures must emphasize the individual's choice in how to proceed throughout the reporting process
- Reporting must be confidential, respectful of the repercussions of reporting, and include the needs of students most often marginalized (e.g., students identifying as Indigenous, LGBTQ, with disabilities)





While these recommendations are helpful, actual development and implementation can be unclear. Examples of existing, promising policies include:

- The University of Guelph’s Sexual Assault Protocol<sup>ix</sup>, which includes: (a) a definition of sexual assault; (b) a well-defined scope (on campus or at a University event, and where one or both individuals are affiliated with the institution); (c) a list of resources for survivors (including campus police, hospital, and crisis-lines); (d) how reports can be made and the potential outcomes of these reports; (e) confidentiality and its limits; (f) explanation that sexual assault training will be provided to supervisors and employees; and (g) a mission to create awareness about the policies and available services.
- Mount Allison University’s Policies and Procedures with Respect to Sexual Harassment and Sexual Assault<sup>x</sup>, which (a) include definitions of sexual harassment and assault; (b) apply on or off campus; (c) state that reports must be made within one year of the incident; (d) outline who the administrative officer with authority would be in different circumstances; (e) state that an investigation will take place “whether there has been a complaint or not” and that “the University will take corrective action”; (f) state the privacy rights of each party; (g) offer counselling opportunities; (h) discuss the potential need for changes in one’s environment to ensure safety and comfort; and (i) outline the potential penalties for sexual assault (expulsion, termination of employment). Mount Allison University also employs a Sexual Harassment Advisor who can support, inform, and advocate with individuals who may have experienced harassment or sexual assault.
- Lakehead University’s Sexual Misconduct Policy and Protocol<sup>xi</sup>, which states that the University is committed to ensuring that those who report sexual misconduct are (a) treated with dignity and respect; (b) supported in obtaining counselling and medical care; and (c) provided information and options about reporting, and academic and other accommodation. It also states that the university is committed to ensuring an internal policy on response to allegations of sexual misconduct when an official report to police is not made and to educating and training staff and students about these policies and about preventing sexual misconduct.
- While these policies are a great start to changing the conversation about sexual assault on Canadian university campuses, there are very few examples of universities that have taken such proactive steps. Many have begun education and advocacy campaigns about respect and consent; however, until universities take a stand and establish policies around how sexual assault will be dealt with, students will be left to advocate for themselves or be further silenced through the current process.
- Universities are encouraged to form Task Forces or committees and to develop policies to meet the needs of students and staff. Moreover, these committees should offer platforms for individuals to share their experiences, including the repercussions of violence and how they could have been better supported. As in the U.S., Canada might also benefit from laws requiring universities to track and make public the number of sexual assaults reported to them and to have and disseminate a written sexual assault policy.

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

# Draft Revision of the Canadian Code of Ethics for Psychologists



## REQUEST FOR COMMENT

Consistent with the commitment of the Canadian Psychological Association (CPA) to regularly review and update the Canadian Code of Ethics for Psychologists, the Association’s Committee on Ethics has developed a draft revision following an extensive review process. Comments on the draft revision are now being invited and would be very much appreciated. **The deadline for comments is 25 May 2015.** Please send all comments by email to [ethicscttee@cpa.ca](mailto:ethicscttee@cpa.ca), or by surface mail to:

**Chair, Committee on Ethics  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON K1P 5J3**

Background information and a link to the draft revision can be found online. A line-by-line comparison of the draft revision with the 2000 Code (showing tracked changes) for those wishing to have that level of detail for comment purposes is also provided online.

As with all previous drafts versions of the Code over the years, comments are welcome from individuals or groups, from psychologists or members of other disciplines, and from members of the public.

[www.cpa.ca/aboutcpa/committees/ethics/codeofethics/#Revision](http://www.cpa.ca/aboutcpa/committees/ethics/codeofethics/#Revision)



# Somewhere between hope and darkness: A student's perspective on crisis response

*Zarina Giannone, M.A. Student in Counselling Psychology,  
University of British Columbia Chair-Elect, Section for  
Students in Psychology, Canadian Psychological Association*

Desmond Tutu once said, "Hope is being able to see that there is light despite all of the darkness". Over the past five years, I have had the privilege of being a provider of hope to callers and chatters accessing the services afforded by the Crisis Intervention and Suicide Prevention Centre of British Columbia. As a distress services volunteer, I have experienced what it is to be the last resort for callers, fully knowing the potentially fatal consequences of my (in)actions. It is in these critical moments, when crisis responders can facilitate a series of events that can truly alter the trajectory of an individual's life. I am beyond honoured to be in a position of trust during these shared moments of vulnerability and I am taken aback by the immense strength of the human spirit to fight on, despite all adversity.

Crisis prevention and intervention work plays a crucial role in our nation. With dozens of crisis centres situated across Canada, a robust system of care is often achieved which initializes the shift from pre-crisis/crisis to wellness. The mandate of most crisis centres emphasize efficacious, evidenced-based crisis management, although different centres provide varying services. According to the Crisis Intervention and Suicide Prevention Centre of British Columbia (accredited by the American Association of Suicidology, 1994-present), crisis intervention is delivered through a collaborative problem-solving model which offers callers and chatters (on the youth and adult chat lines) a safe space to be heard and validated without judgment or stigma. Some of the areas which distress workers are trained in include supportive listening, empathy, suicide risk assessment, suicide prevention/intervention, situation management, and self-care. Distress workers are also educated on community resources and often provide appropriate referrals to callers/chatters. Volunteers are involved with the organization in a number of ways including distress services, youth education, and senior's outreach, enabling multiple opportunities to provide hope in this capacity.

Many crisis centres operate on a 24/7 basis. Given the importance of this resource for community members who struggle with loneliness or mental health concerns, the ability to utilize crisis and distress services at any time throughout the day or night is imperative. Crisis services become one of the few avail-

able resources for people in need after regular business hours, when typical agencies or therapists are closed or unavailable to help. Furthermore, crisis management is inexplicably linked with psychological service delivery as there is a tremendous overlap between clients and presenting concerns. The collaboration between crisis centres and Local, Provincial and National agencies and organizations is key to ensuring the most effective system of care possible.

The impact of crisis intervention and suicide prevention services in Canada is notable on a larger scale. For example, the Crisis Intervention and Suicide Prevention Centre of British Columbia reported that approximately 123,000 lives were impacted by their services in 2013. Given that this organization operates with only 450 volunteers and 11 staff, the influence of their services is commendable. Liz Robbins, Co-Director, Distress Services (Clinical/Operations) described that, "feedback from callers and chatters has indicated a profound effect...just

having this safe space helps them gain greater perspective on their concerns". Crisis response is not only important for the psychologists, clinicians, friends, family and community members who recommend and endorse its use, but it is also largely significant for the people who utilize and depend on its services.

Crisis response services are always evolving. Future directions include an effort to establish a national suicide prevention and/or mental health distress services hot line, as well as increasing online presence by mental health care professionals (e.g. e-mental health). Support from our

government and related associations are necessary to spearhead this meaningful and significant change.

As a current graduate student, crisis response work has provided me lessons that I could not have acquired from a textbook. My experiences at the Crisis Intervention and Suicide Prevention Centre of British Columbia enabled me the opportunity to connect with people from all walks of life. I have spoken with individuals from diverse cultures and socio-economic backgrounds, with varying religious beliefs, political ideologies, sexual preferences, and gender identities. The Crisis Centre has inspired a renewed worldview, allowing me to observe the world from various frames of reference. I have learned that no matter how troubled our past or how despairing our present, we all have one thing in common- our humanity. I am so grateful for the opportunity to share these critical moments with others, to remind them that they are not alone, and to offer hope and light when they feel consumed by darkness.

**Crisis Intervention and  
Suicide Prevention  
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# Association of Psychologists of Nova Scotia Crisis Response



*By Charles J.A. Hayes, Ph.D. Member, Association of Psychologists of Nova Scotia Post-Trauma Committee*

The catalyst for establishing a roster of volunteer psychologists from within the membership of the Association of Psychologists of Nova Scotia (APNS) was the mid-air collision of Pacific Southwest Airlines Flight 172 and a Cessna over San Diego, USA on September 25, 1978. Both planes crashed in the North Park subdivision of San Diego with a loss of all 137 people on board both airplanes. Additionally, the crash destroyed 22 homes with a further loss of seven lives. Police, fire, and ambulance services were unable to maintain control over the crash site.

Officials with the Halifax International Airport contacted the APNS because of the helpful role psychologists had played following the San Diego air collision. It was felt that should a similar accident occur here then a body of experienced psychologists would be a valuable and needed resource that could be deployed quickly. APNS agreed to establish a list of volunteer psychologists who were willing to assist if needed.

The Association of Psychologists of Nova Scotia (APNS) entered into a Memorandum of Understanding (MoU) with the provincial Emergency Measures Organization (EMO-NS) that

governed the conditions under which volunteer psychologists could be deployed for emergency services, the type of services the psychologists provided, and limits to the duration of pro-bono services. The roster of volunteers was limited to those psychologists having appropriate training and experience. The Protocol was enacted by the Director of EMO-NS through contact with the APNS Disaster Response Coordinator. Once activated, the day-to-day placement and functioning of the volunteer psychologists would be under the Director of Emergency Social Services. Provision was made for reimbursement of some expenses and Workers' Compensation coverage.

The MOU between APNS and EMO-NS was enacted once. The event was the crash of a commercial jet airliner, Swissair Flight III, into the seas around Peggy's Cove on the evening of September 2, 1998. All 229 people on board perished. The APNS Volunteer Psychologists were put 'On Standby' on September 3rd and a call out of volunteer psychologists occurred the following day. Offers to provide voluntary service were made by psychologists who had not placed their names on the Voluntary Roster. The Nova Scotia experience echoed findings from other large-scale disasters. Disaster events bring out volunteers who are ready to assist.

An examination was made of the deployment of volunteer



psychologists from the APNS Roster during Swissair Flight III Recovery mission. These volunteers were used to provide service to areas that could not be accommodated by government personnel that were drawn primarily from local hospitals and clinics. To those of us on the APNS' Post-Trauma Committee the call-out of the volunteer psychologists worked in the way it had been designed to work. Psychologists gave of their experience and time to help. Their services were used by the Department of Social Services to meet gaps in service need that could not be provided by provincial employees because demand outstripped provincial resources.

The services outlined in the 1998 MOU were primarily those associated with Critical Incident Stress Management (CISM) programs. Since then CISM has not been accepted as the first line of service for survivors of disasters by many organizations including the World Health Organization, has received negative press by some who were not indoctrinated or exposed to training sessions, and it also has been extensively criticized for not having demonstrated unequivocal evidence of its effectiveness. APNS has attempted to keep up to date with accepted practice and has been promoting Psychological First Aide as a preferred first step. Emphasis has been on Disaster Behavioural Training especially focusing on evidence of surge behaviour and the fact that disasters such as the New York City Twin Towers (9-11) and Hurricane Katrina affected people in much wider areas than had initially been anticipated.

In 2008 APNS began on revising the MOU. The original MoU was designed neither to compete with nor to duplicate services provided by the Province. The call-out of volunteer psychologists was designed to occur only in rare circumstances when provincial resources were overwhelmed. The deployment of the volunteer psychologists was determined to be under the control of the Department of Social Services. Thus the MoU envisioned the volunteer psychologists as an add-on service to the government of Nova Scotia response whenever the need arose.

The MoU revision process was unexpectedly stopped in 2010 after the provincial Department of Health and Wellness (DHW) took over the psychosocial response to disasters from EMO-NS. To date all overtures from APNS for reinstatement of the MOU have been treated positively but, as yet, no MOU has been re-confirmed.

The low probability of any disaster in a given jurisdiction seems to lull provincial governments into a false sense of security despite the fact that there are a number of potential threats that could easily overwhelm provincial responses. There are terrorist threats and examples of chemical assault that have proven ability to overwhelm governmental resources; pandemic threats, and all-hazard disasters are also known to be capable of overwhelming governmental resources; and quickly. Each has the ability to become a Mass Casualty Incident (MCI) and these, whether man-made or caused by nature, have the ability to overwhelm governmental resources.

Canadian provincial governments and disaster response networks have not adopted any consistent method for the deployment of volunteers. Some provinces have no formal mechanism (New Brunswick, Nova Scotia); some have aligned with their provincial Canadian Red Cross organizations (Alberta, Ontario); and some have formal agreements with their Health Departments (British Columbia).<sup>1</sup>

In British Columbia the psychosocial response in disaster relief is managed by a Disaster Psychosocial Service network of volunteers. These volunteers are drawn from the British Columbia Psychological Association, The British Columbia Association of Clinical Counsellors, the British Columbia Police Victim Services, and the Canadian Association of Spiritual Care. Such a system is the one closest to that envisioned by the MOU between the APNS and EMO-NS.

The above findings may suggest that provincial governments are equivocal about the necessity of formalizing any relationship with professional psychology. Perhaps their belief in the interprovincial and federal agreements makes the need for a separate response from provincial psychological associations unnecessary: A position with which the APNS finds itself in disagreement.

The proverbial saying from the 16th Century is no less true today: Forewarned is forearmed. APNS plans to continue to pursue the provincial DHW until the MOU is reinstated.

<sup>1</sup> No response to an informal survey was received from Quebec, Prince Edward Island, or Newfoundland and Labrador.



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



# The CPA Board's Ambassador Program: Connecting with Scientists, Practitioners and Educators in Saskatchewan



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

Members of the CPA Board of Directors as well as the CEO and Deputy CEO connected with Psychological communities in both Saskatoon and Regina just prior to the mid-March Board meeting. The Ambassador Program is designed to provide information to psychological communities about the activities of CPA and for the Board to be advised of issues of importance to psychologists and students in attendance.

I selected Saskatchewan as the site for the Ambassador Program as it had never been held in Regina and Saskatoon had been visited only once, many years ago. As the Annual Convention is typically held in large cities in order to attract high number of CPA members and affiliates, it was deemed important to connect with members in locations unlikely to host the Convention.

Over 2 days, subsets of CPA Board members and staff met with the following groups:

- Public and Private Practitioners Breakfast Meeting in Saskatoon
- Department of Psychology – University of Saskatchewan
- Chair, Department of School and Counselling Psychology – University of Saskatchewan
- Saskatoon Health Region – Psychologists and Administrator
- Department of Psychology – University of Regina
- Luncheon with the President of the University of Regina
- Educational Psychology Department – University of Regina
- Regina Qu'Appelle Health Region – Wascana Rehabilitation Centre
- Public and Private Practitioners in Regina
- Reception for Psychologists and Students in Regina

The CPA presentations briefly described the structure and governance of CPA (18 Committees, 33 Sections, 3 Directorates, 15 staff, and 14 Board members) and focused on science and practice advocacy initiatives (visit <http://www.cpa.ca/> for more details), including:

- Refining the Disability Tax Credit Application Process
- HST/GST status of psychological services
- Psychology Month: MYMH and “Who did you talk to today” campaigns
- Increasing Access to Psychological Services
- cal Services
- Advocacy for increased science funding through NSERC, SSHRC, CIHR
- Graduate student funding
- Lack of postdoctoral fellowships
- Harmonization of graduate fellowships – number fellowships based on past success; concerns about how to increase
- MITACS: Internships for psychology graduate students with private sector partners

The events were very well attended, connections were made, information flowed bi-directionally and the Board was apprized of issues facing local educators, academics and practitioners. Attendees were encouraged to run for a position on the Board or on the Executive Committee of a Section. Immediately following the Ambassador Program, the March CPA Board meeting was held in Regina over a day and a half.

At the meeting in June, the Board will consider possible enhancements to the Ambassador Program, including making specific contacts with students, university presidents and health region CEOs and administrators, streamlining the involvement of Board members, and separating the timing of the Ambassador Program and March Board meeting.



# Le Programme des ambassadeurs du conseil d'administration de la SCP : À la rencontre des scientifiques, des praticiens et des enseignants de la Saskatchewan

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

Les membres du conseil d'administration de la SCP, ainsi que le chef de la direction et la directrice générale associée sont entrés en contact avec le milieu des psychologues de Saskatoon et de Regina tout juste avant la réunion du conseil d'administration de la mi-mars. Le Programme des ambassadeurs a pour but de faire connaître les activités de la SCP au milieu de la psychologie et de tenir le conseil d'administration informé des questions qui préoccupent les psychologues et les étudiants rencontrés.

Cette fois-ci, j'ai choisi la Saskatchewan pour y tenir le Programme des ambassadeurs, car celui-ci n'a jamais encore été offert à Regina, et qu'il n'a eu lieu qu'une seule fois à Saskatoon, il y a plusieurs années. Comme le congrès annuel se tient généralement dans les grandes villes, de manière à attirer plus de membres et d'affiliés de la SCP, nous avons jugé important de prendre contact avec nos membres qui se trouvent à des endroits qui ont peu de chances d'accueillir le congrès.

Pendant deux jours, des petites délégations de membres du conseil d'administration et d'employés de la SCP ont rencontré les groupes et les personnes suivantes :

- Praticiens publics et privés, à l'occasion d'un petit déjeuner de travail organisé à Saskatoon
- Département de psychologie – Université de la Saskatchewan
- Directeur du département de psychologie scolaire et de psychologie du counseling – Université de la Saskatchewan
- Saskatoon Health Region – Psychologues et administrateur
- Département de psychologie – Université de Regina
- Déjeuner avec le recteur de l'Université de Regina
- Département de psychologie de l'éducation – Université de Regina
- Regina Qu'Appelle Health Region – Centre de réadaptation de Wascana
- Praticiens privés et publics de Regina
- Réception organisée pour les psychologues et les étudiants à Regina

Dans leurs présentations, les « ambassadeurs » de la SCP ont décrit brièvement la structure et la gouvernance de la SCP (18 comités, 33 sections, trois directions générales, 15 employés et un conseil d'administration composé de 14 membres) et ont

mis l'accent sur les activités de représentation menées par l'association au nom de la science et de la pratique (rendez-vous à l'adresse <http://www.cpa.ca/> pour plus de détails), soit :

- Simplification du processus de demande lié au crédit d'impôt pour les personnes handicapées
- Application de la TVH/TPS pour les services psychologiques
- Le Mois de la psychologie : campagnes « Ayez votre santé mentale en tête » et « Avec qui avez-vous parlé aujourd'hui? »
- Augmentation de l'accès aux services psychologiques
- Activités de représentation visant à doubler le montant des prestations accordées aux employés de la fonction publique pour les services psychologiques
- Représentations visant à augmenter le financement de la science par l'intermédiaire du CRSNG, du CRSH et des IRSC
- Aide financière aux étudiants diplômés
- Manque de bourses postdoctorales
- Harmonisation des bourses d'études supérieures – nombre de bourses octroyées en fonction des succès passés; inquiétudes quant à la façon d'augmenter les bourses
- Mitacs : stages pour les étudiants diplômés en psychologie en collaboration avec des partenaires du secteur privé

Les rencontres ont attiré beaucoup de monde et ont permis d'établir plusieurs contacts; de l'information a été échangée de part et d'autre, et le conseil d'administration a été mis au fait des problèmes auxquels font face les enseignants, les universitaires et les praticiens de Saskatoon et de Regina. On a en outre encouragé les participants à devenir membres du conseil ou à faire partie du conseil exécutif d'une section. Tout de suite après le Programme des ambassadeurs, la réunion du conseil d'administration de la SCP s'est tenue à Regina pendant une journée et demie.

À sa réunion de juin, le conseil d'administration étudiera les améliorations possibles à apporter au Programme des ambassadeurs, y compris : rencontrer spécialement les étudiants, les recteurs, et les présidents-directeurs généraux et administrateurs des agences de santé, rationaliser la participation des membres du conseil d'administration et tenir séparément le Programme des ambassadeurs et la réunion de mars du conseil d'administration.



# GoodLife FITNESS

***Join GoodLife Fitness today and you'll  
be on your way to discovering the power  
fitness has to transform your life!***

The Canadian Psychological Association is pleased to announce that it has secured a new Membership Benefit with GoodLife Fitness<sup>1</sup> for members & affiliates of the CPA.

This new benefit, as part of GoodLife's Corporate Program, could save you up to 50% off the regular individual membership rates (the corporate rate is \$450<sup>2</sup> + HST for 12 months).

#### MEMBERSHIP INCLUDES:

- Access to over 320 GoodLife Fitness Clubs across Canada, Including over 70 Énergie Cardio Clubs in Quebec
- State-of-the-art cardio equipment
- All free weights and weight machines
- World-renowned Group Exercise fitness classes
- Staff available at all times to assist you with machines and equipment
- Personal Training (available at an additional fee)
- Child minding (available at an additional fee)
- Towel Service (where available)
- Corporate rate extended to spouse/significant other/dependents living at home

To learn more about the program and to sign-up, log into the CPA Member's Only Benefits Area, at [www.cpa.ca/membership/membersonlyarea](http://www.cpa.ca/membership/membersonlyarea).

<sup>1</sup> GoodLife Fitness is called Énergie Cardio in Québec

<sup>2</sup> As a requirement of the Corporate program, CPA Members & Affiliates would be required to pay the GoodLife Fitness annual membership rate in full, upon signing up for the Corporate program

## CALL FOR NOMINATIONS FOR THE CANADIAN NATIONAL COMMITTEE FOR THE INTERNATIONAL UNION OF PSYCHOLOGICAL SCIENCE (CNC/IUPsyS)

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

Nominations are required from CPA Members and Fellows for the following members-at-large and terms:

Health Sciences	When appointed – June 2018
Health Sciences	June 2015 – June 2019
Social Sciences	June 2015 – June 2019
Neuro-Bio-Behavioural Sciences	June 2015 – June 2019

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

Each nomination shall consist of:

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

The deadline to submit nominations shall be **MAY 15, 2015**. Nominations and supporting documents (and requests for further information) should be sent by e-mail to the Chair of the CNC/IUPsyS at [jennifer.veitch@nrc-cnrc.gc.ca](mailto:jennifer.veitch@nrc-cnrc.gc.ca).



The Canadian Psychological Association (CPA) invites you to attend our Annual Convention June 4-6, 2015 in Ottawa, Canada. Bringing together almost 2000 delegates, our convention attracts participants interested in sharing their latest discoveries and developments across the vast breadth that is the discipline of Psychology.

## TOP 10 REASONS WHY YOU SHOULD ATTEND THE CPA'S ANNUAL CONVENTION

### 1 RENEW YOUR EXCITEMENT ABOUT THE WORK YOU DO!

Although there's a wealth of information available to you online and numerous ways to create and consume content, getting out and hearing from other psychologists and colleagues in your particular area – or even a different area – will reignite your enthusiasm.

### 2 HAVE YOUR VOICE HEARD.

By attending the Annual General Meeting you will have the opportunity to participate in the electoral process of the CPA's Board of Directors.

### 3 MEET COLLEAGUES FACE TO FACE.

We all have the ability to make strong, positive, professional connections using digital technology today. We're able to connect, collaborate and share information easily and quickly – there's no denying that. Yet, there's something powerful about meeting your online contacts face to face, something that will serve you well in future dealings and collaborations.

### 4 ACCESS TO EXPERTS IN THE FIELD.

You get the chance to meet new people and even rub shoulders with the scholars and professionals who inspire you.

### 5 CELEBRATE EXCELLENCE AND ACHIEVEMENTS.

Be part of celebrating the accomplishments of psychologists and peers through our Awards Ceremony and various Section-recognitions.

### 6 SHARE YOUR RESEARCH FINDINGS.

Our convention gives you the chance to shine as a student/scholar, especially if you're presenting. Presenting, which you can then list on your CV, gives you the opportunity to obtain feedback on your research.

### 7 A REMARKABLY VARIED PROGRAM.

Covering over 34 different areas of psychology, our convention will provide you with an opportunity to hear from both established experts in the field and from our next and emerging generation of psychologists.

### 8 WE MAKE NETWORKING EASY!

Whether specific to a specialized area of psychology or from a more general perspective, you will be able to connect with psychologists and students from across the country via various planned sessions and social activities.

### 9 LEARN HOW YOUR FIELD FITS INTO THE LANDSCAPE OF CANADIAN PSYCHOLOGY.

Our convention will provide you with an opportunity to see how your particular area of psychological interest cross-cuts other areas that you may have not previously considered.

### 10 DISCOVER WHAT ACTIVITIES THE CPA UNDERTAKES ON BEHALF OF THE PROFESSION IN CANADA.

You will hear how your membership dollars are being used to advance the science, practice and education of psychology through a number of activities undertaken throughout the year by CPA's Executive Officers and other Head Office staff including meeting with MPs and various employers, conversing with Chairs of Psychology Departments, and liaising with the funders – to name a few...

*Find your place in the national association for psychology! Come to the Canadian Psychological Association Annual Convention and enjoy one of many benefits of being a CPA Member or Affiliate.*



# “Are you going to CPA...?”

## Reflections of an outgoing Convention Committee Co-Chair

Wolfgang Linden, Ph.D., University of British Columbia

The question “Are you going to CPA?” does not at all suggest a pending visit to the Head Office in Ottawa, but... you knew that! Inevitably it is about attending (or not) the next annual convention. Much of our association’s communication with the membership is run through the internet, journals, and of course through the sections but the annual convention is our showcase. It is the big social event where we present science, seek solutions to application problems in psychology, celebrate, share frustrations, and seek support for causes. It also is where we create new friendships and seek collaborators, and generally keep up with the discipline and profession and our friends in it. On average, CPA’s conference attendance numbers represents about 25% of the total membership size. By comparison, the American Psychological Society has 16000 members and 16% attended the last conference in Los Angeles; and the American Psychological Association saw 12000 visitors in Washington DC (2104) representing 9% of the their 130,000 total number of members and affiliates. The comparison seems fair because transportation issues and costs in the US are fairly similar to ours; if different then theirs are a little lower and should encourage more convention attendance. So, with such comparisons in mind we have evidence of a vibrant community of Canadian psychologists enjoying their annual conference.

Why write this piece for Psynopsis? It is simply a personal reflection of things learned in preparing conventions and listening to feedback. CPA is a service organization and gains nothing but has much to lose when conference participants are not satisfied. To help ensure a convention that delivers on expectation, we plan years ahead, get input from the convention committee that represents your broad interests, and ask for feedback after the convention. We then scrutinize the feedback, review policies and procedures, and try new approaches. We really want the feedback; this is not an alibi exercise. Last time, 256 attendees provided written feedback and I speak for all staff and committee members when I say thank you!

### Fees, travel, lodging and food

Feedback is very, very consistent that cost (and the related availability or absence of financial support) is the most powerful consideration when planning to attend a conference and cost is greatly affected by location. Even with a frugal attitude, attending a conference is expensive; you often fly across the country and need 3-4 nights of hotel. When all is added up, you look at spending about \$2000. There is no known trick to

greatly save on airfare (if you have one, please share) but you could split hotel room costs to save quite a bit of money. We often hear that our registration fees are too high. I calculated how much of the total expense actually goes to registration: it is about 15% of that total. On the other hand, hotel costs may easily eat up 50%. How does CPA stack up against others’ registration fees? My own experience (with 40 years hindsight and about 2 conferences annually) is that registration fees for psychology and other conferences I have attended (in 2015 dollars) have ranged from roughly \$300-\$1500. Not entirely trusting just my memory, I searched the web for Psychology conferences in Canada and the US and also looked at a few Canadian, non-psychology health care professions’ meetings; what I dug up, you see in table 1. It appears that CPA’s conference registration fees are at the low end of that scale and I note that we are especially kind to our students.

Table 1: Comparative Registration fees for the annual convention (all expressed as Canadian Dollars; using early-bird registrations only)

Organization	Members	Non-members	Students
American Psychol Association	350	n/a	120
Canadian Psychol Association	333	621	68
Society of Behavioral Medicine	450	840	200
Canadian Critical Care Nurses	450	650	235
Canadian Assoc Psycho-Oncology*	740	900	450

\*fee does include 2 luncheons, 2 dinners and the formal gala

We have repeatedly surveyed CPA members about food offerings at the conference and there was agreement that prepared meals on site can save time and be good for bonding. Unfortunately, when the real costs are spelled out the great majority of surveyed members lost interest and favored to look elsewhere for their meals.

### Perpetual ambitions, dances on broken glass, and occasional successes:

Organizing a conference like ours is a continuous juggling act because we want:

- A late deadline for conference submissions but early notification: over the last 2 years *we managed to set the application deadline 2 weeks later and let submitters know of acceptance early so they can go and apply for funding and book time off in their calendar; but they do need to wait a little longer to figure where and when to actually present*



- affordable accommodations especially for students: *this has been a standard feature for years now*
- to balance science and practice content: *this is done by involving all sections in the program planning*
- to attract as many students and full members as possible
- to criss-cross the country to engage those members who can only afford to attend if the conference is in their backyard. The impact of geography is obvious in these numbers: Toronto will likely attract 2000, Montreal, Halifax or Vancouver more like 1500.
- to have enough parallel tracks in the program to offer choice and accommodate many presenters but don't spread it so thin that the rooms are empty; *in Quebec City we had 18 parallel tracks and that was too many; we had some embarrassingly empty meeting rooms !*
- to bring in keynote speakers who can pull a crowd; *in this respect I have been pleasantly surprised that the great majority of the invited super stars were happy to come to CPA; all we had to do was ask.*
- everybody likes to have their submission accepted but if we take them all, then we are accused of a low-quality conference. *So, we do reject 5-10% of submissions after peer-review.*

We played with idea of 1-day registration: *unfortunately this encourages poor daily attendance because attendees only show up for the one day to present their work). It does reduce costs overall for individual attendance (mostly via fewer nights hotel). Other organizations that have it use discouraging pricing structures (e.g. full conference registration \$500, 1-day conference \$300)*

#### Unchangeable (?) facts, associated frustrations, and yet our unwillingness to just give in

- Hotels must be booked about >3 years ahead; few cities have the capacity, larger hotels with the necessary space are also at the high end of the price scale We can get pricing of hotel rates 3 year ahead but meals and in-meeting-room services are not priced this early: *Vancouver was an expensive surprise on this account; the Board cancelled two days of meals for its own once it saw how little was offered for high cost; we all went downstairs to eat at a Canadian icon chain restaurant.*
- Sometimes your presentation (or mine) gets scheduled on Saturday afternoon.
- Small towns and non-central venues may have cheaper hotels but that advantage gets whittled away by high transportation cost, much lower attendance or complexity (like plane changes)

#### Unpleasant and unpredictable surprises:

- The rare speaker who sounded great in the submission material but who was ultimately not well received We can apologize (and we do) but ultimately this outcome, though rare, is an not entirely avoidable. It underscores the importance, especially with keynote speakers, for sec-

tions and staff to work together to ensure quality and rigour of the work and how it is communicated.

- If a funding agency, a hospital or a university cuts back its support for conference attendance it hits us directly in the face; often without warning.
- Technical breakdowns. One way to avoid this might be to ask presenters to submit their presentations in advance so that these can be loaded and ready for launch at presentation time. Experience and feedback tells us, however, that compliance with a presentation submission deadline would be low.

We are willing to experiment. This year we gave a lot of control to sections based on a section task force recommendation. Space allocation was based on a blended formula of section size, submissions, and odd circumstances. At this time we believe it worked well, made the process more efficient and empowered the sections. Another recent and popular novelty was the electronic posters.

Is it a lot of work to pull together a conference for 2000 people? You bet. Still, it feels good when it all comes together and I'd do it again. See you in Ottawa!!

## Keynote Speakers Conférenciers d'honneur

### CPA PRESIDENTIAL ADDRESS / ALLOCATION PRÉSIDENTIELLE

"Positivity Enhancement  
in Cognitive Therapy"

Kerry Mothersill Ph.D., CPA President



### HONORARY PRESIDENT'S ADDRESS / ALLOCATION DU PRÉSIDENT D'HONNEUR

"Should we be treating neuroticism  
instead of anxiety and depression?"

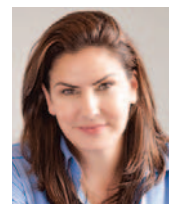


David Barlow Ph.D., Professor of Psychology and Psychiatry  
Founder and Director Emeritus, Center for Anxiety and  
Related Disorders at Boston University

### SCIENCE AND APPLICATIONS KEYNOTE ADDRESS / CONFÉRENCE "SCIENCE & APPLICATIONS"

Co-sponsored by the Canadian  
Psychological Association (CPA) and the  
Canadian Society for Brain, Behaviour and  
Cognitive Science (CSBBCS)

Elizabeth Phelps Ph.D.,  
New York University



# OTTAWA 2015

## Convention At-a-glance / Coup d'œil sur le congrès

For a full schedule, or to view the 'At-a-glance', please visit:

<http://www.cpa.ca/convention/conventionprogram/>

Pour obtenir un calendrier complet ou un "Coup d'œil sur le congrès" veuillez vous rendre au site :

<http://www.cpa.ca/congres/conventionprogram/>

### THURSDAY, JUNE 4, 2015 / JEUDI 4 JUIN 2015

#### Welcoming Ceremony / Cérémonie de bienvenue

#### *Honoring Our Best/ Hommage au mérite*

8:45am - 9:55am

#### Criminal Justice Psychology /

#### Psychologie et justice pénale (NACCJPC)

CPA-sponsored Invited Speaker / Conférencier invité de la SCP

*A Prospective look at Psychology and Criminal Justice:*

*Cautious Optimism!*

Kirk Heilbrun, Drexel University

9:00am – 10:25am

#### CPA Presidential Address / Allocution Présidentielle

*Positivity Enhancement in Cognitive Therapy*

Kerry Mothersill, CPA President

10:00am - 10:55am

#### Panel Discussion on Family Violence /

#### Débat sur la violence familiale

11:15am - 12:25pm

#### CPA Donald O. Hebb Award for Distinguished

#### Contributions to Psychology as a Science /

#### Prix Donald O. Hebb pour contributions remarquables

#### à la psychologie en tant que science

*Stepping Sideways to move Forward:*

*Bridging the Science-Practice Gap*

Debra J Pepler, York University

12:30pm - 1:25

#### Digital and Traditional Poster Session « A » / Présentation par affichage numérique et traditionnelle

Social and Personality Psychology / Psychologie sociale et de la personnalité; Counselling Psychology / Psychologie du counseling

12:30pm - 2:25pm

#### President's New Researcher's Award Symposium / Symposium pour les récipiendaires du prix du nouveau chercheur

Kerry Mothersill, CPA President; Lara Akinin, Simon Fraser University; Igor Grossmann, University of Waterloo; Thomas O'Neill, University of Calgary

1:30pm – 2:55pm

#### Health Psychology and Behavioural Medicine/ Psychologie de la santé et médecine du comportement

#### Symposium

*Health Psychology and Behavioral Medicine Section Student*

*Awards Symposium*

Sherry Stewart, Dalhousie University; Melanie Beland, Concordia University; Gabrielle Pagé, Centre de Recherche du Centre Hospitalier de l'Université de Montréal; Anda I Dragomir, Montreal Behavioural Medicine Centre, Hôpital du Sacré-Coeur de Montréal, Canada; Jessica Campoli, University of Saskatchewan

2:00pm- 2:55pm

#### Clinical Psychology / Psychologie clinique

Section Invited Speaker / Conférencier invité par la section  
*Trauma-Related Altered States of Consciousness: Dissociation, PTSD, and the 4-D Model*

Paul Frewen, University of Western Ontario

2:00pm- 2:55pm

#### International and Cross-Cultural Psychology /

#### Psychologie internationale et interculturelle

Section Invited Speaker / Conférencière invitée par la section

*Challenges and Strengths for Immigrants to Canada Viewed through the Lens of Family Relationships*

Catherine Costigan, University of Victoria

2:00pm – 2:55pm

#### Psychoanalytic and Psychodynamic Psychology /

#### Psychoanalytique et psychodynamique

Section Invited Speaker / Conférencier invité par la section  
Weininger Award for Lifetime Contributions to Psychoanalysis and/or Psychodynamic Psychology

*On the End of the World*

Jon Mills, Adler Graduate Professional School, Toronto

2:00pm- 2:55pm



For the latest CPA Convention news and updates, follow Twitter hashtag

**#CPA76**



**Psychologists in Hospitals and Health Centres /  
Psychologues en milieu hospitaliers et en centres de santé**  
Section Invited Speaker / Conférencière invitée par la section  
*“Hospital Psychology and Leadership – Changing the  
System from Within”*  
Joyce L. D'Eon, The Ottawa Hospital – retired  
2:00pm - 3:25pm

**Criminal Justice Psychology /  
Psychologie et justice pénale (NACCJPC)**  
Section Invited Speaker / Conférencier invité par la section  
*The Challenge of Incorporating Evidence into Correctional  
Decision-Making*  
Ruth E Mann, National Offender Management Service  
2:30pm - 3:25pm

**Featured Speaker / Conférencier invité**  
*Bayesian Justification of Personal Probability*  
Kazuo Shigemasa, University of Tokyo  
3:00pm - 3:55pm

**Community Psychology / Psychologie communautaire**  
Section Invited Speaker / Conférencier invité par la section  
*Child Welfare Policy in Ontario*  
Robert Flynn, University of Ottawa  
3:00pm – 3:55pm

**Psychology, Religion and Spirituality /  
Psychologie, religion et spiritualité**  
Section Invited Speaker / Conférencière invitée par la section  
*Coping with Stress: A Spiritual Framework*  
Terry Lynn Gall, Saint Paul University  
3:30pm – 4:25pm

**Digital and Traditional Poster Session « B » /  
Présentation par affichage numérique et traditionnelle**  
Criminal Justice Psychology / Psychologie et justice pénale  
(NACCJPC) ; Extremism and Terrorism / Extrémisme et terro-  
risme; Psychopharmacology / Psychopharmacologie  
3:30pm – 5:25pm

**Counselling Psychology / Psychologie du counseling**  
Section Invited Speaker / Conférencier invité par la section  
*Progress and Backlash of the Gender Equity Movement in Tai-  
wan: Responses from Counselling Psychology*  
Shuchu Chao, National Changhua University of Education  
4:00pm – 4:55pm

**Graduate Fair / Salon de l'étudiant diplômé**  
4:00pm – 4:55pm

**Psychology in the Military / Psychologie du milieu militaire**  
Section Invited Speaker / Conférencier invité par la section  
*Social Science in the Department of National Defence*  
Kelly Farley, Director General Military Personnel Research  
and Analysis, National Defence Headquarters  
4:00pm – 4:55pm

**Traumatic Stress / Stress traumatique**  
CPA/Section Co-sponsored Invited Speaker /  
Conférencière invitée par la SCP et la section  
*Treating Traumatic Bereavement*  
Laurie A Pearlman, Trauma Research Education  
and Training Institute Inc.  
4:00pm – 4:55pm

**Quantitative Methods / Méthodes quantitatives**  
Section Invited Speaker / Conférencier invité par la section  
*“A Friendlier Psychometric Theory for Tests and  
Psychological Scales”*  
James O Ramsay, McGill University  
4:00pm – 4:55pm

**Women and Psychology / Femmes et psychologie**  
CPA-sponsored Invited Speaker /  
Conférencière invitée de la SCP  
*Asking “So What” About our Scholarship: Why Values Matter  
when Planning, Doing, and Disseminating Research*  
Janice D. Yoder, University of Akron  
4:00pm – 4:55pm

**Head Docs** is a film series dedicated to psychology awareness  
and education / un festival de films consacré à la sensibilisation  
et à l'éducation en psychologie  
**Runtime:** 99 min, **Language:** English  
4:00pm – 5:50pm

**FRIDAY, JUNE 5, 2015 / VENDREDI 5 JUIN 2015**

**Honorary President's Address /  
Allocution du président d'honneur**  
*Should we be Treating Neuroticism instead of Anxiety  
and Depression?*  
David Barlow Ph.D., Professor of Psychology and Psychiatry  
Founder and Director Emeritus, Center for Anxiety and Related  
Disorders at Boston University  
9:00am – 9:55am

**Criminal Justice Psychology /  
Psychologie et justice pénale (NACCJPC)**  
CPA/Section Co-sponsored Invited Speaker / Conférencier in-  
vité par la SCP et la section  
*Reintegration, Rehabilitation, or Both? Unpacking Factors  
that Contribute to Community Outcomes for High-Risk  
Violent Offenders*  
Devon Polaschek, Victoria University of Wellington  
9:30am – 10:25am

**Addiction Psychology / Psychologie de la dépendance**

CPA/Section Co-sponsored Invited Speaker / Conférencier invité par la SCP et la section

*False Starts and New Directions in Understanding and Treating Co-occurring Anxiety Disorders and Alcohol Dependence*

Matt G Kushner, University of Minnesota

10:00am – 10:55am

**Aboriginal Psychology / Psychologie autochtone**

Section Invited Speaker / Conférencière invitée par la section  
*Breath and Spirit: The Decolonial Option in Psychology*

Rave Sinclair, University of Regina

10:00am – 10:55am

**Conversation Session / Séance de conversation****Site Visitor Conversation Session**

Melissa Tiessen, Canadian Psychological Association; Janice Cohen, CHEO

10:00am – 10:55am

**Education and School Psychology /****Psychologie éducationnelle et scolaire**

Symposium

Canadian Norms for the WAIS-IV: To Use or not to Use

Donald H Saklofske, University of Western Ontario; Larry G. Weiss, Pearson, San Antonio; A. Lynne Beal, Private Practice, Toronto; Jessie L. Miller, Pearson, Toronto

10:00am – 10:55am

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

Section Invited Speaker / Conférencier invité par la section  
*Personal Autonomy and Environmental Sustainability:*

*From the Promotion of Pro-environmental Behaviours to Eco-Citizenship*

Luc G Pelletier, University of Ottawa

10:00am – 10:55am

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

CPA-sponsored Invited Speaker /

Conférencier invité de la SCP

*Leading to Well-Being*

Kevin Kelloway, Saint Mary's University

10:00am – 10:55am

**Women and Psychology / Femmes et psychologie**

Section Invited Speaker / Conférencière invitée par la section  
*Psycho-Social Ethnography of the Common Place (P-SEC)*

*Methodology: A Different Approach to understanding Marginality*

Carmen Poulin, University of New Brunswick

10:00am – 10:55am

**Round-Table Conversation Session « 2 » /****Séance de conversation de table ronde**

10:00am – 10:55am

**1 - Adult Development and Aging /****Développement adulte et vieillissement**

*Student and Trainees in Adult Development and Aging*

Linda Truong, Ryerson University

**2 - Community Psychology / Psychologie communautaire**

*The Psychological Sense of Community: Re-Thinking its Meaning and Conceptualization*

Collin van Uchelen, University of British Columbia; Jill Aalhus, University of British Columbia

**3 - Health Psychology and Behavioural Medicine /****Psychologie de la santé et médecine du comportement**

*Women of Colour who Live with HIV/Aids: What are some of the Challenges Newcomers Experience?*

Joseph R Gillis, University of Toronto; Mercedes Umana, University of Toronto; Angela Palangi, University of Toronto; Anjum Sultana, University of Toronto; Delaram Farzanfar, University of Toronto; Taheera Walji, University of Toronto

**4 - Psychologists and Retirement /****Psychologues et la retraite;**

*Teaching after Retiring*

Nicholas Skinner, King's University College, Western University; Joseph Snyder, Concordia University

**5 - Psychologists in Hospitals and Health Centres /****Psychologues en milieu hospitaliers et en centres de santé**

*Pediatric Mental Health Crises in Hospital Emergency Departments: Exploring Best Practices*

Caroline McIsaac, McMaster Children Hospital - Hamilton Health Sciences; Ellen Lipman, McMaster Children's Hospital - Hamilton Health Sciences; Lawna Brotherston, McMaster Children's Hospital - Hamilton Health Sciences; Paulo Pires, McMaster Children's Hospital - Hamilton Health Sciences; John Prieto, McMaster Children's Hospital - Hamilton Health Sciences; Laurie Horricks, McMaster Children's Hospital - Hamilton Health Sciences

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

*Coping and Social Support in Sport Career Retirement*

Zarina A. Giannone, University of British Columbia; Colleen J. Haney, University of British Columbia

**7- Students in Psychology / Étudiants en psychologie**

*Giving your Graduate Research Meaning and Politics –Even in increments*

Mia Sisic, University of Windsor; Dusty J Johnstone, University of Windsor

**8 - Students in Psychology / Étudiants en psychologie**

*Between a Rock and a Hard Place: Dealing with Ethical Issues as a Graduate Student*

Tricia Teeft, Memorial University of Newfoundland; CCPPP Student Member; Sabrina Lemire-Rodger, York University; Alison Welsted, The Ottawa Hospital; University of British Columbia

**Sexual Orientation and Gender Identity /  
Orientation sexuelle et identité sexuelle**CPA-sponsored Invited Speaker /  
Conférencière invitée de la SCP*Social Marginalization and the Mental Health of Trans People*

Greta R Bauer, University of Western Ontario

10:00am – 11:25am

**Digital and Traditional Poster Session « C » /  
Présentation par affichage numérique et traditionnelle**Clinical Psychology / Psychologie clinique; non-section /  
non - section

10:00am – 11:55am

**Criminal Justice Psychology /  
Psychologie et justice pénale (NACCJPC)**

Don Andrews Career Contribution Award:

Presentation and Keynote

*Pathways to Sexual Aggression*

Jean Proulx, University of Montreal

10:30am – 11:55am

**History and Philosophy of Psychology /  
Histoire et philosophie de la psychologie**Section Invited Speaker / Conférencier invité par la section  
*Hidden from History or Hidden in Plain View?**Counter-Narratives for a 21<sup>st</sup> Century Social Psychology*

Fran Cherry, Carleton University

11:00am – 11:55am

**Conversation Session / Séance de conversation**

Accreditation Panel Conversation Session

Melissa Tiessen, Canadian Psychological Association;

Janice Cohen, CHEO

11:00am – 12:25pm

**Clinical Neuropsychology / Neuropsychologie clinique**

Section Invited Speaker / Conférencier invité par la section

*Memory Impairment and Rehabilitation: A Call to Arms*

Patrick Davidson, University of Ottawa

11:30am – 12:25am

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

Section Invited Speaker / Conférencier invité par la section

*Psychology in Rural and Northern Aboriginal Communities*

Christopher Mushquash, Lakehead University

11:30am – 12:25am

**Brain and Cognitive Science / Cerveau et science cognitive  
Developmental Psychology / Psychologie du développement**

\*\*Section Invited Speaker / Conférencière invitée par la section

The Misregulation of Distraction

Lynn Hasher, University of Toronto

12:00pm – 12:55pm

**Conversation Session / Séance de conversation***Important Insurance Information for Practicing Psychologists*

Andrea Piotrowski, CPAP Representative; Karen Cohen,

Canadian Psychological Association

12:00pm – 12:55pm

**Quantitative Electrophysiology /  
Électrophysiologie quantitative**

Section Invited Speaker / Conférencière invitée par la section

*Going for Gold: Neurofeedback in Sport*

Margaret Dupee, University of Ottawa

12:00pm – 12:55pm

**Family Psychology / Psychologie de la famille**

Section Invited Speaker / Conférencier invité par la section

*Non-Straight Talk about Family Dynamics and Relationships:**Transactions and Nonlinear Models*

Leon Kuczynski, University of Guelph

12:00pm – 1:25pm

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

Section Invited Speaker / Conférencier invité par la section

*Addressing the Mental Health Needs of Canadian Seniors*

Nawaf Madi, Canadian Institute of Health Information

12:30pm – 1:25pm

**Clinical Psychology / Psychologie clinique**

Workshop / Atelier

Preparing for your Predoctoral Internship and what Training

Directors Really look for

Arlene R. Young, University of Guelph; Robin A. Adkins,

Glenrose Rehabilitation Hospital; Rupal Bonli, Saskatoon

Health Region; Tricia A. Teeft, Memorial University

**Followed by the Joint CPA/CCPPP Internship Fair /  
Suivi par la foire stagiaire jointe de SCP / CCPPP**

12:30pm- 2:25pm

**Students in Psychology / Étudiants en psychologie**

Section Invited Speaker / Conférencière invitée par la section

*Synergy in Supervision: Evidence-Based Professional Practice*

Julie Gosselin, University of Ottawa

1:30pm- 2:25pm

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

Reception / Section Invited Speaker / Réception /

Conférencière invitée par la section

*Time, Fear, and Doubt: Subjective Judgments of Uncertainty**in the Face of Future Climate Change*

Anne E. Wilson, Wilfrid Laurier University

1:30pm- 2:25pm

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

Section Invited Speaker / Conférencier invité par la section  
*Thinking (and not thinking) About Animals: Implications for  
the Dehumanization of Human Outgroups and Intergroup  
Consequences of Climate Change*

Gordon Hodson, Brock University  
1:30pm- 2:25pm

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

Section Invited Speaker / Conférencier invité par la section  
*From Therapist to Teacher: How can Clinical Practice inform  
Classroom Instruction?*

Douglas Murdoch, Mount Royal University  
1:30pm- 2:25pm

**Criminal Justice Psychology /  
Psychologie et justice pénale (NACCJPC)**

Section Invited Speaker / Conférencier invité par la section  
*Violence Risk Assessment and Management Amongst Mentally  
Disordered Offenders*

Kevin Douglas, Simon Fraser University  
2:30pm – 3:25pm

**Annual General Meeting / Assemblée Générale Annuelle**

2:30pm – 3:55pm

**Digital and Traditional Poster Session « D » / Présentation  
par affichage numérique et traditionnelle**

Addiction Psychology / Psychologie de la dépendance;  
Adult Development and Aging / Développement adulte et  
vieillesse; Brain and Cognitive Sciences / Cerveau et  
sciences cognitives; CSBBCS; Clinical Neuropsychology /  
Neuropsychologie clinique; Quantitative Electrophysiology /  
Électrophysiologie quantitative; Sport and Exercise  
Psychology / Psychologie du sport et de l'exercice

3:30pm – 4:55pm

**Round-Table Conversation Session « 2 » /**

**Séance de conversation de table ronde**

4:00pm – 4 :55pm

**1 - Aboriginal Psychology / Psychologie autochtone**

*Aboriginal Mental Health Education within  
Doctoral Level Clinical Training*

David Danto, University of Guelph-Humber

**2 - Aboriginal Psychology / Psychologie autochtone**

*Culture, Values, and Success in the Workplace:  
Understanding Employment Realities of Aboriginal Workers*

Aimy A Racine, University of Waterloo; Twiladawn Stonefish,  
University of Windsor; Wendi L Adair, University of Waterloo;  
Catherine T Kwantes, University of Windsor

**3 - Addiction Psychology / Psychologie de la dépendance**

*Minding the Gap: Where is Addictions Training in Psychology?*

Abby L Goldstein, University of Toronto; Kim Corace,  
The Royal Ottawa Mental Health Centre and University  
of Ottawa; Joanna Henderson, Centre for Addiction and  
Mental Health

**4 - Counselling Psychology / Psychologie du counseling**

*Canadian LGBTQ Counselling Psychology: Where are we  
and what are we Doing?*

Chérie Moody, McGill University; Laura Copeland, McGill  
University

**5 - Counselling Psychology / Psychologie du counseling**

*Psychoeducation and Mental Health Literacy: Enlightening,  
Evangelizing, or Capturing?*

Karen H Ross, University of Calgary

**6 - Counselling Psychology / Psychologie du counseling**

*Assessment Training in Counselling Psychology Programs*

Michael L. Zwiers, University of Calgary; Sharon E.

Robertson, University of Calgary

**7 - Developmental Psychology /**

**Psychologie du développement**

*How are we doing? Predictors of Well-Being for Children  
with Neurodevelopmental Disorders*

Anne M Ritzema, McGill University; Lucyna M Lach,  
McGill University; Ingrid E Sladeczek, McGill University;  
David Nicholas, University of Calgary

**8 - Environmental Psychology /**

**Psychologie de l'environnement**

*Reducing Social Vulnerability to Climate Change  
and Extreme Weather Events: The Role of Risk  
Perception in a Social Environmental Context*

Allison Eady, Wilfrid Laurier University; Anne Wilson,  
Wilfrid Laurier University; Manuel Riemer, Wilfrid Laurier  
University; Stacey Silins, University of Ottawa; Derek  
Alton, Wilfrid Laurier University

**9 - Quantitative Methods / Méthodes quantitatives**

*Le Cadre épistémologique Pragmatique-Réaliste Nécessaire  
pour les variables Latente en Psychologie*

Hervé GUYON, Université Paris Sud

**Extremism and Terrorism / Extrémisme et terrorisme**

Section Invited Speaker / Conférencier invité par la section  
*The Roles of the Media and Internet in Radicalization  
of Western Youth*

David Nussbaum, University of Toronto Scarborough  
4:00pm – 4:55pm

**Mixer Event with Cash Bar and Appetizers**

Co-Sponsored by the Canadian Psychological Association  
(CPA) and the Canadian Society for Brain, Behaviour  
and Cognitive Science

5:00pm – 6:00pm

**Science & Applications Keynote Address /**

**Conférence «Science & Application»**

Co-Sponsored by the Canadian Psychological Association  
(CPA) and the Canadian Society for Brain, Behaviour  
and Cognitive Science

*Changing Fear*

Elizabeth Phelps, New York University

6:00pm- 7:00pm

**SATURDAY, JUNE 6, 2015 / SAMEDI 6 JUIN 2015****CPA Award for Distinguished Contributions to Education and Training in Psychology / Prix pour contributions remarquables à l'éducation et la formation de la psychologie au Canada**

*Science is the Captain and Practice the Soldiers: Recent and Anticipated Impacts of Psychological Science and Education on the Legal System*

Stephen Porter, University of British Columbia – Okanagan  
9:00am – 9:55am

**Symposium**

*Ethics Update 2015: Recent Developments and Emerging Issues in Psychological Ethics*

Janel Gauthier, Université Laval; Jean Pettifor, University of Calgary; Stephen Behnke, American Psychological Association; Suzanne L. Stewart, OISE/University of Toronto; Carole Sinclair, Private Practice  
9:00am – 10:25am

**Criminal Justice Psychology /  
Psychologie et justice pénale (NACCJPC)**

Section Invited Speaker / Conférencier invité par la section  
*Walking the Controversial Walk: Evidence and Controversies on the Efficacy in Treating Psychopathic Offenders*  
9:30am – 10:25am

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

*From Research to Practice: Putting Psychology to work to meet the Needs for Older Canadians*

Venera Bruto, Queen Square FHT; Thomas Hadjistavropoulos, University of Regina; Sylvain Gagnon, University of Ottawa  
10:00am – 11:25am

**Digital and Traditional Poster Session « E » /  
Présentation par affichage numérique et traditionnelle**

Developmental Psychology / Psychologie du développement; Education and School Psychology / Psychologie éducationnelle et scolaire Students in Psychology / Étudiants en psychologie; Teaching of Psychology / Enseignement de la psychologie  
10:00am – 11:55am

**CPA Gold Medal Award for Distinguished Lifetime Contributions to Canadian Psychology /  
Prix de la médaille d'or pour contributions remarquables à la psychologie canadienne au cours de l'ensemble de la carrière**

Robert Hare, University of British Columbia  
10:30am – 11:25am

**Adult Development and Aging /  
Développement adulte et vieillissement****Clinical Neuropsychology / Neuropsychologie clinique**

\*CPA-sponsored Invited Speaker / Conférencier invité de la SCP  
*Canada's Coming of Age: How should we meet the Needs of our Ageing Population?*

Samir Sinha, Mt Sinai Hospital / University of Toronto  
11:30am – 12:55am

**Digital and Traditional Poster Session « F » /  
Présentation par affichage numérique et traditionnelle**

Industrial and Organizational Psychology / Psychologie industrielle et organisationnelle; International and Cross-Cultural Psychology / Psychologie internationale et interculturelle; Psychoanalytic and Psychodynamic Psychology / Psychoanalytique et psychodynamique; Quantitative Methods / Méthodes quantitatives; Sexual Orientation and Gender Identity / Orientation sexuelle et identité sexuelle; Traumatic Stress / Stress traumatique; Women and Psychology / Femmes et psychologie  
12:30pm - 2:25pm

**Digital and Traditional Poster Session « G » / Présentation  
par affichage numérique et traditionnelle**

Aboriginal Psychology / Psychologie autochtone; Community Psychology / Psychologie communautaire; Environmental Psychology / Psychologie de l'environnement; Family Psychology / Psychologie de la famille; Health Psychology and Behavioural Medicine / Psychologie de la santé et médecine du comportement; Psychologists in Hospitals and Health Centres / Psychologues en milieu hospitaliers et en centres de santé; Psychology, Religion and Spirituality / Psychologie, religion et spiritualité; Rural and Northern Psychology / Psychologie des communautés rurales et nordiques;  
3:00pm- 4:55pm

\*Speaker nominated by multiple sections

\*\* Co-sponsored speakers



**TRANSPORTATION**

<http://www.cpa.ca/Convention/transportation>



Promotion Code: **VBYKVKW1**

Air Canada has been appointed the Official Airline of the 76th Annual Convention of the Canadian Psychological Association from June 4-6, 2015 in Ottawa, Ontario.

Call your travel agent today and take advantage of special discounted fares or book online at [www.aircanada.com](http://www.aircanada.com)

The booking is to be made to the following city: Ottawa, YOW (ON)

The travel period begins Monday, June 1, 2015 and ends Monday, June 8, 2015.

Make sure your Promotion Code **VBYKVKW1** appears on your ticket.

Please note: No discount will apply to Tango and Executive Class lowest bookings for travel within Canada or between Canada and the U.S.

**VIA RAIL**

All convention attendees are entitled to a 5% discount every time they travel with VIA Rail Canada. This corporate discount applies for all destinations, and all fare categories. It also applies to the different promotions VIA Rail offers throughout the year.



Moreover, this discount applies to your leisure travels. You can have up to 3 people (friends, family, colleagues) traveling with that can also benefit from the discount, as long as you are travelling with them

To make sure you get the discount every time you travel, simply go online at [www.viarail.ca](http://www.viarail.ca) and create a profile. In your profile, you will be asked to select a discount type. Select "corporate rate" and enter our six digit corporate number: **810987**.

You can also book your tickets by phone at 1-888-842-7245 and mention the corporate discount. **Please make sure you use the discount every time you travel with VIA Rail. The more our discount code is used the higher our discount will get.**

**BUDGET**

It is a pleasure to announce Budget Rent-A-Car as a preferred partner of the Canadian Psychological Association's BUSINESS & LEISURE car rental needs. Budget has assigned the following discount number: **BCD: A277100**



<http://www.budget.com/budgetWeb/html/bridge/assoc/index.html?A277100>

**TRANSPORT**

[www.cpa.ca/congrès/transport](http://www.cpa.ca/congrès/transport)



Code de promotion : **VBYKVKW1**

Air Canada a été désignée transporteur officiel pour le 76<sup>e</sup> Congrès annuel de la Société canadienne de psychologie qui aura lieu le 4 au 6 juin 2015 à Ottawa (Ontario).

Appelez dès aujourd'hui votre agent de voyage et profitez des tarifs aériens à rabais ou réserver en ligne à [www.aircanada.com](http://www.aircanada.com)

**Valide :** du lundi le 1 juin 2015 au lundi le 8 juin 2015.

**Territoire :** Ottawa, Ontario

Assurez vous que le code de promotion **VBYKVKW1** apparaît bien sur votre billet.

**VIA RAIL**

Tous les participants au congrès ont droit à un rabais de 5 % à chaque fois qu'ils voyagent avec VIA Rail Canada .. Ce rabais d'entreprise s'applique à toutes les destinations et catégories de tarifs. Il s'applique également aux différentes promotions qu'offre VIA Rail toute l'année.



De plus, ce rabais s'applique à vos voyages d'agrément. Jusqu'à trois personnes (amis, famille, collègues) peuvent bénéficier du rabais, tant et aussi longtemps que vous voyagez avec eux.

Pour vous assurer de recevoir le rabais chaque fois que vous voyagez avec nous, il vous suffit d'aller en ligne sur le site [www.viarail.ca](http://www.viarail.ca) et de créer votre profil. Dans votre profil, on vous demandera de sélectionner le type de rabais. Sélectionnez « compte d'entreprise » et entrez le numéro d'entreprise à six chiffres : **810987**.

Vous pouvez également réserver vos billets par téléphone au 1-888-842-7245 et mentionner le rabais d'entreprise. **Assurez-vous d'utiliser le rabais chaque fois que vous voyagez avec VIA Rail. Plus vous utilisez notre code de rabais et plus vos rabais augmentent.**

**BUDGET**

C'est avec plaisir que nous vous annonçons que Budget Rent-A-Car est devenu un partenaire privilégié de la Société canadienne de psychologie, et vous fera faire des économies lors de la location d'un véhicule pour vos déplacements PROFESSIONNELS et PERSONNELS. Budget a attribué le numéro de rabais suivant : **BCD: A277100**



<http://www.budget.com/budgetWeb/html/bridge/assoc/index.html?A277100>



## ACCOMMODATION

### THE WESTIN OTTAWA

11 Colonel By Drive, Ottawa, ON K1N 9H4 Canada  
Phone: (613) 560 7000 (613) 560 7000 Fax: (613) 234-5396  
<http://www.thewestinottawa.com/>

The Westin Ottawa is conveniently located on the Rideau Canal adjacent to Rideau Centre Shopping Mall and to the Shaw Centre (previously known as the Ottawa Convention Centre), within walking distance to the Royal Canadian Mint, the National Gallery of Canada and Parliament Hill.

#### Room Rates:

**Traditional Single & Double occupancy:** \$235.00 per night (\$272.60 with room and taxes included)

**Deluxe King:** \$285.00 (\$330.60 with room and taxes included)

**Please note:** The advertised rates will be available until May 6<sup>th</sup>

**Reservations:** Telephone: (613) 560 7000

**Online:** <https://www.starwoodmeeting.com/Book/CPA>

Guests can access the site to learn more about the event and to book, modify, or cancel a reservation from January 7, 2015 to June 11, 2015.

#### Please note:

**The advertised rates will be available until May 6<sup>th</sup>.**

### UNIVERSITY OF OTTAWA HOUSING SERVICE

Carole Ryan, Housing Officer  
90 University Residence (145)  
613-562-5800/613-562-5800 (7450)

#### Accommodation Styles in the Residential Complex

All buildings within the residential complex are linked to each other. They include the suite-style in 90 University, and the traditional style in Stanton and Marchand residences.

**Suite-style:** Air-conditioned suite-style units include two separate bedrooms with a double bed in each room, a wash-room with shower, kitchenette equipped with fridge and microwave, table and chairs. Please note kitchenware such as utensils and dishes are not provided. The rate is \$99 per night + taxes.

**Traditional Residence:** In the traditional residences, our single and double rooms are furnished with one or two single beds, a desk and chair, and an armoire for each guest. These residences have separate men's and women's washrooms on each floor and are not air-conditioned. The rates are \$35 for the single room, \$70 for the double + taxes.



**Amenities:** Towels, bed linen, shampoo, and hand soap are provided in all the residences. Each room is equipped with a telephone with free local calls and Wi-Fi as well as wired internet. Our guests have access to a large paid laundry room facilities located on the main floor of the 90U residence.

#### Residential Complex Includes:

- Controlled access to buildings
- 24/7 front desk services
- Wi-Fi
- Common lounges
- Common kitchens (one main kitchen complete with stove top and oven in suite-style, and floor kitchens with stove top only in traditional residence)
- Fax and photocopy service
- Laundry facilities open 24/7
- Vending machines
- 24/7 campus security

**Housekeeping:** A light housekeeping service is provided daily. The service includes making the beds only if they are free of personal items. A full service is offered on the fourth day.

**Front Desk:** Located in the 90 University Residence Lobby, the Front Desk is open 24 hours a day, 7 days a week.

**Messages:** Please check the message box at the Front Desk. Emergency messages are taken directly to the group leader room.

**Baggage Handling:** Baggage handling is not included. Each person is responsible for carrying their own luggage to and from their rooms.

## HÉBERGEMENT

### THE WESTIN OTTAWA

11 Colonel By Drive  
Ottawa, Ontario, K1N 9H4  
Canada

Téléphone : (613) 560 7000(613) 560 7000

Fax : (613) 234-5396

<http://www.thewestinottawa.com/>

Le Westin est situé sur le canal Rideau à proximité du centre commercial Rideau et du centre Shaw (précédemment connue sous le nom de Ottawa Convention Centre), à une distance de marche de la Monnaie royale canadienne, la Galerie nationale du Canada et de la colline du Parlementaire.

#### Prix des chambres :

**Chambres traditionnelles occupation simple ou double :**  
235 \$/nuit ( 272,60 \$ taxes inclus)

**Chambres de luxe King :** 285,00 \$/nuit (285,00 \$ taxes inclus)

**Veillez noter : Les tarifs annoncés seront disponibles seulement jusqu'au 6 mai**

**Réservation :** Téléphone : (613) 560 7000(613) 560 7000

**En ligne :** <https://www.starwoodmeeting.com/Book/CPA>

Vous pourrez accéder au site pour en savoir plus sur l'événement et pour réserver, modifier ou annuler une réservation à partir du 7 janvier 2015 au 11 juin 2015.

### SERVICE DU LOGEMENT DE L'UNIVERSITÉ D'OTTAWA

Carole Ryan, agente du logement  
90, Université privée, bureau 145  
613-562-5800 (poste 7450)

#### Styles d'hébergement dans le Complexe résidentiel

Tous les édifices situés dans le Complexe résidentiel sont reliés les uns aux autres. Le 90, Université propose des suites, tandis que les immeubles Stanton et Marchand sont des résidences traditionnelles.

**Suites :** Les unités climatisées comprennent deux chambres séparées, chacune dotée d'un lit à deux places, des toilettes avec douche, une cuisinette équipée d'un réfrigérateur et d'un four à micro-ondes, une table et des chaises. Veuillez noter que les ustensiles de cuisine, comme les couverts et la vaisselle, ne sont pas fournis. Le tarif est de 99 \$ par nuitée + taxes.

**Résidences traditionnelles :** Dans les résidences traditionnelles, les chambres pour une ou deux personnes sont équipées d'un ou de deux lits à une place, un bureau et une chaise, ainsi qu'une armoire pour chaque client. Ces résidences ont des toilettes séparées pour hommes et pour femmes à chaque étage, et ne sont pas climatisées. Les tarifs sont de 35 \$ pour une chambre pour une personne et de 70 \$ pour une chambre pour deux + taxes.

**Commodités:** Les draps, les serviettes, le shampoing et le savon pour les mains sont fournis dans toutes les résidences. Chaque chambre est équipée d'un téléphone, avec appels et Wi-Fi gratuits, ainsi qu'une connexion Internet par câble gratuite. Nos clients ont accès à une grande salle de lavage payante située à l'étage principal du 90, Université.

#### Le Complexe résidentiel comprend :

- Accès contrôlé aux immeubles
- Réception ouverte 24 heures sur 24, 7 jours sur 7
- Wi-Fi
- Salons communs
- Cuisines communes (dans les suites : une cuisine principale complète, équipée d'une cuisinière et d'un four; dans les résidences traditionnelles, des cuisines d'étage dotées d'une cuisinière seulement)
- Service de télécopie et de photocopie
- Salle de lavage ouverte 24 heures sur 24, 7 jours sur 7
- Distributeurs automatiques
- Agents de sécurité sur le campus 24 heures sur 24, 7 jours sur 7

**Entretien ménager:** Un service d'entretien léger quotidien est fourni. Le personnel d'entretien fera les lits seulement si aucun objet personnel ne s'y trouve. Le service complet est offert le quatrième jour.

**Réception:** Située dans le hall du 90, Université, la réception est ouverte 24 heures sur 24, 7 jours sur 7.

**Messages :** Veuillez vérifier la boîte de messages à la réception. Les messages d'urgence sont transmis directement à la salle du responsable du groupe.

**Assistance bagages :** L'assistance bagages n'est pas incluse. Chaque personne est responsable de transporter ses bagages à l'arrivée et au départ.



## SOCIAL EVENTS

**First-time Presenters Breakfast (By invitation only)**  
**(Thursday, June 4th from 7:30am – 8:30am)**

Are you a first time presenter at this year's CPA Convention? If yes, come join your fellow "first-time presenters" for an early morning breakfast. This is your opportunity to meet other presenters and mingle with the CPA Board of Directors.

**Presidential Reception (All Welcome)**  
**(Thursday, June 4th @ 6:00 pm – 7:00 pm)**

CPA President Dr. Kerry Mothersill cordially invites you to join him at this year's Presidential Reception.

**FUN RUN/WALK****(Friday, June 5th @ 7:00 am)**

Join us on Friday June 5<sup>th</sup> at 7:00 AM (meet in the Westin Hotel lobby) for a 5K run, 2.5K walk through the beautiful city centre of Ottawa. The Fun Run will be led by The Running Room. A continental breakfast will be served following The Fun Run. Each runner/walker will also receive a complimentary CPA Water Bottle for their participation in this event.

Funds raised will go to benefit The Alzheimer Society of Ottawa and Renfrew County. For more information, please contact Tyler Stacey-Holmes, [styler@cpa.ca](mailto:styler@cpa.ca).

*Note: This event is rain or shine*

## ÉVÉNEMENTS SOCIAUX

**Petit déjeuner pour les conférenciers qui font une présentation pour la première fois à la SCP (sur invitation seulement)**  
**(le jeudi 4 juin de 7h 30 à 8h 30)**

Êtes-vous une personne qui allez faire une présentation pour la première fois au congrès de la SCP? Dans l'affirmative, vous pouvez vous joindre à vos autres confrères et consœurs qui font aussi une présentation pour la première fois pour un petit déjeuner. C'est une occasion pour vous de faire connaissance avec d'autres conférenciers et les membres du conseil d'administration de la SCP.

**Réception présidentielle (Tous sont les bienvenus)****(le jeudi 5 juin de 18h 00 à 19h 00)**

Le président de la SCP, Dr Kerry Mothersill, vous invite cordialement à vous joindre à la réception.

**COURSE/MARCHE AMICALE****(le vendredi 5 juin à 7h)**

Rejoignez-nous le vendredi 5 juin à 7 h (dans le lobby de l'Hôtel Westin) pour une course de cinq kilomètres ou une marche de 2,5 kilomètres dans les rues du magnifique centre-ville d'Ottawa. La course amicale sera guidée par le Coin des Coureurs. Un petit-déjeuner continental sera servi après la course. Chaque coureur ou marcheur recevra également une bouteille d'eau gratuite, marquée du logo de la SCP, pour leur participation à l'activité.

Les fonds amassés seront remis à la Société Alzheimer d'Ottawa et du comté de Renfrew. Pour plus d'information, veuillez communiquer avec Tyler Stacey-Holmes, [styler@cpa.ca](mailto:styler@cpa.ca).

*Remarque : l'activité aura lieu, beau temps, mauvais temps.*

**AN EVENING OF DANCING & DESSERTS**

Join us on Friday June 5th, from 9:00PM – Midnight for an evening of fun!

Our DJ will be spinning tunes so you can dance the night away

Cash Bar

Enjoy some desserts

Win prizes, giveaways and much more!

**Tickets are \$25 and must be purchased at the time of your Convention Registration.**

**SOIRÉE DE DANSE ET BUFFET DESSERT**

Joignez-vous à nous, le vendredi 5 juin, de 21 h à minuit, pour une soirée divertissante!

Notre DJ fera tourner vos chansons et vous fera danser toute la soirée.

Bar payant

Buffet dessert offert

Gagnez des prix, des cadeaux et bien plus encore!

**Les billets coûtent 25 \$, plus taxes applicables, et doivent être achetés au moment de votre inscription au congrès.**



La Société canadienne de psychologie (SCP) vous invite à son congrès annuel, qui se tiendra du 4 au 6 juin 2015, à Ottawa, au Canada. Rassemblant près de 2 000 délégués, le congrès réunit chaque année des participants qui souhaitent partager avec les délégués leurs plus récentes découvertes, ainsi que les progrès accomplis dans le vaste domaine de la psychologie.

## LES 10 PRINCIPALES RAISONS D'ASSISTER AU CONGRÈS ANNUEL DE LA SCP

### 1 RÉVEILLER VOTRE ENTHOUSIASME POUR LE TRAVAIL QUE VOUS ACCOMPLISSEZ!

Bien qu'il y ait une abondance d'informations sur le Web et de multiples façons de créer et de consommer du contenu, le fait de sortir et d'entendre ce qu'ont à dire d'autres psychologues et collègues du même domaine que vous — voire d'un autre domaine — réveillera votre enthousiasme.

### 2 VOUS FAIRE ENTENDRE.

En participant à l'assemblée générale annuelle, vous aurez la chance de prendre part à l'élection des membres du conseil d'administration de la SCP.

### 3 RENCONTRER DES COLLÈGUES EN PERSONNE.

Avec la technologie numérique d'aujourd'hui, nous pouvons tous établir des liens solides, positifs et professionnels. Nous pouvons entrer en contact, collaborer et communiquer de l'information entre nous, facilement et rapidement — personne ne peut le nier. Pourtant, il se passe quelque chose de très fort lorsque l'on rencontre en personne les personnes avec lesquelles nous sommes en contact en ligne, qui vous sera très utile dans vos futurs rapports et collaborations.

### 4 RENCONTRER DES EXPERTS DE LA DISCIPLINE.

Vous aurez la chance de rencontrer de nouvelles personnes, et même de côtoyer les chercheurs et les professionnels qui vous inspirent.

### 5 SOULIGNER L'EXCELLENCE ET LES RÉALISATIONS.

Venez applaudir les réalisations des psychologues et de vos pairs à la cérémonie de remise des prix de la SCP et féliciter les récipiendaires des prix décernés par les sections.

### 6 PARTAGER VOS RÉSULTATS DE RECHERCHE.

Le congrès vous donne l'occasion de briller comme étudiant ou chercheur, surtout si vous faites une présentation. En faisant une présentation au congrès, laquelle viendra par la suite enrichir votre CV, vous avez la possibilité de recueillir des commentaires sur votre recherche.

### 7 UNE PROGRAMMATION REMARQUABLEMENT VARIÉE.

Le congrès, qui couvre plus de 34 domaines de la psychologie, vous donnera l'occasion d'entendre à la fois des experts établis dans leur domaine et de rencontrer la nouvelle génération de psychologues.

### 8 LE RÉSEAUTAGE DEVENU FACILE!

Que vous vous intéressiez à un secteur spécialisé de la psychologie ou à un angle plus général de la psychologie, vous pourrez rencontrer des psychologues et des étudiants de partout au pays en participant aux différentes séances prévues au programme et aux activités sociales.

### 9 APPRENDRE OÙ S'INTÈGRE VOTRE DOMAINE DANS LE PAYSAGE DE LA PSYCHOLOGIE AU CANADA.

Le congrès vous donne l'occasion de voir comment votre domaine d'intérêt en psychologie recoupe d'autres domaines, que vous n'auriez peut-être pas considérés auparavant.

### 10 DÉCOUVRIR LES ACTIVITÉS QUE MÈNE LA SCP AU NOM DE LA PROFESSION AU CANADA.

Vous apprendrez comment l'argent de votre cotisation est utilisé pour faire avancer la science, la pratique et l'enseignement de la psychologie par le truchement des activités menées toute l'année par les dirigeants de la SCP et le personnel du siège social, notamment des rencontres avec les députés et divers employeurs, des discussions avec les directeurs de département de psychologie et des contacts avec les bailleurs de fonds — pour n'en nommer que quelques-uns.

*Trouvez votre place dans l'association professionnelle de psychologues du pays! Venez au congrès annuel de la Société canadienne de psychologie et profitez de l'un des nombreux avantages qui vous sont offerts en tant que membre ou affilié de la SCP.*

## Appel de manuscrits pour un numéro spécial de la RCSC:

# « Comprendre le développement des objectifs et de l'agence dans une perspective de durée de vie »

Date limite pour les soumissions: 30 juin 2015

Éditeur: William Roberts

Rédacteurs invités: Stuart Hammond, Université d'Ottawa; Patrick L. Hill, Université Carleton; Jennifer Mariano, Université de Floride du Sud

Il est hors de doute que le fait d'accorder une direction à sa vie et de poursuivre des objectifs entraîne des gains personnels. Récemment, des psychologues de divers courants ont démontré que les personnes déterminées obtiennent de meilleurs résultats sur le plan du bien-être émotionnel, de la réactivité au stress, du développement de l'identité et même face aux risques de mortalité. Ceci s'explique par le fait que les personnes déterminées ont tendance à se percevoir comme plus « mandatées » (selon la théorie de l'agence) et se sentent plus en contrôle dans leurs activités quotidiennes. Bien qu'il existe une littérature croissante sur la façon dont les individus développent un sens du but et de l'agence, ces domaines ont tendance à être fractionnés dans diverses disciplines, au point d'échouer souvent à considérer le développement de ces réalités tout au cours de la vie.

Pour combler ces lacunes, les manuscrits soumis à ce numéro spécial devraient répondre à au moins une des quatre questions suivantes :

- Est-ce que le développement d'un sens de la vie et/ou du mandat (selon la théorie de l'agence) sont influencés par les environnements, soit transnationaux ou internationaux?
- Est-ce que les bénéfices d'un sens de la vie et/ou du mandat changent au cours de la vie?
- Est-ce que l'essence d'un sens de la vie et/ou du mandat sont transformé par les contextes développementaux ou socioculturels?
- Est-ce que le sens de la vie et du mandat se développent ensemble et quelle sont les catalyseurs de la progression de ces développements?

Nous souhaitons obtenir des soumissions s'appuyant sur des perspectives théoriques diverses, faisant appel à des échantillons variés, allant de l'enfance à l'âge adulte, préférablement longitudinaux.

Les manuscrits ne doivent pas excéder 35 pages (double interligne, police de caractère à 12 points), incluant les tableaux, les figures et les références. Les manuscrits qui dépassent cette limite seront retournés aux auteurs. Les rapports sommaires ne doivent pas dépasser quinze pages manuscrites, soit 2500 mots de texte ni comporter plus de un tableau ou figure. Les auteurs d'un rapport sommaire doivent indiquer qu'un rapport complet sera fourni sur demande.

Les auteurs qui considèrent faire une soumission sont dirigés vers les Instructions à l'intention des auteurs de la RCSC <http://www.cpa.ca/adhesion/avantagesdemembresdelascp/revuesdelascp/CJBS/>. Les instructions aux auteurs du site des revues de l'APA, qui gère la RCSC, est le [www.apa.org/pubs/journals/cbs](http://www.apa.org/pubs/journals/cbs).

Les auteurs doivent indiquer clairement dans leur lettre de présentation qu'ils souhaitent que leur manuscrit soit considéré pour publication dans le numéro spécial. Afin d'aider dans la planification du numéro spécial, les rédacteurs en chef invités souhaitent recevoir un sommaire d'une page avant le 30 juin de la part des auteurs qui prévoient soumettre un manuscrit complet pour la date du 30 avril. Ces sommaires peuvent être envoyés à l'une des adresses électroniques plus bas.

Toute question ou demande d'information doit être adressée à Stuart Hammond [Stuart.Hammond@uottawa.ca](mailto:Stuart.Hammond@uottawa.ca), Patrick Hill [Patrick.Hill@carleton.ca](mailto:Patrick.Hill@carleton.ca), ou Jennifer Mariano [jmariano@sar.usf.edu](mailto:jmariano@sar.usf.edu).

Drs. Hammond, Hill, & Mariano





# Call for papers for a Special Issue of CJBS:

## “Understanding the Lifespan Development of Purpose and Agency”

**Deadline for submissions: JUNE 30, 2015**

**Editor: William Roberts**

**Guest Editors: Stuart Hammond, University of Ottawa; Patrick L. Hill, Carleton University; Jennifer Mariano, University of South Florida**

The value of having a direction or purpose in life is far from in doubt. In recent years, psychologists across guilds have demonstrated the potential for purposeful individuals to fare better with respect to emotional well-being, stress reactivity, identity development, and even mortality risk. One explanation for these benefits is that purposeful individuals tend to be more agentic and feel more in control of their daily activities. Though there are accruing literatures on how individuals develop a sense of purpose and agency, these fields tend to be disconnected by discipline and outlet, and often fail to consider development throughout the life course.

To start bridging these gaps, submissions to the upcoming special issue should respond to at least one of four important questions:

- First, does the development of purpose and/or agency differ across environments, be they intra-national or international?
- Second, do the benefits of purpose and/or agency differ across the lifespan?
- Third, does the nature (or definition) of purpose and/or agency differ across developmental or sociocultural contexts?
- Fourth, do purpose and agency develop in tandem, and what are the catalysts of each progression?

Each of these questions are framed not only to allow for a broad range of psychologists to provide potential submissions, but also with the intent of beginning a conversation around the themes most important for advancing the field toward a fuller and richer understanding of constructs clearly valuable for academics, interventionists, and medical professionals alike. Moreover, we would welcome submissions focused on samples addressing any developmental period from childhood to older adulthood, and especially encourage longitudinal work when possible.

Regular submissions should not exceed 35 pages double-spaced 12-point font (including all Tables, Figures, and References). Any manuscript that exceeds this limit will be returned to the authors. Brief Reports will be no longer than five journal pages, so a Brief Report manuscript would not normally exceed 2,500 words in text and would have no more than one table or figure. Authors of a Brief Report must state that a fuller report will be provided upon request.

Potential contributors are directed to CJBS Instructions to Authors for submission guidelines [www.apa.org/pubs/journals/cbs](http://www.apa.org/pubs/journals/cbs). Authors must indicate clearly in their cover letter that their submission should be considered for this special issue. The Guest Editors would appreciate a one page statement of intent by April 30 from people who may be submitting papers by the June 30<sup>th</sup> deadline to assist with planning. For questions or further information please contact the Editors, Drs. Stuart Hammond ([Stuart.Hammond@uottawa.ca](mailto:Stuart.Hammond@uottawa.ca)), Patrick Hill ([Patrick.Hill@Carleton.ca](mailto:Patrick.Hill@Carleton.ca)), and Jennifer Mariano ([jmariano@sar.usf.edu](mailto:jmariano@sar.usf.edu)) and the statement of intent can be submitted directly to them.

Cheers,  
Drs. Hammond, Hill, & Mariano





# Get Protection with Professional Liability Insurance



*Maggie Green, MSc Healthcare Quality  
National Practice Leader, BMS Canada Risk Services Ltd.*

As a psychology practitioner, you require Professional Liability Insurance to register with your regulatory College and maintain your license; this is a requirement shared by all licensed and regulated healthcare professionals across the country. But when you purchase your coverage, do you think about why you need it, and how important it really is to the future of your practice? Do you know the details of the insurance you are purchasing? Are you sure you're adequately covered and that you have the appropriate limits in place to respond to a claim?

Insurance and liability are complex subjects as are the offerings and policies that support them. Although insurance is something we hope never to have to use, it is important that you are aware of exactly how your coverage works and what it includes. It is also important to understand the differences between the different insurance options available in order to identify the most appropriate coverage for your practice circumstances.

The Canadian Psychological Association (CPA), in partnership with the provincial and territorial association members of the Council of Professional Associations of Psychologists (CPAP) have offered a member-exclusive liability insurance program for decades.

Last year, CPA and CPAP conducted a thorough process of investigation and consultation into the insurance program available to psychology practitioners. As a result, CPA and CPAP moved the policy to BMS Canada Risk Services Ltd. (BMS Group). In making this change, CPA and CPAP were able to secure a number of coverage enhancements and premium reductions for members of the national and provincial/territorial associations. Members were provided with access to signifi-

cantly increased coverage at a much lower cost than that historically offered to the psychology profession.

CPA and CPAP continue to work together to offer the most comprehensive, cost-effective, and sustainable professional liability insurance program available for psychological practitioners in Canada. In 2014/15, the CPA/CPAP program became the largest insurance program for psychologists, with over 7500 participants across the country. In addition to this, the CPA/CPAP program is designed with the input of psychologists and your association, and offers exclusive access to value-added resources to help manage practice risk based on the psychology profession's claim history.

Before taking a closer look at the CPA/CPAP insurance program, it may be helpful to review the definition and purpose of Professional Liability Insurance.

As a regulated healthcare professional, you can be found legally responsible (or "liable") for the professional errors, omissions and negligent acts associated with your practice of psychology. Professional Liability Insurance (PLI) provides coverage to respond to claims that may arise out of your professional practice. If a claim is brought against you, PLI protects you by ensuring that your legal defence is coordinated and paid for. Your PLI also covers the cost of any client compensation, or damages. This means that your clients' interests are also protected because comprehensive PLI, with adequate limits, offers your clients timely access to compensation for valid claims.

If a claim is brought against you, you want the assurance of the best coverage and defence available to protect your reputation, livelihood, and finances. CPA and CPAP have undertaken significant efforts to ensure that the program available to members includes the coverage limits and enhancements needed to give you peace of mind.





These include:

### **Comprehensive and Cost-effective Coverage**

All CPA/CPAP policies now offer the most comprehensive PLI (also referred to as malpractice errors and omissions liability) coverage available, meeting and exceeding all regulatory requirements. Members are provided with two options for coverage limits:

- \$7 million per claim and \$10 million aggregate per policy period; or
- \$10 million per claim and \$10 million aggregate per policy period.

These coverage limits are higher than have historically been available to the profession. Today, a psychologist can purchase \$7 million of coverage for less than the cost of \$1 million of coverage under the old program.

### **Specialized Legal Services**

Participants in the CPA/CPAP program have access to the expertise of one of the most highly recognized legal defence firms in medical defence and professional liability in the country. Legal representation is provided at no cost and without having to pay a deductible or any fees. In changing to BMS Group and the Healthcare Professionals Insurance Alliance (HPIA), subscribers to the CPA/CPAP insurance program have access to the program's preferred legal provider, Gowling Lafleur Henderson LLP (Gowlings), for legal representation and services. Gowlings represents a large number of Canada's professional groups such as physicians and optometrists. They will work with you to achieve the best possible outcome for all involved.

In the event you do not wish to use Gowlings, or if the case has a conflict, you will be able to retain alternative legal counsel. The advantage of retaining Gowlings and the reason that the program has appointed them as a preferred provider, is due to their expertise as Canada's leader in the area of health practice and malpractice. Retaining counsel with specialized expertise is of paramount importance for members because it helps ensure excellent representation and protection in the event of a claim.

### **Enhanced coverage**

Coverage has been enhanced based on the recognized needs of our members.

- *Are you looking towards retirement?* CPA/CPAP's PLI policy now automatically includes 12 months of extended coverage in the event you retire or discontinue practice and decide not to renew your insurance coverage. You are also able to purchase unlimited coverage for a nominal fee upon retirement. With this protection in place, your policy will automatically extend to respond to any claim made against you for insured incidents that occurred before retirement. Having unlimited extended coverage means that an eligible claim filed ten years from the period of retirement would still be covered under the policy.
- *Are you teaching or participating in a course?* Your policy will cover you for a claim arising in the workplace, but

will also cover you when teaching or participating in a course, or when providing advice to someone outside of the employment setting. CPA/CPAP's policy offers coverage that follows you 24 hours a day, seven days a week, and is not limited by province or place of work.

- *Are you considering starting or growing your family?* Your CPA/CPAP policy offers continuous coverage for members on maternity or parental leave. You are now automatically covered for up to twelve months while on temporary leave. This means that you are protected against claims arising from incidents or exposures that occurred while you were in active practice (but that are reported while you are on leave).
- *Are you worried about security of client information?* Your CPA/CPAP professional liability insurance now includes \$50,000 of Cyber Privacy Liability coverage. In 2015, members will be able to secure additional cyber coverage insurance for greater protection against increased exposures related to potential data security and privacy breaches.

### **Guaranteed Limits of Liability and Policy Coverage**

As the largest professional liability insurance program for psychologists in Canada, funds are in place to provide clients with appropriate compensation for valid claims in a timely manner. Coverage for damages is comprehensive and is not restricted to clients who sustain physical harm. This is particularly relevant for clients who claim financial loss not resulting from an injury, but instead due to some other action (often related to wording in a psychologists' written report).

### **Enhanced Risk Management Materials and Education**

We care about client safety and professional practice. Risk management, insurance, and legal professionals use psychology-specific data to develop evidence-informed advice and resources to better advance the delivery of safe and professional client care across Canada. Participants in the CPA/CPAP insurance program can look forward to a new publication devoted specifically to liability and risk as it relates to psychology practice.

Let CPA and CPAP help you manage the professional risk associated with psychology practice. Learn more about how CPA/CPAP's Professional Liability program protects you, your clients and the profession at [psychology.bmsgroup.com](http://psychology.bmsgroup.com), or contact the risk and insurance professional staff at BMS Group, [psy.insurance@bmsgroup.com](mailto:psy.insurance@bmsgroup.com) or 1.855.318.6038.

Side bar:

Your CPA/CPAP Professional Liability and Business Insurance renew on June 1<sup>st</sup>, 2015. Members can purchase or renew all insurance policies online at the dedicated program website at [www.psychologist.bmsgroup.com](http://www.psychologist.bmsgroup.com). Your insurance certificate and invoice will be generated and emailed to you within minutes of your transaction. You can also contact BMS Group by mail or over the phone at 1.855.318.6038 with any questions or to purchase coverage.



*Karen R. Cohen, Chief Executive Officer; Lisa Votta-Bleeker, Deputy CEO and Director, Science Directorate; Melissa Tiessen, Director, Education Directorate & Registrar, Accreditation; Meagan Hatch, Manager of Public Affairs & Communications; 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 Winter 2015 update. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen ([kcohen@cpa.ca](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, who returned from maternity leave in February 2015, 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 ([mtiessen@cpa.ca](mailto:mtiessen@cpa.ca)). Meagan Hatch is responsible for public affairs, government relations and advocacy ([mhatch@cpa.ca](mailto:mhatch@cpa.ca)). For information on membership, contact Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)).



**Psychology Employment Survey.** As noted in previous Head Office Updates in Psynopsis, the CPA secured the permission of the APA to use and revise their Doctoral Employment Survey for application in the Canadian context. This is being done in response to the discontinuation of various Statistics Canada surveys that have left us with severe gaps in knowledge as relates to the supply and demand of psychologists in Canada. In consultation with the Chairs of the Committees on Education and Training, as well as Scientific Affairs, revisions were completed and the survey finalized; in January it was then sent to the members of the Education and Training, and Scientific Affairs Committees, as well as the CPA Board for pilot testing. Another round of revisions ensued. We are now finalizing the French version and will launch it in Spring 2015. The CPA will use various communication mechanisms and various partnerships to disseminate word of the survey. The CPA will rely on the membership to both complete the survey but also send it out to any colleagues who are not CPA members.



**MITACS Internships.** The CPA is working with MITACS to facilitate relationships between MITACS staff and Psychology departments so that psychology graduate students can assess their eligibility for industry-partnered internships offered through MITACS.



**Canadian Consortium for Research (CCR).** Dr. Lisa Votta-Bleeker continues to serve as Chair of the Canadian Consortium for Research (CCR). After a successful 3<sup>rd</sup> annual breakfast with the funders in December and a series of meetings with MPs regarding the CCR's asks <http://ccr-ccr.ca/>, the CCR is now turning its attention toward the upcoming federal election. As the membership knows, both the CCR and the CPA worked to gather information for MP Ted Hsu in support of his bill to reinstate the long-form mandatory census; although the Bill was not passed, both the CCR and the CPA will continue to pursue the need for a mandatory long-form census as part of its federal election planning. Other issues of interest to the CCR members include tracking graduate students and fairness for contract staff.



**Journals and Publications.** Journal editors in 2015 are Dr. Martin Drapeau (CP), Dr. William Roberts (CJBS) and Dr. Penny Pexman (CJEP). CP is planning a special issue on positive psychology; deadline for submissions was February. CJEP is planning a special issue on production effect in memory; deadline for submissions was January. CJBS is planning a special issue on purpose and agency.

CJBS is pleased to announce that Dr. Julie Gosselin will begin her term as Associate Editor July 1, 2015. Both the CPA and CJBS thank Dr. Michel Claes for his years of service as Associate Editor since 2010.

The CPA is pleased to announce that it will be supporting "best article of the year" awards for each of the journals. The award for CJEP best article is co-sponsored by the Canadian Society for Brain Behaviour and Cognitive Science (CSBBCS) and was awarded to Ian Neat and his colleagues for their paper: *From Brown-Peterson to Continual Distractor via Operation Span: A SIMPLE Account of Complex Span*. CP will issue a similar award in 2015; CJBS will issue one in 2016.



**Fact Sheets.** Fact sheets on cancer, addictions, and learning disabilities are in the final stages of review. In January, we undertook an updating exercise of all fact sheets written/posted prior to 2013; many fact sheets were updated and this is noted on the "Psychology Works" webpage. Many thanks to all authors for responding to our request.



**International Congress of Applied Psychology (ICAP).** CPA is collaborating with Mitacs to deliver the 2018 Congress via a partnership agreement. CPA is also the signatory to the agreement with le Palais du Congres in Montreal, the venue where the Congress will be held. ICAP 2018 co-Presidents are Drs. David Dozois and Peter Graf. A Congress logo has been developed and a website is in development. The Committee Structure for ICAP 2018 has been developed and members as-



signed to include a Visioning Committee chaired by David Dozois, Program Committee (and Scientific Advisory Committee) chaired by Peter Graf, Sponsorship Committee, Communications Committee, Finance Committee (chaired by Phil Bolger), and a Planning Committee (chaired by Lisa Votta Bleeker). Each Committee meets regularly to carry out its long term work to deliver what we want to be a truly outstanding internationally attended event. The Congress dates are June 25th through the 30th 2018. Mitacs have a reporting responsibility to IAAP over the next 4 years of Congress planning.



**Annual High School Science Awards.** Following another successful competition of the Annual High School Science Awards, the CPA is pleased to continue this program, now entering its 5th year, 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 are presented at CPA's Annual convention in June. For more information, please visit [www.cpa.ca/Convention/HighSchoolScienceAwards](http://www.cpa.ca/Convention/HighSchoolScienceAwards).



**Important changes to HST/GST. HST:** As noted previously, Federal budget 2013 (Pg. 375) makes changes to the HST/GST attached to reports and services for non-health care purposes. It notes that taxable supplies would include reports, examinations, and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy. The CRA issued a draft policy statement in the fall of 2014 to which it invited response. The draft statement made clear that certain psychological services, notably assessments provided in the private sector, would not be considered a health service and therefore subject to tax. CPA consulted with its membership, struck a small working committee to review a draft response and invited wider comment on the draft from those who responded to our call for feedback. We submitted our response as well as held a press conference on Parliament Hill, which itself generated a tremendous amount of media interest (see listing of media contacts at the end of this report). At the time of this writing, we are launching an e-advocacy campaign inviting members to contact their MPs and voice their opposition to the draft policy statement and its treatment of certain psychological services <http://e-activist.com/ea-action/action?ea.client.id=1727&ea.campaign.id=36406>. CPA's standing positions on the application of GST/HST can be found at [http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee\\_HST\\_April-29-2013.pdf](http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee_HST_April-29-2013.pdf) [http://www.cpa.ca/docs/File/Government%20Relations/May82013\\_gsthst.pdf](http://www.cpa.ca/docs/File/Government%20Relations/May82013_gsthst.pdf)

For more information visit <http://www.cra-arc.gc.ca/E/pub/gi/notice286/notice286-e.pdf>



**Practitioner liability insurance:** The program, now brokered by BMS, is performing very well with almost 100% enrollment as compared to 2014 when the program when managed by our previous broker. This number reflects strong retention but likely also some new participants. Reports on the program, inclusive of its service providers (e.g. Gowlings legal) have been overwhelmingly positive. It is our goal to continually innovate improvements and enhancements to the program. Members of CPA and members of the provincial and territorial associations of psychology who participate in the program through CPAP, CPA's program partner, will be contacted by BMS in April 2015 to begin the seamless renewal process (see article this issue of Psynopsis).



**Health Action Lobby (HEAL).** In December 2014, HEAL released its consensus paper entitled, *The Canadian Way. Accelerating Innovation and Improving Health System Performance*. As HEAL's co-chair, CPA's CEO participated in the press conference launch of the statement and subsequent media <http://healthactionlobby.ca/> The paper calls on all federal parties to articulate their vision for the healthcare of Canadians and proposes ways in which the Federal Government can contribute to accountable health care systems. These include increased collaboration with provinces and territories, a federal vision for health care, a performance framework to guide system improvements, options for financial stability, strategic investments in areas of need (e.g. seniors, access to prescription drugs), and the development of national health system indicators. HEAL is working with public affairs and communications firms to advance the statement as we lead up to a federal election.

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> In February 2015, the HCIWG's team-based models task force, charged with receiving and recommending innovations in collaborative practice in the area of seniors and the integration of pharmacists and paramedics in primary care, held a Summit. At the Summit exemplar practice innovations were showcased and discussion focused on the spread of innovative and effective models. One of the exemplar models was led by a psychologist, Dr. Judith Davidson, working innovatively to address mental health problems within a primary care practice in Kingston.



**Canadian Alliance of Mental Illness and Mental Health (CAMIMH).** CAMIMH has posted a video of health providers talking about mental health system issues and needs in which CPA participated <http://www.camimh.ca/> CAMIMH had a call for nominations for Champions which was announced to



the CPA membership. The call closed on February 27, 2015 and this year's Champions are now announced <http://www.camimh.ca/champions-of-mental-health/> Members are encouraged to consider nominations for a CAMIMH Champion Award as there are several categories (e.g. Community individual, Research/clinician, Workplace mental health) very relevant to the work and contributions of psychologists.



**Mental Health Commission of Canada (MHCC).** CPA provided the MHCC with a letter of support for their renewed mandate – their federal funding was for 10 years, expiring in 2017. At end November 2014, CPA attended a Best Brain's Exchange co-hosted by the MHCC. Its focus was to assemble stakeholders on the topic of e-mental health services; identify research and knowledge gaps as well as barriers and facilitators to implementation. CPA also attended an MHCC event on the development of indicators of mental health outcomes; the next step in accountability for the system recommendations made by the MHCC National Strategy. CPA expressed some concerns, which were heard, about how data is reported on the percentage of persons with a mental health need who receive care and the factors, including but not limited to stigma, that impact whether people seek and receive care.

The need to assess wait times for service, and not just readmission rates, in the public sector

The need to address the serious data gaps when it comes to accessing care in communities where the bulk of care is not typically funded by insurance plans (public or private)



**Canadian Mental Health Association (CMHA).** CPA'S CEO meets by phone regularly with the CEO of the CMHA to discuss our respective issues and priorities. In our most recent telemeeting, we discussed access to evidence-based service and supports, polling Canadians about mental health funding, and the Partners in Mental Health proposal around suicide prevention.



**Partners for Mental Health.** Partners and its founding Chair, Michael Kirby, are calling on government to invest in youth suicide prevention. In its 2015 pre-budget submission and presentation to government, Partners asked the federal government for \$100 million over five years for a National Youth Suicide Prevention Fund. The Fund would support communities in developing community based programs, based on evidence, to prevent youth suicide. CPA has met with Partners to talk about collaboration with stakeholder communities, such as CPA, and to learn more about their proposal.



**Department of National Defence (DND).** CPA continues to work with the Department of National Defence on the issue of recruitment and retention of psychologists. We have had a series of meetings over the course of 2014 and believe that our messages about the need for DND involvement in training and the need for meaningful conditions and requirement of work have been heard. In 2015, CPA launched a web-based workshop on PTSD in military populations via <http://www.cpa.ca/professionaldevelopment/webcourses/catalogue> .



**Access to psychological services for Canadians:** We continue in our efforts to disseminate the findings and recommendations of our access 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) We are developing a strategy through which we can develop a Champions program, recognizing industry leaders who are successful in sustaining mentally healthy workplaces through programs and services available to employees. We look forward to furthering this initiative in 2015/16 with our President-elect, Dr. Kevin Kelloway, whose expertise and interests focus on the workplace.

We have been working with collegial health profession associations, as well as members of the Canadian Life and Health Insurance Association, in the development of a guidance document for health providers delivering insured service. The document will cover such topics as differences in plans and coverage, methods of reimbursement, criteria for reimbursement, how to facilitate reimbursement, and guidance for patients about coverage. CLHIA has also let us know that they have assumed responsibility for representing and supporting the insurance industry on issues related to electronic claims and claims fraud.



**Psychology Month 2015:** The Mind Your Mental Health campaign launched during Psychology Month with great success! Over 1500 letters advocating for increased access to psychological services were sent to local politicians in February alone. Reach for the campaign was at an all-time high due in part to the success of the t-shirt campaign. This year's t-shirts displayed the slogan "Canada's Psychologists helping to Mind Your Mental Health". Many prominent local and national level celebrities put on the MYMH t-shirt and took to Twitter and Facebook to share the photo. Congratulations to all those who actively participated in the campaign, your hard work resulted in almost a 50% increase in both Facebook and Twitter followers! Each jurisdiction also organized various activities to promote psychology month (i.e., public talks, media interviews, etc.). Other Psychology Month activity featured the *Who did you Talk to* campaign! This campaign awarded weekly prizes in February to scientists and practitioners who brought the science or practice of psychology to the public via public lectures or articles in the popular press.



**Practice Directorate:** The Practice Directorate met in January and received a presentation from 3Sixty Consulting explaining the current coverage landscape offered by Canadian private health care benefit providers for extended health benefits. This presentation reported on a collaboration that the PD and CPA undertook with the Canadian Physiotherapy Association. The presentation offered an examination of future trends in private coverage models and their application to the delivery of psychology in the community. The results were based upon the findings from four interviews which were conducted with a representative sampling of executives from the private health care benefit provider industry. We heard that because there is limited publically available information about the provision and availability of private health care benefits in Canada and no provincial or federal government oversight or regulation, the industry continues to practice within a cost-containment, rather than a health-care improvement framework. As such, the conclusion from the presentation was that there is limited opportunity for health professionals to initiate dialogue or drive change with regards to improving the extended health benefit packages for plan members. Change will have to be driven by advocating to the employers who provide the plans to Canadians.

In the coming months, an advocacy toolkit will be developed to support any associations that are interested in meeting with the top three employers (by number of employees) in each jurisdiction. The aim of this project is to advocate for an amount of coverage offered for psychological services that is clinically meaningful. Given that mental health issues have become the most significant cause of disability claims in Canada, employers can benefit if employees who need psychological assistance can be treated in a timely manner, preventing time lost and reducing the length of disability claims. In addition, many insurance companies require a physician's referral to see a psychologist in the private sector. Letters are being prepared to advocate for the removal of this requirement. These letters will be sent to insurance providers and relevant government ministries (e.g., Health, Mental Health and Addictions). The aim of this project is to educate the provincial and territorial governments about the unnecessary financial burden this places on their publically funded health care systems.

The Practice Directorate welcomes its newest delegates Dr. Jane Storrie of OPA (Ontario), Dr. Janine Hubbard of APNL (Newfoundland and Labrador) Dr. Sam Mikail of CPA and Mr. Jean Robert Roussel of CPNB (New Brunswick). The council wishes to thank outgoing delegates Dr. Connie Kushnir (Ontario), Dr. Dorothy Cotton (CPA), Ms. Beverly McLean (Newfoundland and Labrador) and H el ene Gendreau (New Brunswick) for their contributions to the Practice Directorate.



**Federal Election 2015.** We anticipate a federal election in October 2015 and CPA has been planning its advocacy cam-

paign to roll out over the coming months. We will develop letters and request meetings of the political parties. We will encourage members to be active during the campaign and will develop an e-campaign to facilitate members' contacting their candidates. We will develop a short questionnaire to be sent to the headquarters of each political party asking about investments in mental health services and research funding. The results of these surveys will be shared with the membership. We will review each party's platform and share it with members. We will continue to write letters to the editors. We will participate in the election campaigns of our alliance organizations in health and science.

Our election messages will focus on

- Overall mental health funding
- Access to psychological services in areas where the Federal Government has direct responsibility
- Increased research funding
- Funding for post-secondary education



**Accreditation.** The Panel continues their recruitment for new members to join in the 2015-16 academic year and beyond. For more details on the rewards of Panel membership, please see the Winter 2015 edition of the Accreditation Update newsletter at <http://www.cpa.ca/accreditation/resources/newsletter>) as well as the CPA Accreditation website <http://www.cpa.ca/accreditation/resources/accreditationpanel>

The Panel has recently compiled and posted aggregate statistics regarding all CPA accredited doctoral and internship programs. This information (as well as past years' data) can be found on the CPA Accreditation website at: <http://www.cpa.ca/accreditation/resources/annualreportstatistics>

The Panel has been actively looking for ways to improve the efficiency of the accreditation and site visit process. New self-study forms and submission periods have been introduced, along with a new system for scheduling site visits. Additionally, the Panel has just completed a survey of individuals on the site visitor roster, and/or those who have recently attended a site visitor workshop. The Panel plans to use the information gained from the survey to develop enhanced training resources and supports for accreditation site visitors.

The Panel has a number of interesting and valuable activities planned for the 2015 CPA Convention, including: the Panel's traditional conversation session, a site visitor workshop, a conversation session specifically for site visitors, and a new session, in collaboration with CCPPP, designed to enable programs to gain a greater understanding of the accreditation standards and processes. More details to follow in the convention schedule and abstract book.

The Panel's Chair and Registrar, along with CPA's CEO, attended a meeting in Washington with our colleagues at the American Psychological Association (APA) in order to review and revisit the First Street Accord – the statement of mutual



recognition on accreditation between the CPA and the APA. Both Associations confirmed their interest in renewing the Accord and developing a communication plan to share the statement of mutual recognition with stakeholder groups. The Associations also discussed strategies to facilitate cross border exchange of students and interns/residents.



**Call for Submissions – Psynopsis.** The summer 2015 issue of Psynopsis Magazine – Canada’s Psychology Magazine, is devoted to Understanding Suicide. We are inviting submissions from researchers and practitioners that offer information and perspective about preventing suicide, managing suicidal risk and associated mental disorders, working with stakeholders and family and indications for strategy and social policy. Send 400-900 words to Managing Editor, Tyler Stacey-Holmes (styler@cpa.ca). Summer submissions are due by June 1st, 2015. 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)



### Other activity highlights since the fall 2014 update:

**Ontario Psychological Association.** CPA participated in a webinar for their membership on telepsychology as well as participated in a panel at their annual convention in February at which stakeholders (e.g. federal and provincial government, leaders of other health professionals) talked about issues related to mental health and mental health service.

**L’Ordre des Psychologues du Québec.** CPA participated in a consultation in March around access to psychological services in Quebec and shared with OPQ our reports related to access and effectiveness of psychological services.

**Setting a National Research Agenda on Mental Health, Justice and Safety:** CPA participated in an inter-organizational stakeholder consultation. Its objectives were to identify needed research gaps at the interface of mental health and criminal justice, target data platforms for research, and build a Canadian network on mental health, justice and safety.

**Canada Revenue Agency:** Met with the CRA in December 2014 on the administration of the Disability Tax Credit (DTC). This followed from new legislation limiting the fees and definition of “promoters”.

**Consultation with SOGGI (Section on Sexual Orientation and Gender Identity)** on the development of a statement on reparative therapy with youth; a statement is under development.

**Visits to Saint Mary’s University, Dalhousie University, QEII and IWK hospital systems:** CPA’s CEO presented in January on CPA practice and science activity and advocacy agendas.



### Media since December 2014:

**GST/HST and psychological services** <https://www.youtube.com/watch?v=3ZkR09P2k9k> <https://www.youtube.com/watch?v=bgU6PAHMZhk> <http://www.cpa.ca/docs/File/Press%20Release/Press%20Release%20-%20Final%20March%203%202015.pdf>

<http://m.torontosun.com/2015/03/03/dont-tax-mental-health-assessments-say-psychologists> <https://ca.news.yahoo.com/blogs/canada-politics/getting-a-medical-assessment-for-your-private-235914526.html>

<http://www.ledevoir.com/societe/sante/433460/offensive-des-psychologues-contre-une-taxe-en-sante-mentale> as well as several radio interviews (Radio Canada and several in BC)

CPA supports the federal government’s supplementary estimates: Doubling psychological services from \$1,000 to \$2,000 for federal workers and retirees <http://www.cpa.ca/docs/File/Media/2015/Press%20Release%20Supplementary%20Estimates.pdf>

Psychology month 2015 [http://www.cpa.ca/docs/File/Media/2015/MYMH\\_2015.pdf](http://www.cpa.ca/docs/File/Media/2015/MYMH_2015.pdf) <https://www.youtube.com/watch?v=A6HVc0FDr0w>, <http://www.thetelegram.com/News/Local/2015-03-04/article-4064348/Keeping-the-momentum-going/1>

Letter to the editor of the Globe and Mail in response to an article standards for workplace mental health and safety [http://www.cpa.ca/docs/File/News/2015/taller\\_still.pdf](http://www.cpa.ca/docs/File/News/2015/taller_still.pdf)

Support for HEAL consensus statement on the federal role in health care system innovation <http://www.cpa.ca/docs/File/Press%20Release/Press%20Release%20HEAL%202014.pdf>

Support for Manitoba liberal party call for better publicly funded access to psychologists [http://www.cpa.ca/docs/File/Press%20Release/press\\_release\\_liberal\\_announcement\\_to\\_fund\\_psych\\_services\\_in\\_manitoba\\_final.pdf](http://www.cpa.ca/docs/File/Press%20Release/press_release_liberal_announcement_to_fund_psych_services_in_manitoba_final.pdf)

“There’s a lot more to treating mental illness than pills” <http://www.ipolitics.ca/2014/09/30/theres-a-lot-more-to-treating-mental-illness-than-pills/>

“The complexity of closing gaps in Canada’s healthcare system” [http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa\\_b\\_5715519.html](http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa_b_5715519.html)

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; Meagan Hatch, notre gestionnaire des affaires publiques et des communications; 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 la mise à jour de l'hiver 2015. Pour avoir des renseignements supplémentaires sur les activités décrites ici, n'hésitez pas à communiquer avec nous. Nous voulons avoir votre opinion. À moins d'indication contraire, la personne avec qui communiquer pour toute question relative aux activités nationales touchant la pratique est Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)). Lisa Votta-Bleeker dirige nos activités relatives à la science ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)). Amy Barnard, qui est revenue de son congé de maternité en février 2015 s'occupe de la Direction générale de la pratique, qui se concentre sur la pratique dans les provinces et les territoires ([abarnard@cpa.ca](mailto:abarnard@cpa.ca)). Pour avoir de l'information sur l'agrément et l'éducation permanente, communiquez avec Melissa Tiessen ([mtiessen@cpa.ca](mailto:mtiessen@cpa.ca)). Meagan Hatch est responsable des affaires publiques, des relations gouvernementales et de la représentation ([mhatch@cpa.ca](mailto:mhatch@cpa.ca)). Pour plus d'informations sur l'adhésion, communiquez avec Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)).

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### Enquête sur la situation professionnelle des psychologues.

Comme nous l'avons mentionné dans les éditions précédentes de *Psynopsis*, la SCP a obtenu la permission de l'APA d'utiliser et de réviser son enquête sur la situation professionnelle des titulaires d'un doctorat afin d'adapter celle-ci au contexte canadien. Nous avons décidé d'entreprendre cette enquête en réponse à l'abandon de différentes enquêtes de Statistique Canada, qui nous prive de données importantes en ce qui concerne l'offre et la demande de psychologues au Canada. De concert avec les présidents du Comité de l'éducation et de la formation et du Comité des affaires scientifiques, les révisions ont été apportées et la conception du questionnaire est maintenant terminée; en janvier, le sondage a été envoyé aux membres du Comité de l'éducation et de la formation et du Comité des affaires scientifiques, ainsi qu'au conseil d'administration de la SCP afin de mettre le questionnaire à l'essai. Une autre série de révisions a suivi. Nous sommes en train de mettre la dernière main à la version française et lancerons l'enquête au printemps 2015. La SCP utilisera divers mécanismes de communication et partenariats afin de passer le mot à propos de l'enquête. La SCP invitera les membres à participer à l'enquête, et à encourager les personnes de leur milieu professionnel, qui ne sont pas membres de la SCP, à faire de même.

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**Stages de recherche offerts par Mitacs.** La SCP travaille avec Mitacs pour faciliter les relations entre le personnel de Mi-

tacs et les départements de psychologie, de manière à permettre aux étudiants diplômés en psychologie d'évaluer leur admissibilité aux stages offerts en partenariat avec l'industrie par le truchement de Mitacs.

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**Consortium canadien pour la recherche (CCR).** La D<sup>re</sup> Votta-Bleeker est toujours présidente du Consortium canadien pour la recherche (CCR). Après son troisième petit-déjeuner annuel avec les bailleurs de fonds tenu en décembre et la série de rencontres avec les députés au sujet de la demande du CCR (<http://ccr-ccr.ca/>), le CCR se concentre actuellement sur les prochaines élections fédérales. Comme le savent les membres, le CCR et la SCP ont tous deux travaillé à recueillir de l'information pour le député Ted Hsu afin d'appuyer son projet de loi qui visait à rétablir le questionnaire détaillé obligatoire du recensement; bien que le projet de loi n'ait pas été adopté, le CCR et la SCP continueront de démontrer la nécessité du questionnaire détaillé obligatoire du recensement avant les élections fédérales à venir. D'autres questions, comme le suivi des étudiants diplômés et l'équité pour le personnel contractuel, présentent un intérêt pour les membres du CCR.

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**Revue et publications.** En 2015, les rédacteurs en chef des revues sont le D<sup>r</sup> Martin Drapeau (*Psychologie canadienne*), le D<sup>r</sup> William Roberts (*Revue canadienne des sciences du comportement*) et la D<sup>re</sup> Penny Pexman (*Revue canadienne de psychologie expérimentale*). PC prépare un numéro spécial sur la psychologie positive; les auteurs avaient jusqu'à février pour présenter un article. La RCPE prévoit un numéro spécial sur l'effet de production sur la mémorisation; les auteurs avaient jusqu'à janvier pour présenter un article. La RCSC prépare un numéro spécial sur le déterminisme et le libre arbitre. La RCSC est heureuse d'annoncer que le mandat de la D<sup>re</sup> Julie Gosselin à titre de rédactrice en chef adjointe commencera le 1<sup>er</sup> juillet 2015. La SCP et la RCSC remercient le D<sup>r</sup> Michel Claes pour ses années de service en tant que rédacteur en chef adjoint de 2010 à 2015.

La SCP est heureuse d'annoncer qu'elle financera les prix du « meilleur article de l'année » publié dans chacune des revues. Le prix du meilleur article publié dans la RCPE est cofinancé par la Société canadienne des sciences du cerveau, du comportement et de la cognition (SCSCCC) et a été décerné à Ian Neat et ses collègues pour leur article intitulé « From Brown-Peterson to Continual Distractor via Operation Span: A SIMPLE Account of Complex Span ». PC décernera un prix semblable en 2015, tandis que la RCSC fera de même en 2016.

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**Fiches d'information.** La révision des fiches d'information sur le cancer, la toxicomanie et les troubles d'apprentissage en est au stade final. En janvier, nous avons entrepris de mettre à jour toutes les fiches d'information rédigées ou publiées avant



2013; un bon nombre de fiches d'information ont été mises à jour, et celles qui l'ont été sont mentionnées sur la page Web « La psychologie peut vous aider ». Un grand merci à tous les auteurs qui ont accepté de réviser les fiches d'information.



**International Congress of Applied Psychology (ICAP) 2018.** La SCP travaille avec Mitacs à l'organisation du congrès de 2018 par l'intermédiaire d'un accord de partenariat. La SCP est également la signataire d'un accord avec le Palais des congrès de Montréal, où se tiendra le congrès. Les coprésidents de l'ICAP 2018 sont les D<sup>rs</sup> David Dozois et Peter Graf. La conception du logo du congrès est terminée et le site Web de l'événement est en cours de développement. La structure du comité de l'ICAP 2018 a été établie et les membres ont été affectés aux différents comités qui ont été créés : le comité de prospective est présidé par David Dozois, le comité du programme (et le comité consultatif scientifique) est présidé par Peter Graf, le comité des commandites, le comité des communications et le comité des finances sont présidés par Phil Bolger et le comité de planification est présidé par Lisa Votta Bleeker. Chaque comité se réunit régulièrement pour effectuer son travail qui, à terme, produira sans aucun doute une rencontre internationale vraiment exceptionnelle. Le congrès se tiendra du 25 au 30 juin 2018. Mitacs doit rendre des comptes à l'Association internationale de psychologie appliquée (IAAP) au cours des quatre prochaines années de planification du congrès.



**Prix scientifiques annuels pour les élèves du secondaire.** Après le succès remporté encore cette année par le concours des Prix scientifiques annuels pour les élèves du secondaire, qui en est maintenant à sa cinquième édition, 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 sont remis au congrès annuel de la SCP, en juin de chaque année. Pour plus d'informations, veuillez vous rendre sur le site <http://www.cpa.ca/Congres/PrixScientifiques/>.



**Changements importants à la TVH/TPS.** TVH : 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. L'Agence du revenu du Canada (ARC) a diffusé, à l'automne de 2014, la version préliminaire de son énoncé de politique, qu'elle nous a invités à commenter. Dans cet énoncé, il est dit clairement que certains services psychologiques, comme les évaluations fournies dans le secteur privé, ne seraient

pas considérés comme des services de santé et seraient, par le fait même, assujettis à l'impôt. La SCP a consulté ses membres, a créé un petit comité de travail chargé d'examiner une ébauche de réponse et a sollicité des commentaires généraux sur cette ébauche auprès des personnes qui ont répondu à notre appel de commentaires. Nous avons présenté notre réponse et tenu une conférence de presse sur la Colline du Parlement, qui a suscité énormément d'intérêt dans les médias (voir la liste des présences médias à la fin du présent rapport). Au moment d'écrire ces lignes, nous avons déjà lancé une campagne de représentation électronique invitant les membres à communiquer avec leur député et à exprimer leur opposition à la version préliminaire de l'énoncé de politique et au traitement qu'elle réserve à certains services psychologiques <http://e-activist.com/ea-action/action?ea.client.id=1727&ea.campaign.id=36406>. Les énoncés de position de la SCP sur l'application de la TPS/TVH se trouvent aux adresses suivantes : <http://e-activist.com/ea-action/action?ea.client.id=1727&ea.campaign.id=36406>  
[http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee\\_HST\\_April-29-2013.pdf](http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee_HST_April-29-2013.pdf)  
[http://www.cpa.ca/docs/File/Government%20Relations/May82013\\_gsthst.pdf](http://www.cpa.ca/docs/File/Government%20Relations/May82013_gsthst.pdf)  
[http://www.cpa.ca/docs/File/Government Relations/Finance Committee\\_HST\\_April-29-2013.pdf](http://www.cpa.ca/docs/File/Government%20Relations/FinanceCommittee_HST_April-29-2013.pdf)  
[http://www.cpa.ca/docs/File/Government Relations/May82013\\_gsthst.pdf](http://www.cpa.ca/docs/File/Government%20Relations/May82013_gsthst.pdf)  
Pour de plus amples renseignements : <http://www.cra-arc.gc.ca/F/pub/gi/notice286/notice286-f.pdf>



**Programme d'assurance-responsabilité pour les psychologues praticiens :** le programme, offert désormais par le courtier BMS, se porte très bien; près de 100 pour cent des membres admissibles s'y sont inscrits, comparativement à 2014, lorsque le programme était géré par notre courtier précédent. Ce chiffre montre que le programme a réussi à conserver les membres déjà inscrits, mais aussi que quelques nouveaux participants y ont probablement souscrit. Les commentaires sur le programme, y compris ceux des fournisseurs de services associés au programme (p. ex. Cabinet Gowlings), sont extrêmement positifs. Nous avons l'intention de continuer à innover, en apportant des améliorations au programme. En avril 2015, BMS communiquera avec les membres de la SCP et ceux des associations de psychologues des provinces et des territoires qui participent au programme par l'intermédiaire du programme du Conseil des sociétés professionnelles de psychologues (CSPP) – le programme partenaire de la SCP – afin d'amorcer le processus de renouvellement et d'en assurer la fluidité (voir l'article à ce sujet dans le présent numéro de *Psynopsis*).



**Groupe d'intervention action santé (HEAL).** En décembre 2014, HEAL a publié sa déclaration de consensus intitulée *Le modèle canadien : Accélérer l'innovation et améliorer le rendement du système de santé*. En tant que coprésidente de



HEAL, la chef de la direction de la SCP a participé à la conférence de presse organisée pour le lancement de la déclaration de consensus et les rencontres subséquentes avec les médias <http://healthactionlobby.ca/>. Dans ce document, HEAL exhorte tous les partis politiques fédéraux à exprimer clairement leur position par rapport aux soins de santé offerts aux Canadiens et à trouver des façons de mettre à contribution le gouvernement fédéral pour créer des systèmes de soins de santé responsables. Les moyens proposés sont, entre autres, le renforcement de la collaboration avec les provinces et les territoires, l'application d'une vision fédérale des soins de santé, l'utilisation d'un cadre de rendement pour orienter les améliorations à apporter au système, la mise à la disposition des provinces et des territoires de différentes options pour assurer la stabilité financière, la réalisation d'investissements stratégiques dans les domaines qui en ont besoin (p. ex. personnes âgées, accès aux médicaments d'ordonnance) et l'élaboration d'indicateurs nationaux du rendement du système de santé. HEAL travaille avec des firmes spécialisées en affaires publiques et en communications pour faire la promotion de la déclaration en prévision des élections fédérales.

HEAL continue de travailler avec le Groupe de travail sur l'innovation en matière de santé (GTIMS) du Conseil de la fédération <http://www.pmprovinceterritoires.ca/fr/initiatives-fr/204-groupe-de-travail-sur-l-innovation-en-matiere-de-sante>. En février 2015, le comité d'étude du GTIMS sur les modèles de prestation de soins en équipe, qui était chargé de recevoir et de recommander des innovations sur le plan de la pratique en collaboration dans le domaine des soins aux personnes âgées et de l'intégration des pharmaciens et des ambulanciers paramédicaux dans les soins primaires, a tenu un sommet. Lors du sommet, des exemples d'innovations dans le domaine de la pratique ont été présentés, et les discussions ont porté essentiellement sur la diffusion de modèles novateurs et efficaces. L'un des modèles cités en exemple est dirigé par une psychologue, la D<sup>re</sup> Judith Davidson, qui utilise des pratiques novatrices pour aborder les problèmes de santé mentale dans les soins primaires à Kingston.

**Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM).** L'ACMMSM a mis en ligne une vidéo, dans laquelle des fournisseurs de soins de santé parlent des problèmes et des besoins du système de soins de santé mentale; la SCP a participé à cette vidéo, que l'on peut visionner à l'adresse <http://www.camimh.ca/fr/>. L'ACMMSM a lancé un appel de candidatures pour le Prix des champions, qui a été transmis aux membres de la SCP. La période de mise en candidature a pris fin le 27 février 2015, et les gagnants de cette année sont maintenant connus : <http://www.camimh.ca/fr/remise-de-prix-aux-champion/>. Les membres sont encouragés à proposer des candidatures pour le Prix des champions de l'ACMMSM, car il y a plusieurs catégories de prix (p. ex. Domaine communautaire [individu], Recherche/clinicien, Santé mentale en milieu de travail) qui cadrent tout à fait avec le travail et les contributions des psychologues.

**Commission de la santé mentale du Canada (CSMC).** La SCP a fourni à la CSMC une lettre de soutien pour le renouvellement de son mandat; le financement accordé par le fédéral s'étalait sur 10 ans, et se termine en 2017. À la fin de novembre 2014, la SCP a participé à une séance d'échanges « Meilleurs cerveaux », organisée conjointement par la CSMC. Les intervenants invités étaient là pour échanger sur la cyber-santé mentale, cerner les lacunes au chapitre de la recherche et des connaissances et se pencher sur les facteurs qui facilitent ou qui empêchent la mise en œuvre de ce type de services. La SCP a aussi assisté à une activité organisée par la CSMC sur le développement d'indicateurs de résultats en matière de santé mentale; la prochaine étape est la responsabilisation à l'égard des recommandations visant la transformation du système de santé, formulées dans la Stratégie nationale de la CSMC. La SCP a exprimé certaines préoccupations, qui ont été entendues, concernant :

- La façon dont sont déclarées les données sur le pourcentage de personnes ayant besoin de soins de santé mentale, et qui reçoivent effectivement ces soins, et les facteurs, liés ou non à la stigmatisation, qui font en sorte qu'une personne demandera et recevra des soins.
- La nécessité d'évaluer les temps d'attente avant de recevoir le service, et pas uniquement les taux de réadmission, dans le secteur public.
- La nécessité de tenir compte des graves lacunes statistiques lorsqu'il s'agit de l'accès aux soins dans les collectivités où la majorité des soins ne sont pas, généralement, financés par les régimes d'assurance (publics ou privés).

**Association canadienne pour la santé mentale (ACSM).** La chef de la direction de la SCP échange régulièrement par téléphone avec le chef de la direction de l'ACSM afin de discuter des problèmes et des priorités de leur organisation respective. Dans notre plus récente télé-réunion, nous avons discuté de l'accès aux services et aux programmes d'aide fondés sur des données probantes, du projet de sondage auprès des Canadiens au sujet du financement de la santé mentale et de la proposition de Partenaires pour la santé mentale au sujet de la prévention du suicide.

**Partenaires pour la santé mentale.** Partenaires pour la santé mentale et son président fondateur, Michael Kirby demandent au gouvernement d'investir dans la prévention du suicide chez les jeunes. Dans sa présentation prébudgétaire de 2015 et son mémoire au gouvernement, Partenaires pour la santé mentale a demandé au gouvernement fédéral de consacrer 100 millions de dollars sur cinq ans à un fonds national de prévention du suicide chez les jeunes. Le fonds pourrait servir à appuyer les collectivités en finançant des programmes communautaires, fondés sur des preuves, dans le but de prévenir le suicide chez les jeunes. La SCP a rencontré Partenaires pour la santé mentale afin de parler de la collaboration avec les communautés d'intervenants, comme la SCP, et d'en apprendre davantage sur la proposition de l'organisation.



**Ministère de la Défense nationale.** La SCP continue de travailler avec le Ministère de la Défense nationale sur la question du recrutement et du maintien en poste des psychologues. Nous avons eu une série de rencontres au cours de l'année 2014 et nous pensons que nos messages sur la nécessité, pour le MDN, de s'impliquer dans la formation et de fournir à ses psychologues des conditions et des exigences de travail intéressantes ont été entendus. En 2015, la SCP a lancé un atelier sur le Web portant sur l'état de stress post-traumatique chez les militaires (<http://www.cpa.ca/professionaldevelopment/webcourses/catalog>).



**Accès aux services psychologiques au Canada :** nous poursuivons nos efforts pour diffuser les conclusions et les recommandations du rapport sur l'accès aux services psychologiques, 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). Nous sommes en train d'élaborer une stratégie en vue de créer un programme des champions, qui reconnaîtra les chefs de file de l'industrie qui parviennent à créer un milieu de travail sain sur le plan psychologique au moyen de programmes et de services offerts aux employés. Nous avons hâte de poursuivre cette initiative en 2015-2016, avec notre président désigné, le D<sup>r</sup> Kevin Kelloway, dont l'expertise et les intérêts portent sur le milieu de travail.

Nous avons établi un partenariat avec d'autres associations de professionnels de la santé, et avec les membres de l'Association canadienne des compagnies d'assurances de personnes, pour élaborer un document d'orientation à l'intention des fournisseurs de soins de santé qui offrent des services assurés. Ce document couvrira plusieurs sujets, dont les différences au sein des régimes et de la couverture, les méthodes de remboursement, les critères de remboursement, la marche à suivre pour faciliter le remboursement et les conseils à donner aux patients à propos des services couverts. L'Association canadienne des compagnies d'assurances de personnes nous a aussi informés qu'elle s'est chargée de représenter et d'appuyer l'industrie de l'assurance sur les questions relatives aux demandes de remboursement électroniques et les réclamations frauduleuses.



**Le Mois de la psychologie 2015 :** la campagne de sensibilisation « Ayez votre santé mentale en tête » lancée pendant le Mois de la psychologie a été un franc succès! En février seulement, plus de 1 500 lettres réclamant un meilleur accès aux services psychologiques ont été envoyées aux politiciens locaux. La visibilité de la campagne a atteint un niveau record en raison, en partie, du succès de la campagne du t-shirt officiel. Cette année, le t-shirt arborait le slogan « Canada's Psychologists helping to Mind Your Mental Health ». De nombreuses personnalités locales et nationales ont revêtu le t-shirt et ont partagé sur Twitter et Facebook une photo d'elles-mêmes, t-shirt sur le dos.

Félicitations à toutes les personnes qui ont participé activement à la campagne; grâce à votre travail acharné, le nombre d'abonnés sur Facebook et Twitter a augmenté de 50 pour cent! Chaque province et territoire a également organisé diverses activités pour promouvoir le Mois de la psychologie (c.-à-d. conférences publiques, entrevues avec les médias, etc.). Le Mois de la psychologie avait cette année un autre volet : la campagne « Avec qui avez-vous parlé aujourd'hui? ». Dans le cadre de cette campagne, des prix ont été remis, chaque semaine de février, aux scientifiques et aux praticiens qui ont fait connaître au public la science ou la pratique de la psychologie, en donnant des conférences publiques ou en publiant des articles dans la presse populaire.



**Direction générale de la pratique :** la Direction générale de la pratique s'est réunie en janvier et a reçu la visite de 3Soixante Consulting, qui est venue expliquer le paysage actuel des couvertures offertes par les fournisseurs d'assurance-maladie au Canada qui proposent une assurance-maladie complémentaire. À cette occasion, le présentateur a fait un compte rendu sur la collaboration établie par la Direction générale de la pratique et la SCP avec l'Association canadienne de physiothérapie. Les tendances futures des modèles de couverture privée, ainsi que leur application à la prestation de services psychologiques dans la collectivité ont été examinées. Les résultats sont fondés sur les conclusions de quatre entrevues menées auprès d'un échantillon représentatif de cadres dirigeants de l'industrie des fournisseurs d'assurance-maladie privée. Nous avons appris que, parce qu'il y a peu d'information accessible au public au sujet de la fourniture et de la disponibilité des programmes d'assurance-maladie privée au Canada et qu'il n'y a aucune surveillance ou réglementation provinciale ou fédérale à cet égard, l'industrie continue de viser la limitation des coûts, au lieu de travailler dans l'optique de l'amélioration des soins de santé. Ainsi, au terme de la présentation, la conclusion suivante est ressortie : il n'y a pas beaucoup de chance que les professionnels de la santé puissent amorcer le dialogue ou stimuler des changements en ce qui concerne l'amélioration des régimes d'assurance-maladie complémentaire pour les participants. Pour provoquer des changements, il faudra intervenir auprès des employeurs qui fournissent des régimes d'assurance-maladie aux Canadiens.

Dans les mois à venir, nous élaborerons une trousse d'outils que nous mettrons à la disposition des associations qui souhaitent rencontrer les trois plus gros employeurs (selon le nombre d'employés) de leur province ou leur territoire, afin de les aider dans leurs activités de représentation. Le but de ce projet est d'établir et de recommander un montant, qui soit cliniquement significatif, à rembourser par les programmes d'assurance-maladie pour la prestation de services psychologiques. Étant donné que les problèmes de santé mentale représentent aujourd'hui la cause la plus répandue des demandes de prestation d'invalidité au Canada, les employeurs pourraient en ressortir gagnants, car, en permettant aux employés qui ont besoin d'aide psychologique d'être traités en temps opportun, ils élimineront le temps perdu et réduiront la durée des prestations d'invalidité. En outre, de

nombreuses compagnies d'assurance exigent la recommandation d'un médecin pour couvrir les frais de consultation d'un psychologue privé. Nous préparons en ce moment des lettres réclamant l'élimination de cette exigence. Ces lettres seront envoyées aux fournisseurs d'assurance et aux ministères et programmes gouvernementaux pertinents (p. ex., santé, santé mentale et toxicomanie). Ce projet a pour but de sensibiliser les gouvernements des provinces et des territoires sur le fardeau financier indu qu'impose ce critère au système public de soins de santé.

La Direction générale de la pratique accueille ses nouveaux délégués : D<sup>re</sup> Jane Storrie de l'Ontario Psychological Association (Ontario), D<sup>re</sup> Janine Hubbard, de l'Association of Psychology in Newfoundland Labrador (Terre-Neuve-et-Labrador), D<sup>r</sup> Sam Mikail, de la SCP, et M. Jean Robert Roussel, du Collège des psychologues du Nouveau-Brunswick (Nouveau-Brunswick). Le conseil tient à remercier les déléguées sortantes, D<sup>re</sup> Connie Kushnir (Ontario), D<sup>re</sup> Dorothy Cotton (SCP), Mme Beverly McLean (Terre-Neuve-et-Labrador) et Hélène Gendreau (Nouveau-Brunswick), pour leurs contributions à la Direction générale de la pratique.



**Élections fédérales de 2015.** Nous prévoyons que des élections fédérales se tiendront en octobre 2015; la SCP a donc commencé à planifier sa campagne de sensibilisation, qu'elle compte déployer au cours des prochains mois. Nous rédigerons des lettres et des demandes de réunion avec les partis politiques. Nous encouragerons les membres à prendre une part active pendant la campagne et lancerons une campagne électronique afin de faciliter les premiers contacts des membres avec leurs candidats. Nous prévoyons également élaborer un court questionnaire à envoyer au bureau de tous les partis politiques, afin de savoir s'ils prévoient, dans leur programme électoral, des investissements dans les services de santé mentale et dans le financement de la recherche. Les résultats des sondages seront communiqués aux membres. Nous examinerons le programme de chaque parti et ferons part de notre analyse aux membres. Nous continuerons d'écrire des lettres aux rédacteurs en chef des journaux. Nous participerons aux campagnes électorales de notre coalition d'organisations du domaine de la santé et de la science. Les messages que nous voulons faire passer pendant la campagne porteront sur les sujets suivants :

- Le financement global de la santé mentale
- L'accès aux services psychologiques dans les domaines où le gouvernement fédéral a une responsabilité directe
- L'augmentation du financement de la recherche
- Le financement de l'enseignement postsecondaire



**Agrément.** Le Jury d'agrément continue ses activités de recrutement en prévision de l'année scolaire 2015-2016, et au-delà. Pour plus de renseignements sur les avantages que vous retirerez en vous joignant au Jury d'agrément, veuillez lire l'édition d'hiver 2015 du *Bulletin de l'agrément*, à l'adresse

<http://www.cpa.ca/agrement/ressources/newsletters/>, et consulter la section du site Web de la SCP consacrée à l'agrément (<http://www.cpa.ca/agrement/>).

Le Jury d'agrément a récemment compilé et publié des statistiques globales sur l'ensemble des programmes de doctorat et d'internat agréés par la SCP. Cette information (ainsi que les données des années précédentes) se trouve sur le site Web de l'agrément à l'adresse <http://www.cpa.ca/agrement/ressources/donneesstatistiquesdesrapportsannuels/>.

Le Jury d'agrément cherche activement des moyens d'améliorer l'efficacité de l'agrément et le processus de visite d'établissement. Nous avons créé de nouveaux formulaires d'auto-analyse, établi de nouvelles périodes de dépôt des rapports des visiteurs d'établissement et introduit un nouveau système de planification des visites d'établissement. En outre, le Jury d'agrément vient tout juste de terminer un sondage auprès des personnes qui figurent sur la liste des visiteurs d'établissement ou celles qui ont participé récemment à un atelier de formation pour les visiteurs d'établissement. Le Jury d'agrément a l'intention d'utiliser l'information obtenue à partir du sondage pour élaborer des ressources de formation améliorées et des outils pour les visiteurs des établissements qui demandent l'agrément.

Le Jury d'agrément a prévu des activités intéressantes, qui seront profitables à ses membres, au congrès de la SCP de cette année. Il s'agit, notamment, de la séance d'échanges que tient chaque année le Jury d'agrément, un atelier de formation pour les visiteurs d'établissement, une séance de discussion s'adressant précisément aux visiteurs d'établissement et une nouvelle séance, en collaboration avec le Conseil des départements de psychologie du Canada (CDDPC), qui vise à faire mieux comprendre aux programmes les normes et les processus d'agrément. D'autres détails sur ces activités suivront dans le programme du congrès et le livre des résumés.

La présidente et registraire du Jury d'agrément, ainsi que la chef de la direction de la SCP, a assisté à une réunion, à Washington, avec l'American Psychological Association (APA) afin d'examiner et de revoir le *First Street Accord* – une déclaration de reconnaissance mutuelle entre la SCP et l'APA sur l'agrément. Les deux associations ont confirmé leur intérêt à renouveler l'accord et à élaborer un plan de communication pour partager la déclaration de reconnaissance mutuelle avec les groupes d'intervenants. Les associations ont également examiné différentes stratégies visant à faciliter l'échange transfrontalier d'étudiants et d'internes/résidents.



**Appel d'articles — Psynopsis.** Le numéro d'été de *Psynopsis* – le magazine des psychologues du Canada – aura pour thème « Comprendre le suicide ». Les chercheurs et les praticiens qui ont des connaissances sur le suicide et des points de vue originaux sur la prévention du suicide, la gestion du risque suicidaire et des troubles mentaux connexes, le travail auprès des intervenants et des familles et les stratégies et les politiques sociales en matière de suicide sont invités à soumettre un article. Envoyez votre texte (de 400 à 900 mots) au directeur des ser-



vices de rédaction, Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)). La date d'échéance pour soumettre un article à publier dans l'édition d'été est le 1er juin 2015. Veuillez noter que les textes peuvent être modifiés avec le consentement de l'auteur. Si vous avez des idées de thèmes pour les prochains numéros de *Psynopsis*, veuillez écrire à la rédactrice en chef de *Psynopsis*, D<sup>re</sup> Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)).



## Autres activités menées depuis la mise à jour de l'automne 2014 :

Ontario Psychological Association. La SCP a participé à un webinaire sur la télépsychologie et s'est jointe à un groupe d'experts pendant le congrès annuel de l'association, qui s'est tenu en février, au cours duquel les intervenants (p. ex. gouvernement fédéral et provincial, responsables d'autres professions de la santé) ont traité de différentes questions liées à la santé mentale et aux services de santé mentale.

Ordre des psychologues du Québec (OPQ). En mars, la SCP a participé à une consultation portant sur l'accès aux services psychologiques au Québec; à cette occasion, nous avons partagé avec l'OPQ les rapports que nous avons produits sur l'accès aux services psychologiques et l'efficacité des services psychologiques.

Établissement d'un programme national de recherche sur la santé mentale, la justice et la sécurité : la SCP a participé à une consultation qui s'adressait aux intervenants interorganisations. Cette consultation avait comme objectifs de cerner les lacunes sur le plan de la recherche là où se rejoignent la santé mentale et la justice pénale, de cibler les plateformes de données de recherche et de construire un réseau canadien d'intervenants du domaine de la santé mentale, de la justice et de la sécurité.

Agence du revenu du Canada (ARC) : la SCP a rencontré l'ARC en décembre 2014 afin de discuter de l'administration du crédit d'impôt pour personnes handicapées (CIPH). Cette rencontre donnait suite aux nouveaux règlements, qui réduisent les frais médicaux et modifient la définition de « promoteur » du crédit d'impôt pour personnes handicapées.

La SCP a consulté la Section sur l'orientation sexuelle et l'identité sexuelle au sujet de l'élaboration d'un énoncé de principe sur la thérapie réparatrice auprès des jeunes; l'énoncé est en cours de développement.

Visites à l'Université Saint Mary's, à l'Université Dalhousie, au Queen Elizabeth II Health Sciences Centre et au Centre de soins de santé IWK : la chef de la direction de la SCP a fait une présentation, en janvier, sur les activités de la SCP en lien avec la pratique et la recherche scientifique et notre programme d'activités de représentation.



## Présence dans les médias depuis décembre 2014 :

La TPS/TVH et les services psychologiques  
<https://www.youtube.com/watch?v=3ZkR09P2k9k>  
<https://www.youtube.com/watch?v=bgU6PAHMZhk>  
<http://www.cpa.ca/docs/File/Press%20Release/Press%20Release%20-%20Final%20March%203%202015.pdf>  
<https://www.youtube.com/watch?v=3ZkR09P2k9k>  
<https://www.youtube.com/watch?v=bgU6PAHMZhk>  
<http://www.cpa.ca/docs/File/Press%20Release/Press%20Release-Final%20March%203%202015.pdf>  
<http://m.torontosun.com/2015/03/03/dont-tax-mental-health-assessments-say-psychologists>  
<https://ca.news.yahoo.com/blogs/canada-politics/getting-a-medical-assessment-for-your-private-235914526.html>  
<http://m.torontosun.com/2015/03/03/dont-tax-mental-health-assessments-say-psychologists>  
<https://ca.news.yahoo.com/blogs/canada-politics/getting-a-medical-assessment-for-your-private-235914526.html>  
<http://www.ledevoir.com/societe/sante/433460/offensive-des-psychologues-contre-une-tax-en-sante-mentale> ainsi que plusieurs interviews à la radio (Radio Canada, et plusieurs interviews en Colombie-Britannique)

La SCP appuie les crédits supplémentaires du gouvernement fédéral : doubler le montant du remboursement des services psychologiques pour les employés de la fonction publique <http://www.cpa.ca/docs/File/Media/2015/Press%20Release%20Supplementary%20Estimates.pdf>

Le Mois de la psychologie 2015 [http://www.cpa.ca/docs/File/Media/2015/MYMH\\_2015.pdf](http://www.cpa.ca/docs/File/Media/2015/MYMH_2015.pdf) <https://www.youtube.com/watch?v=A6HVc0FDr0w> <http://www.thetelegram.com/News/Local/2015-03-04/article-4064348/Keeping-the-momentum-going/1>

Lettre au rédacteur en chef du *Globe and Mail* en réponse à un article sur l'établissement de normes pour la santé mentale et la sécurité en milieu de travail [http://www.cpa.ca/docs/File/News/2015/taller\\_still.pdf](http://www.cpa.ca/docs/File/News/2015/taller_still.pdf)

La SCP soutient la déclaration de consensus de HEAL sur le rôle du gouvernement fédéral à l'égard de l'innovation dans le système de soins de santé <http://www.cpa.ca/docs/File/Press%20Release/Press%20Release%20HEAL%202014.pdf>

La SCP appuie la demande du Parti libéral du Manitoba d'améliorer l'accès aux services des psychologues par le truchement du régime public [http://www.cpa.ca/docs/File/Press%20Release/press\\_release\\_liberal\\_announcement\\_to\\_fund\\_psych\\_services\\_in\\_manitoba\\_final.pdf](http://www.cpa.ca/docs/File/Press%20Release/press_release_liberal_announcement_to_fund_psych_services_in_manitoba_final.pdf)

« There's a lot more to treating mental illness than pills » <http://www.ipolitics.ca/2014/09/30/theres-a-lot-more-to-treating-mental-illness-than-pills/>

« The complexity of closing gaps in Canada's healthcare system » [http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa\\_b\\_5715519.html](http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa_b_5715519.html)



# The 2015 CPA Fellows and Awards Recipients

## Les récipiendaires des Prix et Fellows de la SCP 2015

CPA Gold Medal Award for Distinguished Lifetime Contributions to Canadian Psychology/ Prix de la médaille d'or pour contributions remarquables à la psychologie canadienne au cours de l'ensemble de la carrière :  
**Robert Hare, Ph.D.**

CPA Award for Distinguished Contributions to Education and Training in Psychology in Canada / Prix pour contributions remarquables à l'éducation et la formation de la psychologie au Canada : **Stephen Porter, Ph.D.**

CPA Donald O. Hebb Award for Distinguished Contributions to Psychology as a Science/ Prix Donald O. Hebb pour contributions remarquables à la psychologie en tant que science :  
**Deborah Pepler, Ph.D.**

CPA John C. Service Member of the Year Award/ Prix du membre de l'année John C. Service : **Ken Pope, Ph.D.**

CPA Award for Distinguished Contributions to the International Advancement of Psychology/ Prix pour contributions remarquables à l'avancement international de la psychologie :  
**Peter Suedfeld, Ph.D.**

CPA Humanitarian Award/ Prix pour réalisation humanitaire :  
**Vivienne Rowan, Ph.D.**

CPA President's New Researcher Awards/  
Prix du nouveau chercheur décerné par le  
président de la SCP:

Lara Aknin, Ph.D.  
Igor Grossmann, Ph.D.  
Thomas O'Neill, Ph.D.

The 2015 Elected Fellows/ Fellows élus en 2015:

Tim Aubry, Ph.D.  
Jean-Paul Boudreau, Ph.D.  
Margaret McKinnon, Ph.D.  
Lucia O'Sullivan, Ph.D.  
Penny Pexman, Ph.D.  
Josée Savard, Ph.D.  
Glenn Schellenberg, Ph.D.  
Aimée Surprenant, Ph.D.

**CONGRATULATIONS TO ALL! FÉLICITATIONS À TOUS ET À TOUTES!**

### Notice of the 2015 Annual General Meeting

The seventy-sixth Annual General Meeting of the members of the Canadian Psychological Association will be held in Ottawa, Ontario, on Friday, June 5, 2015 at 2:30 p.m., in Room Confederation I of the Westin Ottawa Hotel, for the purposes of:

1. receiving and considering the annual report of the President and Committees of the Association, and approving the minutes of the previous Annual General Meeting;
2. receiving and considering the financial statements, the report of the Auditor and any change in Membership and Affiliation Fees;
3. appointing of an Auditor;
4. election on the Board of Directors

BY ORDER OF THE BOARD OF DIRECTORS,  
on the twenty-third day of March 2015.

*Karen R. Cohen, Ph.D.*  
Chief Executive Officer

### Avis de convocation à l'Assemblée générale annuelle de 2015

La soixante-quinzième Assemblée générale annuelle des membres de la Société canadienne de psychologie aura lieu à Ottawa, Ontario, le vendredi 5 juin 2015 à 14h30, dans la Confédération I de l'hôtel Westin Ottawa, aux fins :

1. de recevoir et examiner le rapport annuel du président et des comités de la Société, et approuver le procès-verbal de l'Assemblée générale annuelle précédente;
2. de recevoir et examiner les bilans financiers, le rapport du vérificateur et tout changement dans les frais d'adhésion et d'affiliation;
3. de nommer un vérificateur;
4. élection au conseil d'administration

PAR DÉCRET DU CONSEIL D'ADMINISTRATION,  
le vingt-troisième jour de mars 2015.

*Karen R. Cohen, Ph.D.*  
Chef de la direction



# APPEL DE MISES EN CANDIDATURE POUR LES PRIX DE LA SCP POUR 2016

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

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

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

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

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

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

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

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

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

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

1. avoir exercé une influence sur l'éducation et la formation grâce à son excellence ou son leadership comme professeur;

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

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

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

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

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

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

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

Les membres du Comité des fellows et des prix, ainsi que les membres du Conseil d'ad-

ministration de la Société canadienne de psychologie ne sont pas admissibles.

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

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

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

## **Prix pour contributions remarquables au service public ou communautaire**

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

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

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



**Prix pour contributions remarquables à l'exercice de la psychologie**

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

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

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

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

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

**Prix du membre de l'année John C. Service**

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

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

**Prix pour réalisation humanitaire**

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

Le récipiendaire de ce prix doit répondre aux critères suivants:

1. l'individu doit être citoyen canadien ou avoir le statut de résident au moment de l'attribution du prix;
2. l'organisme doit être enregistré en tant que

tel au Canada au moment de l'attribution du prix;

3. il faut prouver que la contribution a eu une incidence significative et démontrable sur la santé psychologique et le bien-être de la collectivité canadienne;
4. l'objectif de la contribution doit être d'améliorer la santé psychologique et le bien-être de la collectivité canadienne et non de favoriser l'avancement personnel du candidat.

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

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

**MODALITÉS DE MISE EN CANDIDATURE**

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

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

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

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

**[governance@cpa.ca](mailto:governance@cpa.ca)  
ou par la poste :**

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

**Pour liste des lauréats des prix de la SCP précédents, veuillez consulter notre site web au [www.cpa.ca/aproposdelascp/prixdelascp/](http://www.cpa.ca/aproposdelascp/prixdelascp/).**

**APPEL DE MISE EN CANDIDATURE POUR LE PRIX DU NOUVEAU CHERCHEUR DÉCERNÉ PAR LE PRÉSIDENT DE LA SCP POUR 2016**

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

Les candidats admissibles doivent répondre aux critères suivants:

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

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

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

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

**[governance@cpa.ca](mailto:governance@cpa.ca)  
ou par la poste :**

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



# CALL FOR NOMINATIONS FOR 2016 CPA AWARDS

## **CPA Gold Medal Award For Distinguished Lifetime Contributions to Canadian Psychology**

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

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

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

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

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

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

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

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

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

1. Whose influence on education and training has been exercised through excellence and/or leadership as a teacher;

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

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

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

## **CPA Professional Award for Distinguished Contributions to Psychology as a Profession**

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

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

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

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

## **CPA Award for distinguished Contributions to the International Advancement of Psychology**

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

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

## **CPA Award for Distinguished Contributions to Public or Community Service**

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

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

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

## **CPA Distinguished Practitioner Award**

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





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

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

### **CPA Award for Distinguished Lifetime Service to the Canadian Psychological Association**

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

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

### **CPA John C. Service Member of the Year Award**

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

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

### **CPA Humanitarian Award**

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

1. The individual must hold Canadian citizenship or resident status at the time of the award;
2. The organization must be registered as an organization in Canada at the time of the award;
3. The contribution must be shown to have made a significant and demonstrable impact on the psychological health and well-being of the Canadian community; and

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

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

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

## NOMINATIONS PROCEDURES FOR CPA AWARDS

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

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

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

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

**[governance@cpa.ca](mailto:governance@cpa.ca)**

**or mailed to :**

**Chair of the Committee on Fellows and Awards**

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

**The list of previous CPA Award recipients is available on the CPA Web Site at <http://www.cpa.ca/aboutcpa/cpaawards/>**

## CALL FOR NOMINATIONS FOR THE 2016 CPA PRESIDENT'S NEW RESEARCHER AWARDS GUIDELINES

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

Eligible candidates must meet the following criteria:

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

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

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

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

**[governance@cpa.ca](mailto:governance@cpa.ca)**

**or by mail :**

**CPA President's New Researcher Awards**

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



# Information on the 2015 Election on the CPA Board of Directors



For 2015, nominations were required for President-elect and one director-at-large position reserved for a Francophone. A call for nominations was published in the Summer and Fall issue of Psynopsis as well as on the CPA Web site and sent to the membership through CPA News. At the deadline of November 10, 2014 no nominations were received for both positions. A last call for nomination was then sent to the membership with the extended deadline of November 28<sup>th</sup>. Only one nomination for President-elect was received.

By-Law 5.04 stipulates that “directors shall be elected by the members by ordinary resolution at an annual meeting of members at which an election of directors is required”. Accordingly, all nominees must be presented to the membership for election. Whereas elections were conducted electronically and by mail in February, they now must be held at an annual general meeting. This means that nominations are presented to the membership on a slate of the Board seats, for election by the membership at the AGM in June. The only way for a slate to be overturned is for the membership to present an alternate slate which they must do between 65 and 30 days before the AGM (see By-Law 5. iv below). Advance voting will occur within 30 days of AGM to allow for any alternate slates to be known. Results of both advance and AGM votes will be announced at the AGM.

## Advance voting

In June 2014, an amendment to enable the fullest member participation in elections possible was passed.

## By-law 5.05

### *Absentee Voting by Mailed-In Ballot or Electronic Ballot*

*A Member entitled to vote at a meeting of Members may vote by mailed-in ballot or may vote by means of a telephonic, electronic or other communication facility if the Corporation has a system set out in Operating Policies that enables the votes to be gathered in a manner that permits their subsequent verification, and permits the tallied votes to be presented to the Corporation without it being possible for the Corporation to identify how each Member voted.*

The mechanism for advance voting is articulated in CPA’s Operating Regulations as follows:

- *Advance voting to occur within 30 days of AGM to allow for any alternate slates to be known*
- *Advance voting by electronic and/or paper and results counted in advance of AGM*
- *Voting at AGM to be electronic and/or paper with results counted on site*
- *Results of both advance and AGM votes to be announced at AGM and emails sent from floor to candidates.*

## Notice for Nomination

In June 2014, a By-Law amendment was passed to ensure a fair and efficient electoral process to require that such nominations come with advance notice to the Corporation (i.e. CPA). Such advance notice will help (i) facilitate an orderly and efficient meeting process; (ii) ensure that all members receive adequate notice of director nominations and sufficient information with respect to all nominees; (iii) allow the Corporation and members to evaluate all nominees’ qualifications and suitability as a director of the Corporation; and (iv) allow members to cast an informed vote.

## By-Law 5.06

### *Nomination of Directors*

*a) Subject only to the Act and the Arti-*

*cles, only persons who are nominated in accordance with the following procedures shall be eligible for election as Directors of the Corporation.*

*Nominations of persons for election to the Board may be made at any annual meeting of Members, or at any special meeting of Members if one of the purposes for which the special meeting was called is the election of Directors:*

- i) by or at the direction of the Board, including pursuant to a notice of meeting;*
- ii) by or at the direction or request of one or more Members pursuant to a proposal made in accordance with the Act, or a requisition of the Members made in accordance with the Act; or*
- iii) by any person (“Nominating Member”): (A) who, at the close of business on the date of the giving of the notice provided for below and on the record date for notice of such meeting, is entered in the Corporation’s membership records being entitled to vote at such meeting; and (B) who complies with the notice procedures set forth below.*

*b) Timely Notice - In addition to any other applicable requirements, for a nomination to be made by a Nominating Member, the Nominating Member must have given timely notice in proper written form to the Secretary of the Corporation at the registered office of the Corporation. To be timely, a Nominating Member’s notice to the Secretary of the Corporation must be made:*

- iv) in the case of an annual meeting of Members, not less than 30 nor more than 65 days prior to the date of the annual meeting of Members; provided, however, that in the event that the annual meeting of Members is to be held on a date that is less than 50 days after the date (the Notice Date) on which notice of the an-*

- annual meeting was made, notice by the Nominating Member may be made not later than the close of business on the tenth (10th) day following the Notice Date; and
- v) in the case of a special meeting (which is not also an annual meeting) of Members called for the purpose of electing Directors (whether or not called for other purposes), not later than the close of business on the fifteenth (15th) day following the day on which the first public announcement of the date of the special meeting of Members was made; in no event shall any adjournment or postponement of a meeting of Members or the announcement thereof commence a new time period for the giving of a Nominating Member's notice as described above.
- c) **Proper Form** - To be in proper written form, a Nominating Member's notice to the Secretary must set forth:
- vi) as to each person whom the Nominating Member proposes to nominate for election as a Director: (A) the name and address of the person; (B) the principal occupation or employment of the person; and (C) any other information confirming that the person meets all of the qualification requirements of Directors set out in the By-laws of the Corporation and such other applicable policies of the Corporation; and
- vii) as to the Nominating Member giving the notice, (A) the name and the residential address of the person; (B) the principal occupation or employment of the person; (C) the class of membership of the person of the Corporation; and (D) confirmation that the person has the right to vote at the meeting of Members where election is to be held; provided that the Corporation may also require any proposed nominee to furnish such other information, including a written consent to act, as may reasonably be required by the Corporation to determine the eligibility of such proposed nominee to serve as a Director of the Corporation.
- d) **Eligibility** - No person shall be eligible for election as a Director of the Corporation unless nominated in accordance with the provisions of this Section 5.06; provided, however, that nothing in this Section 5.06 shall be deemed to preclude discussion by a Member (as distinct from the nomination of Directors) at a meeting of Members of any matter in respect of which it would have been entitled to submit a proposal pursuant to the Act. The chair of the meeting shall have the power and duty to determine whether a nomination was made in accordance with the procedures set out in this Section 5.06 and, if any proposed nomination is not in compliance, to declare that such defective nomination shall be disregarded.
- e) **Deliver of Notice** - Notwithstanding any other provision of this By-law, notice given to the Secretary of the Corporation pursuant to this Section 5.06 may only be given by personal delivery, facsimile transmission or by email (at such email address as stipulated from time to time by the Secretary of the Corporation for purposes of this notice), and shall be deemed to have been given and made only at the time it is served by personal delivery, email (at the aforesaid address) or sent by facsimile transmission (provided that receipt of confirmation of such transmission has been received) to the Secretary at the address of the registered office of the Corporation; provided that if such delivery or electronic communication is made on a day which is a not a business day or later than 5:00 p.m. (EST) on a day which is a business day, then such delivery or electronic communication shall be deemed to have been made on the subsequent day that is a business day.
- Notwithstanding the foregoing, the Board may, in its sole discretion, waive any requirement in this Section.

#### **Instructions for Notice of Nominations**

As per By-Law 5.06, any CPA Members could submit nominations for elections on the Board of Directors for the two

open positions of President-elect and Director-at-large reserved for a Francophone, not less than 30 nor more than 65 days prior to the date of the annual meeting of Members.

Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. It must be accompanied by a letter from the nominator **and signed by 5% of the members entitled to vote** (200 signatures) (see By-Law 4.13 below). The letter must state the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination.

The names and supporting materials of nominees must be received **by May 5<sup>th</sup>, 2015** at CPA Head Office and should be sent preferably by email to:

[governance@cpa.ca](mailto:governance@cpa.ca)

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

#### **By-Law 4.13**

##### **Proposals at Annual Meetings**

Subject to compliance with section 163 of the Act, a member entitled to vote at an annual meeting may submit to the Corporation notice of any matter that the member proposes to raise at the annual meeting (a "proposal"). Any such proposal **may include nominations for the election of directors if the proposal is signed by not less than five per cent (5%) of the members entitled to vote at the meeting**. Subject to the Act, the Corporation shall include the proposal in the notice of meeting and if so requested by the member, shall also include a statement by the member in support of the proposal and the name and address of the member. The member who submitted the proposal shall pay the cost of including the proposal and any statement in the notice of meeting at which the proposal is to be presented unless otherwise provided by ordinary resolution of the members present at the meeting.



## CANDIDATE FOR THE SEAT OF PRESIDENT-ELECT:

### Dr. David J. A. Dozois

It is an honour to be nominated again as a candidate for CPA President-Elect. I have been involved in the leadership of CPA in some capacity for many years. I have served on the Professional Affairs Committee (1995-1997), Educational and Training Committee (1997-1998), PsyD Taskforce Committee (1997-1998), Student Section (1995-1998; as Chair from 1995-1997) and Clinical Section (2001-2006; as Chair in 2004). I also served on the CPA Board of Directors from 2005-2013, first for two terms in the capacity of Director of Science and then as a Presidential officer. What can I say? CPA is in my blood.

I am a Full Professor in the Department of Psychology at the University of Western Ontario. My research focuses on the role of cognition in depression and cognitive-behavioural theories/therapy. I have published 145 peer-reviewed articles, book chapters and co-edited books, and presented over 280 conference papers. I am currently serving on the Board of Directors for the Ontario Mental Health Foundation and the International Association of Applied Psychology.

A key mandate of my Presidency (2011-2012) was to help CPA become an international leader in evidence-based practice. In 2011, CPA launched a Task Force on Evidence-Based Practice of Psychological Treatments which generated a set of criteria and developed a position statement regarding the optimal integra-



tion of research evidence into practice. Dr. Sam Mikail co-chaired the task force with me. A total of 11 members who represented a variety of research, practice, knowledge-translation, consumer, and community perspectives participated (cf. Dozois et al., 2014). This report was intended to be a “living document.” As such, I would like to continue to promote this initiative by fostering interest, encouraging development, and promoting effectiveness in evidence-based practice.

I am intricately involved in the preparations (as Co-President, together with Dr. Peter Graf) for the next International Congress of Applied Psychology (ICAP 2018) to be held in Montréal.

ICAP 2018 is an important undertaking for CPA. As President, I would be able to be close to the action and help to guide the important decision-making needed within our organization.

If elected as CPA President, I will focus on a number of objectives: (1) foster growth of the Association to better meet the needs of *all* members of CPA; (2) facilitate the generation, translation and dissemination of psychological science; (3) continue to promote the excellent advocacy work that takes place at CPA; (4) support new directions for CPA's leadership on evidence-based practice; (5) ensure that ICAP 2018 is a resounding success; (6) advocate for increased resources for basic and applied research; and (6) promote the value of psychological assessment and treatment.

CPA has played a pivotal role in the advancement of Canadian Psychology and has promoted the complementary strengths of its scientists and practitioners. Given my background as an academic and practitioner, coupled with my previous experiences, I believe that I can represent well the diverse interests of our Association. I look forward to the opportunity to serve you again as CPA President.

### Reference

Dozois, D. J. A., Mikail, S., Alden, L. E., Bieling, P. J., Bourgon, G., Clark, D. A., Drapeau, M., Gallson, D., Greenberg, L., Hunsley, J., & Johnston, C. (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Canadian Psychology, 55*, 153-160.

# PSYNOPSIS

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<http://www.cpa.ca/docs/File/Psynopsis/winter2015/index.html>





## Information sur l'élection du conseil d'administration de la SCP de 2015

En 2015, des mises en candidature étaient requises pour le poste de président désigné et un poste d'administrateur non désigné réservé à un psychologue francophone. Un appel de mises en candidature a été publié dans les numéros d'été et d'automne de *Psynopsis* et a été envoyé aux membres par l'intermédiaire des Nouvelles de la SCP. À la date limite du 10 novembre 2014, aucune mise en candidature n'avait été transmise pour l'un ou l'autre des postes. Un dernier appel de mises en candidature, qui reportait la date limite au 28 novembre, a ensuite été envoyé aux membres. Une seule candidature a été reçue, pour le poste de président désigné seulement.

Selon l'article 5.04 des règlements administratifs, « les administrateurs doivent être élus par les membres par résolution ordinaire à une assemblée annuelle des membres au cours de laquelle l'élection des administrateurs est requise ». Par conséquent, pour être élus, tous les candidats doivent être présentés aux membres. Considérant que les élections devaient se faire par voie électronique et par la poste en février, elles devront maintenant se tenir à l'assemblée générale annuelle (AGA). Cela signifie que les candidatures sont présentées aux membres sur une liste de candidats aux sièges du conseil d'administration, qui seront élus à l'AGA, en juin. La seule façon pour les membres de rejeter la liste de candidatures est de présenter une autre liste de candidats, entre 65 et 30 jours précédant l'AGA (voir le paragraphe 5 *iv* ci-dessous). Le vote par anticipation aura lieu dans les 30 jours précédant l'AGA afin de faire connaître les autres listes de candidats. Les résultats du vote par anticipation et du vote tenu à l'AGA seront annoncés à l'AGA.

### Vote par anticipation

En juin 2014, une modification visant à favoriser la participation optimale des membres aux élections a été adoptée.

#### Paragraphe 5.05

*Vote des absents par la poste ou par voie électronique*

*Tout membre habile à voter à une as-*

*semblée des membres peut le faire par la poste, par téléphone, par voie électronique ou par un autre moyen de communication, si la Société a défini dans ses politiques de fonctionnement un système qui permet que les votes soient recueillis de manière à vérifier leur dépouillement subséquent, puis présentés à la Société, sans que cette dernière puisse déterminer la teneur du vote de chaque membre qui a voté.*

Les modalités du vote par anticipation sont expliquées dans les règles de fonctionnement de la SCP et se lisent comme suit :

- *Le vote par anticipation a lieu dans les 30 jours précédant l'AGA afin de faire connaître les autres listes de candidats.*
- *Le vote par anticipation se fait par voie électronique et/ou par la poste, et ses résultats sont comptabilisés avant l'AGA.*
- *Le vote à l'AGA se fait par voie électronique et/ou au moyen d'un bulletin de vote, et ses résultats sont comptabilisés sur place.*
- *Les résultats du vote par anticipation et du vote tenu à l'AGA sont annoncés durant l'AGA, et les candidats sont avisés par courriel au même moment.*

### Avis de présentation d'une candidature

En juin 2014, une modification aux règlements administratifs a été adoptée dans le but de veiller à ce que le processus électoral soit équitable et efficace. En vertu du nouveau règlement, un préavis doit être donné à la Société (c.-à-d. la SCP) lorsqu'un membre veut proposer un candidat à l'élection. Ce préavis contribuera à : (i) faciliter la tenue d'une assemblée ordonnée et efficace; (ii) veiller à ce que les membres soient informés suffisamment à l'avance de la mise en candidature d'une personne au poste d'administrateur et de disposer de tous les renseignements nécessaires sur tous les candidats; (iii) permettre aux membres d'évaluer les compétences des candidats proposés et leur aptitude à siéger comme administrateur;



(iv) permettre aux membres de voter en connaissance de cause.

### Paragraphe 5.06

#### des règlements administratifs

#### Mise en candidature des administrateurs

a) *Sous réserve de la Loi et des règlements de la Société, seules les personnes dont la candidature est proposée conformément à la procédure prévue ci-après sont admissibles à l'élection comme administrateurs de la Société.*

*Les mises en candidature en vue de l'élection de membres du conseil d'administration de la Société peuvent être faites à une assemblée générale annuelle des membres ou à une assemblée extraordinaire des membres, entre autres, aux fins de l'élection d'administrateurs :*

- i) *par le conseil ou sous sa directive, y compris aux termes d'un avis de convocation à l'assemblée;*
- ii) *par un ou plusieurs membres, ou sous leur directive ou requête, aux termes d'une proposition faite conformément aux dispositions de la Loi, ou aux termes d'une demande des membres présentée conformément aux dispositions de la Loi;*
- iii) *par toute personne (« un membre proposant la candidature ») : (A) qui, à la fermeture des bureaux le jour où l'avis prévu ci-dessous dans le présent règlement est donné et à la date de référence aux fins de l'avis de convocation à l'assemblée, est inscrite dans le registre des membres de la Société en tant que membre habile à voter à ladite assemblée; (B) qui suit la procédure relative aux avis prévue ci-dessous.*



b) *Avis dans les délais impartis – En plus des autres exigences applicables, pour qu’une candidature puisse être proposée, le membre proposant une candidature doit avoir donné dans les délais impartis un avis écrit en bonne et due forme au secrétaire de la Société envoyé au siège social de la Société. Pour être donné dans les délais impartis, un avis donné par un membre proposant une candidature au secrétaire de la Société doit :*

iv) *dans le cas d’une assemblée annuelle d’actionnaires, avoir été donné au moins 30 jours et pas plus de 65 jours avant la date de l’assemblée annuelle des actionnaires; toutefois, si l’assemblée annuelle des actionnaires doit être tenue moins de 50 jours après la date (la « date de l’avis ») de la première annonce publique de la date de l’assemblée annuelle, l’actionnaire proposant une candidature pourra donner son avis au plus tard à la fermeture des bureaux le dixième (10<sup>e</sup>) jour suivant la date de l’avis; et*

v) *dans le cas d’une assemblée extraordinaire (qui n’est pas également une assemblée annuelle) des membres convoquée aux fins de l’élection d’administrateurs (peu importe qu’elle ait été convoquée également à d’autres fins), avoir été donné au plus tard à la fermeture des bureaux le quinzième (15<sup>e</sup>) jour suivant la date de la première annonce publique de la date de l’assemblée extraordinaire des membres. Le report ou l’ajournement d’une assemblée des membres ou l’annonce de son report ou ajournement ne donne aucunement ouverture à une nouvelle période pour le calcul du délai applicable à l’avis donné par un membre proposant une candidature décrit ci-dessus.*

c) *Bonne et due forme de l’avis – Pour être dûment donné par écrit, l’avis donné par le membre proposant une candidature au secrétaire de la Société doit comporter les renseignements suivants :*

vi) *relativement à chaque candidat à*

*l’élection comme administrateur proposé par le membre proposant une candidature : (A) le nom et l’adresse de cette personne; (B) l’occupation principale ou l’emploi de cette personne; (C) toute autre information confirmant que la personne a toutes les qualifications requises pour occuper un poste d’administrateur, tel qu’énoncé dans les règlements de la Société et les autres politiques de la Société applicables;*

vii) *en ce qui concerne le membre proposant une candidature et donnant l’avis, (A) le nom et l’adresse domiciliaire de cette personne; (B) l’occupation principale ou l’emploi de cette personne; (C) la catégorie de membre à laquelle cette personne appartient dans la Société; (D) la confirmation que la personne a le droit de voter à l’assemblée des membres pendant laquelle l’élection doit avoir lieu. Toutefois, la Société peut exiger qu’un candidat proposé lui fournisse toute autre information, dont un consentement écrit, qui serait raisonnablement nécessaire pour établir l’admissibilité de ce candidat à siéger comme administrateur de la Société.*

d) *Admissibilité – Quiconque n’a pas été mis en candidature conformément aux dispositions énoncées à la section 5.06 ne peut être candidat à l’élection au poste d’administrateur de la Société; toutefois, aucune disposition prévue à la section 5.06 n’est réputée empêcher la tenue d’une discussion par un membre (par opposition à la mise en candidature des administrateurs) à une assemblée des membres sur un sujet relativement auquel il aurait eu droit de présenter une proposition en vertu de la Loi. Le président de l’assemblée aura le pouvoir et le devoir de déterminer si une mise en candidature respecte la procédure énoncée à la section 5.06 et, advenant qu’une mise en candidature ne soit pas conforme, de déclarer que cette mise en candidature non conforme est rejetée.*

e) *Remise d’un avis – Malgré toute autre*

*disposition du présent règlement, un avis donné au secrétaire de la Société conformément à la section 5.06 doit uniquement être livré en personne ou transmis par télécopieur ou courrier électronique (à l’adresse électronique indiquée de temps à autre par le secrétaire de la Société aux fins d’un tel avis), et sera réputé avoir été donné uniquement au moment où il est livré en personne ou par courrier électronique (à l’adresse susmentionnée) ou transmis par télécopieur (à la condition qu’un accusé de réception de cette transmission ait été reçu) au secrétaire à l’adresse des bureaux principaux de direction de la Société; toutefois, si cette livraison ou communication électronique a lieu un jour qui n’est pas un jour ouvrable ou après 17 h (heure de l’Est) un jour ouvrable, cette livraison ou communication électronique sera alors réputée avoir eu lieu le jour ouvrable suivant. Nonobstant ce qui précède, le Conseil peut, à sa seule discrétion, renoncer à toute exigence de cet article.*

#### **Instructions relatives à l’avis de présentation d’une candidature**

En vertu du paragraphe 5.06 des règlements administratifs, les membres peuvent présenter une candidature aux deux postes ouverts au conseil d’administration, soit le poste de président désigné et un poste d’administrateur non désigné réservé à un psychologue francophone, au moins 30 jours et pas plus de 65 jours avant la date de l’assemblée annuelle des membres.

Chaque candidature doit renfermer le curriculum vitae du candidat, lequel doit mentionner la formation du candidat, les postes qu’il occupe ou a déjà occupés et ses activités professionnelles et/ou de recherche. Elle doit être accompagnée d’une lettre de la personne qui propose la candidature **et signée par 5 pour cent des membres ayant le droit de vote** (200 signatures) (voir le paragraphe 4.13 ci-dessous). La lettre doit indiquer le poste pour lequel le candidat est proposé, confirmer l’appui à la personne proposée et inclure une déclaration statuant que la personne qui propose la candidature s’est assurée que le candidat est disposé à se porter candidat.



Les noms et les documents à l'appui des candidats doivent parvenir avant le **5 mai 2015** au siège social de la SCP et être envoyés de préférence par courriel à : [governance@cpa.ca](mailto:governance@cpa.ca)

Président, Comité des mises en candidature

Société canadienne de psychologie  
141, avenue Laurier Ouest, bureau 702  
Ottawa (Ontario) K1P 5J3

### Paragraphe 4.13

#### des règlements administratifs

#### Propositions aux assemblées annuelles

*Sous réserve de l'article 163 de la Loi, un membre habile à voter lors d'une assemblée annuelle peut donner avis à la Société d'une question qu'il se propose de soulever (une « proposition »). Une telle proposition peut inclure les nominations pour l'élection des administrateurs si la proposition est signée par au moins cinq pour cent (5 %) des membres habiles à voter à l'assemblée. Sous réserve de la Loi, la Société peut inclure la proposition dans l'avis de convocation si le membre en fait la demande. Celle-ci doit comprendre une déclaration du membre à l'appui de la proposition et son nom et son adresse. Le membre qui soumet la proposition doit payer le coût d'inclure la proposition et toute déclaration dans l'avis de convocation d'assemblée à laquelle la proposition sera présentée à moins d'une disposition contraire par résolution ordinaire des membres présents à l'assemblée.*

## CANDIDAT AU POSTE DE PRÉSIDENT DÉSIGNÉ

### D<sup>r</sup> David J.A. Dozois

C'est un honneur pour moi que d'être proposé à nouveau comme candidat au poste de président désigné de la SCP. Depuis de nombreuses années, je m'implique d'une façon ou d'une autre dans la direction de la SCP. J'ai siégé au Comité des affaires professionnelles (1995-1997), au Comité de l'éducation et de la formation (1997-1998), au groupe de travail sur le D.Psy. (1997-1998), à la Section des étudiants (1995-1998; à titre de président de 1995 à 1997) et à la Section de psychologie clinique (2001-2006; à titre de

président, en 2004). J'ai également siégé au conseil d'administration de la SCP de 2005 à 2013, d'abord comme directeur de la science, pendant deux mandats, puis comme président. Que dire d'autre? La SCP coule dans mes veines.

J'occupe le poste de professeur titulaire au département de psychologie de l'Université Western. Ma recherche porte sur le rôle de la cognition dans la dépression et sur les théories et la thérapie cognitivo-comportementales. J'ai publié 145 articles évalués par les pairs, des chapitres de livre et des ouvrages dont j'ai codirigé la rédaction; j'ai en outre présenté plus de 280 communications lors de différents congrès. Je suis actuellement membre du conseil d'administration de la Fondation ontarienne de la santé mentale et de l'Association internationale de psychologie appliquée.

Alors que j'assumais la présidence de la SCP (2011-2012), j'avais comme important mandat d'aider la SCP à devenir un chef de file international de la pratique fondée sur des données probantes. En 2011, la SCP a lancé un groupe de travail chargé de se pencher sur l'utilisation des traitements psychologiques fondés sur des données probantes; le groupe de travail a produit un ensemble de critères et rédigé un énoncé de position sur l'intégration optimale des résultats de recherche dans la pratique. Le D<sup>r</sup> Sam Mikail partageait avec moi la présidence du groupe de travail. Onze membres au total, qui représentaient une grande variété de points de vue — le milieu de la recherche, de la pratique, de l'application des connaissances, des consommateurs et des collectivités — ont participé au groupe de travail (voir Dozois et coll., 2014). Le rapport qui a émané des travaux du groupe de travail se voulait un « document évolutif ». Dans cette optique, j'aimerais continuer à promouvoir cette initiative, en suscitant l'intérêt à l'égard de la pratique fondée sur des données probantes, en encourageant son développement et en faisant la promotion de son efficacité.

Je suis étroitement impliqué dans les



préparatifs (en tant que coprésident, au côté du D<sup>r</sup> Peter Graf) de l'International Congress of Applied Psychology (ICAP2018) qui se tiendra à Montréal.

L'ICAP2018 est un engagement important pour la SCP. En tant que président, j'aimerais être dans le « feu de l'action » et aider à orienter les décisions importantes

que devra prendre notre organisation.

Si je suis élu président de la SCP, je me concentrerai sur les objectifs suivants : (1) favoriser la croissance de l'association afin de mieux répondre aux besoins de tous les membres de la SCP; (2) faciliter la production, l'application et la diffusion de la psychologie scientifique; (3) continuer à promouvoir l'excellent travail de représentation qu'accomplit la SCP; (4) soutenir les nouvelles orientations prises par la direction de la SCP sur la pratique fondée sur des données probantes; (5) veiller à ce que l'ICAP (2018) soit un grand succès; (6) plaider pour l'augmentation des ressources destinées à la recherche fondamentale et appliquée; (6) promouvoir la valeur des évaluations et des traitements psychologiques.

La SCP a joué un rôle essentiel dans l'avancement de la psychologie au Canada et a fait la promotion des forces complémentaires de ses scientifiques et de ses praticiens. Compte tenu de mes antécédents dans le monde universitaire et de la pratique, et de mon expérience comme membre du conseil d'administration de la SCP, je me crois capable de représenter les divers intérêts de notre association. J'espère avoir la chance de vous servir de nouveau comme président de la SCP.

### Référence

Dozois, D.J.A., S. Mikail, L.E. Alden, P.J. Bieling, G. Bourgon, D.A. Clark, M. Drapeau, D. Gallson, L. Greenberg, J. Hunsley et C. Johnston (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Psychologie canadienne*, volume 55, 153-160.



# “Good Character” Requirements for CPA Members and Affiliates

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

*Note: The Ethics Corner article in the Winter 2015 issue of Psynopsis provided an overview of the updates to CPA's Rules and Procedures for Dealing with Reports and Complaints of Unethical Behaviour, but focused on procedures regarding complaints. The current article focuses on updates to the Rules and Procedures regarding “good character” requirements for CPA membership or affiliateship.*

Public trust in a discipline is very important. In the Preamble of the *Canadian Code of Ethics for Psychologists*, it is stated that every discipline that has relatively autonomous control over its entry requirements, training, practices, and development of knowledge does so only within the context of a contract with society.

This social contract is based on attitudes of mutual respect and trust, with society granting support for the autonomy of a discipline in exchange for a commitment by the discipline to do everything it can to assure that its members act ethically in conducting the affairs of the discipline . . . (CPA, 2000)

One of the major ways each discipline has assured ethical behaviour, especially since the mid-20<sup>th</sup> Century, is by developing a code of ethics for its members, along with methods for (a) promoting the code's ethical principles and values, (b) developing methods for monitoring adherence, and (c) taking corrective action when needed. A second major way is by ensuring that only persons of “good character” enter or formally associate with the discipline and by developing practices and procedures related to assessing good character. Although good character may be seen by many as a somewhat old-fashioned concept, in the past two decades references to it and formal procedures for assessing it (beyond asking for personal references) have become increasingly common in bodies representing various disciplines, whether those bodies are regulatory or voluntary in nature.<sup>i</sup> <sup>ii</sup> This increase in attention to character reflects the belief that good character is indicative of the level of judgment and ethical sensitivity required to understand and uphold a discipline's ethical principles and values and, therefore, helps to protect the public and maintain trust.<sup>iii</sup>

The Canadian Psychological Association is no exception. Although its 1990 *Rules and Procedures for Dealing with Ethical Complaints* briefly mentions the possibility of consultation of the Committee on Ethics when an applicant had “been judged guilty of previous ethical violations” or “suspected of providing false information,” no formal procedures were specified. The 2014 revision of the *Rules and Procedures*, however, contains specific formalized procedures for such situations, based on CPA practices that had evolved since 1990 as well as a review of the practices of similar organizations and the literature.

One of the most frequently used indicators of good character in psychology (as well as other disciplines) has been whether

an individual has been disciplined by a statutory tribunal or professional body, or convicted of a serious legal offence for which a pardon has not been granted. In the 2014 revision of CPA's *Rules and Procedures* (now called *Rules and Procedures for Dealing with Reports and Complaints of Unethical Behaviour*), the inclusion on the member/affiliate initial application form of questions related to such events at any time in the applicant's history has been made into a formal procedure, as well as their inclusion (but regarding only the previous year) on member/affiliate application forms for renewal (to be introduced in 2015). A “serious legal offence” is defined in the *Rules and Procedures* as one that typically involves an infraction of the Criminal Code of Canada or related statutes and has resulted in a peace bond, a fine of \$5000 or more, or any period of post-conviction probation or imprisonment.

If an applicant for initial or renewal of any type of membership or affiliateship states that he or she has been disciplined or convicted, it does not mean that he or she will automatically be denied membership or affiliateship. Rather, it sets a number of steps in motion. The application is forwarded to the Chair of the Committee on Ethics, who establishes a Review Subcommittee consisting of the Chair and a minimum of two other Committee members. It also usually will include contacting the applicant or other sources for further information.

Possible recommendations resulting from the review include granting the application, denying it, or granting it with conditions pending the completion of an existing or planned external adjudication or review process. In determining its recommendations, the current Review Subcommittee has identified several factors for consideration, including: (a) the seriousness of the behaviour(s); (b) the number of sanctions or convictions; (c) the time that has elapsed since the last sanction or conviction; (d) whether the terms of the sanction or sentence have been completed; (e) other efforts the individual has undertaken to ensure the behaviour does not re-occur; (f) the individual's openness with respect to the relevant information needed for the review; (g) any other factors the Subcommittee believes might help determine whether the individual currently has the level of personal judgment and ethical sensitivity needed to understand and uphold the values of the Association as reflected in the *Canadian Code of Ethics for Psychologists*.

Once the review process is complete, the recommendation is forwarded to CPA's Chief Executive Officer, who makes the final decision and ensures that the individual is informed of the decision in writing. Except as required or justified by law, all information related to the review is treated as confidential.

For more detail, a copy of the new *Rules and Procedures* can be downloaded from the “Ethics” page on the CPA website.

**Invitation:** Please feel free to send your comments about this article or any ideas you have regarding topics for future Ethics Corner articles to [ethicscttee@cpa.ca](mailto:ethicscttee@cpa.ca).

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





## The University of British Columbia

(Department of Educational and  
Counselling Psychology, and Special Education)



*Zarina Giannone, M.A. Student in Counselling Psychology,  
University of British Columbia Chair-Elect, Section for  
Students in Psychology, Canadian Psychological Association*

Consistently ranking in the top 40 universities in the world, the University of British Columbia (UBC) is truly ‘a place of mind’. With approximately 50,000 students, UBC spans three gorgeous campuses including Point Grey, Robson, and Okanagan. Founded in 1915, the University of British Columbia is a global center for research and teaching, and encourages students, staff, and faculty to challenge convention and pursue scientific excellence.

Two separate departments at UBC offer degrees in psychology including the Department of Psychology (Faculty of Arts) and the Department of Educational and Counselling Psychology and Special Education (ECPS; Faculty of Education). As the Department of Psychology has been featured in a previous Campus Corner Profile, this review will focus on ECPS, namely, Counselling Psychology.

The Department of Educational and Counselling Psychology, and Special Education did not emerge until 2008; however, Counselling Psychology was initially recognized as 1 of 26 program areas in the Faculty of Education in 1976. It was not until 1981 that Counselling Psychology became an official department (1 of 7 Departments in the Faculty of Education at the time). Dr. William (Bill) Borgen served as Department Head since Counselling Psychology’s inception (1981) until 1994. As ECPS emerged in 2008, Dr. Borgen was reappointed as Department Head and continues to serve in this role today (2015).

ECPS has five program areas including (a) Counselling Psychology, (b) Human Development, Learning and Culture, (c) Measurement, Evaluation, and Research Methodology, (d) School Psychology, and (e) Special Education. The Counselling Psychology’s doctoral program obtained accreditation from the Canadian Psychological Association (CPA) in 2000, as well as from the American Psychological Association (All terms of APA accreditation in Canada will expire in 2015<sup>i</sup>). The School Psychology doctoral program obtained CPA accreditation in 2012. ECPS is a small and intimate department encompassing approximately 50 faculty members and 480 graduate students (across all five program areas). Most faculty members in Counselling Psychology have long-standing relationships and affiliations with both UBC and the CPA. Notable graduates from the Counselling Psychology doctoral program include Dr. Rob Bedi, current Chair of the Counselling Psychology Section of the CPA, and Dr. Marie-Hélène Pelletier, Director-At-Large (Francophone Representative), CPA Board of Directors.

Since 2006, ECPS has been awarded over \$26,000,000.00 in research grants and, more specifically, Counselling Psychology has received \$16,000,000.00 in research grants/awards since 2009. Faculty research specializations are diverse and expansive.

Ranging from career counselling (Drs. Bill Borgen, Norman Amundson, and Richard Young) to stress and coping processes (Dr. Colleen Haney) to Indigenous approaches to health, healing and research (Dr. Alanaise Goodwill), faculty members constitute various areas of research expertise. The Department prides itself in its broadly defined educational and research lens which emphasizes a developmental, life-span perspective.

Having been affiliated with Counselling Psychology at UBC over the last 39 years,

Dr. Bill Borgen offered a unique perspective on the evolution of the ECPS Department. He described the transformation of the Department, along with developments in teaching, training and practice to be very exciting and rewarding experiences. Dr. Borgen explained that advancements in the area of counselling psychology, efforts from faculty and students, and consistent support from the wider university population, fostered continuous upgrades and improvements over time. “I believe in the ethos of offering the best possible programs through continual learning and innovation within our discipline,” expressed Dr. Borgen. He is hopeful that his philosophy will live on after his Headship comes to an end in June, 2015.

The joint venture between the University of British Columbia and the New Westminster School district was an example of an innovative and unique undertaking. In 1975, the New Westminster UBC Counselling Centre opened to provide the education and training of counsellors and to prepare students for the delivery of quality counselling services to the children and youth of the New Westminster School District. Today, the Counselling Center is still in operation and is now utilized for both the training and educational purposes of counsellors (at the Master’s level) and psychologists (at the Doctoral level). According to Dr. Borgen, the New Westminster UBC Counselling Center is an internationally acclaimed model in counsellor training and education—an endeavour of which he is surely proud!

Student engagement in ECPS is increasingly vibrant. Students are involved in the Department in a number of ways including Graduate Research Assistantships, Graduate Academic Assistantships, Graduate Teaching Assistantships, and Student Representative positions. ECPS graduate students are passionate about their program areas and report that their education is a valuable and meaningful experience.

For more information about the University of British Columbia, please visit: <http://www.ubc.ca>

For more information about the Department of Educational and Counselling Psychology, and Special Education, please visit: <http://ecps.educ.ubc.ca/>

<sup>i</sup> <http://cpa.ca/accreditation/FAQ>



# Robert M. Martin (1926 – 2014)

Robert Miller Martin was born in Corry, Pennsylvania in 1926 and grew up in Oxford, Ohio. He served in the US Military from 1944 to 1946. After the war, he attended university, receiving a BA from Miami University of Ohio, then an MS and PhD from Purdue. Following two years as a Veteran's Administration Trainee, he obtained an academic position at the University of South Dakota, where he rose to the rank of Associate Professor and Director of their Child Guidance Clinic. Bob then completed a two year Postdoctoral Fellowship in Clinical Psychology at the Menninger Clinic. Moving to the University of Colorado Medical School in 1962, he became the Coordinator of Training in Clinical Psychology. As a psychologist in a medical school, Bob developed some ideas about the role of psychologists in medical schools and teaching hospitals. His experiences and observations at Colorado were to have a profound impact on his next home in the University of Manitoba's Faculty of Medicine.

In 1969, Bob was recruited to be the Chief Psychologist at a complex of hospitals in Winnipeg, soon to amalgamate into the Health Sciences Centre. He was appointed an Associate Professor of Psychiatry and Head of the Section of Behavioural Science (which was then the home of the psychologists) in the Department of Psychiatry. The University of Manitoba had launched its doctoral program in Clinical Psychology a few years earlier, and Bob was recruited to Manitoba particularly to develop an internship program in clinical psychology. It soon became the first accredited psychology internship in Canada. It was APA accredited because there was no CPA accreditation yet.

Bob created a unique structure for psychologists in the University of Manitoba's Faculty of Medicine that enabled them to make their fullest contribution to education, research and innovative patient care. He arranged for psychologists to be appointed to the medical staff of the teaching hospitals and also for psychology interns (now called residents) to be included in the contract covering medical interns and residents, with the same salary and benefits. He did not give up on the other part of his vision: an independent academic department within the Faculty of Medicine. In 1995, under the leadership of his successor, John Arnett, the Section of Behavioural Science separated from the Department of Psychiatry and became the new

Department of Clinical Health Psychology within the Faculty of Medicine. To this day, it is the only department of Psychology in a Faculty of Medicine anywhere in Canada or the United States.

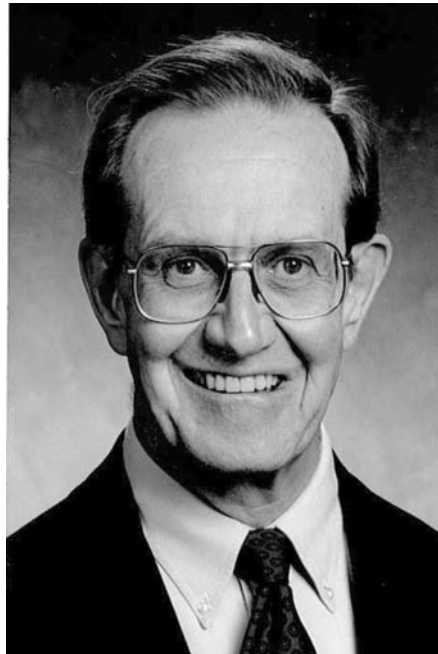
Bob made many contributions to the Canadian Psychological Association, serving on or chairing the Applied Division, Professional Affairs, Health Psychology Section, International Relations Committee, and many others. He was an early advocate of broadening psychology's focus into health psychology and health promotion. He was an early member and served on the executive of APIC (now the Association of Psychology Postdoctoral and Internship Centres, APPIC) and the Association of Medical School Professors of Psychology (now the Association of Psychologists in Academic Health Centres; a section of Division 12 of APA). Beyond North America, he was involved in several projects with the World Health Organization, helping countries in sub-Saharan Africa develop mental health infrastructure.

Bob was a Fellow of CPA, Honorary President of CPA in 1994, and in 2014 he was awarded the CPA's Gold Medal for Lifetime Contribution to Canadian Psychology.

Bob and Gini and their children and grandchildren especially enjoyed their cottage on Pistol Lake, in the beautiful Canadian Shield country just across the border in Ontario.

Post-retirement, Bob held the rank of Senior Scholar in the Department of Clinical Health Psychology. He continued in part-time practice and enjoyed his role as the confidential Resident Advisor, assisting our residents with any difficulties they encountered. Bob remained a valued mentor to those who followed him in the job of department head.

Bob commented once that he had always thought of himself first and foremost as a teacher. Those of us who had the good fortune to know this erudite, wise gentleman were inspired and transformed by his example -- that's what the best teachers do.



*Bob McIlwraith, PhD,  
Professor & Head  
Department of Clinical Health Psychology  
College of Medicine, Faculty of Health Sciences  
University of Manitoba*



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IWK Health Centre  
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[Arlene.MacAskill@iwk.nshealth.ca](mailto:Arlene.MacAskill@iwk.nshealth.ca)



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## Crisis response... maybe one size doesn't fit all<sup>i</sup>

From page 5

- <sup>i</sup> Please note that this article was written as a preface to the spring issue of *psynopsis*, themed on crisis response. While it summarizes some of the issues within the science and practice of crisis response, it is not a comprehensive literature review on the topic.
- <sup>ii</sup> [http://www.psychotherapybrownbag.com/psychotherapy\\_brown\\_bag\\_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html](http://www.psychotherapybrownbag.com/psychotherapy_brown_bag_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html)  
[http://www.cochrane.org/CD000560/DEPRESSN\\_psychological-debriefing-for-preventing-post-traumatic-stress-disorder-ptsd](http://www.cochrane.org/CD000560/DEPRESSN_psychological-debriefing-for-preventing-post-traumatic-stress-disorder-ptsd)
- <sup>iii</sup> [http://www.div12.org/PsychologicalTreatments/treatments/ptsd\\_debriefing.html](http://www.div12.org/PsychologicalTreatments/treatments/ptsd_debriefing.html)
- <sup>iv</sup> [http://www.criticalincidentstress.com/what\\_is\\_cism\\_](http://www.criticalincidentstress.com/what_is_cism_)  
<http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>
- <sup>v</sup> <http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>
- <sup>vi</sup> <http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>
- <sup>vii</sup> <http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>
- <sup>viii</sup> <http://www.emsworld.com/article/10325074/ems-myth-3-critical-incident-stress-management-cism-is-effective-in-managing-ems-related-stress>  
[http://www.psychotherapybrownbag.com/psychotherapy\\_brown\\_bag\\_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html](http://www.psychotherapybrownbag.com/psychotherapy_brown_bag_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html)
- <sup>ix</sup> [http://www.psychotherapybrownbag.com/psychotherapy\\_brown\\_bag\\_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html](http://www.psychotherapybrownbag.com/psychotherapy_brown_bag_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html)
- <sup>x</sup> <http://www.icisf.org/wp-content/uploads/2013/04/Crisis-Intervention-and-Critical-Incident-Stress-Management-a-defense-of-the-field.pdf>
- <sup>xi</sup> <http://www.csc-scc.gc.ca/text/plcy/cdshtm/253-2-gl-eng.shtml>  
<http://www.thorold.com/content/cism>  
<https://www.gnb.ca/0055/cismg-e.asp>  
<http://www.firecomm.gov.mb.ca/cism.html>  
<http://www.yorkcism.ca/>
- <sup>xii</sup> Personal communication, April 6, 2015.
- <sup>xiii</sup> <http://apa.org/practice/programs/drn/index.aspx>
- <sup>xiv</sup> <http://apa.org/helpcenter/disaster-site.aspx>
- <sup>xv</sup> <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/mental-health-first-aid>
- <sup>xvi</sup> <http://www.emsworld.com/article/10325074/ems-myth-3-critical-incident-stress-management-cism-is-effective-in-managing-ems-related-stress>

[Return to article](#)

## L'intervention de crise... peut-être pas pour tout le monde<sup>i</sup>

De la page 7

- <sup>i</sup> Veuillez noter que cet article est la préface du numéro du printemps de *psynopsis*, qui portait sur l'intervention de crise. Bien qu'il résume certaines questions qui relèvent de la science et de la pratique de l'intervention de crise, il ne s'agit pas d'un examen complet de la documentation sur le sujet.
- <sup>ii</sup> [http://www.psychotherapybrownbag.com/psychotherapy\\_brown\\_bag\\_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html](http://www.psychotherapybrownbag.com/psychotherapy_brown_bag_a/2010/09/critical-incident-stress-debriefing-ineffective-treatment-or-part-of-a-well-balanced-breakfast.html)  
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