

PSYNOPSIS



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Medical Assistance in Dying:

The Role of Psychology

Samuel F. Mikail, Ph.D., and
Keith G. Wilson, Ph.D.,
Guest Editors

L'aide médicale à mourir :

le rôle de la psychologie

Samuel F. Mikail, Ph. D., et
Keith G. Wilson, Ph. D.,
rédacteurs en chef invités



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Promoting Evidence-Based Mental Health and Wellbeing in Canada and Abroad



David J. A. Dozois, Ph.D., President, CPA

In September 2016, I travelled to New York to attend and present at an important United Nations (UN) event on the promotion of mental health and wellbeing. This was the first UN event on the topic following the historic inclusion of mental health and wellbeing in the new global agenda, *Transforming our world: The 2030 agenda for sustainable development*. Discussions focused on the importance of identifying how mental health and wellbeing will be implemented at a national level in both developing and developed countries, in various regions around the world. The event included presentations from various Ambassadors including those from Canada, Belgium, the Federated States of Micronesia, Benin, Liberia, Panama, Nepal, Palau, and Timor-Leste.

Ambassador Marc-André Blanchard (Permanent Representative of Canada to the United Nations) commented on our prime minister's personal experience and his commitment to eliminating stigma around mental illness, breaking down barriers to effective care, and actively improving mental health in humanitarian operations and indigenous populations.

In my comments, I expressed enthusiasm that our new federal government is taking mental health seriously in our country and that Prime Minister Trudeau has made access to quality mental health services for Canadians a priority. I also commended our government for introducing a federal program to offer psychological services for refugees. Finally, I applauded my fellow Canadians who were also presenting at the event, including Dr. Peter Singer, from Grand Challenges Canada, who supports so many impressive programs worldwide, and Kevin Deer, a Mohawk Elder from the Kahnawake First Nation, who helps indigenous peoples and seeks to preserve the spirituality, philosophy, and culture of his people. "This type of work being done throughout our country and the recognition it is being given on this international stage gives hope to millions of people who are living with mental disorders."

I also stated: "It is so important that this international body recognizes the need to focus on mental health and wellbeing,

and I am proud that Canada can be an example of how mental health can become a national reality. Nevertheless, we still have a long way to go. For example, we need greater parity in publicly funded services for physical and psychological conditions. The CPA urges that meaningful amounts of psychological care be made available to all Canadians by federal and provincial governments through their public health systems and by employers and private health insurers. The CPA has commissioned a report that costs out a number of models through which this can be accomplished. As many of us know, the return on investment for increasing access to mental health care is enormous."



H.E. Ambassador Marc-André Blanchard, Mohawk Elder Kevin Deer, and David Dozois

In addition to compelling data on the efficacy and effectiveness of psychological interventions, a strong economic case has been made for their cost recovery (Chisholm et al., 2016; Layard & Clark, 2014; Peachey, Hicks & Adams, 2013). Chisholm et al. (2016; *Lancet*), for example, conducted an economic analysis of the return on investment for promoting the treatment of depression and anxiety. These researchers calculated the treatment costs and health outcomes in 36 countries between 2016 and 2030. The investment needed to provide effective treatment for anxiety and depression was estimated to be \$147 billion (in US dollars; extended to \$184 billion if you include countries not an-



alyzed). However, the expected returns are substantial – scaling up treatment would lead to 43 million extra years of health life over this period and the net economic value would be \$310 billion.

This visit to the UN aligned well with one of my presidential objectives: to help the CPA become an international leader in evidence-based practice. Our selection for the CPA's 2016-17 Honorary President, who I will briefly introduce now, is also consistent with this mandate.

Dr. Pim Cuijpers is well-known internationally for his work in depression, anxiety, and other mental health conditions. He has also written some of the most influential meta-analyses of psychological treatments of depression (and other conditions), and will be an asset to further enhancing the work of the CPA's task force on evidence-based practice of psychological treatments on an international scale.

Dr. Cuijpers is Professor of Clinical Psychology at the VU University Amsterdam (the Netherlands) and Head of the Department of Clinical Psychology. He is also program leader of the Mental Health Program of the EMGO Institute for Health and Care Research at the Vrije Universiteit and VU Medical Center in Amsterdam, coordinator of the Global Consortium for



Dr. Pim Cuijpers

Depression Prevention, and advisor for several national and international research projects. Dr. Cuijpers has specialised in conducting randomised controlled trials and meta-analyses on prevention and psychological treatments of common mental disorders. Much of his work is aimed at prevention of mental disorders, psychological treatments of depression and anxiety disorders, and Internet-delivered treatments. Dr. Cuijpers has published more than 700 peer-reviewed papers, chapters, reports and professional publications, including almost 500 papers in international peer-reviewed scientific journals

(more than 130 as first author). According to Thompson Reuters, he is one of the “most influential scientific minds” and was listed as a “top 1% cited scientists in the area of psychiatry and psychology” in 2014, 2015, and 2016 (<http://highlycited.com>).

I look forward to working with the CPA staff and Board of Directors to continue advocating for increased access to evidence-based psychological services within our country and abroad. I also intend to promote and disseminate the CPA's important work on evidence-based practice internationally. Canada and, indeed, our world, will be better for it.

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

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Données probantes et promotion de la santé mentale et du bien-être au Canada et à l'étranger

David J. A. Dozois, Ph. D., président de la SCP

En septembre 2016, je me suis rendu à New York pour assister à un événement organisé par l'Organisation des Nations Unies (ONU), qui portait sur la promotion de la santé mentale et du bien-être, et pour y faire une présentation. Il s'agissait de la première réunion de l'ONU sur le sujet depuis l'adoption du programme de développement intitulé *Transformer notre monde : le Programme de développement durable à l'horizon 2030* dans lequel figurent, pour la première fois, la santé mentale et le bien-être. Les discussions ont porté sur l'importance de déterminer comment les pays en développement et les pays développés de diverses régions du monde donneront corps à la santé mentale et au bien-être à l'échelle nationale. Au cours de la réunion, des ambassadeurs de différents pays, dont le Canada, la Belgique, la Micronésie, le Bénin, le Libéria, le Panama, le Népal, les Palaos et la République démocratique du Timor-Leste, ont pris la parole.

L'ambassadeur Marc-André Blanchard (représentant permanent du Canada auprès de l'Organisation des Nations Unies) a parlé de l'expérience personnelle du premier ministre Trudeau et de l'engagement de ce dernier à éliminer la stigmatisation entourant la maladie mentale et les obstacles qui nuisent à l'obtention de soins efficaces, et à promouvoir activement l'amélioration de la santé mentale dans les opérations humanitaires et chez les populations autochtones.

Dans mon exposé, j'ai souligné avec enthousiasme que notre nouveau gouvernement prend au sérieux la santé mentale dans notre pays et que le premier ministre Trudeau a fait de l'accès à des services de santé mentale de qualité, pour tous les Canadiens, une priorité. J'ai aussi félicité notre gouvernement d'avoir créé un programme fédéral qui offre des services psychologiques aux réfugiés. Pour finir, j'ai salué mes concitoyens canadiens, qui faisaient comme moi une présentation lors de l'événement, parmi lesquels le Dr Peter Singer, de Grands Défis Canada, un organisme qui appuie un grand nombre de programmes d'envergure dans le monde entier, et Kevin Deer, un aîné mohawk de la Première nation de Kahnawake, qui aide les peuples autochtones et s'efforce de préserver la spiritualité, la philosophie et la culture de son peuple. « Le genre de travail qui se fait dans l'ensemble de notre pays et la reconnaissance dont jouissent nos projets et nos programmes sur la scène internationale donnent de l'espoir à des millions de personnes qui souffrent de troubles mentaux. »

J'ai, en outre, ajouté : « Il est extrêmement important que l'ONU, en tant qu'organisme international, reconnaisse l'importance de se concentrer sur la santé mentale et le bien-être; par les mesures qu'il prend pour concrétiser la santé mentale en une réalité nationale, le Canada est un exemple, et j'en suis très fier.

Néanmoins, nous avons encore un long chemin à parcourir. Par exemple, l'État ne finance pas de manière équivalente les services fournis pour traiter, d'une part, les problèmes de santé physique et d'autre part, les problèmes de santé psychologique. La SCP presse les gouvernements fédéral et provinciaux de donner accès aux soins psychologiques à tous les Canadiens par l'intermédiaire de leurs systèmes de santé publics, des employeurs et des assureurs privés. La SCP a commandé un rapport qui évalue le prix d'un certain nombre de modèles à considérer pour arriver à cela. Comme beaucoup d'entre nous le savent, le rendement du capital investi dans le but d'accroître l'accès aux soins de santé mentale est énorme. »

Outre des données probantes convaincantes sur l'efficacité et l'efficacité des interventions psychologiques, le recouvrement des coûts est un argument



Son Excellence l'ambassadeur Marc-André Blanchard, l'aîné mohawk Kevin Deer et David Dozois

économique solide (Chisholm et coll., 2016; Layard et Clark, 2014; Peachey, Hicks et Adams, 2013). Chisholm et ses collaborateurs (2016; *The Lancet*), par exemple, ont réalisé une analyse économique du rendement du capital investi pour promouvoir le traitement de la dépression et de l'anxiété. Les chercheurs ont calculé les coûts des traitements et les résultats sur la santé prévus entre 2016 et 2030 dans 36 pays. L'investissement nécessaire pour fournir un traitement efficace de l'anxiété et de la dépression est estimé à 147 milliards de dollars (en dollars US) et à 184 milliards, si l'on inclut les pays qui ne font pas partie de l'analyse. Malgré cela, les rendements attendus sont substantiels. Selon les prédictions, l'élargissement de l'accès aux traitements conduira à 43 millions d'années supplémentaires de vie en bonne santé au cours de cette période et la valeur économique nette sera de 310 milliards de dollars.

Ma visite à l'ONU s'accorde tout à fait avec les objectifs que je poursuis à titre de président, c'est-à-dire aider la SCP à devenir un chef de file international dans la pratique fondée sur des données probantes. Le choix du président d'honneur de la SCP pour l'année 2016-2017, que je vous présente brièvement, cadre également avec cet objectif.

Le Dr Pim Cuijpers est connu mondialement pour son travail sur la dépression, l'anxiété et d'autres problèmes de santé mentale. Il est l'auteur de quelques-unes des plus importantes méta-analyses des traitements psychologiques de la dépression (et d'autres problèmes) et il contribuera à faire connaître, à l'échelle internationale, le travail du groupe de travail de la SCP chargé d'étudier les traitements psychologiques fondés sur des données probantes.

Le Dr Cuijpers est professeur de psychologie clinique à l'université libre d'Amsterdam (Pays-Bas) et chef du département



Dr Pim Cuijpers

de psychologie clinique. Il est également le responsable du programme de santé mentale de l'EMGO Institute for Health and Care Research, à la Vrije Universiteit, et du VU Medical Center d'Amsterdam; il est également le coordonnateur du Global Consortium for Depression Prevention et agit à titre de conseiller pour le compte de plusieurs projets de recherche nationaux et internationaux. Le Dr Cuijpers s'est spécialisé dans les essais contrôlés randomisés et les méta-analyses de la prévention et des traitements psychologiques des troubles mentaux courants.

Une grande partie de son travail est axé sur la prévention des troubles mentaux, les traitements psychologiques de la dépression et des troubles anxieux, et les traitements sur Internet. Le Dr Cuijpers a publié plus de 700 articles évalués par les pairs, chapitres, rapports et publications professionnelles, dont près de 500 articles dans des revues scientifiques à comité de lecture (plus de 130 à titre de premier auteur). Selon Thompson Reuters, il est l'un des esprits scientifiques les plus influents, et figure parmi les un pour cent de scientifiques les plus cités dans le domaine de la psychiatrie et de la psychologie en 2014, 2015 et 2016 (<http://highlycited.com>).

Je suis impatient de travailler avec le personnel et le conseil d'administration de la SCP pour continuer à défendre les services psychologiques fondés sur des données probantes au pays et à l'étranger. J'ai également l'intention de faire connaître et de diffuser l'important travail sur la pratique fondée sur des données probantes qu'a accompli la SCP à l'échelle internationale. Le Canada et, en fait, notre monde s'en porteront mieux.

Pour la liste des références, voir www.cpa.ca/psynopsis

Environmental Psychology 2016 Robert Sommer Award for Best Student Paper

2016 Robert Sommer Award

The Robert Sommer Award for student research in Environmental Psychology commemorates Dr. Robert Sommer's research accomplishments at the Saskatchewan Hospital in Weyburn and his significant impact on the emerging field of Environmental Psychology in the 1950s. The award is judged by an independent panel of three reviewers based on extended abstracts of students' original research in environmental psychology. Recipients receive a certificate and a cheque for \$300.

The 2016 award winner is Ms. Emmanuelle Gagne, a doctoral student in the Public Communication program of Laval University, for her research entitled: *Help Save the Trees! Please Use the Hand-Dryer instead of Paper Hand Towel: The Effectiveness of a Sad Anthropomorphized Tree in a Pro-Environmental Persuasive Communication and The Role of Empathic Concern*. Ms. Gagne is supervised by Dr. Penelope Daignault.

Submission dates and details for the 2017 Robert Sommer Award competition will be announced at the end of this year.



Medical Assistance in Dying: The Role of Psychology



Samuel F. Mikail, Ph. D., and Keith G. Wilson, Ph.D., Guest Editors

On June 17, 2016, the Federal Government of Canada gave Royal Assent to Bill C-14 on Medical Assistance in Dying. The legislation amends sections of the Criminal Code of Canada that previously prohibited medical assistance in dying provided certain conditions are met.

The law stipulates that MAID can only be provided by a physician or nurse practitioner (depending on the jurisdiction in which the patient lives) by one of two means. The physician or nurse practitioner can directly administer a substance that causes death, otherwise referred to as voluntary euthanasia, or provide the patient with a prescription that will cause death that is to be self-administered, also referred to as assisted suicide.

In order to be eligible for MAID an individual must be at least 18 years of age and mentally competent to make informed health care decisions, have a grievous and irremediable medical condition, be experiencing unbearable suffering, be in an advanced state of decline in which death is reasonably foreseeable,

make the request free of pressure or external influence, and be eligible to receive health services in Canada. The latter stipulation is intended to prevent “death tourism” or non-residents coming to Canada specifically to obtain MAID.

The law governing MAID requires that once an individual signs a request for MAID, a period of 10 days must pass prior to the procedure being undertaken. An exception to the 10-day waiting period is made if an individual’s death is fast approaching or if there is a high likelihood that the individual will lose the capacity to provide informed consent within the required waiting period.

The new law presents a number of ethical and professional challenges for psychology. Although psychologists are not directly involved in MAID, they may be called upon to make determinations regarding several of the conditions required for MAID, including an individual’s competence and capacity to make informed health care decisions, the presence and potential impact of a co-occurring mental health disorder on decision making, and the extent to which the individual’s decision is free of coercion or external influence. Psychologists may also be involved in counselling individuals considering

MAID in their efforts to come to clarity regarding their wishes, working through unresolved issues in their lives, or coming to terms with the impact of their decision on significant others. As noted above, the new law allows for the possibility of assisted suicide. This is problematic because psychology’s standards of professional practice include a duty to warn in cases of likely imminent suicide, which is one of the rare circumstances in which psychologists are expected to forsake the ethical obligation to uphold confidentiality.

In recognition of these complexities and the awareness that the existing law was likely to be challenged and evolve further, the Board of Directors (BoD) of the Canadian Psychological Association formed a Task Force on End of Life Issues. The Task Force was charged with considering the range of issues that might form the basis of practice guidelines for the profession, and provide direction to the BoD in its efforts to advise the government on several outstanding issues. Specifically, the Government of Canada fashioned the existing law such that individuals having a mental disorder in the absence of a physical disorder cannot request MAID. Similarly, mature minors do not have access to MAID, and the law does not allow individuals to request MAID through advance directives. These are issues that can and likely will form the basis of Charter challenges, and ones which psychological science can certainly inform.

This issue of *Psynopsis* is intended to provide the reader with thoughtful commentary and overviews by the various contributors on a number of complex issues. Soon, Canadian psychologists will also receive a survey developed by the Task Force that we hope will stimulate discussion and debate, while also serving to guide the deliberations of the BoD.

In her introductory comments, Karen Cohen discusses the consultative hearings around legislative options for MAID



that were initiated by the federal government. The CPA presented to the External Panel regarding clinical issues that were most relevant to psychologists.ⁱ The submission focused mostly on psychological aspects of palliative care and, indeed, Bill C-14 is essentially directed toward the end of life. Psychologists should, however, stay tuned because, as noted above, there may be challenges in the future that will attempt to expand the applicability of MAID to medical and mental health problems that are not life-threatening. The article by Patrick Baillie provides an overview of the new responsibilities facing the profession and emerging opportunities stemming from the recent change to the Criminal Code. He underscores that psychology has much to offer to the conversation and future amendments to existing laws.

Karesa highlights some of the same psychological considerations that were raised with the External Panel, and which will undoubtedly underlie many requests for MAID. Depression, family issues, and concerns around loss of autonomy, for example, have all been recognized as contributing factors in patient requests.^{ii,iii} These are important areas in which psychologists have much to contribute as clinicians, as are determinations of decision-making competency. Paquin also discusses the potential role of psychologists from the perspective of helping patients to live and die well. He notes that, regardless of how one feels about MAID legislation, it does offer the possibility of control for individuals who find that their journey toward the end of life has become intolerable.

On June 17, 2016, the Federal Government of Canada gave Royal Assent to Bill C-14 on Medical Assistance in Dying. The legislation amends sections of the Criminal Code of Canada that previously prohibited medical assistance in dying provided certain conditions are met.

The submissions by Pickard, Hunter, and Kaasalainen, and Prince, Hunter, Mushquash, and Kelley, are examples of novel programs that attempt to bring improved end-of-life care to special populations that are not served well by the existing system. These authors highlight the need for innovative approaches for some communities and groups, and they show how psychologists, in collaboration with other health professionals, can contribute to the development and evaluation of those approaches.

Finally, Shaffer, Cook, and Connolly ask the “elephant in the room” question: should MAID extend to persons with a mental disorder? They lay out a logical framework for approaching this question. Hopefully, psychologists will be among those who can provide an equally logical response if it is ever put to a legislative test.

Despite these submissions, readers may wonder if psychology as a discipline is as well represented as it probably should be in the areas of palliative care practice, education, and research. The last decade has seen a tremendous growth in palliative care as an academic focus, including unique innovations in psychotherapy.^{iv} It is not clear how many psychologists are being trained in these approaches. However, if the Canadian experience is similar to that of other jurisdictions that have legalized MAID, Bill C-14 will shine a much-needed light on palliative care and increase its visibility to the next generation of clinicians.

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

Summary of Provincial/Territorial Data on MAID (June 2016 – September 2016)

British Columbia	46 cases
Alberta	15 cases
Saskatchewan	< 5 cases
Manitoba	8 cases
Ontario	49 cases
Quebec*	252 requests, 166 cases
Data from December 2015 - July 2016)	16 requestors changed their mind, 27 did not meet the criteria, 19 died of natural causes, 9 received palliative sedation, and 7 deteriorated to the point that they could no longer consent
New Brunswick, Nova Scotia, Yukon	Did not provide data citing privacy.
Prince Edward Island, Northwest Territories, Nunavut	No cases of MAID.
Newfoundland and Labrador	One request, but the person died of natural causes.

Source: <http://ici.radio-canada.ca/nouvelles/societe/2016/09/02/003-aide-medicale-mourir-canada-loi-nombre-cbc-etude-provinces.shtml> (original date: September 2, 2016; retrieved September 6, 2016)

* <http://www.ledevoir.com/societe/sante/474838/pas-de-compte-a-rendre-sur-les-refus-sur-l-aide-a-mourir> (original date: July 6, 2016; retrieved September 6, 2016)



L'aide médicale à mourir : le rôle de la psychologie

Samuel F. Mikail, Ph. D., et Keith G. Wilson, Ph. D.,
rédacteurs en chef invités

Le 17 juin 2016, le gouvernement fédéral du Canada a donné la sanction royale au projet de loi C-14 sur l'aide médicale à mourir. La loi modifie les articles du *Code criminel du Canada*, qui interdisaient auparavant l'aide médicale à mourir, à condition de respecter certaines conditions.

La loi stipule que l'aide médicale à mourir ne peut être fournie que par un médecin ou une infirmière praticienne (selon la province ou le territoire de résidence du patient). Il existe deux types d'aide médicale à mourir offerte aux Canadiens. Le médecin ou l'infirmière praticienne administre directement une substance qui cause la mort. Cette méthode est généralement connue sous le nom d'euthanasie volontaire. Ou encore, le médecin ou l'infirmière praticienne donne ou prescrit un médicament qui est auto-administré afin de causer la mort. Cette méthode est généralement connue sous le nom de suicide médicalement assisté.

Pour être admissible à l'aide médicale à mourir, le patient doit être âgé d'au moins 18 ans et être mentalement compétent, c.-à-d. qu'il est en mesure de prendre des décisions éclairées en matière de soins de santé, avoir un problème de santé grave et incurable, éprouver des souffrances intolérables, être à un point où la mort naturelle est devenue raisonnablement prévisible, avoir fait une demande d'aide médicale à mourir qui n'est pas le résultat de pressions ou d'influences externes et être admissible à recevoir des services de santé au Canada. Cette dernière disposition vise à prévenir le « tourisme de la mort » ou à empêcher des non-résidents de venir au Canada précisément dans le but d'obtenir l'aide médicale à mourir.

En vertu de la législation sur l'aide médicale à mourir, il doit s'écouler 10 jours entre le moment où le patient signe sa demande et le moment où le service est rendu. La période de 10 jours n'est pas exigée si la mort de l'individu approche à grands pas ou si l'individu est susceptible de perdre, à brève échéance, sa capacité à fournir son consentement éclairé.

La nouvelle loi représente un certain nombre de défis éthiques et professionnels pour la psychologie. Même si les psychologues n'interviennent pas directement dans l'aide médicale à mourir, ils seront, dans certains cas, appelés à se prononcer sur plusieurs des conditions à remplir pour recevoir l'aide médicale à mourir, notamment la compétence et la capacité à prendre des décisions éclairées en matière de soins de santé, la présence d'un trouble de santé mentale concomitant et l'incidence potentielle de celui-ci sur la prise de décisions, et la mesure dans laquelle la décision de l'individu n'est pas le résultat de pressions ou d'influences

externes. Dans d'autres cas, le psychologue sera appelé à conseiller une personne qui envisage l'aide médicale à mourir afin de l'aider à voir clair dans ses souhaits, à affronter des problèmes non résolus dans sa vie ou à prendre conscience des répercussions de sa décision sur les personnes importantes pour elle. Comme il est mentionné ci-dessus, la nouvelle loi permet le suicide assisté. Cela pose problème, car les normes qui régissent l'exercice de la psychologie comportent une obligation de mise en garde en cas de suicide imminent probable. Il s'agit de l'une des rares situations où l'on s'attend à ce que le psychologue renonce à l'obligation éthique de respecter la confidentialité.

Devant la complexité de l'application de la nouvelle loi et la probabilité que la loi en vigueur soit contestée et évolue, le conseil d'administration de la Société canadienne de psychologie a formé un groupe de travail dont le mandat est d'aborder les questions de fin de vie. Le groupe de travail a été chargé d'examiner l'éventail de questions qui constitueront le fondement des lignes directrices de pratique clinique en psychologie et de fournir des orientations au conseil d'administration, dont se servira celui-ci pour conseiller le gouvernement sur plusieurs questions en suspens. Plus précisément, la loi conçue par le gouvernement du Canada stipule que les personnes atteintes d'une maladie mentale sans



la présence d'une maladie physique ne peuvent demander l'aide médicale à mourir. De même, les mineurs matures et les personnes qui font une demande préalable d'aide médicale à mourir n'ont pas accès au service. Ces questions alimenteront probablement les contestations en vertu de la Charte, et profiteront certainement du point de vue de la psychologie scientifique.

Le présent numéro de *Psynopsis* vise à communiquer au lecteur les réflexions et les points de vue des différents collaborateurs sur un certain nombre de questions complexes. Les psychologues du Canada recevront bientôt un sondage élaboré par le groupe de travail qui, nous l'espérons, stimulera les discussions et les débats, tout en orientant les délibérations du conseil d'administration.

Dans ses remarques liminaires, Karen Cohen parle des audiences de consultation entourant les options législatives dans le dossier de l'aide médicale à mourir lancées par le gouvernement fédéral. La SCP a présenté un mémoire au comité externe chargé d'examiner des options pour une réponse législative à l'affaire *Carter c. Canada*¹. Le mémoire portait surtout sur les aspects psychologiques des soins palliatifs, tandis que le projet de loi C-14 est, en fait, orienté essentiellement vers la fin de la vie. Toutefois, les psychologues devraient rester à l'écoute car, comme nous le mentionnons ci-dessus, on peut s'attendre à des contestations visant à étendre l'application de l'aide médicale à mourir aux



problèmes de santé mentale qui ne mettent pas la vie du patient en danger. L'article de Patrick Baillie donne un aperçu des nouvelles responsabilités auxquelles fait face la profession et des nouvelles possibilités découlant de la modification récente du *Code criminel*. Il souligne que la psychologie peut apporter une contribution précieuse aux discussions et aux futures modifications des lois en vigueur.

Karesa, pour sa part, met en lumière certaines des considérations psychologiques portées à l'attention du comité externe, qui seront, sans aucun doute, à la base des demandes d'aide médicale à mourir. La dépression, les problèmes familiaux et les préoccupations relatives à la perte d'autonomie, par exemple, sont tous reconnus comme des facteurs déterminants, à l'origine des demandes des patients^{ii,iii}. En tant que cliniciens, les psychologues ont beaucoup à apporter à ce chapitre. Ils peuvent, en outre, apporter leur contribution lorsque vient le temps de déterminer, chez le patient, la capacité à prendre des décisions. Paquin aborde également le rôle potentiel des psychologues dans le souci d'aider le patient à bien vivre et à bien mourir. Il mentionne que, indépendamment de ce que l'on pense de la législation sur l'aide médicale à mourir, celle-ci offre la possibilité aux personnes pour lesquelles la fin du voyage est devenue intolérable d'avoir un certain contrôle sur leur vie.

Les articles de Pickard, Hunter et Kaasalainen, et de Prince, Hunter, Mushquash et Kelley, décrivent des programmes originaux, qui tentent d'améliorer les soins de fin de vie chez les populations qui ne sont pas bien servies dans le système actuel. Ces auteurs soulignent la nécessité de trouver des approches

Le 17 juin 2016, le gouvernement fédéral du Canada a donné la sanction royale au projet de loi C-14 sur l'aide médicale à mourir. La loi modifie les articles du Code criminel du Canada, qui interdisaient auparavant l'aide médicale à mourir, à condition de respecter certaines conditions.

novatrices adaptées à des collectivités et à des groupes particuliers, et montrent de quelle façon les psychologues, en collaboration avec les autres professionnels de la santé, sont à même de contribuer à l'élaboration et à l'évaluation de ces approches.

Enfin, Shaffer, Cook et Connolly abordent la grande question que personne n'ose poser, à savoir, « Doit-on offrir l'aide médicale aux personnes atteintes d'un problème de santé mentale? » Ils ont conçu un cadre logique pour appréhender cette question. Nous espérons que les psychologues seront parmi les personnes à qui l'on donnera la possibilité de fournir une réponse tout aussi logique s'il arrivait qu'un nouveau critère doive être ajouté à la législation.

Malgré ces articles, le lecteur peut se demander si la psychologie, en tant que discipline, est représentée comme elle devrait probablement l'être lorsqu'il s'agit de la pratique des soins palliatifs, et de l'enseignement et la recherche sur les soins de fin de vie. Depuis 10 ans, les soins palliatifs, ainsi que les innovations dans le domaine de la psychothérapie, attirent de plus en plus l'attention des chercheurs et des praticiens^{iv}. Toutefois, nous ignorons combien de psychologues sont formés pour offrir des thérapies novatrices aux personnes en fin de vie. Cependant, si l'expérience canadienne est semblable à celle des autres États qui ont légalisé l'aide médicale à mourir, le projet de loi C-14 lèvera le voile sur les soins palliatifs et accroîtra la visibilité des soins de fin de vie auprès de la prochaine génération de cliniciens.

Pour la liste des références, voir www.cpa.ca/psynopsis

Résumé des données provinciales/territoriales sur l'aide médicale à mourir (juin 2016 à septembre 2016)

Britannique	46 cas
Alberta	15 cas
Saskatchewan	< 5 cas
Manitoba	8 cas
Ontario	49 cas
Québec*	252 demandes, 166 cas
Données de décembre 2015 à juillet 2016	16 patients ont changé d'idée, 27 ne correspondaient pas aux critères de la loi, 19 sont décédés sans aide, 9 ont plutôt reçu la sédation palliative terminale et 7 sont devenus incapables de consentir
Nouveau-Brunswick, Nouvelle-Écosse, Yukon	N'ont pas fourni de données, invoquant des considérations.
Île-du-Prince-Édouard,	Aucun cas.
Territoires du Nord-Ouest, Nunavut Terre-Neuve-et-Labrador	Une demande mais la personne est décédée sans aide.

Source : <http://ici.radio-canada.ca/nouvelles/societe/2016/09/02/003-aide-medecale-mourir-canada-loi-nombre-cbc-etude-provinces.shtml> (date de publication : le 2 septembre 2016; récupéré le 6 septembre 2016)

* <http://www.ledevoir.com/societe/sante/474838/pas-de-compte-a-rendre-sur-les-refus-sur-l-aide-a-mourir> (date de publication : le 6 juillet 2016; récupéré le 6 septembre 2016)



CPA's role in Bill C-14: Legislation on Medical Aid in Dying

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

In February 2015, the “Supreme Court of Canada ruled that criminal laws prohibiting assistance in dying limited rights to life, liberty and security of the person under section 7 of the Canadian Charter of Rights and Freedoms.”ⁱ

The government struck an External Panel to examine legislative options, and the Canadian Psychological Association (CPA) was invited to respond. With the assistance of Dr. Keith Wilson, a leading researcher in end of life decision-making, the CPA presented a brief to the Panel.ⁱⁱ The External Panel asked the CPA two questions following the brief for which the association had no ready answer. These were “Do you think that mental disorders can be grievous and irremediable?” and “What would be the role of psychologists in assessing capacity to give consent?” When the CPA was later invited to present to the Special Joint Committee of Physician-Assisted Dying – the committee to which the External Panel reported – we declined, because we did not have a corporate position or policy on the very critical questions that the External Panel had asked us. To consider these questions, CPA’s Board of Directors convened a task force, chaired by CPA Board member and Director of Professional Affairs, Dr. Sam Mikail. The work of the task force is ongoing and described by Dr. Mikail in the introduction of this issue of *Psynopsis*.

The External Panel did, however, hear from 61 witnesses. Its report included a series of 34 recommendations for legislation, several of which were not included in the proposed (Bill C-14) or the final legislation on medically assisted dying.

Bill C-14 provided an amendment of the Criminal Code that would decriminalize medical assistance in dying (MAID) so competent, eligible individuals could seek MAID from physicians and nurse practitioners in a way that balances the interests of individuals, vulnerable persons, and society. Inconsistent with the Supreme Court ruling that laws prohibiting assistance in dying violated the Canadian Charter of Rights and Freedoms, the Bill only offered death for the dying – assistance in end of life for adults who were suffering grievous and irremediable conditions where death was reasonably foreseeable. Persons suffering from mental disorders (without a concomitant physical disorder from which death was imminent) and mature minors would not be eligible for MAID and advance requests would not be considered.

The CPA took the opportunity to review the Bill and made a request to appear before the House of Commons Standing Committee on Justice and Human Rightsⁱⁱⁱ where we made three recommendations for changes to the Bill:



1. That health providers who assess or counsel a person about end of life decision-making also be exempt from provisions of the Criminal Code which make it illegal to aid or abet a person to end his or her life. In other words, the exemption should apply not just to providers who participate in an end of life act but to those who may assess a person’s capacity to end his or her life or who address the concerns or issues brought to them by a person considering ending his or her life.
2. That the wording in the legislation replace “counselling” a person to die by suicide to “persuades or encourages” a person to die by suicide. Counselling has specific meaning for mental health professionals not necessarily intended in the legislation.
3. That when a grievous and irremediable medical condition is concomitant with a cognitive and/or psychological one, the person’s capacity to give consent be assessed by a regulated health provider whose scope of practice includes the assessment of cognitive and/or psychological conditions.

One of the CPA’s recommendations was among the amendments made to Bill C-14. Namely, psychologists were specifically named in the Bill, exempting them from prosecution under the Criminal Code for their professional role in the lawful provision of medical assistance in dying. Bill C-14 received royal assent on June 17, 2016^{iv}.

The charge to Canadian psychologists, along with other Canadian health providers, is what role some of our members might want to assume in assisting persons at end of life. CPA’s task force, led by Dr. Mikail, expects to deliver its report to CPA’s Board in November 2016 in which it will propose critical guidance to the psychologist community on this topic of public concern and policy.

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

How does MAID legislation affect psychologists?

Patrick Baillie, Ph.D., LL.B., Alberta Health Services

For psychologists, the recently proclaimed legislation addressing medical assistance in dying (MAID) creates both new rights and new responsibilities. Keeping in mind that each province has enacted its own regulations governing MAID, this article is intended to provide an overview to the changed legal environment affecting psychologists who might work with clients struggling with serious health issues.

When debate regarding MAID first started – and, indeed, in the original version of the legislation passed by the House of Commons – the focus was on amending s.241(1)(b) of the *Criminal Code*, which makes an offence of aiding a person to die by suicide. In working to create an exemption for MAID, the government sought to respond to the Supreme Court’s ruling in *R. v. Carter*, a case that related largely to the role physicians could play in doing things that would hasten death. Silent in the debate was the issue of s.241(1)(a), which refers to counselling a person to die by suicide. Through the efforts of the Canadian Psychological Association’s CEO, Dr. Karen Cohen, and others, the government came to understand the need for amendments in that subsection, too.

In the end, what the legislation provides is a framework within which a person who has a grievous and irremediable medical condition that causes enduring and intolerable suffering may seek medical assistance in dying. Medical practitioners and nurse practitioners are specifically exempted from s.241(1)(b) while providing a person with medical assistance in dying when the regime within Bill C-14 is followed. Pharmacists dispensing the substance used in MAID are also protected. Further, under the new s.241(5.1) of the *Criminal Code*, “no social worker, psychologist, psychiatrist ... or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.” Put simply, as psychologists, we are permitted to counsel clients about access to MAID without automatically running afoul of the criminal law.

While that aspect of the legislation created new rights for psychologists, implementation at the provincial and territorial level has resulted in a new and very challenging responsibility: assessing the capacity of individuals to make end-of-life decisions. Senate amendments to the legislation required capacity assessments for MAID applicants where mental illness was suspected, but these provisions were removed from the final Bill. As a result, this is where provincial and territorial regulations become criti-

cally important. In Alberta, for example, the College of Physicians and Surgeons (2016) has advised its members that “MAID cannot be provided to patients who lack the capacity to make an informed decision.” The College stated that physicians “*should consider* referring the patient to a qualified healthcare practitioner for capacity assessment and possible treatment” when the “patient suffers from a condition that *may* impair capacity” and, “when the patient requesting MAID has an underlying mental health condition, a psychiatric or psychologic referral is *strongly advised* in order to address the effect, if any, of the mental illness on the patient’s decision-making capacity.”



Capacity assessments involve evaluating the person’s ability to understand the information relevant to the decision being made and the person’s ability to appreciate the consequences of the decision. As the Supreme Court said in *Starson v. Swayze* (2003), “the wisdom of the decision has no bearing on this determination (of capacity).” After decades of work to prevent suicide, some psychologists – especially those of us in hospitals and other public settings – now may find ourselves assessing whether an end-of-life decision is rational and reasonable, bringing new meaning to our first ethical principle, Respect for the Dignity of Persons. For psychologists uncomfortable with their own participation in this important process, the federal legislation notes that nothing in the regime “compels an individual to provide or assist in providing medical assistance in dying.”

In Bill C-14, the federal government committed to working with the provinces and territories to enhance access to palliative care, to build services for individuals with Alzheimer’s and other forms of dementia, and to develop culturally and spiritually appropriate end-of-life care for Indigenous persons. The federal government also committed to addressing the special circumstances of requests for MAID from mature minors, of advance personal directives, and of requests where mental illness is the sole underlying medical condition. In each of these domains, from addressing dementia to drafting personal directives, from being culturally sensitive to considering whether a client with a severe and debilitating mental illness should have access to MAID, psychologists have unique knowledge and skills and should continue to voice their perspectives, once again enhancing the dialogue.

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



The Role of the Psychologist in Medically Assisted Death

Sarah Karesa, M.Ed.,
Registered Provisional Psychologist, Pilgrims Hospice

In the last year, assisted death has once again become a fiercely debated topic within Canadian society. With the passing of Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other acts (medical assistance in dying)*ⁱ, many government officials, medical professionals, and members of the general public have had to question their beliefs on issues in which there are no clear right or wrong answers. Psychologists are no exception. For example, if individuals with terminal illness have the right to receive medical aid in dying, how do we ensure adequate safeguards? And how do psychologists protect individuals with mental illness or disability from receiving potentially unwarranted medical aid in dying?

What is Medical Assistance in Dying?

Assisted death is a general term referring to any action, or lack of action, that causes the death of another personⁱ. When a person aids a terminally ill individual in taking an overdose of medication, for example, that person would be engaging in assisted death. Medical assistance in dying is a specific form of assisted death that involves a consenting terminally ill individual and a medical professional. Under the new laws governing medical assistance in dying, the physician or nurse practitioner involved can either a) provide a lethal injection to the patient, or b) provide a prescription that, when taken in sufficient doses, would end the patient's lifeⁱ.



Why Should Psychologists Care?

Despite differences in the specific criteria for receiving medical assistance in dying around the world, several themes appear to remain constant: the importance of informed consent, freedom from external pressure, the presence of unbearable physical and/or psychological suffering, competency to make decisions, and the importance of validated professional opinions. Psychologists are connected to many, if not all, of these themes. Further, some researchers have argued that psychologists seem to be the professionals with the most knowledge and practical experience to work with individuals considering medical assistance in dyingⁱⁱ.

Psychologists are identified as qualified health professionals to determine a patient's competencyⁱⁱⁱ and are important contributors to research on end-of-lifeⁱⁱ. In addition, they are able to address mental health concerns that would impact a decision surrounding medical assistance in dyingⁱⁱⁱ, work increasingly in health care settings with terminally ill individuals and their familiesⁱⁱ, and are able to explore client feelings surrounding medical assistance in dying through an effective psychotherapy relationship, free from external pressure^{iv}.

The Role of a Psychologist: A Call to Action

Terminal illness can represent the loss of autonomy; individuals, originally able to function on their own, become potentially reliant on other people to carry out everyday tasks. As a result, it is a common occurrence for people with terminal illness to report feeling like a burden, as well as to report the development of psychological and existential issues leading to depression^v. Individuals who are experiencing depression are approximately four times more likely to request a form of assisted death^{vi}. These individuals may have difficulty making such an irreversible decision, in part, because they are biased by external factors such as altered affective and cognitive processes, the needs of others (e.g., their family), and a potentially demoralizing medical system.

Psychologists have a role to play in protecting the autonomy of individuals requesting assisted death. Through a meaningful therapeutic relationship, the individual is able to explore his/her beliefs and potentially mediate the influence of external factors, including depression^{iv}. In therapy, clients can be encouraged to make decisions consistent with their values as a way of re-claiming their autonomy in the face of declining independence.

Terminal illness and end of life can be a demoralizing experience as individuals slowly lose their ability to engage in self-determination. Psychologists may be able, through their knowledge and experience, to work with individuals with terminal illness to aid them in making an informed and reasoned decision regarding the course of their lives. As professionals, we have an ethical obligation to protect those who may not be able to protect themselves.

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

Introducing an end-of-life care program for people with dementia: Namaste Care™

*Leticia Pickard and Paulette Hunter, Ph.D.,
St. Thomas More College, University of Saskatchewan
Sharon Kaasalainen, Ph.D., McMaster University*

According to its founder, the new end-of-life dementia care approach called Namaste Care™ helps people “live, not just exist with advanced dementia.” Both a program and a philosophy of care, Namaste Care™ is having a growing influence on long-term care (LTC) and is now established in several countries with aging populations. Developed by American social worker Joyce Simard, Namaste Care™ emphasizes respect and dignity for residents with dementia who are nearing the end of life.

To help maximize its benefit, the program is offered for a substantial (four hour) portion of the day. During the program, activities that promote physical and psychological comfort are emphasized and tailored to residents’ preferences and abilities. Examples include gentle and loving touch (e.g., light hand massages), seasonal scents, soft music, and a choice of soft foods and beverages. When the time comes, Namaste Care™ also promotes a peaceful death, encouraging family members, staff, and volunteers to maintain a steady presence so that no one dies alone. The emphasis of this approach on continuity of care, psychosocial needs, physical needs, and family involvement is consistent with recommendations for best practice end-of-life dementia care.

Namaste Care™ was first applied in a Canadian LTC context in 2016 through an interdisciplinary clinical-research partnership funded by Alzheimer Society of Canada and led by Sharon Kaasalainen (School of Nursing, McMaster University) and Paulette Hunter (Department of Psychology, St. Thomas More College) in partnership with Saskatoon Convalescent Home in Saskatoon, Saskatchewan and Shalom Village in Hamilton, Ontario. The main objective of this research partnership was to explore the acceptability and feasibility of this program in Canadian LTC settings to understand its potential as a means of delivering end-of-life care. Examining resident outcomes (quality of life, pain, frequency of psychiatric symptoms, and severity of psychiatric symptoms) was identified as a secondary objective owing to small sample size.

After the first three months of implementation at Saskatoon Convalescent Home, preliminary resident outcomes look very promising. Although pain has not decreased over time, a visual inspection of scores shows they are consistently lower during Namaste Care™ than outside of this context. Average quality of life scores have increased over time in the order of 20 out of a possible 55 points. Some of the more common psychiatric symptoms seen in late-stage dementia (e.g., anxiety, depression, agitation) appear to have decreased since the program began. Program staff and volunteers have told the research team anecdotes of residents who have language loss using words or full sentences, residents with muscle contractures opening their hands



University of Saskatchewan Psychology student Hannah Marlatt offers Saskatoon Convalescent Home resident Blanche Christenson a taste of soft food during Namaste Care.

for a few moments during a treatment, and residents with intractable depressive symptoms smiling and reaching out for contact with staff and volunteers.

Our observations suggest that there is potential for wider benefit for the LTC community. Families are very pleased with the level of service, and male staff members report that the program offers a slow-paced way to learn to provide good care for female residents (e.g., gently brushing and styling hair or providing nail care and light hand massages). Since unaddressed psychiatric symptoms can contribute to staff burnout, the program may have downstream benefits for the full complement of staff. Volunteers have commented that they feel supported to learn about dementia care in a setting that provides structure, direct supervision, and a reasonably gradual learning curve.

Despite the promising outcomes observed to date, Namaste Care™ is not without its challenges. Nursing assistants, who make up the majority of the LTC workforce, are asked to lead the program. The program involves the same number of residents a nursing assistant typically works with, thus mirroring existing carer-to-resident ratios and theoretically enhancing program feasibility. In practice, though, there is an impact on workflow and the nature of work that is not universally welcomed by staff. Furthermore, since extra hands help to ensure that all residents can benefit from the kind of attention provided in Namaste Care™, the program depends on interdisciplinary teamwork (an area of vulnerability for many LTC homes) and on contributions from a volunteer workforce.

As Canada’s population continues to age rapidly, we must continue working to resolve the challenge of providing responsive care at the end of life. We look forward to additional interdisciplinary work to improve the final years of our oldest generations.



Soaring Low, Dying Slow



Michael Paquin, Ph.D., Michael Paquin and Associates, and Sonja Shepherd, Hearth Place Cancer Support Centre

Our culture typically espouses living life to the fullest and the highest - *soaring high*, so to speak. Similarly, in moments of rare reflection, most of us hope for a quick and painless death or *dying fast*. Both of these hopes are far from certain and largely out of our control, especially in patients with cancer, and at some point, many of us end up soaring low and dying slow despite our best efforts. But this does not mean we should not try our best to keep soaring up!

The end of life, death, comes to us all, but how we perceive it or anticipate it is as varied as each individual life. We each have our own thoughts, beliefs, and fears as we contemplate death. In many ways, the new Canadian end of life legislation offers Canadians more control and perhaps more hope for those who live with unbearable suffering.

As psychologists and therapists, we can guide our patients to consider the ramifications of choosing how to live well, and how to die well. For some, the knowledge that they may be able to *choose* a 'peaceful' and good death may ease the fear and torment of a death resulting from the symptoms of their illness. Cognitive and behavioural supports and interventions have a pivotal role to play in this regard; however, clinical and counselling psychology have not yet played a major role in this effort, even though these disciplines have much to offer.

The new legislation has built in safeguards discouraging hasty decision and action, so perhaps psychologists can become less hesitant to work with individuals considering medical assistance in dying. It would be most helpful for those offering psychological support to provide patients with information regarding local health practitioners and centres with expertise in palliative care and meaningful psychotherapy for dying patients. With such resources, the individual may receive further counselling and even the support to accommodate assisted dying, when appropriate and requested.

There is a growing trend to acknowledge death and to educate a largely death phobic society. The recent deaths of popular musicians and film stars have brought more awareness to human mortality. Hospices, palliative care programs and death cafes encourage open conversation and contemplation about dying and about living while dying. It would be prudent for those providing psychological help to those considering assisted death to study all perspectives in order to offer their best support. For example, "*When Breath Becomes Air*" by Dr. Paul Kalinithi eloquently describes the author's acute mindfulness of the imminence of the end of his life: "*I would have to learn to live in a different way, seeing death as an imposing itinerant visitor but knowing that even if I'm dying, until I actually die, I'm still living.*" For those nearing the end, these are words to live by!



Improving End-of-Life Care in First Nations Communities: Outcomes of a Participatory Action Research Project

Holly Prince, MSW, Project Manager, Centre for Education and Research on Aging & Health; Christopher Mushquash, Ph.D., C.Psych., Canada Research Chair in Indigenous Mental Health and Addiction; and Mary Lou Kelley, Ph.D., Professor Emeritus, School of Social Work, Lakehead University

First Nations hold an enormous amount of traditional and community-based knowledge and expertise in negotiating the personal, familial, and community experiences of end of life. However, health systems that have been imposed on them typically do not support these non-mainstream approaches to care. Unfortunately, for First Nations, aging and the burden of chronic and terminal disease are increasing.

First Nations communities currently lack health services and other supportive community resources to meet their growing need for palliative care, especially for people with complex and high intensity care needs and people at the end of life. As a result, most First Nations people currently die in distant, regional and urban hospitals and long-term care homes. The need to access end-of-life care thus separates dying people from their family, friends, community, and cultural supports at a very vulnerable time of their lives. Further, lack of access to local palliative care robs First Nations communities of important opportunities for supporting, grieving, and healing as they adapt to losing an Elder or community member.

One strategy to improve access to palliative care services in First Nations communities is to create local palliative care programs that are designed to be culturally- and contextually-appropriate; however, barriers exist in funding, policy, and research. Thus, First Nations communities are often forced to develop palliative care programs without sufficient federal funding for their home and community care programs. Palliative care programs offered by provincial and territorial health services do not normally provide services in First Nations communities due to jurisdictional issues. In addition, there is little research evidence to guide the development of culturally- and contextually-appropriate palliative care programs within First Nations communities.

Our research project, *“Improving End-of-Life Care in First Nations Communities”* (EOLFN), was funded by the Canadian Institutes of Health Research through an Aboriginal Health Intervention Grant (2010-2015) and was conducted in partnership with four First Nations communities in Ontario and Manitoba. The research team was based at the Centre for Education and Research on Aging & Health (CERAH) at Lakehead University in Thunder Bay, Ontario. Principal Investigator, Dr. Mary Lou Kelley, and Project Manager and co-investigator Holly Prince led the team of researchers that included Dr. Christopher

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Should medical assistance in dying extend to persons with a mental disorder? Introducing a framework for discussion

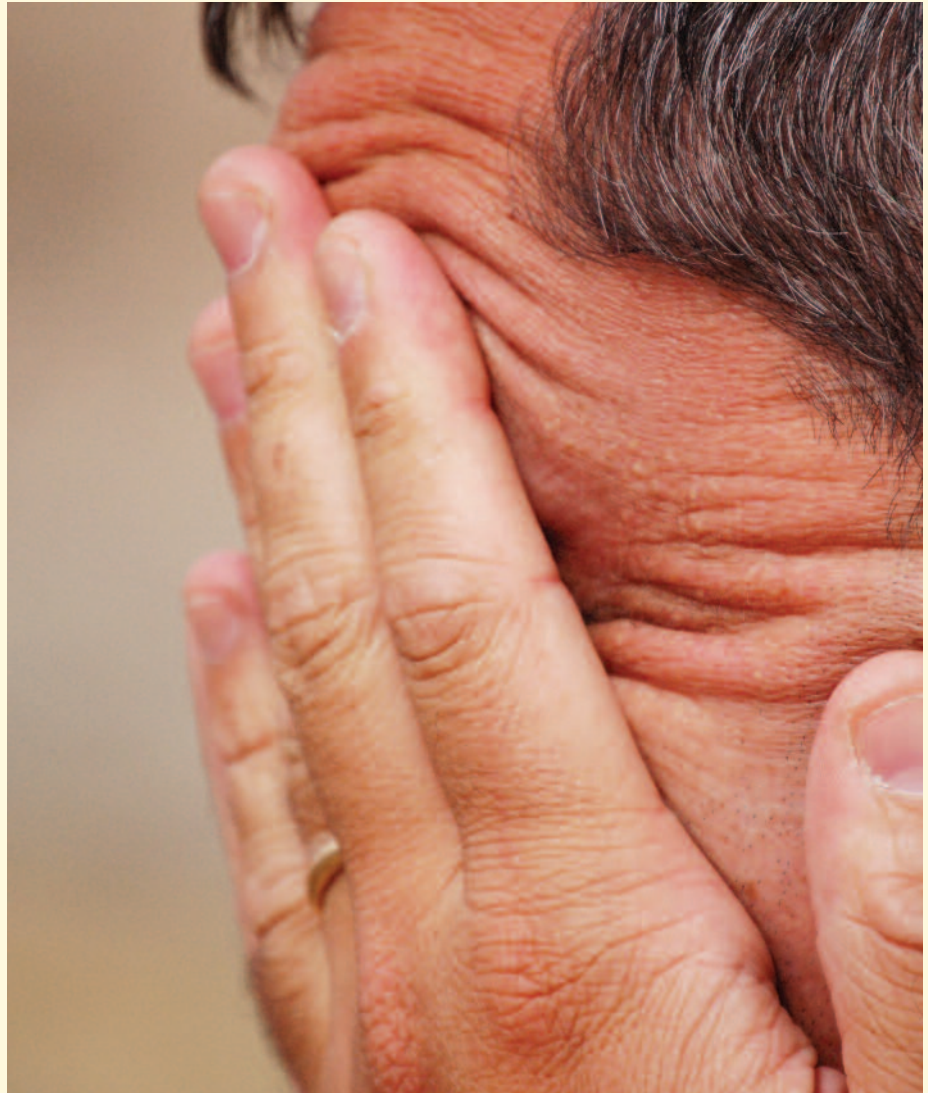
Catherine S. Shaffer, doctoral student,
Alana N. Cook, Ph.D. and Deborah
Connolly, Ph.D., Department of
Psychology, Simon Fraser University

Should medical assistance in dying extend to persons with a mental disorder? This has been a question on the minds of Canadians and a question with which healthcare providers and policy makers have been struggling. Current law in Canada stipulates that individuals who are diagnosed with a mental disorder as their sole or primary condition are not eligible for medical assistance in dying. However, given the recommendation of Bill C-14, there remains the possibility that medical assistance in dying may eventually extend to this subgroup.

We recently published a paper in *Psychology, Public Policy, and Law* on this issue. We aim to summarize our work here to introduce our proposed framework as a guide for discussion.

Shaffer, C., Cook, A. N., Connolly, D. (2016). A conceptual framework for thinking about physician-assisted death for persons with a mental disorder. *Psychology, Public Policy, & Law*. Online First Mar 10, 2016. doi: 10.1037/law0000082

A number of complex and consequential issues and dilemmas arise from extending medical assistance in dying to persons with a mental disorder as their primary or sole medical condition. On the one hand, denying access to individuals with a mental disorder that causes enduring and intolerable suffering might be considered discriminatory. On the other hand, mental disorder encompasses certain challenges that must be considered carefully in the context of medically assisted dying. Mental disorder can impact things such as perception, mood, risk taking, and thought processes, which in turn



could compromise an individual's capacity to make informed health care decisions. In addition, persons with mental disorders suffer, not necessarily because of the symptoms of mental disorder itself, but because of societal stigma, inadequate access to treatment, and a lack of social support. Concerns also arise that the extension of medical assistance in dying to persons with a mental disorder runs counter to a recovery oriented model, advocated by mental health professionals, and diverts attention and resources away from suicide prevention.

Shaffer, Cook, and Connolly (2016) detail: (a) how mental disorder is being addressed in the assisted dying laws of other nations; (b) questions that should be considered by researchers, policy makers, and practitioners when thinking about medical assistance in dying for persons with a mental disorder; and (c) whether additional safeguards and procedures are necessary for persons with a mental disorder in the context of medical assistance in dying. Drawing from relevant public policy and psychological research, our goal in writing the paper was

to stimulate discussion among psychologists and legal professionals on key issues that may arise in extending medical assistance in dying to persons with a mental disorder.

From our review of international policy, it was clear that attitudes towards medical assistance in dying are changing; there is a growing trend to extend access to a wider group of individuals. In European countries, such as the Netherlands, Belgium, Switzerland, and Luxembourg, unbearable suffering due to a mental disorder is considered a legal basis for medical assistance in dying.

It is important to consider the legal, ethical, and professional issues relevant to extending medical assistance in dying to individuals with a mental disorder. Shaffer et al. (2016) introduce a framework to guide critical thought. This framework, presented as a series of 13 questions, considers issues such as what types of mental disorders should qualify for assisted dying, tests that could be used to evaluate competence to request assistance in death, how should intolerable suffering be determined in the context of mental disorder, and the role psychologists could play in this process.

We recommend that legal and medical systems will need specific guidelines for how individuals with a mental disorder can be reasonably accommodated within an assisted dying protocol. In crafting policies to prevent misuse and abuse, it is essential to take into consideration what legislative frameworks have been found effective. The Netherlands, Belgium, and Switzerland have accumulated at least 10 years of experience in this area and thus, may be able to provide direction.

In our view, it is still too early in research to make well-defined recommendations regarding how Canada should proceed with respect to assisted dying of individuals with a mental disorder; however, we encourage and invite psychologists to join us in this discussion to help inform these important legislative decisions.

First Nations Communities

Continued from page 17

Mushquash, Dr. Kevin Brazil, Valerie O'Brien, Gaye Hanson, and Mae Katt.

The goal of the project was to improve end-of-life care in the four First Nations communities by developing community-based palliative care programs and teams, as well as to create a practical *Workbook* of research informed strategies for developing palliative care programs applicable to other First Nations communities. We employed a participatory action research approach in which participants in the project controlled all aspects of the research process. Advocacy, education, and action were the core elements. The research also followed the principles of OCAP (Ownership, Control, Access, and Possession) to ensure self-determination throughout all aspects of the research.

We began with a needs assessment in each community. Findings showed that if services were available and adequate, the majority of First Nations people would prefer to receive their palliative and end-of-life care at home, in familiar settings, where they would be surrounded by family, friends, and culture. They want the opportunity and choice to die in the communities where they have lived all of their lives. Local assets, cultural traditions, and other community strengths were documented, and challenges within the community and externally in the relationships with regional hospitals, home care programs, and other health services were identified. Gaps in resources required to provide quality palliative care at home, such as access to medications and specialized equipment, were also identified. These needs assessment findings became the foundation for each First Nation community to begin to create a local palliative care program that would address their unique needs and circumstances and advocate for the necessary resources.

To be successful, each community needed strong, dedicated local leadership and a facilitator from within the community. This facilitator helped the commu-

nity leaders to organize and mobilize local community capacity, and helped create new collaborations with palliative care experts and services in their provincial health care system. The communities also required enhanced resources such as home care services and intensive case management for clients with complex care needs, including timely access to medications and specialized equipment when life expectancy was short.

Over five years, the research project created locally designed and controlled palliative care programs in four First Nations communities; created a national alliance of over 125 stakeholders; developed policy documents to guide health care decision makers and the federal/provincial/territorial governments; and created a workbook of over 80 research-informed community development strategies and program resources for use by First Nations communities across the country. Examples of resources included in the workbook are community development strategies, palliative care program descriptions, a journey mapping guide to create a palliative care pathway, and educational curricula for health care providers, clients, and community members. For example, there is a grief and bereavement workshop to help care providers in First Nation communities provide healthy, safe, grief and loss support to individuals, families, and their loved ones. There is also culturally appropriate education for advanced care planning. These resources are all available at no cost on the project website.

Given the interdisciplinary nature of health care delivery and the growing need for culturally and contextually appropriate end-of-life care for First Nations, psychology can play a significant role in bringing necessary skills in clinical service provision, research, and policy into partnerships that move beyond an individual differences, variables approach to developing and delivering ethical palliative and end-of-life care to First Nations, while respecting the immense knowledge First Nations hold.

To learn more about this project, please visit: www.colfn.lakeheadu.ca



Karen R. Cohen, Ph.D., C. Psych, Chief Executive Officer
and Lisa Votta-Bleeker, Ph.D., Deputy CEO and Director,
Science Directorate

The following is an update of the CPA's activities since our National Convention. For further information about any of the activities described below or to provide feedback, please contact us.

Unless otherwise indicated, please contact:
Dr. Karen R. Cohen (kcohen@cpa.ca) - practice
Dr. Lisa Votta-Bleeker (lvottableeker@cpa.ca) – science
Dr. Stewart Madon (smadon@cpa.ca) – accreditation and ethics
executiveoffice@cpa.ca – public affairs and government relations, continuing professional development
membership@cpa.ca – membership and benefits



EDUCATION AND TRAINING

Accreditation. The CPA's Accreditation Office continues to work with the APA to review the First Street Accord, which is an agreement between the two organizations to mutually recognize the other's accreditation program and process. The office recently launched a survey of the training community about their experiences and satisfaction with the accord to inform a renewal of the agreement going forward.

In 2016/17, the Accreditation Panel will launch its 6th revision of the Accreditation Standards and Procedures for Doctoral and Internship Programmes in Professional Psychology. The first step in the revision process will include a fulsome survey of the community on the current standards and procedures. The panel will invite feedback from the community on any standards and procedures that may need revision, addition, or deletion, as well as on comments received by the panel since the last revision. The survey results will be used to inform a draft revision of the standards and procedures, which will be circulated widely for public comment. Any comments will then be incorporated into a final revision that the Accreditation Panel will submit to the CPA's Board of Directors for approval. The Accreditation Panel expects the revision process will be complete in 2017/18.



Continuing Professional Development. The CPA currently has 23 approved, ongoing CE sponsor organizations and has added four new online courses in 2015/2016. A number of the pre-convention workshops at this year's convention were recorded to be added to our online learning site in 2016/2017. In addition to the development of new courses, the CPA is working with Dr. Stephen Carter to update our professional practice course and will work with Dr. Carole Sinclair to update our online ethics course once the updated version of the *Canadian Code of Ethics for Psychologists* is released.



MEMBERSHIP

Member Benefits. The CPA recently partnered with Entertainment® to create the new, exclusive CPA Perks program, which was launched at this year's annual general meeting. Members and affiliates now have access to over 365,000 ways to save across North America with a geo-location enabled app. For more details about the program and how to download the app, visit www.cpa.ca/cpaperks.

Other significant membership benefits include the CPA's enhanced liability insurance program brokered by BMS; access at a competitive rate to APA's PsychNET® GOLD package of electronic databases; as well as a number of benefits affording discounts for hotels and travel, retail discounts, and discounted fitness memberships. A complete list can be found on the CPA's website.



KNOWLEDGE TRANSFER AND EXCHANGE

Psynopsis – Call for Submissions. The winter 2017 issue of *Psynopsis Magazine* will be devoted to concussions. We are now accepting submissions on the prevention, assessment, and treatment of concussions and post-concussion syndrome. Submissions of 400-900 words can be made to psynopsis@cpa.ca before December 1, 2016. Please note that all submissions may be edited with the author's consent.

If you have ideas for themes for future issues of *Psynopsis*, please contact the Editor-in-Chief, Dr. Karen R. Cohen (kcohen@cpa.ca).



Fact Sheets. The CPA recently published a new fact sheet on smoking cessation and is currently developing two more on physical activity, mental health and motivation and on infant-early childhood mental health. Other fact sheets have been solicited and/or suggested (e.g., concussions, aging well, caregiver burden, seasonal affective disorder, perimenopause). Members wishing to develop a fact sheet are encouraged to email fact-sheets@cpa.ca.



Journals and Publications. *Canadian Psychology* and *Canadian Journal of Behavioural Science* enter their third year of funding via a grant from SSHRC's Scholarly Aid for Journals program. The CPA's publication partnership with the APA is approaching the end of its first 10 year agreement (2018), and continues to be successful. The reach of all three CPA journals continues to be extended through the APA's capacity, which increasingly enables the journals to support their own operation. The CPA and APA are currently in discussions regarding a renewal of the publishing agreement.

At this year's convention, all three journals presented awards for the best article from each journal in 2015. The award for best article in the *Canadian Journal of Experimental Psychology* was co-sponsored with the Canadian Society for Brain, Behaviour and Cognitive Science (CSBBCS).



Papers, Reports, Briefs, and Positions. In July, the CPA released a position paper that outlines how psychologists can help reduce wait times for mental health care in public institutions. The paper, *Psychologists Practicing to Scope: The Role of Psychologists in Canada's Public Institutions*, was developed following the CPA's survey on the role of psychologists in initiating treatment in Canada's public health institutions, which found that the policies and regulations of many regional health authorities unnecessarily place the burden of responsibility for initiating mental health care on our limited physician resource. The full paper is available for download on the CPA's website.

In May 2016, CPA presented to the Standing Committee on Justice and Human Rights on Bill C-14, proposed legislative amendments to the criminal code to allow for assisted dying. The CPA's presentation can be found here: <http://cpa.ca/governmentrelations/Submissions>. The legislation, which passed third reading in June, specifically names psychologists among the providers who may be professionally involved with patients as they contemplate end of life decisions. Under the leadership of Dr. Sam Mikail, the CPA convened a task force on end of life whose report is due in fall 2016. The report will address the role of psychologists in end of life decision-making, services and supports needed at end of life, and the eligibility of mental disorders for end of life decision-making.

In July 2017, the CPA was invited by the College of Family Physicians of Canada (CFPC) to articulate the role of psychologists in primary care. Following consultation with psychologists across the country working in primary care, the CPA made its submission to the CFPC, which can be accessed on our website.

In summer 2017, the CPA also worked with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) in authoring a report on the mental health community's position and recommendations on the role of the federal government in mental health. The report, *Mental Health Now! Advancing the Health of Canadians: The Federal Role*, can be found at <http://www.camimh.ca/>.

This year, the CPA also posted a position on reparative/conversion therapy, developed by the Section on Gender Orientation and Identity. The statement can be found at <http://cpa.ca/aboutcpa/policystatements/>. Many thanks are due to SOGII Chair, Dr. Karen Blair.



International Congress of Applied Psychology (ICAP) 2018. The CPA continues to work with MCI Canada and the International Association of Applied Psychology in preparation for ICAP, which will be held in Montreal, QC from June 26-30, 2018. The CPA has also been promoting ICAP at various events including the International Congress of Psychology in Yokohama, Japan (July 24-29, 2016) and the American Psychological Association's 2016 Annual Convention in Denver, USA (August

4-7, 2016). If you are attending an international conference and would like to help us promote ICAP by disseminating flyers, please email icap2018@cpa.ca.



GOVERNMENT RELATIONS, ADVOCACY, AND OUTREACH

Government Advocacy. In May, the CPA met with Ms. Céline Cesare-Chavannes, Parliamentary Secretary to the Prime Minister and had a follow up meeting with her in September. Our messages to Ms. Caesar-Chavannes included recommendations about models to enhance access to psychological treatment, the need to remove access bottlenecks to psychological care in both the private and public sectors (i.e. physician referrals), taxation of psychological services, and mental health services for refugees.

In August, the CPA made a pre-budget submission to the House of Commons Standing Committee on Finance, outlining investment recommendations to improve access to psychological services for all Canadians and support psychological research in Canada. The submission is available here: <http://cpa.ca/governmentrelations/Submissions>.

In early September, the CPA had a very productive meeting with Ms. Kim Elmslie, Assistant Deputy Minister, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada, where we took a deeper dive into sustainable and implementable means of making psychological services accessible to Canadians. Ms. Elmslie asked for a follow up meeting to take place in October. The foundation of our recommendations can be found in our report, *An Imperative for Change: Access to Psychological Services for Canada*, found here: http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf

Finally, in late September, the CPA's Science Directorate (in consultation with the Scientific Affairs Committee) developed a white paper on issues affecting psychology researchers in Canada. The paper was submitted to a panel convened by Minister of Science, Kirsty Duncan, to look at issues related to fundamental science in Canada. The submission is available on the CPA's website.



PARTNERSHIPS AND REPRESENTATION IN SCIENCE

Canadian Consortium for Research (CCR). Dr. Votta-Bleeker continues to serve as Chair of the CCR, which made a pre-budget submission to the House of Commons Standing Committee on Finance in August. The submission is available online at ccr-ccr.ca. The CCR also made a submission to Canada's Fundamental Science Review, being led by Minister of Science, Kirsty Duncan. The CCR is currently in the process of planning its 5th annual breakfast with the funders.





PARTNERSHIPS AND REPRESENTATION IN PRACTICE

Health Canada Vega Project (Violence, Evidence, Guidance, Action). The CPA continues to be involved with the VEGA project and is represented by Dr. Kerry Mothersill, Dr. John Pearce, and Dr. Karen Cohen.



Canadian Alliance of Mental Illness and Mental Health (CAMIMH). The CPA joined CAMIMH in celebrating Mental Illness Awareness Week (MIAW) by participating in a number of events, including a celebration of the FACES of Mental Illness and a lobby day focused on outlining the recommendations of CAMIMH's report, *Mental Health Now!*, to members of parliament.



Veteran's Affairs Canada (VAC). The CPA's CEO was appointed to the VAC's Mental Health Advisory Group charged with providing advice to the Minister of Veteran's Affairs about the gaps in mental health support and services for veterans and their families.



Corrections Roundtable. The CPA, as a member of the National Associations Active in Criminal Justice (NAACJ), attended a roundtable on criminal justice in September. The roundtable included a review and consultation on the Criminal Records Act and a presentation on the Criminal Justice System Review.



Canadian Mental Health Association (CMHA). The CPA's CEO participated in a plenary panel of the September conference of the CMHA. The Panel was entitled "I have stood up to stigma and reached out for help and now what?" Dr. Cohen talked about the barriers to accessing mental health services and supports and how to overcome them.



Canadian Health Workforce Conference. In October, the CPA's past-President, Dr. Kevin Kelloway presented on a plenary panel moderated by CPA's CEO, Dr. Karen Cohen entitled Mental Health in the Health Workplace.

Call for Nominations for the Canadian National Committee for the International Union of Psychological Science (CNC/IUPsyS)

The CNC/IUPsyS is a committee of the CPA 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	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 one of the designated areas 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 is **January 31, 2017**. Nominations and supporting documents (and requests for further information) should be sent to the Chair of the CNC/IUPsyS, Dr. Jennifer Veitch, at jennifer.veitch@nrc-cnrc.gc.ca.

Karen Cohen, Ph. D., C. Psych., chef de la direction, et Lisa Votta-Bleeker, Ph. D., directrice générale associée et directrice de la Direction générale de la science

Voici une mise à jour des activités menées par la SCP depuis le congrès national. Pour avoir des renseignements supplémentaires sur les activités décrites ci-dessous ou pour nous faire part de vos commentaires, veuillez communiquer avec nous.

À moins d'indication contraire, veuillez communiquer avec :

D^{re} Karen R. Cohen (kcohen@cpa.ca) – activités touchant la pratique

D^{re} Lisa Votta-Bleeker (lvottableeker@cpa.ca) – activités touchant la science

D^r Stewart Madon (smadon@cpa.ca) – agrément et éthique
executiveoffice@cpa.ca – affaires publiques et relations avec le gouvernement, perfectionnement professionnel continu
membership@cpa.ca – adhésion et avantages aux membres

COMITÉ DE L'ÉDUCATION ET DE LA FORMATION

Agrément. Le bureau d'agrément de la SCP continue de travailler avec l'APA à l'examen du First Street Accord. Le First Street Accord est une déclaration de reconnaissance mutuelle des programmes et des processus d'agrément des deux organisations. Le bureau d'agrément vient de lancer un sondage auprès des programmes de formation et de stage afin de connaître les expériences et la satisfaction du milieu de la formation relativement à l'Accord. Les résultats du sondage serviront à orienter le renouvellement de l'agrément.

En 2016-2017, le Jury d'agrément entamera la sixième révision des Normes et procédures d'agrément des programmes doctoraux et des internats en psychologie professionnelle. La première étape de la révision consistera en un sondage exhaustif sur les normes et les procédures actuelles, s'adressant au milieu de la formation et de l'agrément. Le Jury d'agrément sollicitera les commentaires des programmes de stage et d'internat sur les normes et les procédures qui devraient être révisées, ajoutées ou supprimées, et sur les commentaires transmis au Jury d'agrément depuis la dernière révision. Les résultats du sondage seront utilisés pour orienter l'ébauche finale des normes et des procédures, qui sera largement distribuée aux fins de commentaires de la part du public. Tous les commentaires seront ensuite intégrés à la révision, que le Jury d'agrément présentera à la SCP pour approbation. Le Jury d'agrément s'attend à ce que le processus de révision soit terminé en 2017-2018.

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Cours de perfectionnement professionnel. À l'heure actuelle, la SCP compte 23 organismes de formation continue approuvés et elle a ajouté, en 2015-2016, quatre nouveaux cours en ligne. Quelques ateliers précongrès tenus au congrès de cette année ont été enregistrés sur vidéo et seront ajoutés à notre site d'apprentissage en ligne en 2016-2017. En plus d'élaborer de

nouveaux cours, la SCP travaille en ce moment avec le D^r Stephen Carter à la mise à jour de nos cours sur la pratique professionnelle, et elle travaillera avec la D^{re} Carole Sinclair pour mettre à jour les cours d'éthique en ligne, une fois que la version à jour du *Code canadien de déontologie professionnelle des psychologues* sera publiée.

ADHÉSION

Avantages pour les membres. La SCP s'est associée récemment à Entertainment® pour créer le Programme d'avantages exclusifs de la SCP, lancé à l'assemblée générale de cette année. Les membres et les affiliés de la SCP ont désormais accès à plus de 365 000 façons d'économiser un peu partout en Amérique du Nord grâce à une application mobile géolocalisée. Pour plus de détails sur le programme et pour savoir comment télécharger l'application, visitez le www.cpa.ca/cpaperks.

Nous proposons aux membres d'autres avantages intéressants, dont le programme d'assurance-responsabilité bonifié de la SCP, géré par le courtier BMS, l'accès à un tarif concurrentiel aux bases de données électroniques PsycNET® GOLD de l'APA, ainsi que plusieurs autres avantages qui donnent droit à des rabais de voyage et des prix réduits pour l'hébergement, des rabais offerts par différents détaillants et des abonnements à tarifs réduits à des centres de conditionnement physique. La liste complète des avantages se trouve sur le site Web de la SCP.

TRANSFERT ET ÉCHANGE DE CONNAISSANCES

Psynopsis – Appel d'articles. Le numéro d'hiver 2017 du magazine *Psynopsis* sera consacré aux commotions cérébrales. Nous acceptons les articles sur la prévention, l'évaluation et le traitement des commotions cérébrales et du syndrome post-commotion cérébrale. Veuillez envoyer votre article (de 400 à 900 mots) à psynopsis@cpa.ca avant le 1^{er} décembre 2016. Veuillez noter que tous les articles proposés peuvent être modifiés avec le consentement de l'auteur.

Si vous avez des idées de thèmes pour les prochains numéros de *Psynopsis*, communiquez avec la rédactrice en chef, la D^{re} Karen Cohen (kcohen@cpa.ca).

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Fiches d'information. La SCP a publié dernièrement une nouvelle fiche d'information sur l'abandon du tabac; elle en prépare deux autres, l'une sur l'activité physique, la santé mentale et la motivation, et l'autre, sur la santé mentale chez les enfants en bas âge. D'autres fiches ont été sollicitées ou proposées (p. ex., les commotions cérébrales, le vieillissement en santé, le fardeau de l'aidant, le trouble affectif saisonnier et la péréménopause). Les membres qui veulent élaborer une fiche d'information sont invités à écrire à factsheets@cpa.ca.

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Revues et publications. *Psychologie canadienne* et la *Revue canadienne des sciences du comportement* entament leur troisième



année de financement dans le cadre du programme d'Aide aux revues savantes du Conseil de recherches en sciences humaines (CRSH). Même s'il prend fin en 2018, le premier partenariat d'édition entre la SCP et l'APA, d'une durée de 10 ans, continue de porter ses fruits. Le rayonnement de chacune des trois revues ne cesse de s'étendre grâce aux ressources de l'APA, ce qui rapproche de plus en plus les revues de l'autosuffisance. La SCP et l'APA discutent en ce moment du renouvellement de l'accord de publication.

Au congrès de cette année, les trois revues ont remis un prix pour le meilleur article paru en 2015. Le Prix du meilleur article publié dans la *Revue canadienne de psychologie expérimentale* est cofinancé par la Société canadienne des sciences du cerveau, du comportement et de la cognition (SCSCCC).



Articles, rapports, mémoires et énoncés de position. En juillet, la SCP a publié un énoncé de position, qui décrit comment les psychologues peuvent contribuer à réduire le temps d'attente avant d'obtenir des soins de santé mentale dans les établissements publics. Le document intitulé *Psychologists Practicing to Scope: The Role of Psychologists in Canada's Public Institutions* a été élaboré à la suite d'un sondage de la SCP portant sur le rôle des psychologues dans l'instauration du traitement dans les établissements de santé du secteur public du Canada. Le sondage révèle que les politiques et les règlements de plusieurs autorités régionales de la santé imposent inutilement le fardeau de la responsabilité d'instaurer des soins de santé mentale à un effectif médical limité. L'article complet peut être téléchargé sur le site Web de la SCP.

En mai 2016, la SCP a fait une présentation au Comité permanent de la justice et des droits de la personne au sujet du projet de loi C-14, modifications législatives proposées au *Code criminel* pour autoriser l'aide médicale à mourir. Le mémoire de la SCP se trouve à l'adresse <http://cpa.ca/governmentrelationsfr/Submissions/>. Le projet de loi, qui a été adopté en troisième lecture en juin, désigne précisément les psychologues parmi les fournisseurs de services qui sont susceptibles d'être impliqués professionnellement auprès des patients dans le processus de prise de décisions de fin de vie. Sous la direction du Dr Sam Mikail, la SCP a mis sur pied un groupe de travail chargé d'étudier les questions de fin de vie, dont le rapport est attendu à l'automne 2016. Le rapport traitera du rôle des psychologues dans la prise de décisions de fin de vie, des services et du soutien nécessaires en fin de vie, et de l'admissibilité à l'aide médicale à mourir pour cause de troubles mentaux.

En juillet 2016, la SCP a été invitée par le Collège des médecins de famille du Canada (CMFC) à définir le rôle des psychologues dans les soins primaires. Après avoir consulté des psychologues de partout au pays qui travaillent dans le milieu des soins primaires, la SCP a fait parvenir son rapport au CMFC, accessible sur notre site Web.

Au cours de l'été 2016, la SCP a aussi travaillé avec l'Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM) à la rédaction d'un rapport sur la position et les recommandations du milieu de la santé mentale sur le rôle du gou-

vernement fédéral en matière de santé mentale. Le rapport, intitulé *Santé mentale : que ça bouge! Promouvoir la santé mentale des Canadiens : le rôle fédéral*, se trouve à l'adresse suivante : <http://www.camimh.ca/>.

Cette année, la SCP a publié un énoncé de position sur la thérapie de conversion/thérapie réparatrice, préparé par la Section sur l'orientation sexuelle et l'identité sexuelle. L'énoncé de position peut être consulté à l'adresse <http://cpa.ca/aproposdelascp/enoncesdepolitique/>. Un grand merci à la présidente de la section, la D^{re} Karen Blair.



International Congress of Applied Psychology (ICAP) 2018. La SCP continue de travailler avec MCI Canada et l'Association internationale de psychologie appliquée (IAAP) à la préparation de l'ICAP, qui se tiendra à Montréal, au Québec, du 26 au 30 juin 2018. La SCP a aussi fait la promotion de l'ICAP lors de divers événements, comme le congrès international de psychologie, qui a eu lieu à Yokohama, au Japon (du 24 au 29 juillet 2016), et le congrès annuel de 2016 de l'American Psychological Association, qui s'est tenu à Denver, aux États-Unis (du 4 au 7 août 2016). Si vous assistez à un congrès international et voulez nous aider à promouvoir l'ICAP en distribuant des dépliants, veuillez écrire à l'adresse icap2018@cpa.ca.

RELATIONS AVEC LE GOUVERNEMENT, REPRÉSENTATION ET SENSIBILISATION

Activités de représentation auprès du gouvernement. En mai, la SCP a rencontré Mme Celina Caesar-Chavannes, secrétaire parlementaire du premier ministre, et a eu l'occasion de la revoir en septembre, pour donner suite à la rencontre. À cette occasion, nous avons fait part à Mme Caesar-Chavannes des modèles de soins que nous recommandons au gouvernement pour améliorer l'accès aux traitements psychologiques. Nous lui avons également parlé de la nécessité d'éliminer le goulot d'étranglement qui nuit à l'accès aux soins psychologiques dans les secteurs public et privé (c.-à-d., recommandation d'un médecin), de l'imposition des services psychologiques et des services de santé mentale pour les réfugiés.

En août, la SCP a préparé son mémoire prébudgétaire à l'intention du Comité permanent des finances de la Chambre des communes. Nous y exposons les investissements que nous recommandons pour améliorer l'accès aux services psychologiques à tous les Canadiens et pour appuyer la recherche en psychologie au Canada. Le mémoire se trouve à l'adresse suivante : <http://cpa.ca/governmentrelationsfr/Submissions/>.

Au début de septembre, la SCP a eu une réunion très productive avec Mme Kim Elmslie, sous-ministre adjointe, Direction générale de la promotion de la santé et de la prévention des maladies chroniques, Agence de la santé publique du Canada. En effet, nous avons eu l'occasion d'examiner en profondeur des moyens durables et réalisables de rendre les services psychologiques accessibles aux Canadiens. Mme Elmslie a demandé à nous rencontrer de nouveau, en octobre, pour faire le point. Les fondements de nos recomman-

dations sont décrits dans le rapport *An Imperative for Change: Access to Psychological Services for Canada*, qui se trouve ici : http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf.

Enfin, à la fin de septembre, la Direction générale des sciences de la SCP (en collaboration avec le Comité des affaires scientifiques) a élaboré un livre blanc sur les questions qui touchent les chercheurs en psychologie au Canada. Le document a été présenté à un groupe d'experts créé par la ministre des Sciences, Kirsty Duncan, chargé d'examiner les questions liées à la science fondamentale au Canada. Le livre blanc se trouve sur le site Web de la SCP.

**PARTENARIATS ET REPRÉSENTATION
AU NOM DE LA SCIENCE**

Consortium canadien pour la recherche (CCR). La D^{re} Votta-Bleeker occupe toujours la fonction de présidente du CCR, qui a présenté un mémoire prébudgétaire au Comité permanent des finances de la Chambre des communes, en août. Le mémoire est disponible en ligne à l'adresse ccr-ccr.ca. Le CCR a également présenté un mémoire dans le cadre de l'examen du soutien fédéral à la science fondamentale, dirigé par la ministre des Sciences, Kirsty Duncan. En ce moment, le CCR s'affaire à la planification de son cinquième petit-déjeuner annuel avec les bailleurs de fonds.

**PARTENARIATS ET REPRÉSENTATION
AU NOM DE LA PRATIQUE**

VEGA (Violence, Evidence, Guidance and Action) Project, Santé Canada. La SCP participe toujours au projet VEGA et est représentée par les Drs Kerry Mothersill, John Pearce et Karen Cohen.



Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM). La SCP s'est jointe à l'ACMMSM pour célébrer la Semaine de sensibilisation aux maladies mentales (SSMM) en participant à un certain nombre d'événements, y com-

pris la célébration des personnes qui incarnent les « Visages de la maladie mentale » et une journée de lobbying visant à faire part aux députés des recommandations du rapport de l'ACMMSM, intitulé *Santé mentale : que ça bouge!*



Anciens Combattants Canada (ACC). La chef de la direction de la SCP a été nommée au Comité consultatif sur la santé mentale d'ACC, dont le mandat est de conseiller le ministre des Anciens Combattants sur les lacunes en matière de soutien et de services en santé mentale pour les anciens combattants et leurs familles.



Table ronde sur les services correctionnels. En septembre, la SCP, en tant que membre des Associations nationales intéressées à la justice criminelle (ANIJC), a participé à une table ronde sur la justice pénale. Au cours de la rencontre, les participants ont eu droit aux résultats d'un examen de la *Loi sur le casier judiciaire* et de la consultation menée à ce sujet, ainsi qu'à une présentation sur l'examen du système de justice pénale.



Association canadienne pour la santé mentale (ACSM) La chef de la direction de la SCP a participé à une séance plénière lors de la conférence de l'ACSM, qui a eu lieu en septembre. La table ronde avait pour titre « I have stood up to stigma and reached out for help and now what? » La D^{re} Cohen a parlé des obstacles qui nuisent à l'accès aux services de santé mentale et au soutien psychologique, et de la manière de les surmonter.



Conférence canadienne de la main-d'œuvre en santé. En octobre, le président sortant de la SCP, le D^r Kevin Kelloway, a fait une présentation lors d'une table ronde animée par la D^{re} Karen Cohen, intitulée « Mental Health in the Health Workplace ».

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Canadian Journal of Behavioural Science

Call for Nominations - Editor: 2017 – 2020

The Board of Directors of the Canadian Psychological Association (CPA) has opened nominations for the Editorship of Canadian Journal of Behavioural Science for the years 2017-2020. Candidates must be members of the CPA and should be available to start receiving manuscripts **January 1, 2017** to prepare for issues to be published in 2018.

To nominate candidates, prepare a brief statement of approximately one page in support of each nomination. Nominations, accompanied by the nominee's vitae, should be submitted before **November 1, 2016** to:

Dr. Lisa Votta-Bleeker
 ATTENTION: Chair, CPA Publications Committee
 Canadian Psychological Association
 Email: executiveoffice@cpa.ca

Interested individuals may obtain more information directly from the Editor, Dr. William Roberts via email at wroberts@tru.ca.



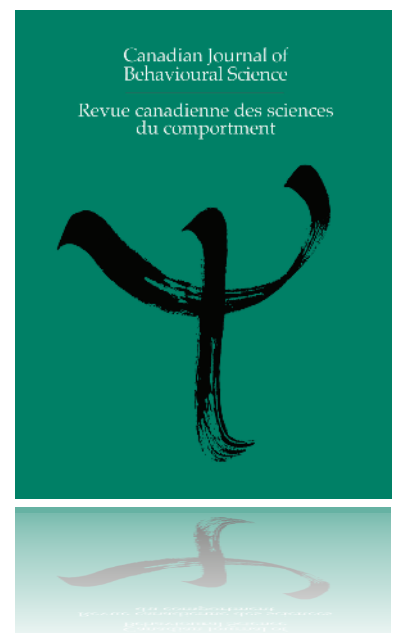
Revue canadienne des sciences du comportement Appel de candidatures – Rédacteur en chef : 2017–2020

Le conseil d'administration de la Société canadienne de psychologie (SCP) sollicite des candidatures pour le poste de rédacteur en chef de la *Revue canadienne des sciences du comportement* pour la période de 2017 à 2020. Les candidats doivent être membres de la SCP et être en mesure de recevoir les manuscrits dès le **1^{er} janvier 2017** afin de préparer les numéros qui seront publiés en 2018.

Pour proposer un candidat, vous devez présenter un énoncé d'environ une page, appuyant chaque candidature. Les candidatures, ainsi que le curriculum vitæ du candidat proposé, doivent être transmises avant le **1^{er} novembre 2016** à :

D^{re} Lisa Votta-Bleeker
 ATTENTION : Présidente, Comité des publications de la SCP
 Société canadienne de psychologie
 Courriel : executiveoffice@cpa.ca

Les personnes intéressées peuvent obtenir des renseignements supplémentaires en communiquant avec le rédacteur en chef de la revue, le D^r William Roberts, à l'adresse suivante : wroberts@tru.ca.



Canadian Journal of Behavioural Science Special Issue on Sport and Exercise Psychology

Editor: William Roberts, Ph.D., and Julie Gosselin, Ph.D.

Sports play an important, often-underestimated role in human development at individual, community, and societal levels alike; however, within sports psychology literature, these distinct areas are too seldom showcased together to pay homage to their variety.

To accomplish just that, the Sport and Exercise Psychology section of the CPA and the *Canadian Journal of Behavioural Science* encourage researchers from all areas of sport and exercise psychology to submit manuscripts for this special issue, covering topics including, but not limited to:

- evidence-based practice in coaching;
- group cohesion in team sports;
- athlete well-being and burnout prevention;
- mental performance consultancy;
- in-game dynamics in competitive sports (i.e. flow, momentum),
- complex motor skills acquisition and performance;
- physical education;
- disability and social inclusion in sports;
- exercise promotion and motivation;
- goal pursuit and self-regulation in physical activity and sports;
- passion for sports; and
- the role of sport and active leisure in well-being and performance in other life areas.

Original, theory-driven empirical research showcasing rigorous quantitative or qualitative methodology; critical reviews of theoretical models and concepts in sport and exercise psychology (definitional issues, meta-analysis, knowledge synthesis, systematic reviews); knowledge syntheses of emerging and evidence-based practices; and applications of innovative methodologies to sport and exercise psychology are all welcome.

Submissions can be made in English or French by December 20, 2016. All submissions will undergo peer-review and must conform to CJBS submission guidelines (see www.apa.org/pubs/journals/cbs). Authors must clearly indicate that their submission is intended for this special issue in their cover letter. For more information, visit www.cpa.ca/JournalAlert or email wroberts@tru.ca or jgosselin@mun.ca.

Revue canadienne des sciences du comportement Numéro spécial sur la psychologie du sport et de l'exercice

Rédacteurs en chef : William Robert, Ph. D., et Julie Gosselin, Ph. D.

Le sport joue un rôle important, et souvent sous-estimé, dans le développement humain, tant à l'échelle de l'individu, de la collectivité, que de la société; cependant, dans les ouvrages sur la psychologie du sport, les différents aspects du sport sont rarement mis en valeur, ce qui nous empêche d'en reconnaître toute la richesse.

Pour remédier à cela, la Section de la psychologie du sport et de l'exercice de la SCP et la *Revue canadienne des sciences du comportement* invitent les chercheurs de tous les domaines de la psychologie du sport et de l'exercice à proposer des articles traitant, notamment, des sujets suivants :

- La pratique fondée sur des données probantes dans le domaine de l'entraînement sportif;
- La cohésion du groupe dans les sports d'équipe;
- Le bien-être de l'athlète et la prévention de l'épuisement;
- Le counselling en performance mentale;
- La dynamique en jeu dans les sports de compétition (c.-à-d., débit, vitesse);
- L'acquisition d'habiletés motrices complexes et la performance;
- L'éducation physique;
- Les personnes handicapées et l'inclusion sociale dans le sport;
- La promotion de l'exercice et la motivation;
- La poursuite d'un objectif et la discipline personnelle dans l'activité physique et le sport;
- La passion pour le sport;
- Le rôle du sport et des loisirs actifs dans le bien-être et les performances dans d'autres aspects de la vie.

Les recherches empiriques originales, fondées sur la théorie, qui mettent en valeur une méthode quantitative ou qualitative rigoureuse; les analyses critiques de modèles théoriques et de concepts dans le champ de la psychologie du sport et de l'exercice (questions de définition, méta-analyses, synthèse des connaissances et examens systématiques); les synthèses de connaissances sur les pratiques émergentes, fondées sur des données probantes; et les applications de méthodes novatrices en psychologie du sport et de l'exercice sont tous les bienvenus.

Les articles proposés peuvent être rédigés en anglais ou en français. La date limite pour proposer un article est le 20 décembre 2016. Toutes les propositions feront l'objet d'un examen par les pairs et doivent se conformer aux lignes directrices relatives à la présentation d'articles de la *Revue canadienne des sciences du comportement* (voir www.apa.org/pubs/journals/cbs). Les auteurs doivent indiquer clairement, dans leur lettre d'accompagnement, que l'article proposé est destiné au numéro spécial.

Pour plus d'informations, visitez le www.cpa.ca/JournalAlert ou écrivez à wroberts@tru.ca ou à jgosselin@mun.ca.



A Personal Introduction to CPA's Ethics Officer

Stewart Madon, Ph.D., Ethics Officer, CPA

Dear Ethics Corner readers,

Although Ethics Corner is usually reserved for highlighting important issues related to ethics in psychology, the Committee on Ethics has kindly allowed me to use this issue's article as a way of introducing myself and my role as Ethics Officer. Some astute readers may have noticed my name in the head office staffing update some months ago, and may (still) be wondering who I am, and what an Ethics Officer is, anyway!

I am a graduate of Lakehead University's doctoral programme in Clinical Psychology and a registered psychologist in the province of Ontario. My internship and supervised practice was done in the Addictions and Mood and Anxiety programmes at Health Sciences North in Sudbury, where I also served as the psychology practice leader before relocating to Ottawa to join the CPA staff in October 2015.

My role at the CPA is multifaceted as I am also the Registrar of Accreditation; however, my time as the Ethics Officer (approximately one day a week) is focused on providing administrative support to the Committee on Ethics and being the central point person for all ethics inquiries received by the CPA. This latter responsibility includes determining whether I or someone

else at head office can answer the inquiry, which may include consultation with the Chair of the Committee on Ethics, or whether it is a matter that needs to go directly to the Committee. If you would like to contact me regarding an ethical matter related to professional or research ethics, please feel free to email me at ethics@cpa.ca or leave me a message at 1-888-472-0657, ext. 333.

In my administrative support role to the Committee on Ethics, I have become involved in several Committee activities. The Committee has been extremely busy these past few months updating the 4th edition of *The Canadian Code of Ethics for Psychologists*, which it plans to bring to the CPA Board for approval in the coming months. Upon completion of the 4th edition of The Code the committee will make updates to all related and relevant CPA products including, but not limited to, the Companion Manual, the *Ethical Guidelines for Supervision in Psychology* and CPA's online web course *Being an Ethical Psychologist*. Stay tuned!

If you would like a summary of other Committee activities, please visit: <http://www.cpa.ca/aboutcpa/committees/ethics/>.

Thank you all for bearing with me during this brief interruption in the Ethics Corner's coverage of otherwise captivating topical issues. Look for more highlights of ethical issues in our next column!



Madeline Hannan-Leith

Section on Women & Psychology (SWAP) Annual Student Awards

The Section on Women and Psychology (SWAP) is pleased to announce that Madeline Hannan-Leith is the 2016 winner of the SWAP Student Paper Award. The winning paper, entitled "*Hello? Is it me you're 'swiping' for?: Modern communication and online romance in queer women*", was presented at the 2016 CPA National Convention. Ms. Hannan-Leith is a graduate student in the Department of Educational and Counselling Psychology, and Special Education at the University of British Columbia. She is supervised by Dr. Marla Buchanan who co-authored the winning paper. The \$500 award was presented to Ms. Hannan-Leith at the SWAP annual business meeting at the convention.

SWAP also awards \$250 travel bursaries to students presenting papers or posters particularly relevant to women and/or feminism at CPA's National Convention or a SWAP-sponsored pre-conference Institute. The 2016 travel bursary winners are Jenna Cripps (University of Toronto: OISE), Usra Leedham (Ryerson University), Ekaterina Martynova (Carleton University), Busisiwe Ncube (York University), and Cailin Stamarski (University of Guelph).

L'agent d'éthique de la SCP se présente

Stewart Madon, Ph. D., agent d'éthique, SCP

Chers lecteurs,

Même si *L'Espace éthique* est une rubrique consacrée généralement aux enjeux importants de la déontologie en psychologie, le Comité de déontologie de la SCP m'a gentiment donné la permission d'utiliser l'espace qui lui est habituellement réservé pour me présenter et pour expliquer mon rôle d'agent d'éthique. Certains lecteurs avisés ont peut-être vu mon nom apparaître, il y a quelques mois, dans la liste du personnel du siège social et se demandent peut-être (encore) qui je suis, et ce qu'est, en fait, un agent d'éthique!

Je suis un diplômé du programme de doctorat en psychologie clinique de l'Université Lakehead et un psychologue agréé dans la province de l'Ontario. J'ai fait mon internat et mes stages supervisés au Programme de santé mentale et de toxicomanie d'Horizon Santé-Nord, à Sudbury, où j'ai également occupé le poste de responsable de la pratique professionnelle en psychologie avant de déménager à Ottawa pour me joindre au personnel de la SCP, en octobre 2015.

Le rôle que j'occupe à la SCP comporte deux volets, car je suis aussi le registraire de l'agrément. Toutefois, comme agent d'éthique, je consacre surtout mon temps (environ une journée par semaine) à fournir du soutien administratif au Comité de déontologie, en plus d'être la personne-ressource à laquelle sont acheminées les demandes de renseignements relatifs à la déontologie reçues par la SCP. À ce titre, je dois déterminer si moi-

même, ou un autre employé du siège social sommes en mesure de répondre à la demande d'information, parfois après avoir consulté la présidente du Comité de déontologie, ou si la demande doit être acheminée directement au comité. Si vous voulez me faire part d'une question liée à l'éthique professionnelle ou à l'éthique de la recherche, n'hésitez pas à m'écrire à ethics@cpa.ca ou laissez-moi un message au 1-888-472-0657, poste 333.

Les tâches de soutien administratif que j'accomplis dans le but d'épauler le Comité de déontologie m'ont amené à prendre part à plusieurs activités du comité. Ces derniers mois, le comité a consacré énormément de temps à la mise à jour de la quatrième édition du *Code canadien de déontologie professionnelle des psychologues*, qu'il prévoit déposer au conseil d'administration de la SCP pour approbation, dans les mois à venir. Une fois que la quatrième édition du *Code* sera terminée, le comité entreprendra la mise à jour de tous les produits et documents connexes pertinents, notamment, le *Companion Manual*, *Ethical Guidelines for Supervision in Psychology* et le cours en ligne offert par la CPA, intitulé *Being an Ethical Psychologist*. Restez branché!

Pour avoir un aperçu des autres activités du comité, rendez-vous à l'adresse suivante : <http://www.cpa.ca/aproposdelascp/comites/ethics/>.

Merci à vous tous d'avoir eu la patience de me lire, même si j'ai accaparé brièvement les lignes de *L'Espace éthique*, qui sont habituellement réservées à des sujets plus captivants. Ne manquez pas de lire notre prochaine rubrique, qui vous présentera d'autres questions de déontologie intéressantes.

International and Cross-Cultural Psychology Section Student Prize Winners



Kate Halvorson

The International and Cross-Cultural Psychology Section is pleased to announce the prize winners for the best student presentations at the 2016 CPA National Convention in Victoria, BC. The winner of the John Berry Prize for the best oral presentation is Sadie Goddard-Durant, Department of Psychology, University of Guelph, for her paper entitled, *Ethical Conundrums in Qualitative Cross Cultural Research in Decolonised Contexts*, which she co-authored with Dr. Stavroula Kyriakakis from the Adelphi University School of Social Work in New York. The winner of the Francis Aboud Prize for the best poster is Kate Halvorson, Trinity Western University, for her paper entitled, *A Mixed-Methods Analysis of Bicultural Identity Processes in Chinese-Canadian*, which she co-authored with Dr. Marvin MacDonald.



Sadie Goddard-Durant



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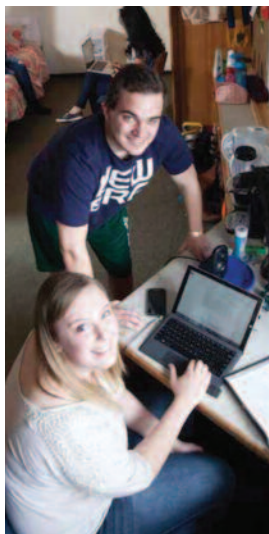
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Trent University



*Alexandra Ha, Master's student,
Emotion and Health Lab, Trent University*

Becoming a graduate student can be daunting. Starting at a new school likely means that you will be renting out a place in an unfamiliar neighborhood in a new city, changing routines, and making new friends. On top of that, as a graduate student, you believe you are expected to appear competent and independent, and to exude the “I-have-my life-together” persona. Yet, for most of us, this is not an actuality.

The Beginning

Raised in the big city of Mississauga, Ontario, I did not know what to expect from a smaller city, namely Peterborough, Ontario. Surprisingly, I immediately enjoyed the close-knit feeling this city brings and its various interesting quirks, such as the zoo; the Canadian Canoe Museum; the unique local stores, café, restaurants, and bars located downtown; and the fun events held throughout the year. There are plenty of places to explore and great people to meet, but perhaps the best part of Peterborough are the lakes and rivers that transverse the city and Trent campus and that are great for canoe trips, paddle boarding, and those relaxing read-by-the-water moments. In short, I readily became attached to this city's interesting character.

Courses

My first graduate level class was Advanced Univariate Statistics. Given that it had been two years since my last statistics course, I was nervous I wouldn't be on par with the other students. I also worried the professor would be less approachable and accommodating, and less forgiving of mistakes in a graduate class. As graduate students, we really should figure out our own problems, right? I also expected graduate students

themselves to be highly competitive; however, my assumptions were immediately refuted. The professor was incredibly helpful, encouraging open communication, and giving us the flexibility to choose whichever statistics program we were most comfortable with (R, Statistica, or SPSS). Whatever program we used, the professor was extremely supportive, hosting after class workshops regularly throughout the term.

Another key aspect that made challenges in my statistics classes a rewarding and enjoyable experience was the support of my cohort. Far from being competitive, mine was extremely cooperative. For instance, we formed study groups to work on statistics assignments and to engage in intellectual discussions about research. In addition, we initiated study and writing groups, and organized practice sessions to rehearse for the departmental presentations. From these experiences, I built on my team-working skills and learned to appreciate the diversity in people's skills and thinking. The support and inclusivity of my peer group, both in and out of class, has enhanced my overall graduate experience and challenged my own thinking.

In both years of the psychology Master's program, there is also a mandatory research seminar class, which is important for four reasons. Firstly, it is a pass/fail class where the workload is not substantial, so students can set their own standards for success and reserve most of their time for their research and other classes. Secondly, having upper and lower year Master's students in the same class allows for close mentorship. Thirdly, the class is based on presentations of the “research journeys” of each student, highlighting the experiences that led up to their graduate study at Trent. From these presentations, I learned that we each have a unique past, different purposes in graduate school, and our own values and goals. Understanding the differences in our trajectories allows us to appreciate the diversity of students in the classroom and to grow together. Finally, the seminar course prepares each of us for our Master's defense.

Teaching Opportunities

All fulltime psychology graduate students have teaching assistantships, and most have opportunities to give guest lectures and teach in seminars, in addition to marking papers and exams. Combined, these types of opportunities expand our social networks and build on our teaching, interpersonal, and public speaking skills.

Research

One of the most notable aspects of the psychology program at Trent is the diversity in research. There are three streams: health, developmental, and neuroscience; and the research conducted in these three streams encompass a wide variety of topics, such as:

- **Health Psychology** – mental health, personality, resilience and coping, environment, resourcefulness, health services, sustainable behavior, and rehabilitation.
- **Developmental Psychology** – emotional intelligence across the lifespan, life transitions, social development from a cultural perspective, family dynamics, psychology of religion, aging and dementia, cognitive development and the acquisition of skills, psychological assessments on youth, and language and cognitive function.
- **Neuroscience** – neurobiology of learning and memory, perception and motor control, human vision and attention, and psychophysics.

Student Life

Trent has strong graduate student-based organization, the Trent Graduate Students' Association (TGSA), that advocates for graduate students' needs and promotes equity and social justice across all programs. The TGSA also hosts regular events to stimulate social, intellectual, and cultural engagement, and is launching a Graduate Students' Research Journal that publishes peer-reviewed research by graduate students at Trent. Moreover, the group's Symons Series provides graduate students with monthly opportunities to present their research to others with the goals of bridging the gap between the sciences and the arts and of fostering intellectual curiosity and discussion. And at the end of year, the winner of the series presents his/her research at the semi-formal Gala!

More importantly, there is a designated college space for graduate students known as the Traill College. Located between the campus and the downtown core, Traill College includes graduate student residences, office spaces, a computer lab, seminar/meeting rooms, lounge areas, and a café/pub where graduate students can live, work, and play among their peers.

To learn more about Trent University and the graduate psychology program, visit: www.trentu.ca/psychologymamsc/grad-faculty.php

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Outcomes of IUPsyS General Assembly 2016

Marta Young, Ph.D., and John Berry, Ph.D.,
Canadian delegates to the IUPsyS

The International Union of Psychological Science (IUPsyS) “works to promote the development, representation and advancement of psychology as a basic and applied science nationally, regionally, and internationally”. As a scientific union, the IUPsyS does not have individual members; its members are nations. The CPA, under a partnership agreement with the National Research Council of Canada, is responsible for the day-to-day work of Canada’s membership in the IUPsyS. The CPA does this through the Canadian National Committee for IUPsyS and its duly appointed delegates to the IUPsyS General Assembly (GA) meetings, held every two years.

The 2016 GA was held in conjunction with the International Congress of Psychology (ICP) in July. The IUPsyS consists of 87 national member organizations, which may each have up to two voting delegates. Canada was represented by two voting delegates: John Berry and Marta Young. The Canadian delegation also included Michel Sabourin, IUPsyS Treasurer. Dr. Sabourin is an *ex-officio* member of the IUPsyS Executive Committee (EC), but does not have voting privileges at the GA as a member of the EC.

Here, we outline the key decisions taken at the GA.

Elections and appointments

Pamela Maras (United Kingdom) was elected President Elect. Ann Watts (South Africa) was elected Secretary-General. Goh Chee Leong (Malaysia) was elected Treasurer.

Delegates elected to the Executive Committee were: Oscar Barbarin (USA), Simon Crow (Australia), Garcia Vera (Spain), German Gutierrez (Colombia), Tor Hofgaard (Norway), Pascal Huguet (France), Martina Klicperova (Czech Republic), Tatsuya Sato (Japan), Ava Thompson (Bahamas), and Jianxin Zhang (China).

New National Member

The Taiwanese Psychological Association was elected as a new national member of the IUPsyS.

New Affiliates

A variety of psychological organizations with individual members are affiliated or have special liaison status with the IUPsyS. The following were elected as new affiliates at the 2016 GA: Arab Union of Psychological Sciences, the International Council of Psychology Educators, and the Pan-African Psychology Union.

Strategic plan 2016-2020

The Assembly adopted the strategic plan proposed by the officers and the members of the Executive Committee for 2016-2020. Expressed in broad categories, the strategic priorities and strategic activities are: capacity building, communications and dissemination, international representation, service to national members, and service to the discipline (i.e., development of the discipline’s common core). The plan can be found here: <http://www.iupsys.net/about/mission/index.html>.

Statute changes

The Union unanimously adopted statute changes to create improved governance, including:

- the deletion of the position of Vice President and the addition of a President-Elect;
- clarification of eligibility for nominations from the floor at the Assembly; and
- the addition of statements concerning free and responsible practice and equitable opportunities for access.

Next Meetings

The next IUPsyS GA will be held in Montreal in conjunction with the International Congress of Applied Psychology (June 25-30, 2018).

The next ICP will be held in Prague, Czech Republic in July 2020. The Assembly also voted to approve, in principle, the proposal to hold ICP 2024 in Rio de Janeiro, Brazil.

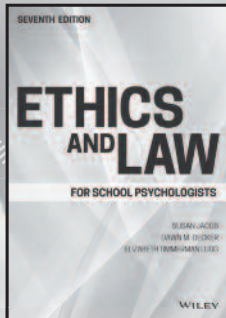
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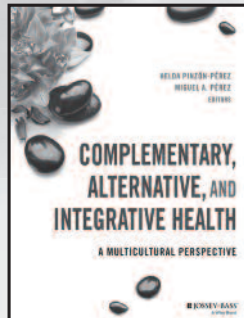
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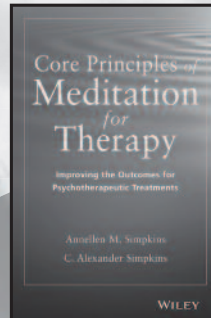
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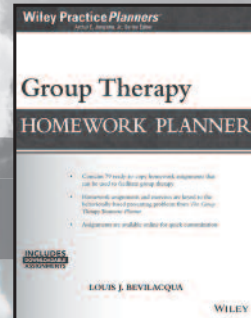
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Promoting Evidence-Based Mental Health and Wellbeing in Canada and Abroad

David J. A. Dozois, Ph.D., President, CPA

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Données probantes et promotion de la santé mentale et du bien-être au Canada et à l'étranger

David J. A. Dozois, Ph.D., President, CPA

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How does MAID legislation affect psychologists?

Patrick Baillie, Ph.D., LL.B., Alberta Health Services

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Medical Assistance in Dying: The Role of Psychology

Samuel F. Mikail, Ph. D., and Keith G. Wilson, Ph.D., Guest Editors

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L'aide médicale à mourir : le rôle de la psychologie

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

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The Role of the Psychologist in Medically Assisted Death

*Sarah Karesa, M.Ed.,
Registered Provisional Psychologist, Pilgrims Hospice*

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