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SPECIAL ISSUE/ ÉDITION SPÉCIALE

Criminal justice
psychology

Psychology
de la justice

Patrick Baillie, PhD, LLB,
Guest Editor/Rédacteur en chef invité



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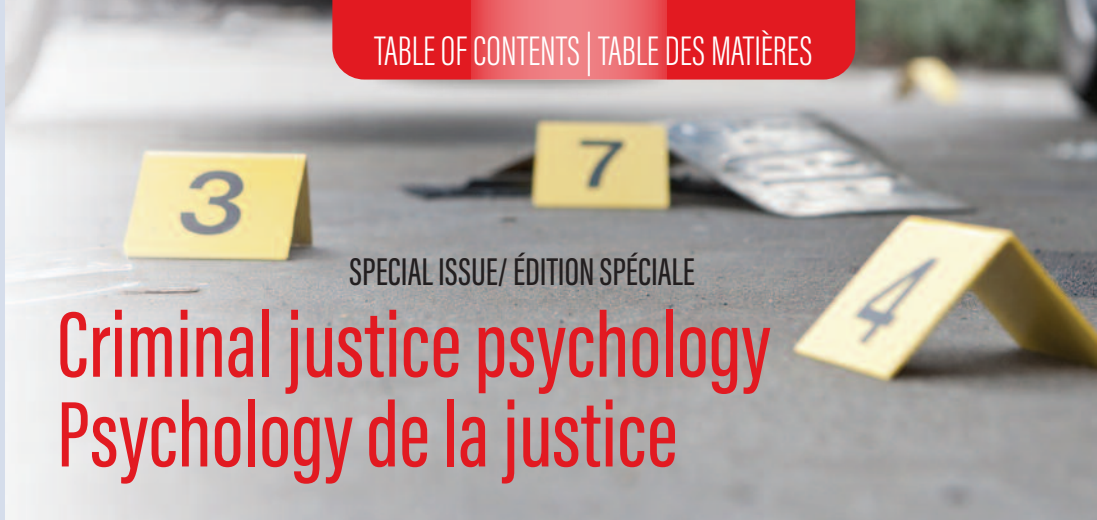
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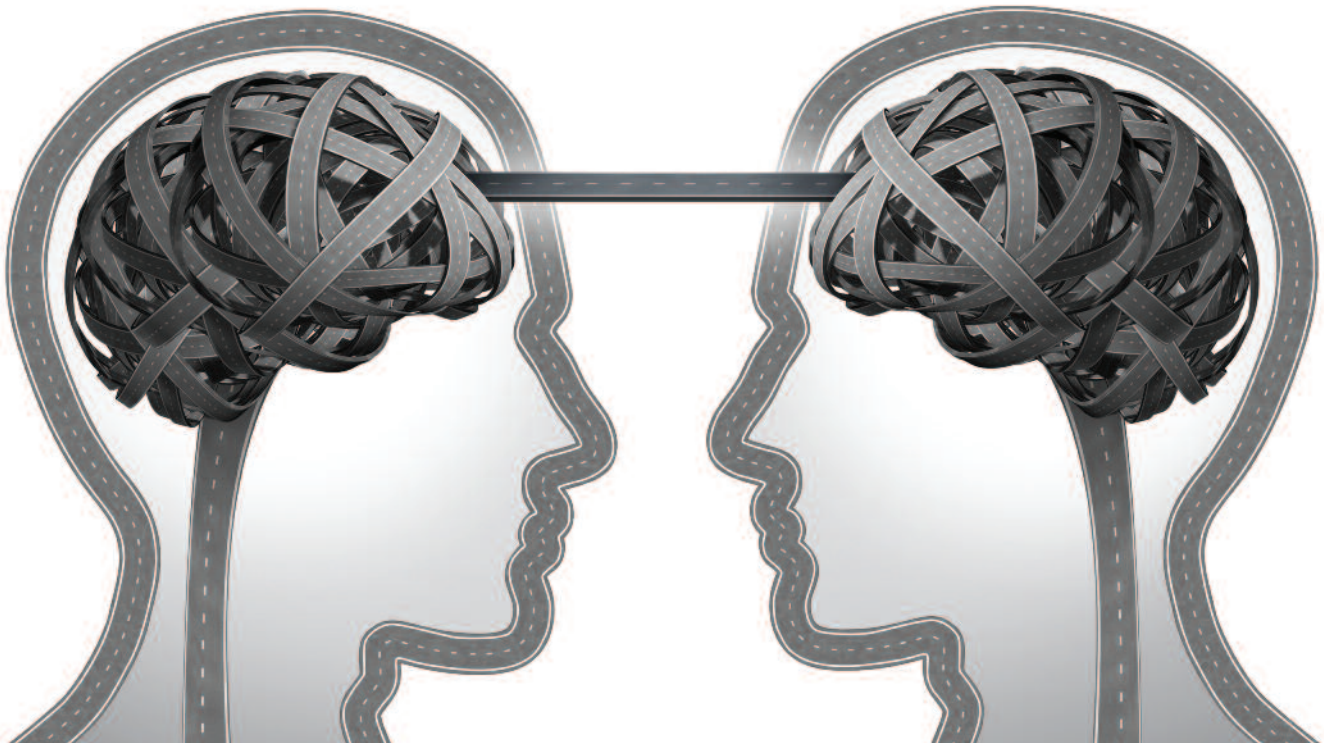
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At the intersection of psychology and criminal justice, Canadian students, practitioners and researchers **have much to offer**



*Patrick Baillie, PhD, LLB, Psychologist,
Alberta Health Services / Calgary Police Service;
President (2017/18), Canadian Psychological Association*

Over the course of my career in forensic psychology, I have had the privilege of working with esteemed mentors, skilled colleagues, compassionate friends, and many interesting and challenging clients. I have been involved in assessments related to some of Canada's most notorious crimes, offered advice on brilliant and important research projects, and supervised or consulted with early career psychologists who have pushed me to up my game. The work has been fascinating and rewarding, and much of it would not have happened but for the generosity of others who gave me great advice, opportunities, training, and, when necessary, forgiveness. Having the opportunity to guest edit this special issue of *Psynopsis* allows me to say a small thank you for these huge gifts.

One of the pieces of advice I received was to train as a generalist in clinical psychology then, having built skills in assessment, diagnosis, and treatment, begin to specialize. This advice has been valuable, particularly in the realm of criminal justice and psychology, as there are many different facets to how psychology can intersect with the various elements of the justice system. Being a generalist, who understands the criminal justice realm, has guided me in assisting others. We help police officers deal with the stresses of their profession and give advice on interviewing strategies and other investigative techniques; we do research on factors that may influence eyewitness testimony and our assessments of the credibility of that testimony; we challenge myths about individuals found Not Criminally Responsible on account of a Mental Disorder (NCRMD) and, hopefully, facilitate changes in legislation and attitudes; we look at how mental health and resiliency impact behavioural recidivism and treatment possibilities; we address the hardships posed by segregation; and, along the way, we have careers that go in different

directions, all the while keeping a focus on the role of psychology in the criminal justice system and with its participants.

In this issue, McCardle describes how psychology's research on the detection of deceit might have helped the Supreme Court of Canada to protect religious freedoms while still ensuring trial fairness; Schneider shares how he has strived to assist the mentally disordered accused in his different career roles; Sapers offers his passion and reason in challenging our willingness to accept that segregation, while already incarcerated, isn't always bad; Hanson uses the *Ewert* case to discuss the sometimes tense relationship between what the courts do and what we do in psychology – a strained marriage that influenced my decision to add a law degree to my training; Lively and colleagues explain how better assessments of alibi evidence could help prevent the miscarriage of wrongful convictions; Goossens and the team at the National Trajectory Project show how new laws around NCRMD might miss their target; and Wershler and her Atlantic Canada colleagues show how proper identification of client needs is an integral part of designing appropriate treatment.

Though it has had many successes, there are errors and pressures in the justice system: the disproportionately high representation of Indigenous peoples in arrests and in custodial facilities; the impact of wrongful convictions and prolonged incarcerations; the lack of treatment programs in Remand Centres (where more than half of all incarcerated individuals are housed, simply waiting for trials); the struggle to provide adequate treatment for individuals with severe mental illnesses, including personality disorders; the massive costs for legal representation in both criminal and civil realms; and the anxiety and stress for victims, their families, and offenders arising from delays in the system. As psychologists, we have a voice that can influence public policy on these and other issues, such as the criteria for the assessment of capacity of patients seeking medical assistance in dying or the need to provide mental health supports for jurors traumatized by graphic and emotional testimony.

Years ago, I attended a conference at which a California-based researcher gave effusive praise for all the work that goes on in Canada, including the roles that Canadian psychologists have in designing effective treatment programs for offenders, developing verifiable risk assessment tools (including both actuarial measures and structured clinical guidelines), and creating mental health courts and diversion programs. Since then, I've learned about some healthy East-West rivalries over which risk assessment measures and treatment approaches are the most beneficial. We benefit from the legacies of people like Bob Hare, Stephen Hart, Vern Quinsey, Marnie Rice, Karl

Forensic training programs in Canada are strong and well respected – with graduates now scattered around the globe, expanding this country's influence.

Hanson, and Chris Webster, some of whom have been prominent members of the Canadian Psychological Association. Forensic training programs in Canada are strong and well respected – with graduates now scattered around the globe, expanding this country's influence. We also now have an accredited internship in a correctional setting, as well as other accredited internships that offer varying degrees of exposure to forensic psychology. The next generation of professionals will likely be much better trained than some of us dinosaurs.

Science, practice, and education are, of course, the three pillars of the Canadian Psychological Association and each pillar is very much alive and well at the intersection of criminal justice and psychology. Our universities and internships educate clinicians and researchers alike to have a positive impact on their clients and in the field; the science helps to inform practice and gives us the data to support advocacy in the hope of addressing some of the

falsehoods and shortcomings that are unfortunate parts of our justice system.

In addition to thanking those who allowed me to have a wonderful career in forensic psychology (Clive, Barb, Tom, Mike, Hap, Chris, Adriana, Karen, Allan, Richard, Ted, and many others), I would like to thank the authors who submitted articles for this special issue. Unfortunately, we could not publish them all. I hope that you will enjoy what has been collected here and that you may walk away with a different view of criminal justice and psychology, with the desire to become more engaged in this domain, or with a passion for wanting to make a positive difference in our criminal justice system.

Dr. Patrick Baillie is a forensic psychologist with Alberta Health Services and a lawyer. Since 1995, he also has been a consulting psychologist with Calgary Police Services, Psychological Services Division. In the months after the tragic events of September 11, 2001, he served as a volunteer psychologist with New York Police Department, and in 2011, he travelled to Haiti to provide psychological services after that country's devastating earthquake. He has appeared before the Commons and Senate Justice Committees on four occasions, testifying about amendments to NCR legislation, disproportionate impacts of trial delays, medical assistance in dying, and the mental health of jurors. Dr. Baillie appears frequently before the Courts, usually as an expert and only occasionally as an accused.



Au carrefour de la psychologie et de la justice pénale, les étudiants, les praticiens et les chercheurs canadiens ont **beaucoup à offrir**

*Patrick Baillie, Ph. D., LL.B., psychologue,
Alberta Health Services/Calgary Police Service;
président (2017-2018), Société canadienne de psychologie*

Au cours de ma carrière en psychologie judiciaire, j'ai eu le privilège de travailler avec des mentors estimés, des collègues compétents, des amis généreux, et un grand nombre de clients intéressants et professionnellement stimulants. J'ai participé à des évaluations en lien avec certains des crimes les plus notoires au Canada, donné des conseils sur des projets de recherche audacieux et importants et supervisé ou consulté des psychologues en début de carrière qui m'ont poussé à m'améliorer. Ce travail a été fascinant et enrichissant, grâce en grande partie à la générosité des gens qui m'ont donné de très bons conseils, des possibilités, de la formation, et, si nécessaire, qui ont fait preuve d'indulgence à mon égard. La possibilité qui m'est donnée de diriger la rédaction du présent numéro spécial de *Psynopsis* me permet de dire merci pour ces cadeaux inestimables.

J'ai notamment reçu comme conseil de suivre une formation pour devenir généraliste en psychologie clinique puis, après avoir acquis des compétences en évaluation, en diagnostic et en traitement, commencer à me spécialiser. Ces

conseils m'ont été précieux, particulièrement dans le domaine de la justice pénale et de la psychologie, car la psychologie croise de différentes manières les divers éléments du système de justice. Ma qualité de généraliste, qui comprend le domaine de la justice pénale, m'a été utile pour assister les autres. Nous aidons les policiers à composer avec les éléments stressants de leur profession et donnons des conseils sur les stratégies d'interrogatoire et sur d'autres techniques d'enquête; nous faisons de la recherche sur les facteurs qui peuvent influencer les témoignages des témoins oculaires et nos évaluations de la crédibilité de ces témoignages; nous remettons en question les mythes concernant les personnes déclarées non criminellement responsables pour cause de troubles mentaux (NCRTM) et nous nous efforçons de faciliter les changements à apporter à la législation et de contribuer à modifier les attitudes à cet égard; nous étudions les répercussions de la santé mentale et de la résilience sur la récidive et sur les possibilités de traitement; nous abordons les difficultés que pose l'isolement des détenus; et, chemin faisant, nous menons des carrières qui vont dans des directions différentes, tout en gardant à l'esprit le rôle de la psychologie dans le système de justice pénale et avec les personnes qui y interviennent.



Dans le présent numéro, McCardle décrit comment les recherches en psychologie sur la détection du mensonge auront pu aider la Cour suprême du Canada à protéger les libertés religieuses tout en assurant l'équité du procès; dans son article, Schneider expose comment il s'est efforcé d'aider les accusés atteints de troubles mentaux dans les différents rôles qu'il a joués dans sa carrière; Sapers communique sa passion et ses réflexions afin de nous pousser à remettre en question notre volonté d'accepter que l'isolement d'un détenu déjà incarcéré n'est pas toujours mauvais; Hanson utilise la cause *Ewert* pour discuter de la relation parfois tendue engendrée par ce que font les tribunaux et ce que font les psychologues – un mariage tumultueux qui a influencé ma décision de parfaire ma formation en obtenant un diplôme en droit; Lively et ses collègues expliquent comment une meilleure évaluation des alibis pourrait aider à éviter les erreurs judiciaires et les condamnations injustifiées; Goossens et l'équipe du Projet national des trajectoires montrent comment les nouvelles lois sur les personnes NCRMT risquent de manquer leur cible; enfin, Wershler et ses collègues du Canada atlantique exposent comment la détermination adéquate des besoins des clients fait partie intégrante de la conception d'un traitement approprié.

Même si le système de justice a connu de nombreux succès, il n'est pas parfait et fait face aux réalités suivantes : la représentation disproportionnée des Autochtones dans les arrestations et les établissements de détention; les répercussions des erreurs judiciaires et des incarcérations prolongées; le manque de programmes de traitement dans les centres de détention provisoire (où plus de la moitié des personnes incarcérées résident, simplement en attente de leur procès); les efforts pour fournir un traitement approprié aux personnes souffrant de maladies mentales graves, y compris les troubles de la personnalité; le coût énorme de la représentation juridique dans les domaines civil et criminel et l'anxiété et le stress que cause, chez les victimes, leur famille et les délinquants, la lenteur du système de justice. En tant que psychologues, nous pouvons nous exprimer afin d'essayer d'influencer les politiques publiques sur ces questions et sur d'autres sujets, comme les critères d'évaluation de la capacité des patients qui demandent l'aide médicale à mourir ou la nécessité de fournir du soutien en santé mentale aux jurés traumatisés par des témoignages choquants et très chargés émotionnellement.

Il y a plusieurs années, j'ai assisté à une conférence au cours de laquelle un chercheur basé en Californie n'a pas tari d'éloges à propos de tout le travail qui se fait au Canada, y compris le rôle qu'ont les psychologues canadiens dans la conception de programmes de traitement efficaces pour les délinquants, l'élaboration d'outils d'évaluation des risques vérifiables (y compris les mesures actuarielles et les lignes directrices cliniques structurées) et la création de tribunaux de santé mentale et de programmes de déjudiciarisation. Depuis, j'ai entendu parler de certaines rivalités pancanadiennes saines, pour lesquelles des mesures d'évaluation des risques et des méthodes de traitement sont le plus bénéfiques. Nous

bénéficiions de l'héritage de gens comme Bob Hare, Stephen Hart, Vern Quinsey, Marnie Rice, Karl Hanson et Chris Webster, dont certains ont été des membres éminents de la Société canadienne de psychologie. Les programmes de formation judiciaire au Canada sont solides et respectés; leurs diplômés sont maintenant dispersés à travers le monde et contribuent à étendre l'influence de notre pays. Nous avons également un internat agréé dans l'environnement correctionnel, ainsi que d'autres stages agréés qui mettent les diplômés en contact avec la psychologie judiciaire. La prochaine génération de professionnels sera probablement beaucoup mieux formée que certains d'entre nous, qui faisons parfois figure de dinosaures.

La science, la pratique et l'enseignement sont, bien sûr, les trois piliers de la Société canadienne de psychologie, et chaque pilier est très vivant et bien positionné à la jonction de la justice pénale et de la psychologie. Nos universités et nos internats préparent les cliniciens et les chercheurs à avoir un impact positif sur leurs clients et sur le terrain; la science contribue à éclairer la pratique et nous procure des données à l'appui de nos efforts de représentation dans l'espoir d'aborder certaines des faussetés et des lacunes qui sont des aspects regrettables de notre système de justice.

En plus de remercier les personnes qui m'ont permis d'avoir une belle carrière en psychologie judiciaire (Clive, Barb, Tom, Mike, Hap, Chris, Adriana, Karen, Allan, Richard, Ted et plusieurs autres), je tiens à remercier les auteurs qui ont proposé des articles pour le présent numéro spécial. Malheureusement, nous ne pouvons pas les publier tous. J'espère que vous apprécierez ceux que j'ai regroupés ici et que, après les avoir lus, vous repartirez avec une opinion différente de la justice pénale et de la psychologie, avec le désir de vous engager davantage dans ce domaine ou la volonté de changer les choses de manière positive dans notre système de justice pénale.

Le Dr Patrick Baillie est avocat et exerce comme psychologue judiciaire pour le compte de l'autorité sanitaire de l'Alberta (Alberta Health Services). Depuis 1995, il est également psychologue-conseil auprès de la division des services psychologiques des services de police de Calgary. Dans les mois qui ont suivi les événements tragiques du 11 septembre 2001, il a été



psychologue bénévole au département de la Police de New York, et en 2011, il s'est rendu à Haïti pour fournir des services psychologiques après le séisme qui a détruit le pays. Il a comparu à quatre reprises devant le Comité de la justice de la Chambre des communes et celui du Sénat, afin de témoigner au sujet des modifications apportées à la Loi réglementant certaines drogues et autres substances, des effets disproportionnés du report des procès, de l'aide médicale à mourir et de la santé mentale des jurés. Le Dr Baillie apparaît fréquemment devant les tribunaux, généralement à titre d'expert et très rarement comme accusé.

Unveiling the truth:

The importance of psychological literature in informing the Canadian legal system



*Meagan I. McCardle, Master's student,
Memorial University of Newfoundland*

The Supreme Court of Canada ruling on *R. vs. N.S.* captured the attention of the media, lawmakers, and many Canadians. At issue in the case was whether a sexual assault complainant should be permitted to wear her niqab while testifying against her alleged molesters in court. In a six to one decision, the SCC ruled that N.S. was required to remove her niqab, and that the niqab should be removed when evidence is likely to be contested and cross-examination is likely to occur. This decision was based on the belief that the presence of a niqab inhibits an assessment of truthfulness by lawyers and triers of fact, and hence, threatens trial fairness. The Chief Justice wrote in the ruling that “non-verbal communication can provide the cross-examiner with valuable insights that may uncover uncertainty or deception, and assist in getting at the truth.”¹ This is where the SCC’s decision caught my attention.

In making this decision, the SCC subscribed to a number of incorrect assumptions about human behaviour, specifically surrounding deception detection. The first of these *implicit* assumptions was that cues to deception—features of demeanour that reveal a person’s state of mind—exist. Another two assumptions were that deception can be detected in facial cues and other non-verbal cues, and that legal professionals can detect deception better than laypersons. Several meta-analyses in the deception detection research literature, and three decades of psychological research, suggest these beliefs are not supported by compelling data.

The relevant meta-analyses in deception detection has shown that (a) the vast majority of cues to deception are too faint for reliable deception detection, (b) most facial expressions and other non-verbal cues are unrelated to deception, and (c) people, including professionals in legal disciplines (e.g., judges, lawyers), are unable to detect deception barely beyond chance levels.

Continues on page 10

Forensic psychologist, etc.

*The Honourable Mr. Justice Richard D. Schneider,
PhD, LLB, LLM, C. Psych., Chair, Ontario Review Board
and Justice, Ontario Court of Justice*

My friend and our guest editor, Dr. Patrick Baillie, has invited me to contribute a short piece describing my career, which has taken me from forensic psychologist, to criminal lawyer, to Judge and, most recently, Chair of the Ontario Review Board. I happily agreed.

At first blush, the above would suggest that I've done many different things. Of course, at a certain level that is true, but really I have been working for over 40 years in the same arena, trying to assist the same people – the mentally disordered accused.*

My direct experience began in 1974 when I graduated from the University of Toronto and obtained a position as a 'psychiatric assistant' at the Clarke Institute of Psychiatry (now a division of the Centre for Addiction and Mental Health). The job involved interacting with patients, making observations of what they did and said, and recording all of that in the patient charts. It also involved taking patients to appointments and, in general, assisting in getting done whatever needed to be done. I found that virtually all of the stereotypes about this population are untrue. The symptoms or behaviours that separate 'them' from 'us' come in shades; most 'normal' people seem to experience all of the same symptoms, though to much lesser degrees, over much shorter periods of time, and in contexts that do not seriously impact their day-to-day functioning.

I went on to complete a Master's and doctorate in psychology and then began work at the Calgary General Hospital on the in-patient Forensic Unit. I worked with a psychometrist who would administer all of the tests, but it was me who would do all of the interviews, interpret the test results, and write the psychological reports. The Forensic Unit provided these reports to the courts and the National Parole Board, and I spent quite a bit of time testifying in court on the issues of either fitness to stand trial or criminal responsibility.

I was, as a result of my exposure to the courts and the criminal justice system, very curious about the law. I decided to learn a little more and took off an academic year to attend

first-year law school. The following summer, I returned to the Hospital, but as the summer progressed, I resolved to go back to law school and finish my second and third years so that I could obtain an LLB. The same slippery slope caused me to think that I might as well get called to the bar so that I could have a combined career in psychology and law.

When I completed my LLB and returned to Toronto, I immediately did whatever was necessary to become registered as a Psychologist in the province of Ontario.** However, I never really returned to the practice of psychology. Once I started practice as a criminal defence lawyer, I began to specialize in representing accused with mental disorders. This was a natural fit for me, and I quickly learned that most criminal defence lawyers are not keen to cultivate this particular specialty. Their cases moved more slowly and arduously – and the remuneration was poor in that most were on legal aid. I maintained this specialty throughout my years at the bar. For a complexity of reasons, by the mid-1990's the criminal courts were swamped with mentally ill accused and were not able to handle this new population effectively. Accused were spending inordinate periods of time in custody sorting out preliminary psychiatric issues only to then plead 'guilty,' get released, and re-offend. It was an embarrassing mess.

All were aware of the mess we were making of things in the regular courts, so in August of 1997, I made a proposal that we set aside a special court room to deal with accused who had mental health issues. After we had obtained the green light, we struck a committee comprised of all of the likely participants in such a project. By May of 1998, we opened the doors of the first Mental Health Court in court room No. 102 at Old City Hall in Toronto (there are now several across the province). The two principal pieces of its mandate are to: 1) expedite the resolution of preliminary psychiatric issues and 2) slow down, as much as possible, the so-called revolving door. From that nascent program at Old City Hall, mental health courts have now spread across Canada, typically using a similar model.

The Mental Health Court now also houses the Court Diversion program, which, at the Crown's discretion, offers

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* I use the term 'mentally disordered accused' advisedly as it is a legal term of art contained in the *Criminal Code of Canada*. I note that the term is "accused," not "offender," as the vast majority of the individuals about whom I speak have not been convicted of an offence, given that they lack the mental element (*mens rea*) required for a criminal conviction.

** And remain so, with 'retired' status.

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people with mental disorders charged with a criminal offence the opportunity to enter a program of rehabilitation. Once stable and doing well in the community, the criminal charges are stayed. The court is staffed by psychiatrists every day of the week in order to perform ‘stand-down’ assessments, as well as social workers who ensure that, as much as possible, accused who are released onto the street have a place to go, psychiatric or psychological support, medications, social assistance, clothing, identification, etc. In 2000, I was appointed to the bench and became the *de facto* administrative lead at the Mental Health Court.

In 2012, I was asked by the provincial government to Chair the Ontario Review Board, which is a quasi-judicial administrative tribunal that maintains jurisdiction over all accused found by the courts to be either unfit to stand trial or not criminally responsible on account of mental disorder. We hold over 2,000 hearings a year in respect of approximately 1,600 accused.

As a result of my experiences, I have come to a few conclusions:

- We have been too frequently turning to the courts for solutions in responding to problematic behaviour that is the product of untreated mental illness.
- Police, lawyers, courts, and jails are not our best response to mental illness.
- The problems we are addressing are almost never singular. The typical accused presents with legal issues, mental illness, drug abuse/dependency, general medical needs, homelessness, and poverty.
- Our best prophylactic is better/earlier access to mainstream civil mental health care.
- Practitioners interested in this field should really have available to them training that is multi-disciplinary. The solutions will inevitably engage multiple disciplines – so should the training.
- And finally, over the past several decades we have made considerable progress, but we still have a long way to go.

Psychological literature

Continued from page 9

In DePaulo et al.’s highly cited meta-analysis, the researchers produced a quantitative summary of cues to deception, investigating if people behave differently when they tell the truth or lie.² Their results failed to pinpoint any behaviours of high practical significance for detecting deceit, and neither of the two moderately significant cues were non-verbal in nature. The authors found that 97.72% of the cues examined had low-to-moderate or low practical significance for detecting deceit. Importantly, the vast majority of cues that could potentially be garnered from the removal of the niqab had negligible impact on differentiating truth-tellers from liars (e.g., pressing lips, facial expressiveness, eye-contact, gaze aversion, eye-shifts, brow-lowering, sneering, smiling, lip corner-pull, eye-muscle movements, blinking, facial fidgeting). Another subsequent meta-analysis showed that of 11 widely-used non-verbal cues to deception, all six cues from the head area (i.e., blinks, eye contact, gaze aversion, head movements, nodding, smiling) were barely perceptible.³

Bond and DePaulo examined the ability of people to detect deceit from demeanour, and their results suggest that people are poor deception detectors.⁴ It is estimated that the ability to judge truth-telling and lying is around 54%; which is akin to guessing. Furthermore, research has demonstrated that experts—such as law enforcement officials, judges, psychiatrists, job interviewers, and auditors—are no better than laypeople (e.g., students) at detecting deception,⁵ and that confidence in one’s ability to detect deception, age, experience, education, and personality type are all unrelated to deception detection accuracy.⁶ These findings led Bond and DePaulo to conclude that “several converging lines of evidence indicate that virtually all individuals are barely able to detect lies, and that real differences in detection ability are miniscule.”⁵

In short, in direct opposition to the reasoning provided by the majority in *R v. N. S.*, the best available empirical psychological research suggests that the removal of the niqab would not provide access to any reliable cues to deception. Given that the SCC is Canada’s final court of appeal, serious consideration needs to be given to ensuring that robust scientific findings are considered during the decision-making process. It is essential that the Justices of the SCC are fully informed and equally important that pseudoscientific beliefs are eradicated from the SCC and do not appear in SCC rulings. In the case of *R v. N. S.*, without the scientific findings to consider, the SCC based their decision on what they had available to them – layperson beliefs and customs regarding demeanour “evidence.” However, by doing so, layperson beliefs were used to override the complainant’s constitutional right to freedom of religion; a right that may have otherwise been protected had the relevant psychological evidence been considered.

For a complete list of references, visit www.cpa.ca/psynopsis



SEGREGATION

What's the problem?

Howard Sapers, BA, Independent Review on Ontario Corrections

Placing someone in custody necessarily erodes their liberty, association and agency. Custody is punitive – the more risk you are believed to pose, the more restrictions are imposed on your custody. The most restrictive (and the most punitive) form of custody in Canada is segregation.

Segregation is designed to disassociate individuals from others, to limit – almost to the point of elimination – movement and human interaction and to generally constitute a sensory-deprived environment. Segregation continues to be used as both a punishment for those who breach institutional rules and to house challenging individuals for administrative reasons.

Some who support segregation claim that critics dismiss empirical evidence in favour of emotional arguments to bolster their positions. The rejection of the criticism includes the claim that science demonstrates segregation has limited or at best (worst?) only moderate negative impact on human functioning and mental health. I think this line of thinking misses the point. The defenders of segregation tend to minimize the harms associated with the practice and to overstate the conclusions that can be drawn from existing research.

For example, a recent meta-analysis¹ concludes that the few studies on segregation with the strongest methodological designs are unanimous about its overall benign nature. The cited studies suggest that people are resilient and even when there are negative effects, they fade over time. There are several things about this analysis that concern me.

Firstly, claiming that people are resilient implies that segregation is in fact harmful. If it wasn't, what would there be to recover from? In a bygone era, gaolers used the lash to enforce rules. Over time, welts would recede and the flesh would heal, but those who were so punished endured pain, and the memory of that pain would no doubt linger. The fact that the bleeding had stopped and the punished would continue to live their lives did not diminish the punishment or the pain. Likewise, those who have been segregated may overcome the pain, but the experience remains. When someone experiences a significant loss, they grieve. The grief may pass, but the loss represents a hole in their lives no matter how successfully they move on. They are forever changed by their loss. So it is with segregation.

Secondly, aren't measures of mild and moderate harm subjective? Is the science so precise? I don't think so and neither do many of the researchers who raise this very point when discussing limitations to their work. We know that people experience segregation very differently and that first and subsequent segregation placements may result in differential experiences. There may be cumulative impacts that are nearly impossible to measure given the challenges of fully applying best scientific methods to studying the segregated population. Indeed, there are ethical and practical limits that significantly constrain all modern studies of segregation. There is no laboratory, or scientific experiment, in which we can isolate marginalized people and precisely measure the consequences.

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The Ewert v. Canada case on risk/need assessment of Indigenous peoples:

Deciding how much evidence is enough



R. Karl Hanson, PhD, C. Psych., Adjunct Research Professor,
Department of Psychology, Carleton University

In 1954, Paul Meehl published his “disturbing little book,” *Clinical vs Statistical Prediction*, in which he argued for the superiority of actuarial prediction over unstructured clinical judgment.¹ Actuarial prediction involves using indicators justified by data, explicit methods of combining the indicators into a total score, and probability tables. Meehl’s arguments were based on studies demonstrating that predictions based on actuarial measures were as good as, or better than, those based on unstructured professional judgement. He also argued that quantification was essential to psychology as a science. Howard Garb further argued that actuarial assessment reduces bias.² By making explicit all the steps in the assessment process, evaluators minimize the chances that salient but irrelevant features sway their conclusions.

Despite massive evidence supporting actuarial prediction, actuarial tools have been largely ignored in most areas of applied psychology with one exception: corrections. For decades, actuarial risk tools have informed sentencing, security classifications, programming, and release planning decisions. There is consensus that the existing actuarial risk tools predict criminal recidivism. There is, however, intense debate about whether they reduce bias.

In the case of Jeffrey G. Ewert, currently before the Supreme Court of Canada, the plaintiff argues that psychologists working for the Correctional Service of Canada (CSC) should not use any actuarial risk tool with any individual of Indigenous heritage. The case is complex, and different parties frame the core issues differently (see the special issue of the *Journal of Threat Assessment and Management*, Volume 3, issue 2). However, all parties agree that compared to other CSC inmates, Indigenous individuals move more slowly towards reduced security and community release. They also score higher on actuarial risk tools.

Above average scores for an ethnic group does not necessarily indicate test bias. Given Canada’s shameful history of colonization and racism, however, the risk of systematic bias is real. Ewert’s counsel, Jason Gratl, did not question the use of actuarial risk tools for Caucasian individuals. Nor does the plaintiff claim that systematic bias against Indigenous individuals has been established. Instead, the key elements of the argument are that a) bias is likely, b) there is insufficient evidence to justify their use with Indigenous individuals, and c) CSC has the responsibility to establish the validity of all the information it uses.

The Ewert case is a rare occasion when courts consider what constitutes convincing scientific evidence. Judge Phelan, in the original 2015 Federal Court decision³ sided with Ewert and told CSC that Mr. Ewert could not be assessed using

many of the most commonly used risk tools, including the Psychopathy Checklist – R (PCL-R), Static-99R, Violence Risk Appraisal Guide (VRAG), or Violence Risk Scale – Sexual Offender Version (VRS-SO). In 2016, The Federal Appeal Court construed the case differently.⁴ Judges Nadon, Dawson, and Webb concluded, among other things, that evidence of harm was necessary to establish violation of the *Corrections and Conditional Release Act*, which had not been established. In counter arguments before the Supreme Court – with the case heard in October 2017 (judgment reserved) – advocates for Mr. Ewert argued that it cannot be the responsibility of CSC inmates to conduct their own research on the validity of offender risk assessment tools used on them.

Legal considerations of research evidence expose the distinct cultures of legal versus scientific discourse. In the legal community, first decisions carry high authority. By deferring to precedents, the edifice of the law acquires stability. In contrast, science looks towards the future. Scientists gain respect by making new discoveries, and the most recent study aspires to be the best. By the rules of evidence, Supreme Court Justices in the Ewert case only have access to the research noted in the original Federal Court hearing of 2015. (The original affidavit of Dr. Stephen Hart, the sole expert judges relied on in this case, dated back to February, 2012). Consequently, Chief Justice McLachlin and colleagues cannot know if the scientific evidence they are considering is already out-of-date.

Courts are poorly positioned to make decisions about the assessment tools used by psychologists. Judges are not expected to have training in psychometrics, scientific methods, or applied psychological assessment. In certain cases, such as Ewert, courts must voice opinions about the quality of scientific evidence, but do not expect such legal opinions to have enduring authority for the scientific community. To the bemusement of botanists, the U.S. Supreme Court ruled in 1893 that tomatoes are vegetables.⁵ Similarly, the Supreme Court of Canada may privilege professional judgment over actuarial prediction – a decision that would have Meehl rolling in his grave.

Decisions concerning psychologists' assessment practices are typically and rightly made by the professional community, as represented by organizations such as the Canadian Psychological Association and the provincial regulatory colleges. If the evidence eventually supports a professional consensus that a specific risk tool is biased for Indigenous individuals, such organizations have the responsibility and expertise to improve practice standards through professional outreach, training, and development.

As of this writing, the Supreme Court has yet to make a ruling. When it does, the decision may not only influence Indigenous peoples within CSC, but could also shape the relationship between scientific evidence and professional practice.

For a complete list of references, visit www.cpa.ca/psynopsis

Segregation

Continued from page 9

Thirdly, if segregation was not problematic, why is there so much fuss about it? Why would there be such robust legal and policy frameworks around a benign practice? If segregation wasn't an extension of the punitive nature of incarceration why would it be used as a punishment by correctional authorities?

I believe that questions about the use of segregation are primarily legal and ethical questions. For psychologists, this includes questions about the ability to form therapeutic relationships with patients. Can (and should) such relationships be built and maintained through the food slot of a solid steel door? What are the ethical dimensions of assessing someone for the purpose of continuing painful punishment? In the Canadian legal system, it is a constitutional principle that punishment must not exceed the least restrictive means of achieving its legal purpose. The guiding principle is that there should be restraint in the *administration* of punishment. It is generally accepted that no punishment should be administered outside the law, and the *administration* of the punishment should not add to its pain.

Our society places a premium on freedom. Freedoms are limited only with caution and only as a last resort in protection of other social values. In the criminal justice context, limits on freedom must be lawful, and arbitrary challenges to freedom are to be resisted. Measurements of the relative harm inflicted cease to be as important as protecting the shared and fundamental principles that define us.

The segregation debate is about more than the acceptable boundaries of punishment. The real issues around segregation are not trying to define the floor and ceiling of state-inflicted pain, but rather about why, if ever, the ultimate limits to freedom and association should be imposed. The question isn't "Does it hurt?"; the question is "Is it justifiable?" The operational questions aren't about how good or bad the practice is, but rather who should be segregated and why, for how long and how do they get out?

As professionals with an interest in the mental health of all Canadians, psychologists have a trusted and relevant voice in the debates regarding the use of segregation. It is critical that voice be heard. I urge the *Canadian Psychological Association* and its members to speak out about the use of segregation in Canadian prisons and jails.

For a complete list of references, visit www.cpa.ca/psynopsis

Toward reducing wrongful convictions: Improving the protective value of alibis



Christopher J. Lively, doctoral student, Memorial University of Newfoundland; Laura Fallon, doctoral student, Memorial University of Newfoundland; and Joseph Eastwood, PhD, Director, Applied Law Enforcement Research and Training (ALERT) Lab, University of Ontario Institute of Technology

In his Zippo lighter, he sees the killer's face / Maybe it's someone standing in a killer's place / Twenty years for nothing, well that's nothing new / Besides, no one's interested in something you didn't do.¹

Fans of Canadian rock music will recognize these lyrics from The Tragically Hip's song *Wheat Kings*. According to archived news interviews with the band, the song was inspired by the infamously botched David Milgaard case. To recap the case briefly, Milgaard was convicted in 1970 for the first degree murder of Gail Miller in Saskatoon, Saskatchewan. He spent 23 years in prison before being released and eventually proven innocent through DNA evidence. Although many factors contributed to this miscarriage of justice, of particular interest is that Milgaard was suspected, arrested, and convicted *in spite of* having an alibi – his friends originally told police that he was with them on the day the crime was committed (and that he was not at all involved) – that could have removed him from suspicion at the beginning of the case. This raises an important question: Why wasn't his alibi believed?

Unfortunately, Milgaard's case is not unique given that several hundred wrongful conviction cases have now been identified in Canada and internationally. These cases have revealed several problems with investigative procedures that can lead to miscarriages of justice (e.g., faulty eyewitness testimony, coercive interrogation tactics, improper use of

forensic science).² Another important element in many of these cases is that the innocent individual offered an alibi that was not perceived as believable by investigators. This initial assessment of an alibi claim is crucial; if the veracity decision is incorrect, then an innocent suspect becomes the primary focus of the investigation and all subsequent decisions may be influenced by this perception (i.e., tunnel vision).

What Do We Know About Alibis?

Despite the importance of the alibi assessment and generation process, serious attempts to research alibis within criminal investigations only began just over a decade ago. Olson and Wells' taxonomy of alibis³ is credited as being the foundation upon which much of the current research is built. These authors proposed that the veracity of an alibi is dependent largely on the ability of the suspect to provide evidence that corroborates the alibi, and specifically that (1) difficult-to-fabricate physical evidence (e.g., CCTV footage vs. a receipt) and (2) testimony from someone not motivated to lie for the suspect (e.g., store clerk vs. family member) lead to more believable alibis. Subsequent research has confirmed that believable alibis are those that contain strong physical evidence and/or corroboration from several non-motivated others.⁴

Research from the alibi generation side, however, has shown that alibi providers rarely include physical evidence to corroborate their alibis⁵ and person evidence (understandably) often comes from family members or close friends.⁶ Some research has also reported on various factors that negatively impact alibi believability. For example, changing details is often viewed as being deceitful (vs. simply mistaken),⁷ and alibis containing illegal or sexual information appear to be regarded as less believable.⁸

What Is Next In Alibi Research?

Authors in a recent issue of *Behavioral Sciences and the Law*⁹ highlighted important areas within the alibi research field, and offered some new direction to alibi researchers. In particular, the role of memory – and the recognition of its fallibility and malleability – was cited as an important angle that alibi researchers should consider. Thus, a ripe area of exploration concerns the conditions under which the most accurate and complete alibis are produced. That is, what can investigators do to best facilitate reliable memory recall in alibi-givers and alibi witnesses? As researchers uncover the circumstances under which the most reliable alibis can be generated, the protective value of alibis for innocent people may be enhanced and the truth-seeking process will benefit substantially.

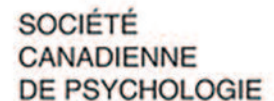
Research of this nature offers information that helps alibi evaluators determine the truth of alibi claims. However, unless it is shared among those who will benefit from it (e.g., police practitioners), the full potential of this empirical knowledge is not achieved. Working partnerships between police organizations and university research labs help to bridge this gap, often through applied research and training programs. Providing alibi evaluators with knowledge of human behaviour from the psychology literature (e.g., frailty of memory, difficulty [especially under stress] of generating a detailed alibi) will provide a scientific foundation upon which

legal decisions can be made. In addition, the popularity and success of numerous documentaries and podcasts related to the handling of certain high-profile cases by police investigators (e.g., *Making a Murderer*) – including several related specifically to the alibi process (e.g., *The Long Shot, Serial*) – demonstrate the apparent widespread dissatisfaction with some current police practices. This further highlights the need for this topic to be explored by researchers and for findings to be shared with relevant actors within the legal system.

Considering the dearth of alibi research, increased media attention and public interest in issues with alibi evidence, and implications for all parties involved in presenting and assessing the alibi, it is clear that more research needs to be conducted in this area. As up-and-coming researchers follow in the footsteps of pioneering alibi scholars, more practical solutions for the justice system will undoubtedly be discovered. Inspired by The Tragically Hip album that was home to a song concerned with a miscarriage of justice, we commit to dedicating our time and research efforts *fully, completely* toward improving the protective value of alibis through empirically supported science, and hope to prevent innocent suspects from enduring the same injustice as David Milgaard.

For a complete list of references, visit www.cpa.ca/psynopsis



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Not criminally responsible and high risk?



A simulation study of the 'high-risk accused' designation in a forensic sample

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In Canada, individuals who have committed a criminal offence due to mental illness can be found Not Criminally Responsible on account of Mental Disorder (NCRMD).¹ The NCRMD verdict exists because of the longstanding common law principle that it would be unjust to hold someone

criminally responsible for actions that were a result of mental illness.² A Canadian profile of individuals found NCRMD is available at <https://ntp-ptn.org/>.

A finding of NCRMD is neither a finding of guilt nor is it an acquittal.² Most often, a person found NCRMD enters the forensic mental health system and comes under the purview of a provincial/territorial Review Board. These Review Boards are administrative tribunals, established by Canada's *Criminal Code*, that make decisions about the risk management, treatment, and rehabilitation of persons found NCRMD. The Review Boards render one of three decisions: detention in hospital; conditional discharge (i.e., living in the community subject to specific conditions); or, absolute discharge.³ Case law established that the least restrictive, least onerous disposition suitable for the individual's risk level should be

applied.⁴ Finally, the *Criminal Code* mandates that risk assessment and treatment progress reports are to be reviewed annually* to re-assess the disposition of persons adjudicated NCRMD.

Changes to the legal framework

In 2014, an amendment was introduced to the NCRMD provisions of the *Criminal Code*, called *The Not Criminally Responsible Reform Act* (NCRRA),⁵ bringing changes for those found NCRMD and thus the forensic mental health systems. The NCRRA had three main components:^{5,6} (I) to amend the focus of the criteria for rendering disposition decisions (i.e., away from the least onerous and least restrictive, towards making public safety the paramount consideration); (II) to enhance victims' and victims' families' rights; and (III) to implement a high-risk accused (HRA) designation for persons found NCRMD for serious personal injury offences, subjecting them to more onerous and restrictive custodial dispositions. The present article summarizes our forthcoming publication,⁷ which focused on the third objective of the NCRRA: the HRA designation.

A comprehensive review of the effects of the legislation is expected in 2019.⁵ If this designation works as intended, we would expect it to identify a very small group⁸ of high-risk individuals who are not well managed by Review Boards (e.g., earlier release than peers), with higher recidivism rates than the non-HRA group.

HRA simulation study

We used data from the National Trajectory Project (NTP) – a large-scale, retrospective file-based study to carry out a simulation study, *a posteriori* (i.e., the HRA designation did not exist when the NTP study was conducted). We sampled individuals found NCRMD in Canada between 2000 and 2005 across the three most populous provinces: British Columbia ($n = 222$), Ontario ($n = 484$), and Québec ($n = 1,094$).³ Data for 1,800 individuals were collected from Review Board files five years prior to the index verdict, up to December 31, 2008, providing a follow-up period from three to eight years.^{2**}

Using our nationally representative sample of NCRMD-accused, we designated participants as 'potential HRA' and the remaining participants as 'non-HRA' based on a consensus operationalization of the legal criteria. Our study thus examined a *simulated* or *potential* HRA group. We then compared the potential HRA group to the non-HRA group in

terms of progress through the NCRMD system and recidivism. For a full explanation of the methods see Goossens et al., (in press).⁷

Our findings

First, although the legislation was intended to apply to "less than a percentage of a percentage point,"⁸ we found that up to one in four ($n = 459$; 25.5%) NCRMD-accused could potentially meet HRA criteria. Second, potential HRAs spent considerably longer under supervision of the Review Boards than non-HRAs. Individuals in the potential HRA group, on average, spent twice the time as the non-HRA group to receive a conditional or absolute discharge. Third, the potential HRA group was less likely than the non-HRA group to reoffend in any form, and was similar to the non-HRA group in terms of recidivism against a person, such as assaults or uttering threats (see Goossens et al., in press).⁷

Implications for the HRA designation

Our results suggest that the way the legislation is written may be too broad. Importantly, our results indicate that NCRMD-accused who could fall under the HRA designation were already conservatively managed under the existing legislation. Specifically, recidivism rates for the HRA group and the non-HRA group were comparable. Consistent with concerns expressed before the Senate when the new legislation was proposed,⁹ these findings suggest that the HRA designation is unlikely to enhance public safety.

Conclusions

We hope that our study is informative for the upcoming legislative review. Research consistently demonstrates that both individual recovery and public safety benefit most from consistent use of evidence-based violence risk assessment, management and treatment;¹⁰ the HRA designation is not supported by the above-mentioned simulation evidence.

This article is a brief summary of our forthcoming publication in Canadian Psychology/Psychologie Canadienne. A more thorough consideration of the methods, results, potential implications of the HRA legislation and our recommendations can be found in this publication.

For a complete list of references, visit www.cpa.ca/psynopsis

* Barring agreements between parties to delays hearings, when bi-annual hearing are possible.

** Some of the statements in the methods section, and in the description of the NCRRA will be identical to our write-up in the original manuscript.

Consistent with concerns expressed before the Senate when the new legislation was proposed, these findings suggest that the HRA designation is unlikely to enhance public safety.

Using research to inform practice

The role of mental health needs and resiliency within risk profiles

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Research consistently demonstrates high rates of mental health difficulties among justice-involved youth.¹ Although mental health is not directly related to criminal behaviour,² some mental health symptoms (e.g., impulsivity, substance misuse) overlap with risk factors for offending (i.e., criminogenic needs). Because mental health is conceptualized as a specific responsivity factor that may influence how intervention is delivered,³ mental health needs may need to be addressed prior to correctional rehabilitation in order to maximize a youth's level of engagement and responsiveness to treatment. Individual strengths or resiliency factors, which can mitigate risk, may also need to be incorporated into intervention.⁴

The Risk-Need-Responsivity (RNR) model provides a framework for correctional rehabilitation and intervention that targets dynamic risk factors with appropriate intensity using evidence-based intervention approaches.⁵ Thorough and evidence-based risk assessment processes are used to design and implement interventions that are tailored to the specific needs and characteristics of the youth to give that individual the best chance of succeeding in rehabilitation.^{4,5}

The IWK Youth Forensic Research group consists of researchers from the University of New Brunswick's Centre for Criminal Justice Studies, St. Francis Xavier University, and the IWK Health Centre's Youth Forensic Services in Halifax, Nova Scotia, who are working to improve clinical services for

justice-involved youth in the province. In a recent project, latent class cluster analysis identified distinct groups of youth based on levels of criminogenic needs, mental health (i.e., depression, anxiety, anger, disruptive behaviour, self-concept), and resiliency (i.e., mastery, relatedness, emotional regulation) to examine the relationship between these factors. Participants included 259 youth (aged 12 to 19 years; $M_{age} = 15.6$) who received court-ordered psychological risk assessments through the IWK Youth Forensic Services. Participants were predominantly male (71%) and Caucasian (61%). At the time of assessment, most youth were deemed to be moderate (34%) or high (58%) risk for recidivism based on a widely-used risk assessment tool, the Youth Level of Service/Case Management Inventory (YLS/CMI).

Results revealed three distinct clusters. Cluster 1 ($n = 33$; 76% male), the *Average Resiliency* cluster, was characterized by moderate recidivism risk, low mental health needs, and average levels of resiliency. Cluster 2 ($n = 155$; 83% male), the *Criminogenic* cluster, was characterized by high risk for recidivism, mild mental health symptoms (except in the area of disruptive behaviour), and below-average resiliency. Finally, Cluster 3 ($n = 71$; 58% female), the *Criminogenic Mental Health* cluster, had high risk for recidivism, moderate mental health needs, and low levels of resiliency.

When compared on risk level, Cluster 1 was significantly lower risk than both Clusters 2 and 3, with no differences between Clusters 2 and 3. However, cross-cluster differences on mental health and resiliency factors did emerge. As would be expected, the *Average Resiliency* cluster was characterised by normative mental health symptoms and average levels of resiliency. Although this cluster did have moderate criminogenic needs to target through intervention, they did not have mental health/resiliency needs. The *Criminogenic* cluster had significantly higher mental health needs and lower resiliency than the *Average Resiliency* cluster. These mental health and resiliency needs were generally mild, although this cluster did display moderate disruptive behaviour symptoms and high recidivism risk. Further, relative to the *Criminogenic* cluster, the *Criminogenic Mental Health* cluster had significantly higher mental health symptoms and lower resiliency. The three clusters did not significantly differ in age or ethnicity, but did demonstrate gender disparities across groups. Together, results suggest that both the *Criminogenic* and *Criminogenic Mental Health*

clusters possess criminogenic and mental health/resiliency needs, with these needs being particularly salient for a subset of justice-involved youth, including a high proportion of females.

One limitation of this study was that only self-report mental health symptoms and resiliency were used. Future research should compare youth self-report to clinician-assessed mental health and resiliency needs. Another limitation is that the sample may not generalize to all justice-involved youth. Youth referred for assessment by the court may be of higher risk and/or have higher mental health needs than non-referred youth. Although the *Average Resiliency* cluster contained relatively few of the youth assessed by IWK Youth Forensic Services, it may be more representative in a larger sample. Furthermore, no cluster identified had high mental health and low criminogenic needs. Yet, a larger or more representative sample of justice-involved youth may contain such a cluster. Additional ongoing studies by the IWK Youth Forensic Research group include investigating how these clusters differ in their recidivism rates, as well as investigating the relationship between resiliency and recidivism.

These findings are being used to inform risk assessment and rehabilitation practices at IWK Youth Forensic Services. Results highlight that assessing recidivism risk alone without consideration of additional psychological factors is not likely to provide sufficient information on all youth needs that should be addressed through intervention. Additionally, the significant gender variations between clusters suggest that male and female youth may possess different intervention needs, again emphasizing an individualized approach to intervention. The current results suggest that Nova Scotian justice-involved youth referred for assessment possess substantial criminogenic and mental health issues, which can make rehabilitation particularly complex given the symptoms or behaviours that may limit a youth's full engagement in intervention. In sum, these results highlight the importance that should be placed on the Specific Responsivity principle when intervening with justice-involved youth. This project also highlights the value of programs engaging in research to improve the clinical services they offer.

For a complete list of references, visit www.cpa.ca/psynopsis



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CPA HIGHLIGHTS



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

Below is a list of our top activities since the last issue of *Psynopsis*. Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 New edition of the Companion Manual

We are pleased to announce that the *Companion Manual for the Canadian Code of Ethics for Psychologists, Fourth Edition* is now available for purchase. The new edition contains updated commentary related to the Fourth Edition of the *Canadian Code of Ethics for Psychologists*, as well as articles on the development of the *Code*, demonstrations of the ethical decision-making process, over 125 vignettes of ethical dilemmas, an extensive bibliography, and reprints of important CPA documents and guidelines. Many thanks to the authors, Dr. Carole Sinclair and the late Dr. Jean Pettifor.

Order form: <https://cpa.ca/thecpastore/purchasecpapublications/>

2 New “Psychology Works” fact sheet

A new fact sheet on cannabis use is now available for download on our website. Check it out to learn about the effects of cannabis on youth, mental health, and decision making, as well as prevention and treatment options for dependence and abuse of cannabis.

<http://cpa.ca/psychologyfactsheets/>

3 Fitness to stand trial and criminal responsibility assessments

We recently published a position paper with recommended changes to the *Criminal Code of Canada* that would improve access to qualified mental health professionals for those requiring fitness to stand trial and criminal responsibility assessments. Over the past months, we have been meeting with various MPs about the recommendations in the paper, which can be found in this issue of *Psynopsis* (p. 24). Many thanks to the members of our task force for their excellent work.

4 CPHO’s Health Professional Forum

On January 25, Dr. Cohen joined representatives from other key, national health professional organizations to discuss shared public health priorities at the Chief Public Health Officer of Canada’s first Health Professional Forum. The forum will facilitate strategic conversations on current and emerging cross-cutting public health and population health issues, enhance collaboration on areas of mutual interest, and improve responsiveness and public communication on emerging areas of public health concern.

5 CCR breakfast with the funders

On January 17, Dr. Votta-Bleeker and the Canadian Consortium for Research hosted its 6th annual breakfast with the funders. Members of the CCR and representatives from CIHR, SSHRC, CFI, NSERC and Mitacs met to discuss the Fundamental Science Review and how best to implement its recommendations.

6 Psychology Month

Psychology Month 2018 was a great success! This year, we highlighted 28 reasons to be a member of the CPA on Twitter, featured 28 research spotlights on our Facebook page, prepared a PowerPoint presentation and poster for members promoting Psychology Month in their workplaces and communities, and partnered with the Canadian Mental Health Association to produce social media images promoting psychology. Our provincial partners, Bell Let's Talk, the Canadian Institute for Health Information, the Government of Canada's Centre of Expertise on Mental Health in the Workplace, and many others also shared the benefits of psychology online.

7 New online course – “Assessment of Malingering” (3 CE credits)

We're pleased to offer a brand new web-based continuing education course on the assessment of malingering. The course, presented by Dr. Andrew M. Haag, covers relevant history, research tools, and techniques while providing personal and professional anecdotes to help you better navigate malingering assessments.

8 2017 CPA Student Research and Knowledge Dissemination Grants

In December, our Board of Directors and Scientific Affairs Committee announced the winners of the 2017 CPA Student Research and Knowledge Dissemination Grants. The inaugural winners of this award were recognized for their exceptional student research and knowledge dissemination efforts in all areas of psychology and each received \$1,000. Congratulations to: Anja-Xiaoxing Cui (Queen's University), Ashlee Kitchenham (University of New Brunswick), Brooke Beatie (University of Manitoba), Claire Champigny (York University), Faith Eiboff (University of British Columbia), Kristene Cheung (University of Manitoba), Kaitlyn Werner (Carleton University), Molly Cairncross (University of Windsor), Nigel Mantou Lou (University of Alberta), and Victoria Ewen (Lakehead University).

9 Pre-congress workshops

Need CE credits? We are offering eight half-day and six full-day pre-congress workshops on June 24 and 25 in Montreal before the start of ICAP 2018. The workshops will cover a wide range of topics, including treating anxiety with virtual reality, therapy with people who are suicidal, mindfulness, knowledge mobilization, and medical assistance in dying, among others. The registration deadline is **April 30**, and registration is separate from ICAP.

<http://icap2018.com/pre-congress-workshops>

10 Disability Tax Credit

On February 1, Dr. Karen Cohen presented recommendations to the Standing Senate Committee on Social Affairs, Science and Technology on the Registered Disability Savings Plan and the Disability Tax Credit. A video of her full presentation is available on our YouTube channel.

FAITS SAILLANTS

des activités de la SCP



Karen Cohen, Ph. D., C. Psych., chef de la direction, et

D^{re} Lisa Votta-Bleeker, Ph. D., directrice générale associée et directrice de la Direction générale de la science

Voici la liste des principales activités menées depuis la publication du dernier numéro de *Psynopsis*. Écrivez à membership@cpa.ca pour vous abonner à notre bulletin électronique semestriel, *Nouvelles de la SCP*, pour vous tenir au courant de toutes les choses que nous accomplissons pour vous!

1 Nouvelle édition du Companion Manual

Nous sommes heureux de vous annoncer que la quatrième édition du *Companion Manual to the Canadian Code of Ethics for Psychologists* est maintenant en vente. La nouvelle édition contient des commentaires à jour relatifs à la quatrième édition du *Code canadien de déontologie professionnelle des psychologues*, ainsi que des articles sur l'élaboration du *Code*, des démonstrations du processus de prise de décision éthique, plus de 125 illustrations de dilemmes éthiques, une bibliographie exhaustive et des réimpressions de lignes directrices et de documents importants produits par la SCP. Un grand merci aux auteurs, Dre Carole Sinclair et feu Dre Jean Pettifor.

Bon de commande : <https://cpa.ca/cpastorefr/achetlespublicationsdelascp/>

2 Nouvelle fiche d'information de la série « La psychologie peut vous aider »

Une nouvelle fiche d'information sur le cannabis est maintenant disponible en téléchargement sur notre site Web. Jetez-y un coup d'œil pour tout savoir des effets du cannabis sur les jeunes, la santé mentale, la prise des décisions et comment traiter et prévenir la dépendance au cannabis et la consommation excessive de cannabis.

<https://cpa.ca/lapsychologiepeutvousaider/>

3 Évaluation de l'aptitude à subir un procès et de la responsabilité pénale

Nous avons publié récemment un énoncé de position, accompagné de recommandations de modifications à apporter au *Code criminel du Canada* afin d'améliorer l'accès à des professionnels de la santé mentale qualifiés pour les personnes qui ont besoin d'une évaluation de leur aptitude à subir un procès et de leur responsabilité pénale. Au cours du dernier mois, nous avons rencontré différents députés afin de discuter des recommandations formulées dans l'énoncé, inséré dans le présent numéro de *Psynopsis* (p. 24). Un grand merci aux membres de notre groupe de travail pour leur excellent travail.

4 Forum des professionnels de la santé de l'ACSP

Le 25 janvier, la Dre Cohen s'est joint à des représentants d'organisations de professionnel de la santé nationales clés à la première réunion du Forum des professionnels de la santé de l'Administratrice en chef de la santé publique du Canada pour discuter de priorités partagées en matière de santé publique. Cette table facilitera les discussions stratégiques sur les nouveaux enjeux transectoriels liés à la santé publique et la santé de la population, renforcera la collaboration dans les domaines d'intérêt commun et améliorera la réceptivité et la communication publique dans les domaines émergents de santé publique ou de crises.

5 Petit-déjeuner du CCR avec les organismes subventionnaires

Le 17 janvier, la Dre Votta-Bleeker et le Consortium canadien pour la recherche ont organisé leur sixième petit-déjeuner annuel avec les bailleurs de fonds. Les membres du CCR et des représentants de l'IRSC, du CRSH, du CRSNG, de la FCI et de MITACS se sont rencontrés pour discuter l'Examen du soutien fédéral aux sciences et la meilleure façon de mettre en œuvre ses recommandations.

6 Le Mois de la psychologie

Le Mois de la psychologie de 2018 a été un grand succès! Cette année, nous avons souligné 28 bonnes raisons d'être membre de la SCP sur Twitter, publié 28 capsules scientifiques sur notre page Facebook, préparé une présentation PowerPoint et une affiche pour ceux et celles d'entre vous, qui font la promotion du Mois de la psychologie dans leur milieu de travail et la collectivité, et nous nous sommes associés à l'Association canadienne pour la santé mentale pour produire du contenu pour les médias sociaux faisant la promotion de la psychologie. Nos partenaires provinciaux, le programme Bell Cause pour la cause, l'Institut canadien d'information sur la santé, le Centre d'expertise sur la santé mentale en milieu de travail du gouvernement du Canada, et bien d'autres encore, ont également parlé des nombreux avantages de la psychologie en ligne.

7 Nouveau cours en ligne – « The Assessment of Malingering » (3 crédits d'éducation permanente)

Nous sommes heureux d'offrir un tout nouveau cours de formation continue en ligne, qui porte sur l'évaluation de la simulation de maladie. Présenté par le Dr Andrew M. Haag, le cours aborde l'histoire, les techniques et les outils de recherche pertinents, tout en offrant des anecdotes personnelles et professionnelles pour vous aider à vous y retrouver lorsque vous effectuez des évaluations de la simulation de maladie.

8 Bourses accordées en 2017 pour les projets de recherche et de diffusion des connaissances menés par les étudiants

En décembre, le conseil d'administration et le Comité des affaires scientifiques ont annoncé le nom des gagnants d'une bourse de 1 000 \$ remise en guise de reconnaissance de leur projet de recherche et de diffusion des connaissances. Les premiers gagnants de ce prix ont été reconnus pour leurs travaux de recherche et de diffusion des connaissances exceptionnels dans tous les domaines de la psychologie. Félicitations à : Anja-Xiaoxing Cui (Queen's University), Ashlee Kitchenham (University of New Brunswick), Brooke Beatie (University of Manitoba), Claire Champigny (York University), Faith Eiboff (University of British Columbia), Kristene Cheung (University of Manitoba), Kaitlyn Werner (Carleton University), Molly Cairncross (University of Windsor), Nigel Mantou Lou (University of Alberta), and Victoria Ewen (Lakehead University).

9 Ateliers précongrès

Vous avez besoin de crédits d'éducation permanente? Nous offrons huit ateliers précongrès d'une demi-journée et six ateliers précongrès d'une journée complète à Montréal les 24 et 25 juin, y inclus deux ateliers précongrès en français. Les ateliers auront lieu avant le début officiel de l'ICAP 2018 et couvriront un large éventail de sujets, tels que le traitement de l'anxiété à l'aide de la réalité virtuelle, la thérapie auprès des personnes suicidaires, la pleine conscience, la mobilisation des connaissances et l'aide médicale à mourir, entre autres. La date limite d'inscription est le 30 avril, et l'inscription est séparée de celle de l'ICAP.

<http://icap2018.com/pre-congress-workshops>

10 Crédit d'impôt pour personnes handicapées

Le 1^{er} février, la Dre Karen Cohen a présenté ses recommandations au Comité sénatorial sur la science, la technologie et les affaires sociales au sujet du régime enregistré d'épargne-invalidité et du crédit d'impôt pour personnes handicapées. Un vidéo de sa présentation est disponible sur notre chaîne YouTube.

Fitness to stand trial and criminal responsibility assessments in Canada: Improving access to qualified mental health professionals

A Position Paper of the Canadian Psychological Association

Prepared by:

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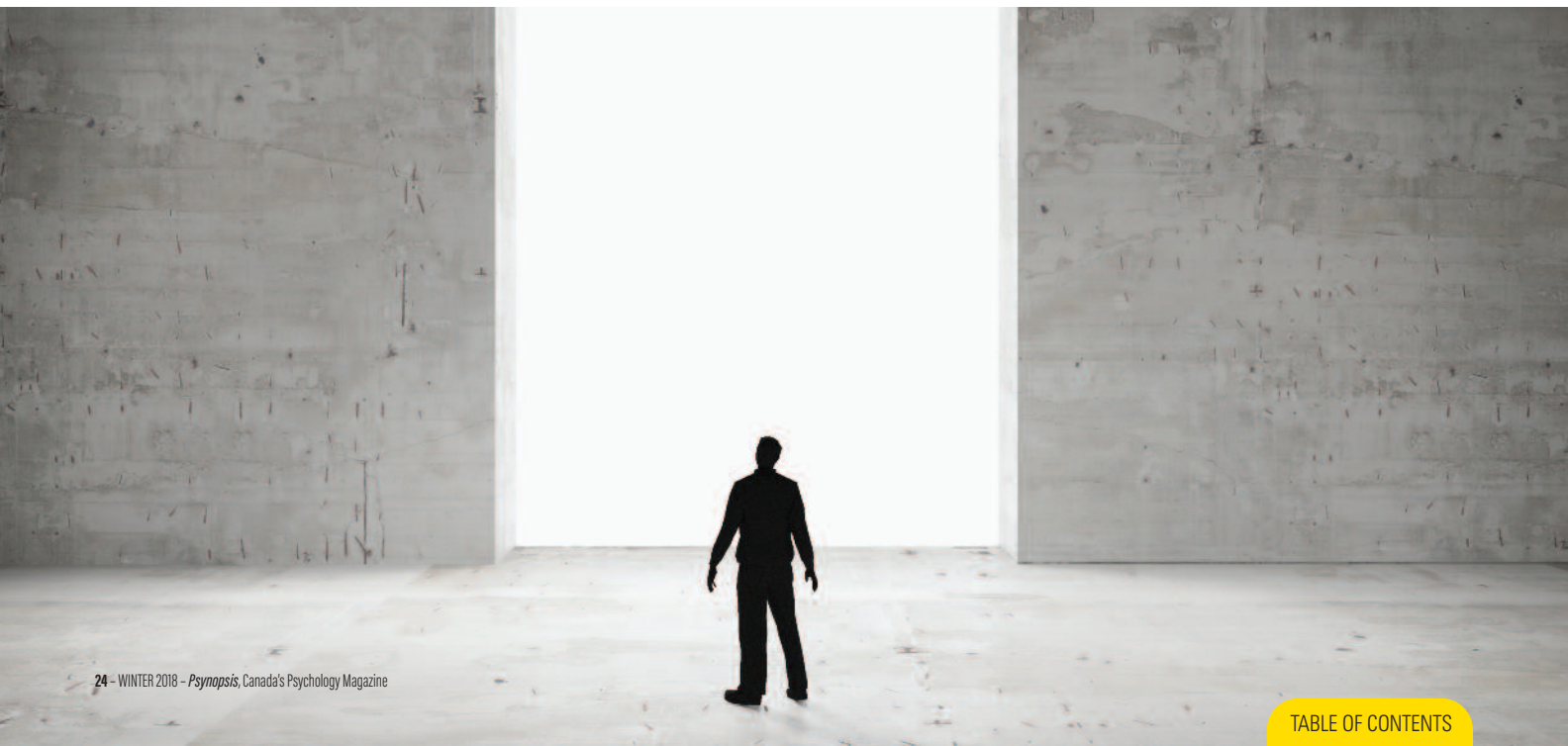
Preamble

The Canadian Psychological Association (CPA) is the national association for the science, practice and education of psychology in Canada. The assessment of fitness to stand trial and the assessment of criminal responsibility are key activities necessary to the administration of justice at the interface of mental health and the law. Canadian psychologists have the expertise and scope of practice in the areas of forensic and correctional psychology required to perform these assessments. Given this expertise, the fact that

physicians who undertake this work routinely rely on assessments done by psychologists, and the fact that in Canada psychologists outnumber psychiatrists 4:1,¹ designating appropriately qualified psychologists to undertake this work independently will serve the public good. The CPA is advocating for psychologists to be designated under the *Criminal Code of Canada* (CCC) to perform assessments of fitness to stand trial and criminal responsibility.

Background

Fitness to stand trial and criminal responsibility assessments are two types of forensic mental health evaluations that can be ordered by Canadian courts when an accused person is charged with a criminal offence. To address these issues, Canadian courts have typically relied on physicians, in most cases psychiatrists, to provide an expert opinion that may assist the legal system. Although section 672 of the CCC allows for “any other person who has been designated by the Attorney General as being qualified to



conduct an assessment of the mental condition of the accused under an assessment order”² to complete these assessments, there has been no such addition of other disciplines. In other sections of the CCC and the *Youth Criminal Justice Act* (YCJA), the language about who can perform court-ordered assessments is different from section 672. For example, psychologists are included in section 760 of the CCC in relation to dangerous offender assessments. For youth forensic assessments, section 34 of the YCJA defines a “qualified person” as “a person duly qualified by provincial law to practice medicine or psychiatry or to carry out psychological examinations or assessments.”³ In our opinion, fitness to stand trial and criminal responsibility evaluations require an expert professional that has specialized training and knowledge in the assessment of mental disorders.

Psychologists are sometimes involved in fitness to stand trial and criminal responsibility assessments in Canada, either in provincial forensic mental health systems as members of multidisciplinary teams, or as independent practitioners in the community. Current roles include providing diagnostic assessments, malingering assessments, or second opinions on the psycholegal questions of fitness or criminal responsibility.^{4,5} Assessments of fitness to stand trial and criminal responsibility are, in essence, a form of capacity assessment: for the former, does the accused have the capacity to understand the criminal justice process and participate meaningfully in the proceedings and, for the latter, at the time of the crime was the accused able to formulate the requisite intention for the crime in terms of knowing right from wrong. For findings of unfitness or absence of criminal responsibility, the incapacity must be a result of mental disorder. Conducting capacity assessments and assessing mental disorder have long been the purview of psychologists. In provincial courts, judges have permitted testimony from psychologists to inform the determination of criminal responsibility⁶ and fitness to stand trial.⁷

Accessibility Issues

According to the CCC, there are specific timelines for completion of fitness to stand trial (seven days) and criminal responsibility (30 days) assessments ordered by the court.⁸ In practice, however, assessment timeframes can exceed these deadlines.^{9,10,11} Accused persons taking part in these assessments typically have some type of severe and persistent mental illness. If a qualified mental health professional is not available to conduct the assessment, there can be significant delays for the accused person waiting in custody to proceed with his or her legal case.^{12,13} When the courts request a fitness to stand trial or criminal responsibility evaluation, the accused person should have access to a qualified forensic mental health professional who can complete the assessment in a competent and timely manner. Failure to provide such access may contribute to delays in case processing and thereby compromise the accused’s *Charter* right to be tried within a

reasonable time, the rules of which the Supreme Court recently delineated in *R. v. Jordan* (2016)¹⁴ and *R. v. Cody* (2017).¹⁵

In our opinion, psychologists who practice in the area of forensic clinical psychology have the training, expertise, and skills needed to perform these assessments for the courts. For example, psychologists are able to assess and diagnose mental disorders – competency that is directly related to providing an opinion about fitness to stand trial and criminal responsibility. They also have expertise in evaluating mental status, cognitive functioning, and personality disorders; these topics are often encountered in court-ordered assessments. To complete fitness to stand trial and criminal responsibility assessments, psychological testing can be quite useful to help answer the psycholegal question. Psychologists have developed several validated measures of fitness to stand trial,¹⁶ criminal responsibility,¹⁷ personality and psychopathology,¹⁸ and malingering.¹⁹ More generally, psychologists who have trained and practiced in clinical forensic psychology receive and provide training in how to analyze the nexus between the clinical data and legal issues in order to address the psycholegal question.

As part of fitness to stand trial assessments, evaluators routinely offer opinions regarding feasibility of restoration and recommendations regarding treatment for the restoration of fitness. The most common form of intervention for individuals found Unfit to Stand Trial is psychotropic medication to target the symptoms of mental disorder impairing the defendant’s competence related functional abilities; psychologists are trained to identify when pharmacological intervention should be considered and referral to a psychiatrist to provide such treatment is warranted. Psychologists with training in clinical forensic psychology can recognize when other forms of intervention for the restoration of fitness may be helpful, such as educational treatment programs developed to increase the defendant’s legal knowledge or individualized programs to target his or her symptoms of mental disorder or fitness specific deficits. Moreover, they have provided these forms of fitness restoration interventions.²⁰

At present, the skills and expertise of clinical psychologists with forensic training are underutilized in Canada. In the United States, psychologists have been considered qualified to conduct assessments for the federal and lower-level courts in the areas of competency to stand trial (i.e., fitness to stand trial) and criminal responsibility for many years.²¹ Designating psychologists as qualified to perform these assessments in Canada would significantly increase the number of mental health professionals that are available to the courts, as “psychologists are Canada’s largest group of specialized and regulated mental health providers, outnumbering psychiatrists about 4:1.”²²

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The first Southeast Asia regional conference of psychology: Human well-being and sustainable development



Participants of the capacity-building workshop on the development and review of codes of ethics conducted by Prof. Janel Gauthier.

John Berry, PhD, Member of the CPA's International Relations Committee and Janel Gauthier, PhD, Chair of the CPA's International Relations Committee

This historic conference, hosted by the University of Social Sciences and Humanities/Vietnam National University, Hanoi (USSH/VNU) and the Institute of Psychology/Vietnam Academy of Social Sciences (IoP/VASS), was held at the USSH in Hanoi, Vietnam from November 28 to December 1, 2017. It was historic for a number of reasons:

- It brought together delegates from across the Southeast Asia region and from around the world for the first time. There were 491 scientists and practitioners from 35 countries, including nine countries in Southeast Asia.
- It was the second largest regional conference of psychology ever held, the largest one having taken place in Guanzhou, China in 1995.
- Only one regional conference of psychology, held in Mexico City in 1997, had delegates from more than 35 countries.
- It sought to provide capacity-building for participants by offering five invited workshops on the first day and five roundtables on the last day.
- The presentations covered virtually all areas of psychology, including those with a theoretical, empirical and applied focus.

- It was sponsored by several organizations that came together, including the Australian Psychological Society, the Chinese Psychological Society, the International Association of Applied Psychology (IAAP), the International Association for Cross-Cultural Psychology, and the International Test Commission. The IAAP was the leading sponsor of the conference and worked closely with organisers.

The opening ceremony included welcoming speeches from the President of the Conference and of the USSH (Prof. Pham Quang Minh); the Vice-President of the VNU (Associate Prof. Nguyen Hong Son); the President of IAAP (Prof. Janel Gauthier); the Chair of the Scientific Committee of the Vietnamese Association of Social Psychology (Prof. Pham Tat Dong); and the President of the Vietnamese Association of Psychological and Educational Sciences (Prof. Nguyen Ngoc Phu). These speeches were followed by a cultural performance, and the opening ceremony ended with a presentation by Prof. John Berry with the theme "How Shall We All Live Together?" The balance of the first day provided keynote addresses by 13 participants from Canada (namely, Gary Latham who spoke about priming goals in the subconscious as an innovative methodology for motivating employees), China, France, Germany, Hong Kong SAR, Romania, South Africa, Spain, USA, and Vietnam.



Prof. Janel Gauthier welcomes delegates at the opening of the conference.

The third day of the programme included 32 invited and peer-reviewed symposia, 24 paper sessions, and 50 poster presentations. A total of 257 papers were delivered on the third day of the conference covering varied topics, such as ethno-psychology in Vietnam, ethics, conflict in international organisations, mental health, well-being, marriage, family and youth issues, and care for the elderly and children with special needs. There was widespread excitement and enthusiasm among participants for both the scholarly interactions and for the social engagements during breaks and mealtimes.

The conference ended with a closing ceremony during which the Secretary-General of the conference, Prof. Le Van Hao (IoP/VASS), made some thoughtful comments and expressed his gratitude to all the individuals, organizations and institutions that had contributed to the conference. Prof. Janel Gauthier, President of the IAAP, ended the closing ceremony by presenting plaques to Prof. Pham Quang Minh, the President of the conference, and Prof. Le Van Hao, the Secretary-General of the conference, for their contributions to psychology. Prof. Gauthier also presented a plaque to the Honorary President of the conference, Prof. Pham Minh Hac, at the opening ceremony.

In closing the conference, IAAP President, Prof. Janel Gauthier said: “The 2017 RCP has exceeded all expectations and achieved such a high level of success that it has set a new standard for future regional conferences of psychology. This historic event is bound to become a milestone in the history of psychology in Vietnam and Southeast Asia.”

Improving access to qualified mental health professionals

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Recommendations

We respectfully recommend that the following changes be considered by the federal government:

- In section 672.1 of the *Criminal Code*, we propose a change to the definition of “assessment” to say, “assessment means an assessment by a qualified mental health professional, and any incidental observation or examination of the accused.”
- Similarly, to the *Youth Criminal Justice Act*, we propose that “qualified mental health professional” is defined as: “a person duly qualified by provincial law to practice psychiatry or a person duly qualified by provincial law to practice psychology.”
- Beyond these basic requirements, we also strongly recommend that a qualified mental health professional, whether a psychiatrist or psychologist, should have specialized knowledge and expertise in forensic mental health assessment in order to conduct evaluations under section 672 of the CCC.

Our recommendations are based upon several factors that we consider important in the court-ordered assessment process. First, psychologists have the training and expertise to conduct assessments of fitness and criminal responsibility. Psychologists have in fact developed many of the forensic assessment instruments upon which psychiatry relies to assess these legal issues. Second, amending the wording of the CCC will improve access to mental health professionals for accused persons, courts, and provincial forensic mental health systems. With the inclusion of psychologists and psychiatrists in the definition, courts and accused persons will have access to a larger group of forensic mental health professionals to complete these assessments. In provincial forensic mental health systems, the inclusion of psychologists in these assessments may assist administrators in taking advantage of existing resources, especially in geographical areas where there are few professionals with forensic mental health expertise. Third, changing the definitions in section 672 may help provide more consistency in the language within the CCC and between the CCC and YCJA. Aiming for consistent language across legislation can help provide clarity to judges and lawyers in determining which mental health professionals are qualified to conduct forensic assessments for the courts. Finally, not all mental health professionals have specialized knowledge and expertise in the area of forensic mental health. Amending the CCC and YCJA to require that those conducting forensic mental health evaluations be both a qualified mental health professional and have specialized knowledge and expertise in forensic mental health assessment will help ensure that courts and accused persons with severe mental illnesses receive services that are evidence-based and meet community standards of care.

For a complete list of references, visit www.cpa.ca/psynopsis

Where (and where not) to cite your CPA affiliation or membership



Dear Ethics Corner readers, I, your friendly neighbourhood Ethics Officer, am back to discuss an important (and timely) topic with you in this issue; namely, where (and where not) to cite your CPA membership in documentation and correspondence.

It has recently come to the attention of our office that there is some confusion about the appropriate uses of various affiliation/membership statuses associated with the CPA. My hope is that this short article will help clarify some of this confusion.

Fittingly, we will begin this discussion with the *Canadian Code of Ethics for Psychologists, Fourth Edition* (the *Code*; CPA, 2017). Standard III.2 of the *Code* – which applies to all members and affiliates of the CPA – contains wording that specifically addresses this issue, and reads as follows:

[In adhering to the Principle of Integrity in Relationships, psychologists would:]

III.2 Accurately represent their own and their colleagues' qualifications (e.g., credentials, education, experience, competence, affiliations) in all spoken, written, or printed communications, being careful not to use descriptions or information that could be misinterpreted (e.g., **citing membership in a voluntary association of psychologists as a testament of competence**). (CPA, 2017, Principle III. Integrity in Relationships.) (*Emphasis mine.*)

The above Standard indicates that affiliation with or membership in a voluntary association, even one with minimum educational requirements, is not a credential. For disciplines such as psychology, a credential is generally understood as a warrant of competence, attesting to a person having the knowledge, skills, and attitudes needed for safe and ethical practice of the discipline. It also is often understood as authorization to practice the discipline. While valuable in many ways, your CPA affiliation/membership does not allow you to do anything you can't do without membership. The CPA did not assess your competence when you applied for your membership, nor does it certify or license you to perform any psychology-related activity. In some ways, it is no different than a gym membership; it offers you benefits and allows you access to events and products that you may not have had access to before, but it does not grant you any powers that you did not previously have.

Now let us turn our focus to where it is appropriate (and not appropriate) to cite your membership/affiliation. Due to the high risk of misinterpretation, some common examples of inappropriate uses include: 1) citing it on a business card, 2) listing it as part of your letter heading or signature block (e.g., in an email or a written letter), 3) citing it on your website (particularly when cited in the same place as educational or professional credentials), and 4) citing it on official reports (e.g. psychological assessment reports). As mentioned, the reason its use is inappropriate in these cases is that it is easy for a member of the public to confuse your CPA

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Quand (et quand ne pas) mentionner son affiliation ou son appartenance à la SCP

Chers lecteurs,

Votre bon ami du bureau d'éthique est de retour pour aborder une question importante (et qui arrive à point nommé), à savoir, « Quand est-il approprié (et non approprié) de mentionner son affiliation comme membre de la SCP dans la documentation et la correspondance? ».

Il a récemment été porté à l'attention de notre bureau qu'il existe une certaine confusion au sujet de l'utilisation appropriée des différents statuts de membre ou types d'affiliation à la SCP. J'espère que ce court article aidera à dissiper une partie de cette confusion.

Avec à-propos, nous allons commencer par examiner le *Code canadien de déontologie professionnelle des psychologues, quatrième édition* (le « Code », SCP, 2017). La norme III.2 du Code – qui s'applique à tous les membres et affiliés de la SCP – parle expressément de cette question, et se lit comme suit :

[En adhérant au Principe d'intégrité dans les relations, le psychologue doit :]

III.2 présenter avec exactitude ses qualifications (p. ex., titres, formation, expérience, compétences et affiliations) ainsi que celles de ses collègues dans toute communication parlée, écrite ou publiée autrement, tout en veillant à éviter que les descriptions ou l'information soient mal interprétées (p. ex., **mentionner que l'appartenance à une association bénévole de psychologues atteste de la compétence du psychologue**). (SCP, 2017, Principe III. Intégrité dans les relations) (*C'est moi qui souligne.*)

Selon la norme ci-dessus, l'affiliation ou l'appartenance à une association bénévole, même une association qui a des exigences éducatives minimales, ne constitue pas un titre de compétences. Dans les disciplines comme la psychologie, un titre de compétences est considéré généralement comme une garantie de compétences, qui atteste qu'une personne possède les connaissances, les habiletés et les attitudes nécessaires à l'exercice sûr et éthique de sa profession. Il est aussi souvent assimilé à une autorisation d'exercer dans une discipline particulière. Bien qu'elle soit utile à bien des égards, votre affiliation ou votre appartenance à la SCP ne

vous autorise pas à faire des choses que vous ne pouviez faire sans adhésion. La SCP n'a pas évalué vos compétences lorsque vous avez fait votre demande d'adhésion, pas plus qu'elle ne certifie que vous êtes apte à effectuer des activités liées à la psychologie ou ne vous autorise à le faire. À certains égards, c'est un peu comme être abonné à un centre de conditionnement physique; votre abonnement vous apporte des avantages et vous donne accès à des événements et des produits auxquels vous n'aviez peut-être pas accès auparavant, mais il ne vous accorde aucun pouvoir que vous n'aviez pas déjà.

Attardons-nous maintenant sur les situations où il est approprié (ou non) de mentionner votre appartenance ou votre affiliation. Pour éviter toute mauvaise interprétation, voici quelques exemples courants, où l'affiliation à la SCP n'est pas appropriée : 1) mention sur une carte de visite; 2) mention dans un en-tête de lettre ou un bloc de signature (p. ex., dans un courriel ou une lettre); 3) mention sur votre site Web (en particulier lorsqu'elle est indiquée au même endroit que les titres universitaires ou professionnels); 4) mention dans les rapports officiels (p. ex., rapports d'évaluation psychologique). Comme je l'ai mentionné, l'utilisation de l'affiliation ou de l'appartenance n'est pas appropriée parce que, dans ce cas, il serait facile pour un membre du public de confondre votre statut de membre ou votre affiliation à la SCP avec un titre ou le droit d'exercer, ce qui pourrait faire croire que vous détenez une autorisation ou un certain degré de compétence qui ne vient pas avec l'affiliation ou l'appartenance à la SCP.

Maintenant que nous avons examiné les principales règles, il importe de mentionner certaines exceptions. Par exemple, il est approprié d'indiquer votre affiliation ou votre appartenance à la SCP sous la rubrique « Affiliations professionnelles ». De plus, si vous communiquez à titre officiel comme membre de la SCP, élu ou nommé, il est approprié de mentionner votre fonction dans la ligne de signature ou dans le texte de la communication. Par exemple, si à titre de président d'une section de la SCP, vous communiquez au nom de cette section, il est tout à fait approprié de vous identifier comme tel dans la ligne de signature ou ailleurs dans votre lettre ou votre courriel. Toutefois, si vous communiquez avec un patient ou un client, ou rédigez un rapport à un autre titre (p. ex., en tant que psychologue embauché par un hôpital), il n'est pas approprié de mentionner votre rôle au sein de la SCP.

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CPA affiliation or membership

Continued from page 28

affiliation/membership status with a certification or licensure, giving the appearance of a degree of authority or competence that is not part of CPA affiliation or membership.

Now that the key rules have been discussed, it is important to mention some exceptions. For instance, it would be appropriate to list your CPA affiliation/membership under the heading “Association Memberships.” Also, with respect to communicating in an official capacity as an elected or assigned position within the CPA, it would be appropriate to identify your position in a signature line and/or in the text of the communication. For example, for the Chair of a CPA Section, communicating on behalf of that Section, it would be completely appropriate to identify yourself as such in a signature line or elsewhere in a letter or in an email. However, if you are communicating with a patient or client, or writing a report in another capacity (e.g. as a psychologist at a hospital), then citing your official CPA role would not be appropriate.

The same exception can be applied to CPA Fellows. The CPA defines Fellows as:

“Members of the Association who have made a distinguished contribution to the advancement of the science or profession of psychology or who have given exceptional service to their national or provincial associations.”

Fellows are nominated by their peers, and those nominations are reviewed and voted on by both the Committee on Fellows and Awards and the CPA’s Board of Directors. Citing one’s Fellowship status in a general email signature, or in a section of your CV under a title like “Awards and Honours” would be appropriate. As with elected positions, however, using a fellowship (or any other award) in the heading or signature of a psychological report, or in other official communications with patients or clients, would be inappropriate.

In sum, although we may be proud of our affiliation/membership in the CPA, there are appropriate (and inappropriate) times and places to show that pride. I hope that this short article provides some remedy to any confusion about citing your CPA affiliation/membership. If you have any questions about how this information interfaces with your licensure or certification, I encourage you to contact your regulatory body directly. And, as always, if you have any questions or comments about this article, or any other ethics-related matter, please feel free to email me at ethics@cpa.ca.

Wishing you all my very best,
Stewart Madon, PhD, C. Psych.
Ethics Officer, Canadian Psychological Association

Affiliation et appartenance

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La même exception s’applique aux fellows de la SCP. La SCP définit les fellows comme suit :

« fellows » s’entend des membres qui ont fait une contribution exceptionnelle au progrès de la science ou de la profession de la psychologie ou qui ont rendu un service exceptionnel à leurs associations nationales ou provinciales. »

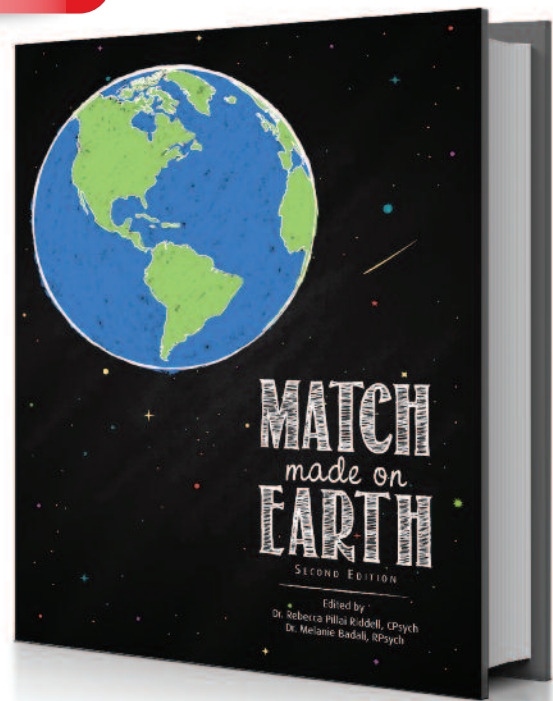
Les fellows sont nommés par leurs pairs, et les candidatures sont examinées et votées par le Comité des fellows et des prix et le conseil d’administration de la SCP. La mention de votre titre de fellow dans une signature de courriel ou dans une section de votre CV sous le titre « Prix et distinctions », par exemple, serait appropriée. Toutefois, comme c’est le cas des postes élus, l’utilisation du titre de fellow (ou de toute autre distinction) dans le titre ou la signature d’un rapport psychologique, ou dans d’autres communications officielles avec les patients ou les clients, serait inappropriée.

En somme, bien que nous puissions être fiers de notre affiliation ou de notre appartenance à la SCP, il y a des moments et des endroits où il est approprié (et non approprié) d’exprimer cette fierté. J’espère que ce court article réussit à dissiper toute confusion à ce sujet. Si vous voulez savoir comment l’information fournie dans le présent article affecte votre autorisation d’exercer ou votre agrément, je vous encourage à communiquer directement avec votre organisme de réglementation. Et, comme toujours, si vous avez des questions ou des commentaires à propos de cet article, ou toute autre question liée à l’éthique, n’hésitez pas à m’écrire à ethics@cpa.ca.

Meilleures salutations à tous,
Stewart Madon, Ph. D., C. Psych.,
agent d’éthique, Société canadienne de psychologie



The time has come: A new edition of “Match Made on Earth”



Melanie Badali, PhD, R. Psych., Psychologist, North Shore Stress and Anxiety Clinic and Rebecca Pillai Riddell, PhD, C. Psych., Visiting Professor, University College London

Time passes. It makes some things better, like fine wine and cheese. And some things worse, like eyesight and wrinkles. Back in 2003 (many gray hairs ago), the idea to create a guide to help Canadian graduate students apply for psychology internships was born. The idea evolved into the first edition of “Match Made on Earth: A Guide to Navigating the Psychology Internship Process.” With the support and endorsement of the Canadian Psychological Association (CPA) and Canadian Council of Professional Psychology Programs (CCPPP), the book found a home on their websites where it has been quietly helping students for years. But inevitably, over time, some of the information contained in the original edition became outdated, so we decided to join forces and update it with the benefits of our experience over the past 14 years.

Because the original edition was a student-led initiative, and we have not been students for some time, we invited four amazing collaborators who were closer to the internship application process to capture the spirit of the original book. Drs. Kathryn Birnie, Melanie Khu, Melanie Noel, and Nicole Racine rose to the challenge. We also asked Training Directors and Directors of Clinical Training across the country to impart advice for interns-to-be. Thus, the new edition has the best of both worlds – words of wisdom from experienced professors and clinical supervisors, as well as the type of advice you would get from a friend who has been in your shoes.

This new edition is for students at all stages of clinical psychology graduate studies. Over the nine chapters, we take trainees through all the steps of the application process and offer tips on preparing when you start out as a clinical psychology graduate student, applying, interviewing and

making the most of your internship year. The Appendix contains valuable samples of the match essays and a CV so that students can see examples of successful applications.

Match Made on Earth (2nd edition) is available in hardcopy, ebook, and PDF form. CCPPP has generously sponsored the formatting and hosting of the book so that students can now access the PDF and ebook for free at <http://ccppp.ca/resource-documents> or through a link on the CPA website at <http://www.cpa.ca/students/student-internships/>. The ebook has great features, such as enhanced note taking (underlining, highlighting, bookmarking), enhanced navigation (live links from Table of Contents, detailed “Find” functioning), and view adjustment for different e-formats (laptop, reader, ipad, phone, etc). Hard copies will be available when we run workshops, so keep your eyes peeled for a notice. We plan to hold our first workshop in summer 2018.

The vision for Match Made on Earth (2nd edition) is for it to become a living document that is updated regularly to reflect changes in the internship process. The editors and authors welcome feedback. Please email us at matchmadeonearth2@gmail.com with suggestions. You can also follow #mmoe2 on Twitter and @matchmadeonearth on Facebook. Please share the news with any clinical psychology graduate students you know.

We are grateful to CCPPP not only for their financial support and for hosting the book on their website, but also for their assistance in disseminating our survey and the many insightful comments we received from their reviewers. We are also thankful to all the professionals who generously donated their time to make this book a reality and look forward to the continued support of the intern community to help us keep this book up-to-date. We may not be able to keep the gray away, but we are confident this book can stand the test of time - with a little help from our colleagues, of course.

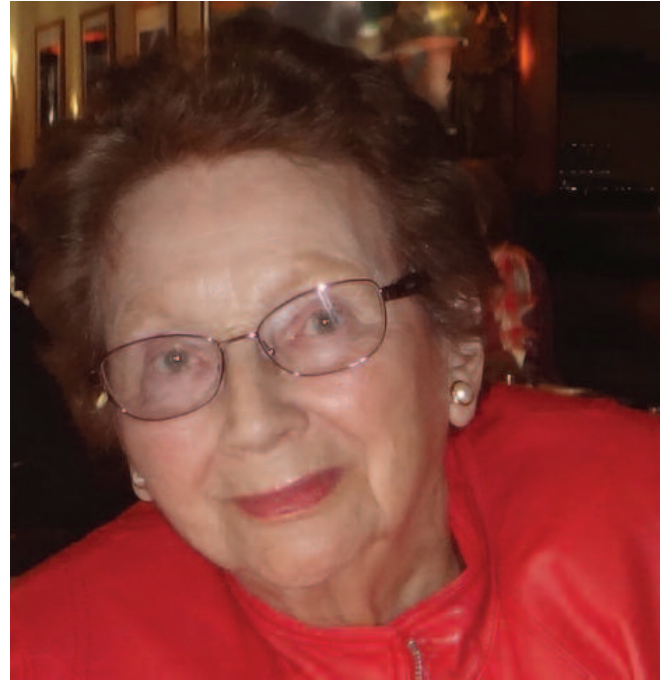
Virginia Isabel Douglas (1927-2017)

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Dr. Virginia Isabel Douglas, long-time McGill professor, renowned Attention Deficit Hyperactivity Disorder (ADHD) researcher, and architect of clinical psychology training in Canada, passed away on December 8, 2017 at her residence in Halifax, Nova Scotia. Dr. Douglas was the second female president of the Canadian Psychological Association (CPA, 1971), and the first female chair of the Psychology Department at McGill University.

Douglas was born in London, Ontario into a Scottish family who valued education. An only child, she was surrounded by books and was pushed to succeed academically. As she noted in an interview in 1976, her mother told her that “[a]nything short of an ‘A’ on a report was a failure.” She became an award-winning high school student and began her post-secondary education in English and history at Queen’s University. By her second year, she had developed a keen interest in experimental psychology. She married in her third year of university and quickly completed her degree before moving to Sarnia, Ontario with her husband. There, as she put it, she became “an instant social worker,” employed by the Children’s Aid Society for the City of Sarnia, of which she eventually became Acting Superintendent. She and her husband then decided to pursue graduate studies at the University of Michigan, where she earned Master’s degrees in both psychology and social work. Soon after their arrival in Michigan, Douglas also gave birth to a son, Donald James Douglas. She then undertook a PhD in psychology at the University of Michigan from 1953-1958, where there was a strong emphasis on the scientist-practitioner model; a model she would integrate into her own career and promote to others.

In 1958, Douglas moved to McGill University where she spent the rest of her career. She found a very congenial home at McGill. Despite occasional disagreements, she particularly recalled the warmth and generosity extended to her by colleagues such as Donald O. Hebb. She was hired by the Department of Psychology to train psychology students as practitioners despite the tension surrounding the legitimacy of applied psychology both at McGill and in the discipline more generally. McGill had built a pre-eminent experimental and physiological psychology department and there were fears that formalizing training in applied psychology would affect the discipline’s standing as a science. The rigour of



Douglas’s own applied scientific work and her conceptual incisiveness convinced her colleagues that McGill’s clinical psychology program would train “first class psychologists,” not “second class psychiatrists.” This resulted in a doctoral clinical psychology program based on the scientist-practitioner model with a strong foundation in empirical research.

Douglas also demonstrated a pioneering spirit in supporting gender equality. She successfully protested the exclusion of female faculty from the main Faculty Club at McGill when she staged a “sit-in” with fellow psychologist Dr. Muriel Stern. She also served as the discussant in the historic “Underground Symposium” in 1972. The papers presented, all on gender issues, had been rejected by the Program Committee of the CPA, so the researchers involved decided to report their material at an independent event. As a representative of the establishment, Douglas’s support was crucial to the success of the event, which was a catalyst for the eventual establishment of the Section on Women and Psychology of the CPA.

At McGill, Douglas undertook research on the cognitive aspects of ADHD, for which she became well known. As part of her appointment at McGill, she held privileges at the Montreal Children’s Hospital where she worked with psychiatrists Gabrielle Weiss and John Werry who were studying hyperactivity in children. While the behavioural

components of the disorder were well established, Douglas became one of the first researchers to focus on the cognitive difficulties of children identified as hyperactive. She undertook controlled studies of the effects of medication, cognitive training and reinforcement on the cognitive and academic performance of children diagnosed with hyperactivity. In her Presidential Address to the CPA in 1971, she laid out her model of hyperactivity, which highlighted deficits in attention and impulse control. This address, published as “Stop, look, and listen! The problem of sustained attention and impulse control in hyperactive and normal children” (1972), played a key role in shifting the emphasis to attentional deficits and in introducing the diagnosis of Attention Deficit Disorder into the DSM-III in 1980. The paper became a Citation Classic (i.e. one of the top 1% of the Social Science papers cited in the following 10 years), as did her paper, “Studies on the hyperactive child: VIII. five-year follow-up” (1971).

Douglas was also a pioneer in shaping clinical psychology in Canada. In the 1960s she was invited to participate in the Penticton and Couchiching conferences devoted to the science of psychology and clinical training in Canada, respectively. During her tenure as President of the CPA in 1971, she co-authored *The Future of Canadian Psychology*, which detailed a path for clinical psychology training. Douglas was also involved in promoting Canada’s basic and applied sciences to an international audience, promoting psychology in Cuba during a sabbatical year and participating in an international delegation to China as a member of Canada’s Science-Technology organization SCITEC, for which she served as president.

Throughout her career, Douglas both promoted and exemplified the dual focus on research and application that she felt was central to clinical psychology. Her dedication and success was recognized by multiple awards, including: the Canadian Silver Jubilee Medal (1977), the first CPA Award for Distinguished Contributions to Psychology as a Profession (1980), the Distinguished Contribution Award from the Section on Child Clinical Psychology of the American Psychological Association (1991), the Children and Adults with Attention-Deficit/Hyperactivity Disorder (C.H.A.D.D.) Award for Outstanding Professional Achievement in ADHD (1996) and the CPA Gold Medal for Distinguished Lifetime Contributions (2004).

When Douglas retired from McGill University, she was appointed Professor Emerita, and she continued to go into her office daily and participate in departmental colloquia well into her late eighties. With her second husband, marine biologist John Bradley Lewis, she spent many happy hours swimming in Barbados and sailing off the coast of Nova Scotia. During the last two years of her life, she lived in Halifax to be near her son, Donald, and her two grandchildren. She passed away peacefully after an evening out enjoying dinner and a movie with her granddaughter and grandson.

Dr. Dorothy Cotton appointed to Order of Ontario

On February 27, Dr. Dorothy Cotton was appointed to the Order of Ontario by The Honourable Elizabeth Dowdeswell, Lieutenant Governor of Ontario and Chancellor of the Order of Ontario, at an investiture ceremony at Queen’s Park. Dr. Cotton is a Fellow of the CPA. She is a clinical and correctional psychologist and Canada’s only Diplomate in Police Psychology. She was recognized for her important work in helping to change the way police interact with individuals experiencing mental health crises. Congratulations to Dr. Cotton for this well-deserved recognition.

Dr. Ivan Zinger appointed as Correctional Investigator of Canada

On January 2, The Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, issued a statement appointing Dr. Ivan Zinger to the position of Correctional Investigator of Canada. Dr. Zinger, a member of the CPA and its Ethics Committee, served as acting Correctional Investigator for a year before being appointed to a five year term. Dr. Zinger holds a degree in Common Law from the University of Ottawa and a doctoral degree in Psychology of Criminal Conduct from Carleton University. Over the course of his career, he has developed expertise in both domestic and international human rights law in prison settings. Congratulations to Dr. Zinger on this important appointment.

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