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Psychology in the Public Eye



La psychologie sous le regard public



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The Relationship between CPA and APA: Will it remain special?

Peter Graf, Ph.D., CPA President

The American Psychological Association (APA) was founded in 1892 by academics from both Canada and the United States as an association of North American psychologists. Even today, nearly eight decades after the founding of the Canadian Psychological Association (CPA), a strong and special relationship connects the CPA and the APA. By virtue of our common provenance, Canadians are not considered international affiliates in the APA's bylaws, but perhaps more momentous, psychologists from both sides of the border benefit from a membership dues agreement that has existed for many decades. According to this agreement, 1100 CPA members, resident in Canada, who elect to also join the APA receive a 50% reduction in APA's regular member dues.

If you are a member of both associations, would you maintain both memberships if the dues agreement were abolished? What would be the impact on the APA-CPA relationship if fewer Canadians joined and participated in the APA? What benefits accrue to CPA members who join the APA?

Answers to such questions are urgently required because at their February 2011 meeting in Washington, DC, the Council of Representatives (CoR) — the senior decision making body of the APA — considered a motion to rescind the dues agreement between the APA and the CPA. The general intent of this motion was not to single out the CPA, but rather it was, on one hand, to abolish all of the dues reduction agreements the APA has with its fraternal organizations (including the agreement with the CPA), and on the other hand, to use the resulting savings to lower the dues for all members of the APA.

At its meeting, the CoR passed the motion to rescind all dues

reduction agreements with fraternal organizations other than that with the CPA, and to lower the dues for all APA members. A decision on the dues agreement between the APA and the CPA was postponed, however, as a result of an intense lobbying effort mounted by Dr. Karen Cohen, CPA Executive Director, the handful of Canadians who present their provincial jurisdictions on the CoR and myself. We believe our efforts succeeded primarily because the proposal to rescind the CPA-APA dues agreement was initiated by the APA without any kind of consultation or negotiation with the CPA. More importantly, we also believe that the CoR is facing strong pressure to abolish the special status of the CPA members who join the APA; we fear that at its next meeting, the CoR will bow to this pressure unless we can convince them of the wisdom of the status quo.

If the APA-CPA dues agreement were abolished, CPA members who wish to join the APA would see their APA dues increase by \$103.50 in 2012. If confronted with this type of increase, would you renew your membership in the APA? If the dues agreement were abolished, CPA members who join the APA would pay the same membership dues as American psychologists.

Would this be a fair deal; do Canadians and Americans enjoy the same benefits from their membership in the APA?

The CPA has conducted a survey to explore the implications of the existing CPA-APA dues agreement and of the consequences that might be triggered by abolishing it. For more information on this issue, please visit the CPA web site <http://www.cpa.ca/psychologynews/Duesagreement/Update/>

If you are a member of both associations, would you maintain both memberships if the dues agreement were abolished?

Canadian Psychology welcomes new Editor, Dr. Martin Drapeau

CPA's Publication Committee and its Board of Directors are pleased to announce the appointment of Dr. Martin Drapeau as Editor of [Canadian Psychology](#) (CP). Dr. Drapeau's editorial term begins in January 2011 and he will assume responsibility for volumes from 2012 through 2015 of CP. Trained as a Clinical Psychologist, Dr. Drapeau is an Associate Professor of Counselling Psychology and of Psychiatry at McGill University and an Adjunct Professor of Clinical Psychology at the University of Sherbrooke. He is a Researcher affiliated with the Qualaxia Network and the Centre International de Criminologie Comparée of the University of Montreal as well as a Research Scholar of the Fonds de Recherche en Santé Québec. Dr. Drapeau is vice president of [l'Ordre des psychologues du Québec](#) and is on its Board of Directors and Executive Committee. He is also the Quebec representative to the Council of Representatives of the [American Psychological Association](#). Dr. Drapeau is involved in or leads a number of research projects and publishes in the area of psychotherapy.



Les relations entre la SCP et l'APA : est-ce qu'elles resteront spéciales?

Peter Graf, Ph.D., président de la SCP

L'American Psychological Association (APA) a été fondée en 1892 par des universitaires du Canada et des États-Unis en tant qu'association de psychologues nord-américains. Même aujourd'hui, près de huit décennies après la fondation de la Société canadienne de psychologie (SCP), des liens étroits et spéciaux rapprochent la SCP et l'APA. En raison de notre provenance commune, les Canadiens ne sont pas considérés comme des affiliés internationaux dans les règlements de l'APA, mais sans doute plus capital, les psychologues des deux côtés de la frontière bénéficient d'une entente de droits d'adhésion mise en place il y a plusieurs décennies. Selon cette entente, 1 100 membres de la SCP, résidant au Canada, qui décident d'adhérer aussi à l'APA, reçoivent un rabais de 50 % sur les droits d'adhésion réguliers de l'APA.

Si vous êtes membre des deux sociétés, est-ce que vous maintiendriez l'adhésion si cette entente sur les droits était abolie? Quel serait l'impact sur les relations entre l'APA-SCP si un moins grand nombre de Canadiens adhéraient à l'APA et participaient à leurs activités? Quels sont les avantages dont retirent les membres de la SCP qui adhèrent à l'APA?

Les réponses à ces questions sont requises d'urgence parce qu'à sa réunion de février 2011 à Washington, DC, le Conseil des représentants (CoR) de l'APA — l'organisme décisionnel de l'APA — a pris en considération une motion visant à annuler l'entente de droits entre l'APA et la SCP. Le but général de cette motion n'était pas de viser la SCP, mais plutôt, d'une part, d'abolir toutes les ententes de réduction des droits que l'APA a conclues avec ses sociétés d'aide mutuelle (y compris l'entente avec la SCP), et d'autre part, d'utiliser les économies réalisées pour baisser les droits de tous les membres de l'APA.

À sa réunion, le CoR a passé la motion d'annuler toutes les ententes de réduction de droits avec les sociétés d'aide mutuelle autre qu'avec la SCP et de réduire les droits pour tous les membres de l'APA. Cependant, en raison de l'effort de lobbying intense mené par D^{re} Karen Cohen, la directrice générale de la SCP, la poignée de Canadiens qui représentent leurs administrations provinciales au CoR et moi-même, une décision au sujet de l'entente sur les droits entre l'APA et la SCP a été reportée à plus tard. Nous croyons que nos efforts ont réussi principalement parce que la proposition d'annuler l'entente de droits de la SCP-APA a été mise de l'avant par l'APA sans aucune sorte de consultation ou de négociation avec la SCP. De façon encore plus importante, nous croyons aussi que le CoR fait face à de fortes pressions pour abolir le statut spécial des membres de la SCP qui adhèrent à l'APA; nous craignons qu'à sa prochaine réunion, le CoR se pliera aux pressions à moins que nous puissions le convaincre de la sagesse du statut quo.

Si l'entente sur les droits entre l'APA-SCP était abolie, les membres de la SCP qui veulent se joindre à l'APA verraient les droits augmenter de 103,50 \$ en 2012. Face à ce type d'augmentation, est-ce que vous renouvelleriez votre adhésion à l'APA? Si l'entente sur les droits était abolie, les membres de la SCP qui adhèreraient à l'APA devraient payer les mêmes droits que les psychologues américains. Est-ce que ce serait tout de même une bonne affaire équitable; est-ce que les Canadiens et les Américains profitent des mêmes avantages de leur adhésion à l'APA?

La SCP a effectué un sondage pour explorer les conséquences de l'entente sur les droits existante entre la SCP-APA et les conséquences de leur abolition. Veuillez visiter le site Web de la SCP pour plus d'information à ce sujet <http://www.cpa.ca/psychologynews/Duesagreement/Update/>

***Psychologie canadienne* souhaite la bienvenue à son nouveau rédacteur en chef, D^r Martin Drapeau**

Le Comité des publications et le conseil d'administration de la SCP ont le plaisir d'annoncer la nomination du D^r Martin Drapeau à titre de rédacteur en chef de [Psychologie canadienne](#) (PC). Le mandat de D^r Drapeau à la direction de la revue débute en janvier 2011 et il assumera la responsabilité pour les volumes de 2012 jusqu'à 2015 de PC. Psychologue clinique de formation, D^r Drapeau est professeur agrégé en psychologie du counseling et de psychiatrie à l'Université McGill et professeur auxiliaire de psychologie clinique à l'Université de Sherbrooke. Il est un chercheur associé au Qualaxia Network et au Centre international de criminologie comparée de l'Université de Montréal ainsi que chercheur boursier du Fonds de recherche en santé du Québec. D^r Drapeau est vice-président de [l'Ordre des psychologues du Québec](#) et siège à son conseil d'administration et son Comité exécutif. Il est aussi le représentant québécois du conseil des représentants de [l'American Psychological Association](#). D^r Drapeau travaille aux projets de recherche et publie dans le domaine de la psychothérapie.



Psychology in the Public Eye

K.R. Cohen, Ph.D., Executive Director

This spring issue of *Psynopsis* is devoted to psychology in the public eye. We invited researchers and practitioners across the country to let us know what psychologists were talking about across Canada when they “gave psychology away” during Psychology Month in February. The breadth and depth of activity that went on across the country by psychologists, students of psychology and the associations of psychology that represent them was inspiring.

Knowledge translation (communicating information in a way that is understandable and relevant to an audience) and knowledge transfer (imparting information), or KTT, are critical to CPA’s mandates; especially the one that tasks us to improve the health and welfare of Canadians. KTT is also key to the ethics of many professions and often why we undertake study of psychology - to understand and solve problems related to function and behaviour and, hopefully, to do some good along the way; either by adding to knowledge in the form of research, educating others, and/or by using knowledge to help people solve problems in practice. These are the activities that are core to the identity of the discipline and the profession – their value to society measured by how well we translate and transfer them to the public.

While much of this special issue will focus on what psychologists talked about to the public, here I am going to highlight what is being talked about by the public as relates to psychology or its related activities. For our contributions to Canadian society to be of value, we need to give information that people are in need of and help them to solve problems that preoccupy them. This match between what psychologists do, and what psychology-related needs concern the public, is an important one. In large measure, it is the success of this match that deter-

mines the value of the science and the practice of psychology; our value to science, our value to public policy and society, and our value to individuals, families and communities.

In advocating for the science and practice of psychology, CPA is continually mindful of two realities: 1) what psychologists need and thereby empower us to say to partners and stakeholders (e.g. access to service, funding for research), and 2) listening to what our partners and stakeholders need for which we might be of some help. Both are important, both are possible, and success in one often paves the way for success in the other. By listening, being responsive and lending assistance to our clients, students, partners and stakeholders, we establish value, form relationships, build credibility and accomplish what most of us set out to do by studying psychology in the first place – understand human behaviour, add to this understanding, and do some good by giving it away in one form or other.

With that context in mind, here is what has captured the attention of the Canadian public and media during Psychology Month. Herein may lie opportunity for psychology’s research and practice communities to turn their expertise and attention to what is on the mind of Canadians.

Youth mental health: Youth mental health was on the minds of many in February when the assistant coach of the Ottawa Senators spoke out about the suicide of his 14 year old daughter. February 8th – the day Daron would have turned 15, was *Do It For Daron Purple Pledge Day*. Money raised went to support the Daron Richardson Fund at the Royal Ottawa Foundation for Mental Health. http://ottawa.ctv.ca/servlet/an/local/CTVNews/20110209/CGY_mental_health_110209/Castle

According to the Canadian Mental Health Association (CMHA), up to 20% of Canadian youth experience a mental disorder with 3.2 million Canadian teenagers at risk for devel-

oping depression. Canada's youth suicide rate is the third highest in the industrialized world and is the second leading cause of death in 15 to 24 year olds. Tragically, only 20% of children who need service for psychological problems actually receive it. http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-44

Mental health promotion, prevention, early identification and treatment of psychological disorders are critical investments to be made for Canada's mental health. Mental health literacy, reduction of stigma, prevention and early identification begins in childhood because it is in childhood that foundations are laid for attitudes, health behaviours, and often for psychological disorders. Stigma associated with speaking out and about psychological issues hinders understanding, acceptance and change when it comes to responding to Canada's mental health needs. As reflected in one of the Mental Health Commission of Canada's key initiatives, combating stigma and increasing the mental health literacy of Canadians, is essential. We won't change what we don't acknowledge.

Workplace mental health: For its part, CPA took on psychological issues in the workplace during Psychology Month. That was the theme of the articles in the Winter issue of *Psynopsis* mailed out to government departments and other stakeholders. CPA took out an ad in a health edition of the *Hill Times*¹ (a newspaper with a government readership) as well as delivered a number of presentations in Ottawa on psychological factors in the workplace. In February, Diane Jermyn of the *Globe and Mail* wrote a piece entitled *Mental health the final frontier in diversity* in which she talks about accommodating people with disability related to psychological disorders in the workplace. The article notes that mental health issues are the ones last on the list that are talked about and accommodated in the workplace. This despite the fact that, as mentioned in the Winter issue of *Psynopsis*, up to 40% of disability claims made to major employers are for mental disorders. <http://www.the-globeandmail.com/report-on-business/managing/top-employers/best-diversity-employers-2011/mental-health-the-final-frontier-in-diversity/article1913901/>

Let's Talk Day: Bell Canada encouraged Canada to talk about their mental health on February 9th. Bell earmarked 5 cents per text message and long distance call made on that day to fund mental health initiatives in Canada. According to Bell, a total of 66,079,236 text messages and long-distance calls were made on the 9th by Bell and Bell Aliant customers. This meant that \$3,303,961.80, in addition to the \$50 million already committed to the five-year Bell Mental Health Initiative, will go to fund mental health initiatives. The objective of Bell's \$50 million campaign is to reduce stigma of mental disorders, support research, improve access to care, and develop best practices for mental health in the workplace. Through its Community Fund, Bell provides "grants of \$5,000 to \$50,000 to organizations, hospitals and agencies focused on improving access to mental health care in their communities". For more information visit <http://letstalk.bell.ca/>

Psychological issues in the military: John Ivison of the *National Post* talked about the mental health needs of Canada's troops returning from Afghanistan. The article estimates that over 25% of Canadian troops returning will experience psychological difficulties and that the number of Operational Stress Injuries among veterans has increased over 5 fold over the last decade. This increase has prompted Veterans Affairs (VA) to establish five new personnel support centres. The article further notes the shortage of mental health specialists, inclusive of psychologists, working for the Canadian Forces. <http://fullcomment.nationalpost.com/2011/02/18/john-ivison-as-the-war-wind-s-down-the-military-%E2%80%94-and-our-soldiers-%E2%80%94-have-a-long-road-head/>

Indeed, CPA has been in liaison with the VA about the need for psychologists, with expertise in the area of PTSD, to work with military populations. The VA will be hosting a workshop at CPA's 2011 convention entitled *Emotion regulation in traumatized Veterans and Military Service Personnel: Creating possibilities for recovery* expressly to contribute to the education of psychologists about working with military populations. <http://cpa.ca/convention/preconventionworkshops/>

Rural mental health: Toronto's Centre for Addiction and Mental Health (CAMH) announced that it will launch a mobile research lab to study mental health and addictions across Ontario http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/mobile_lab.html. The lab and its work, funded by the Canadian Foundation for Innovation and the Canadian Institutes of Health Research, will reach out to understand the needs of underserved rural communities when it comes to mental health. One of the lab's projects highlighted in the announcement is the study of the "complex interactions between a person's genes and problems in the community" which may put people at risk for mental disorders.

Behavioural finance – or the psychology of investing: An article on financial planning in the *Globe and Mail* by Tracy Tjaden talked to us about behavioural finance which the author describes as "where psychology meets investing" <http://www.theglobeandmail.com/globe-investor/personal-finance/the-next-frontier-behavioural-finance/article1921440/>. As the title suggests, it is about the social psychology of investing - why do people make the investment decisions they do which in turn determines what the stock market does. According to the article, behavioural finance is critical to understanding and anticipating market returns.

The foregoing is but a survey of what psychology-related topics made it to the media in February. It is clear that psychology gives communities something to think about and that communities have concerns about which psychology has some answers. **Speak out for Canada's psychological health and well being; someone will be listening.**

¹ See a reproduction of the ad in this edition of *Psynopsis*

La psychologie sous le regard public

K.R. Cohen, Ph.D., directrice générale

Le numéro de printemps de Psynopsis est consacré à la psychologie sous le regard public. Nous avons invité des chercheurs et des praticiens partout au pays à nous laisser savoir ce dont les psychologues parlaient partout au Canada lorsqu'ils ont « donné la psychologie à tous » au cours du Mois de la psychologie en février. La portée et la profondeur des activités, qui se sont déroulées partout au pays, mises de l'avant par les psychologues, les étudiants en psychologie et les associations de psychologie qui les représentent étaient inspirantes.

La traduction des connaissances (la communication de l'information d'une manière compréhensible et pertinente à un auditoire) et le transfert des connaissances (impartition de l'information) ou TTC, sont à la base des mandats de la SCP; tout particulièrement celui qui nous donne la tâche d'améliorer la santé et le bien-être des Canadiens. Le TTC est également essentiel à l'éthique d'un grand nombre de professions et la raison pour laquelle la plupart d'entre nous avons décidé d'étudier la psychologie en premier lieu – pour comprendre et résoudre les problèmes liés à la fonction et au comportement et, on l'espère, de faire du bien chemin faisant, soit en ajoutant aux connaissances sous forme de recherche et/ou en utilisant les connaissances pour aider les personnes à résoudre des problèmes dans la pratique. Il s'agit d'activités qui sont au cœur de l'identité de la discipline et de la profession – leur valeur à la société est mesurée par la mesure dans laquelle nous traduisons et transférons les connaissances au public.

La plus grande partie du présent numéro spécial porte sur ce dont les psychologues ont parlé au public, je vais ici mettre en lumière ce dont le public parle en ce qui concerne la psychologie ou ses activités connexes. Pour que nos contributions à la société canadienne soient utiles, nous devons donner de l'information dont les personnes ont besoin et qui les aidera à résoudre des problèmes qui les préoccupent. La correspondance entre ce que les psychologues font et les besoins liés à la psychologie qui préoccupent le public, est importante. Dans une grande mesure, c'est le succès de cette correspondance qui détermine la valeur de la science et la pratique de la psychologie; notre valeur pour la science, notre valeur relative à la politique publique et la société ainsi que notre valeur pour les individus, les familles et les collectivités.

En faisant des représentations pour la science et la pratique de la psychologie, la SCP garde continuellement à l'esprit deux réalités – ce dont les psychologues ont besoin et ce dont ils nous habilitent à dire aux partenaires et aux intervenants (p. ex. l'accès au service, le financement de la recherche) et l'écoute des besoins de nos partenaires et de nos intervenants à qui nous pourrions apporter une certaine aide. Il est important de faire les deux, il est possible de faire les deux, et le succès dans une voie trace souvent la voie du succès dans l'autre. En écoutant,

en étant réceptif et en prêtant de l'aide à nos clients, aux étudiants, aux partenaires et aux intervenants, nous établissons une valeur, tissons des liens, raffermissons la crédibilité et accomplissons ce que la plupart d'entre nous faisons lorsque nous décidons d'étudier la psychologie au départ – comprendre le comportement humain, ajouter à la connaissance et faire du bien en la remettant sous une forme ou une autre.

En gardant ce contexte à l'esprit, voici ce qui a capturé l'attention du public canadien et les médias au cours du Mois de la psychologie. Il pourrait se trouver ici des occasions pour les collectivités de recherche et de pratique en psychologie de consacrer leurs compétences et leur attention à ce qui est à l'esprit des Canadiens.

La santé mentale des jeunes : La santé mentale chez les jeunes était à l'esprit d'un grand nombre de Canadiens en février lorsque l'entraîneur adjoint des Sénateurs d'Ottawa a parlé du suicide de sa fille de 14 ans. Le 8 février – le jour où Daron aurait eu 15 ans était la journée « *Do It For Daron* ». L'argent recueilli a été versé au Fonds Daron Richardson de la Fondation de santé mentale Royal Ottawa. http://ottawa.ctv.ca/servlet/an/local/CTVNews/20110209/CGY_mental_health_110209/Castle

Selon l'Association canadienne pour la santé mentale (ACSM), jusqu'à 20 % des jeunes Canadiens éprouvent un trouble mental et 3,2 millions d'adolescents canadiens sont à risque de subir une dépression. Le taux de suicide chez les jeunes Canadiens est le troisième le plus élevé dans le monde industrialisé et représente la deuxième cause de décès chez les 15 à 24 ans. Tragiquement, 20 % seulement des enfants qui ont besoin de service pour des problèmes psychologiques en obtiennent http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-44

La promotion de la santé mentale, la prévention, l'identification précoce et le traitement des troubles psychologiques sont des investissements essentiels qu'il faut faire pour la santé mentale au Canada. La stigmatisation associée à l'extériorisation et à parler des problèmes psychologiques gêne la compréhension, l'acceptation et le changement lorsqu'on tente de répondre aux besoins de santé mentale au Canada. Comme on le soulignait dans une des initiatives clés de la Commission de la santé mentale du Canada, le combat contre la stigmatisation et l'augmentation de la connaissance sur la santé mentale des Canadiens, sont essentiels. Nous ne pourrions pas changer ce que nous ne reconnaissons pas.

Santé mentale en milieu de travail : Pour faire sa part, la SCP s'est attaquée aux problèmes psychologiques dans le milieu de travail au cours du Mois de la psychologie. C'était le thème des articles du numéro d'hiver de Psynopsis qui a été posté aux ministères gouvernementaux et d'autres intervenants. La SCP a fait paraître une annonce dans un numéro sur la santé

du Hill Times (un journal qui s'adresse aux fonctionnaires fédéraux) et a assuré la prestation d'un certain nombre de présentations sur les facteurs psychologiques en milieu de travail à Ottawa. En février, Diane Jermyrn du Globe and Mail a rédigé un article intitulé *Mental health the final frontier in diversity* dans lequel elle parle de l'adaptation des personnes souffrant d'une incapacité liée à des troubles psychologiques en milieu de travail. L'article souligne que les problèmes de santé mentale sont les derniers sur la liste dont on parle et qui font l'objet d'une adaptation en milieu de travail. Et ce, malgré le fait que, comme on le mentionnait dans le numéro d'hiver de Psynopsis, que jusqu'à 40 % des réclamations liées à une incapacité auprès des principaux employeurs sont pour des troubles mentaux. <http://www.theglobeandmail.com/report-on-business/management/top-employers/best-diversity-employers-2011/mental-health-the-final-frontier-in-diversity/article1913901/>

Le Jour Cause pour la cause : Bell Canada a encouragé le Canada à parler de sa santé mentale le 9 février. Bell a remis 5 sous par message texte et appel interurbain faits cette journée pour financer les initiatives de santé mentale au Canada. Selon Bell, en tout 66 079 236 messages textes et d'appels interurbains ont été faits le 9 par Bell et les clients de Bell Aliant. Cela signifie que 3 303 961,80 \$, en plus des 50 millions de dollars déjà engagés dans l'Initiative de santé mentale de Bell sur cinq ans, iront au financement d'initiatives en santé mentale. L'objectif de la campagne de 50 millions de dollars de Bell est de réduire la stigmatisation des troubles mentaux, d'augmenter le soutien à la recherche, améliorer l'accès aux soins et créer des pratiques exemplaires pour la santé mentale dans le milieu de travail. Par l'intermédiaire du fonds communautaire, Bell versera des « dons de 5 000 \$ à 50 000 \$ à des organismes, à des hôpitaux et à des agences qui travaillent à améliorer l'accès aux soins de santé mentale dans leurs collectivités. » Pour plus d'information rendez-vous à <http://cause.bell.ca/>

Problèmes psychologiques chez les militaires : John Ivison du National Post a écrit sur les besoins de santé mentale des soldats canadiens qui reviennent d'Afghanistan. L'article estime que plus de 25 % des soldats canadiens qui reviennent éprouveront des difficultés psychologiques et que le nombre de blessures de stress opérationnel chez les anciens combattants a augmenté de cinq fois au cours de la dernière décennie. Cette augmentation a amené le ministère des Anciens Combattants (MAC) à établir cinq nouveaux centres de soutien du personnel. L'article fait aussi état de la pénurie de spécialistes en santé mentale, y compris les psychologues, travaillant pour les Forces cana-

diennes <http://fullcomment.nationalpost.com/2011/02/18/john-ivison-as-the-war-winds-down-the-military-%E2%80%94-and-our-soldiers-%E2%80%94-have-a-long-road-head/>

Et en effet, la SCP est entrée en rapport avec le MAC au sujet du besoin des psychologues, avec une expertise dans le domaine du TSPT, pour œuvrer auprès des populations de militaires. Le MAC tiendra un atelier au congrès de la SCP en 2011 intitulé *Emotion regulation in traumatized Veterans and Military Service Personnel: Creating possibilities for recovery* qui vise expressément à contribuer à l'information des psychologues au sujet du travail auprès des populations militaires. <http://cpa.ca/convention/preconventionworkshops/>

Santé mentale en milieu rural : Le Centre de toxicomanie et de santé mentale (CAMH) de Toronto a annoncé le lancement d'un laboratoire de recherche mobile pour étudier la santé mentale et les toxicomanies en Ontario http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/mobile_lab.html Le laboratoire et son travail, financés par la Fondation canadienne pour l'innovation et les Instituts de recherche en santé du Canada, tendront la main pour comprendre les besoins des collectivités rurales sous-desservies lorsqu'il est question de santé mentale. L'un des projets de laboratoire souligné dans l'annonce est l'étude des « interactions complexes entre les gènes d'une personne et les problèmes dans la collectivité » qui pourraient mettre les personnes à risque d'être atteintes de troubles mentaux.

Finance comportementale – ou la psychologie de l'investissement : Un article sur la planification financière dans le Globe and Mail de Tracy Tjaden aborde le sujet de la finance comportementale que l'auteur décrit comme « l'endroit où la psychologie rencontre l'investissement » <http://www.theglobeandmail.com/globe-investor/personal-finance/the-next-frontier-behavioural-finance/article1921440/>. Comme le titre le suggère, il s'agit de la psychologie sociale de l'investissement – pourquoi les personnes prennent les décisions d'investissement qui par ricochet déterminent ce qui se produit en bourse. Selon l'article, la finance comportementale est essentielle pour comprendre et anticiper les rendements du marché.

Ce dont il a été question précédemment n'est qu'un sondage de ce que les sujets liés à la psychologie ont fait dans les médias en février. Il est évident que la psychologie donne aux collectivités des choses à penser et que les collectivités ont des préoccupations pour lesquelles la psychologie a certaines réponses.

Psynopsis est toujours disponible sur notre site internet : www.cpa.ca



Giving positive psychology away

Paul T. P. Wong, Ph.D, C.Psych
Professor Emeritus Trent University

George A. Miller, in his 1969 APA Presidential Address advocated his vision of giving psychology away to the public as a means of promoting human welfare. He emphasized that psychologists have the responsibility to distill and disseminate research findings to educate the general public. A peaceful psychological revolution will result when people change their conception of themselves and improve their lives.

It took another twenty years before this positive revolution received extensive media coverage and became part of public consciousness. Martin Seligman (1989) in his APA President Address initiated the positive psychology movement to focus on positive emotions and human strengths. Like Miller, Seligman (2002) stressed the need to provide scientific answers to the pressing questions people ask, such as how to find authentic happiness and live healthy productive lives.

The current issue of *Psynopsis* showcases how Canadian psychologists have been giving psychology away in a variety of ways. This paper provides an overview of my activities of giving positive psychology away in the last 30 years. My balanced view of positive psychology (Wong, in press a, b) recognizes the central role of meaning-seeking and meaning-making to (a) overcome and transform negative life events to positive potentials and (b) manage the interactions between positives and negatives in order to achieve optimal levels of well-being for individuals and society.

One out of five Canadians experiences some form of mental illness or disorder in their lifetime (Canadian Mental Health Association, 2010). The challenge to meet Canada's mental health needs is threefold: (a) Finding effective ways to treat people with mental disorders (b) Improving social conditions to reduce mental disorders and enhance well-being, and (c) Developing people's strengths so that they can cope effectively and live vitally. Research by myself and others has shown that a meaning-oriented balanced positive psychology can meet the above three challenges (Wong, 2010, in press a, b; Wong & Fry, 1998; Wong & Wong, 2006). My activities to translate expert knowledge to serve the common good have covered the following domains:

- organized weekend seminars and offered free life review workshops to the elderly through Trent University;
- served on the Canadian Advisor Council on Aging which contributes to policy-making and providing resources for healthy aging to the public;
- established the International Network on Personal Meaning (INPM) in 1996 and had it registered with Revenue Canada as a non-profit organization in 1998. The mission statement of INPM is "To advance health, spirituality, peace and human fulfillment through research, education and applied psychology with a focus on the universal human quest for meaning and purpose." One of the functions of INPM is to educate the general public about the

vital role of meaning and purpose in their lives. INPM was featured in the APA *International Psychology Bulletin* in the Spring Issue of 2002;

- publishing the free *Positive Living Newsletter* (www.meaning.ca for older issues, and www.INPM.org for the new issue). Each issue addresses some psychological issues important to living the good life, such as meaningful work and having healthy marriages;
- managing the INPM Positive Living Forum (<http://positiveliving.yuku.com>) for the general public which is still active with more than 400 members;
- organizing Biennial International Meaning Conferences which address a variety of major issues of interest to the general public. For example, for 2010 the conference theme was *Creating a psychologically healthy workplace*; and for 2008, the conference theme was *Living well and dying well*. Our conferences typically receive a great deal of press coverage not only because the topic resonates with the general public but also because we offer free public lectures given by prominent keynote speakers;
- managing three websites as free resources on positive psychology (www.meaning.ca; www.existentialpsychology.org; www.INPM.org);
- doing interviews with major TV and Radio stations and newspapers on various topics related to psychology and mental health;
- giving lecture tours nationally and globally on the positive psychology of meaning as well as Meaning-Centered Counselling and Therapy.

I have been meeting with several Canadian professors and practitioners to discuss ways to promote positive psychology in Canada. We plan on developing a certificate program for applied positive psychology, thus offering Canadians the opportunity to learn from this emerging field of psychology. Another plan is to establish a special interest section on positive psychology in CPA in order to strengthen research, practice, and public interest. Those interested please contact me at dr-paulwong@gmail.com.

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Psychology Month in Manitoba

Lauren Yallop
Manitoba Psychological Society
Representative to the Students

Psychology Month in Manitoba was celebrated with nineteen different events this year, and each presentation provided the public with a unique piece of the overlying, “what is psychology” theme. Activities began with a wide distribution of event posters, a Breakfast Television appearance on City-TV promoting Psychology Month, and television advertisements on City-TV. Psychology Month events in Manitoba spanned the entire month of February. The following is a list of the 2011 presentations:

- Keeping Your New Year’s Resolution: How to Get and Stay Active, by Dr. Julie Beaulac
- Job Recruiting Through the Stages ... and Beyond, by Dr. Krista Uggerslev
- Grief and Loss of Pregnancy or Newborn Life, by Dr. Carrie Lionberg & Ms. Tevya Hunter
- Helping the Emotionally Volatile Child: A bio-emotive integral approach, by Dr. Douglas Tataryn
- Hear today, gone tomorrow: Psychological strategies for living well with hearing loss, by Dr. Lesley Graff & Ms. Lauren Yallop
- Identifying high risk sex offenders, by Dr. Richard J. Howes
- The Science of Dementia for the caregiver support group, by Dr. Colleen Millikin
- Small Reminders of Money Produce Big Changes in Behavior, by Dr. Kathleen Vohs
- Effects of Living with Chronic Illness on Personal Relationships, by Dr. Carrie Lionberg & Ms. Rebecca Wells
- How your mind affects your heart: what you need to know and do, whether you have heart disease or not, by Dr. George Kaoukis & Laurel Mollison RN
- Turn “No Way” into “Okay:” Getting your child to listen & follow instructions happily, by Dr. Kirsten Wirth
- Mindfulness & Emotional Clarity in Sports: A Bio-Emotive Integral Approach, by Dr. Douglas Tataryn
- Is Ms. Daisy still driving? DriveABLE Manitoba-assessing driver competence, by Dr. Andrew Jones
- Memory and aging: What’s normal and what’s not, by Dr. Corey Mackenzie
- Coping with Postpartum Depression: What You Need to Know, by Dr. Carrie Lionberg, Ms. Rebecca Wells, & Ms. Alissa Levy
- Challenging Students for Challenged Teachers, by Dr. Gary Shady & Mr. Gary Borger

Additionally, the following is a list of the media interactions for Psychology Month in Manitoba:

- February 04: Dr. Julie Beaulac appeared on Breakfast Television to promote the variety of events and ‘spirit’ of Psychology Month [www.btwinipeg.ca/inside]
- February 10: Dr. Richard Howes presented information about ‘Identifying High Risk Sex Offenders’ and answered questions from a crime reporter, Ms. Gabrielle Giroday, with the Winnipeg Free Press [www.winnipegfreepress.com]
- February 20: Dr. Matthew Bailly participated in a radio talk-show interview with Ms. Barbara Bowes regarding how both employees and businesses may benefit from implementing strategies to promote a psychologically healthy work environment [www.legacybowesgroup.com]

We also continued to have ‘fillers’ in the Winnipeg Free Press that advertised, “Psychology Works” for multiple topics (e.g., smoking cessation, depression, anxiety, etc.). These fillers included the Manitoba Psychological Society website address where the public could obtain more information [www.mps.ca].

Some of the highlights of Psychology Month in Manitoba this year included a number of community agency requested presentations, as well as collaborations with the Heart & Stroke Foundation’s Heart Month, the University of Manitoba Psychology Department, and the Manitoba Association for Behaviour Analysis. There was excellent attendance at many of the events, including one seminar that will be repeated this March due to popular demand. The Manitoba Psychological Society thanks board members Dr. Julie Beaulac and Ms. Lauren Yallop for organizing the events this year, and is pleased to report a successful 2011 Psychology Month in Manitoba.

Dr. Michael Vallis recipient of the 2011 Canadian Diabetes Association (CDA) Outstanding Healthcare Professional Award

CPA is pleased to congratulate Dr. Michael Vallis on having been selected as the 2011 recipient of the Canadian Diabetes Association (CDA) Outstanding Healthcare Professional Award. Dr. Vallis receives this award in recognition of the time he has spent on both diabetes research and delivering public presentations for people living with diabetes. In a letter notifying Dr. Vallis of the award, the CDA notes "Without you we would not be able to lead the fight against diabetes and we thank you for being a true diabetes champion". Congratulations Dr. Vallis for recognition so well deserved!

New Brunswick's Horizon Health Network Celebrates Psychology Month 2011

Carole Lamarche, Ph.D., L.Psych.

Psychologists from the Fredericton and Upper River Valley areas of Horizon Health Network recently celebrated Psychology Month. A number of educational activities were held for colleagues, staff and the general public. Horizon facilities that participated included the Dr. Everett Chalmers Regional Hospital (Fredericton), Upper River Valley Hospital (Waterville), Woodstock and Fredericton Addiction Services and Mental Health Centres, the Operational Stress Injury Clinic (Fredericton) and the Stan Cassidy Centre for Rehabilitation (Fredericton).

The Psychology Month display traveled to different sites and focused on various aspects of psychological assessment. Three key areas of focus included cognitive assessment, psychodiagnostic assessment and personality assessment. Handouts from the Canadian and American Psychological Associations were also available.

Two lunch and learn sessions were provided for staff and were well attended. Dr. Cindy Letts, psychologist from the Operational Stress Injury Clinic in Fredericton, provided a presentation titled: *Introduction to Personality: More than a Disorder*. Dr. Rebecca Mills, psychologist from the Stan Cassidy Centre for Rehabilitation, also provided a presentation: *The Cost of Care-Giving: Coping With Compassion Fatigue and Care-Giver Burn-Out*.

Weekly email messages were distributed to staff and focused on a variety of topics such as successful marital relationships, compassion fatigue, managing stress in tough economic times, and health related anxiety.

Two new activities were added this year. Psychologists were treated to an educational session on prolonged exposure provided by Dr. Letts. Amy Otteson, psychologist at the Fredericton Mental Health Centre, provided outreach activities to the psychology classes of three local area high schools for students in Grades 11 and 12. She discussed the educational requirements, different areas of expertise, and the duties of psychologists. Otteson finished each session with a question and answer period where many inquiries centered on mental health issues, limitations of confidentiality, ethical issues, and therapy.

The various activities throughout the month were well received and highlighted the different roles provided by Horizon Health Network psychologists.

Horizon Health Network is the largest health care organization in Atlantic Canada, operating 12 hospitals and more than 100 medical facilities, clinics and offices providing medical services ranging from acute care to community based health services to New Brunswick, northern Nova Scotia and Prince Edward Island. With 1000 physicians, an annual budget exceeding \$1 billion and 14,000 employees, Horizon Health Network's strategic vision focuses on research, innovation and education.

News From Nova Scotia: Psychology Month 2011

Jeannette McGlone, Ph.D.

Psychologists across the province reached out to the public in February, 2011. Together, the Association of Psychologists of Nova Scotia and the Nova Scotia Board of Examiners in Psychology provided a media release and an insert in the Chronicle Herald about how to find a registered psychologist along with articles on the theme, "Healthy Mind/Healthy Body"; thanks to Dr. Sonya Stevens and Lesley Hartman, among others. Similar materials went to hospitals in Sydney, Antigonish, Truro, Annapolis Valley, Halifax, and

Yarmouth. Some of those organizers were Dr Julie Macdonald – Sydney, Bob Milks - Community College Port Hawkesbury, Trinda Power – Truro, Dr Eileen Donahoe – Annaopolis Valley, Shelley Goodwin – Yarmouth, Dean Perry – Antigonish, and Dr Lindsay Uman - Halifax/Dartmouth.

IWK chief psychologist Dr. Vicky Wolfe presented a Trauma Focused Cognitive Behavioural Therapy Workshop for Children with Complex PTSD and Negative Life Events that was well attended by a large multidisciplinary audience.

Capital Health psychologist Dr.

Veronica Hutchings and Amy Nash, psychometrist, discussed careers in psychology at Mount Saint Vincent University. Dr. Michael Vallis gave a public talk titled, "Emotional Eating and Weight Management: What Can I do?" in Halifax.

Dalhousie University Clinical Psychology professors organized talks at the central Halifax Library on a theme, "What's new in Psychology?" It was a forum where they translated recent findings in three fields of psychology research. Dr. Penny Corkum highlighted

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Psychology Month at St. Joseph's Healthcare Hamilton

Joe Pellizzari, Ph.D., C.Psych.

Bruno Losier, Ph.D., C.Psych., ABPP (CN)

Randi McCabe, Ph.D., C.Psych.

At St. Joseph's Healthcare in Hamilton, psychology has several targets in mind when thinking of our "public eye". Each year we consider doing something for staff in our own program (mental health/psychiatry), for our staff and visitors within the broader SJHH medical community, and for the public. Of these considerations, each year we typically meet 2 out of 3 of our targets.

The cornerstone of our planning involves the organization of the weekly clinical teaching rounds offered through our hospital Mental Health and Addictions program. So for the last four years, we have had all four of the weekly rounds presentations in February to work with. Offering food is essential and a simple pizza order does wonders for attendance. These presentations are among the best attended of the entire rounds series and also among the most highly rated. We aim to have a blend of talks – academic, clinical, practical "psychology of everyday life" material, and one that is especially aimed at having some fun with our colleagues. This year we had a "resident showcase" where current psychology residents described their dissertation projects. This was very well received. It gave them some experience in making brief presentations on their projects to a well-informed lay audience and it certainly made us all feel proud of their accomplishments.

Titles of rounds presentations over the years have included: "The Unexamined Truth is a Truth Worth Fudging: Illustrations of Suspect Effort and Motivation" (Dr. Bruno Losier), "Emotions Exposed - Identification and Treatment of Emotion-Based Problems" (Dr. Lisa Burckell), "Better Body Image: Strategies For Your Patients (and Yourself)" (Dr. Michelle Laliberte),

"What's Significant? What's Important? The Difference Between Statistical and Clinical Significance" (Dr. David Streiner), "Is There Anything That Doesn't Help Depression? A Recent Study Stirs an Old Debate" (Dr. Peter Bieling), "Challenges in the Assessment and Treatment of Health Anxiety: The Case of Mrs. A" (Dr. Randi McCabe), "Lie Detection: Truth or Fallacy" (Drs. Mini Mamak & Heather Moulden), "Psychology and Your Health" (Drs. Joe Pellizzari & Sheryl Green), "Even If You Use It, Do You Still Lose It? Ageing Effects On Cognition" (Dr. Jelena King), "Buried in Stuff: Understanding Compulsive Hoarding" (Dr. Karen Rowa), "Live Exposure for Spider Phobia" (Drs. Karen Rowa, Lisa Bourque & Randi McCabe) and "Psychology Experiments that Changed the World!" (Drs. Joe Pellizzari & Margaret McKinnon).

For staff and visitors in the broader St. Joe's community we have organized display tables in high traffic areas during a period of days in February. The tables have poster boards of staff photos and their interests along with copies of all the CPA "Psychology Works" Facts Sheets to share. Sure, some people come by to ask us for directions, but for the most part we offer some names and faces to our roles as psychologists in the hospital.

Lastly, we have organized public lectures held at the hospital or at a venue in the community. Assistance with local media to promote the events is provided by the hospital public relations department. Two such events were planned over the past four years: "Stopping Stigma: What's Our Role" (Dr. Michelle Carroll and Fiona Wilson) and "Flying the Coop: Dealing with an Empty Nest" (Dr. Randi McCabe).

Each year, we end the month of February feeling like we have honoured the spirit of our national awareness campaign in a substantive way.

Nova Scotia

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how common sleep problems were in children (~30%) and the negative consequences of sleep problems on daytime functioning and academic performance. As well, she reviewed several empirically supported treatments such as creating calm environments to enhance sleep and setting appropriate sleep schedules. Dr. Simon Sherry emphasized how depression is costly in terms of public health dollars, premature death, and lost productivity. He explained the evidence

that behavioural activation therapy can help individuals decrease their depressed and avoidant behaviours and increase their healthy, engaged behaviours. Dr. Jeannette McGlone reviewed the current evidence for diagnosis and management protocols of sports concussions in adults and children, a hot topic for neuropsychologists and relevant to Sidney Crosby's recent injury. There were lots of questions from the audience on each topic.

And who wouldn't have wanted to attend the psychology event organized by Dr. Eileen Donahoe? This year, self-care for psychologists was encouraged with

an invitation to shake off the winter blues and celebrate Psychology Month in the beautiful Annapolis Valley. With snowshoes and warm clothing we met at the Just us Coffee on Main Street in downtown Wolfville followed by a drive to a beautiful site for an easy snowshoe hike. After the outdoor activities, the group headed off to the Port Pub in Port Williams for lunch followed by a visit to Foxhill Cheese House in Port Williams Samples of Ice Wine and Gelato, thanks to the Ice Wine Festival ended the day!

Giving Psychology Away in the Workplace

Katy Kamkar, Ph.D., C. Psych.

I am a Clinical Psychologist at the Work, Stress and Health Program/Psychological Trauma Program at the Centre for Addiction and Mental Health (CAMH), Toronto. In the spirit of giving psychology away, one of my interests has been to provide education on promoting well-being and to enhance public awareness of mental health and mental illness and of psychological distress in the workplace. I have provided education to the public on topics such as mental health promotion and well being, common mental illnesses such as Mood Disorders and Anxiety Disorders including obsessive compulsive disorder, post traumatic stress disorder and generalized anxiety disorder, healthy coping strategies to deal with stress, mental health and mental illness in the workplace, coping with stress in the workplace, depression and anxiety in the workplace; work/life balance; stigma attached to mental illness; trauma and posttraumatic stress disorder.

As part of providing education to the public, I have been a regular health blog contributor to CTV MedNews Express Blog. Thus far, I have written 20 health blogs for CTV MedNews Express. I have also provided numerous public rela-



tions/media work in relation to mental health and mental illness through various TV channels, radios and magazines and newspapers.

To further help enhance public's awareness of mental health problems, I contributed to mental health series for TFO Panorama (La Television Educative et Culturelle de L'Ontario Francais) on topics including Schizophrenia, Posttraumatic Stress Disorder, Anxiety and H1N1 Flu, Work and Life Balance, Job Insecurity and Economic Downturn and Stress, Mental Health and Stigma attached to Mental Illness. I am presently in the process of planning another mental health series for another TV news channel.

I have written articles for comprehensive public resources such as Moods Magazine on perfectionism in the workplace; living with OCD in the workplace; economic crisis and psychological distress in the workplace; and mental health and workplace functionality. I have also written for Coupler Magazine (magazine specific for Toronto Transit Commission (TTC) employees) on Trauma and PTSD and reducing stigma attached to mental illness. In addition, I contributed to an article entitled the "High Cost of Anxiety" to the Canadian HR Reporter - The National Journal of Human Resource Management, Thomson Reuters Canada Ltd.

Providing education to the public, "Psychology in the public eye", has been an invaluable experience. There has been a growing public interest in understanding mental illnesses, ways to enhance mental health, well being and quality of life, and reducing the stigma of mental illness. The public has contacted me numerous times asking for help and resources and also stating that my articles have helped them to better understand their struggles and in turn decide to seek help.

Link to CTVMednews Express: <http://healthblog.ctv.ca/author/Dr.%20Katy%20Kamkar.aspx>

Link to youtube videos – some live interviews on TV: http://www.youtube.com/results?search_query=katy+kamkar&q=f



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Shining light on grey matter: University of Guelph graduate students promote brain awareness and neuroscience education

*Katharine J. Tuerke, M.A., Ph.D.
Psychology & Neuroscience Candidate,
University of Guelph*

The brain is responsible for every thought, action and feeling we experience, but how it works is mysterious and studying it can be mind-boggling. Despite recent advances in neuroscience, the public has little understanding of the brain and nervous system. Brain Awareness Week is trying to change all of that.

Brain Awareness Week (BAW), held in March, is an international event organized by the Society for Neuroscience (SfN) which aims to increase public awareness about the progress and benefits of neuroscience research. Sponsored by the Southern Ontario Neuroscience Association (SONA), the University of Guelph hosts its first annual Brain Awareness Week on March 14th-20th, 2011. SONA is one of the Canadian “chapters” of SfN.

BAW involves a series of activities that raise public knowledge about neuroscience, improve health and excite minds about the wonders of the brain.

“Locally, we have geared our activities towards younger people,” says doctoral student Craig Allen. “We hope to not only educate but to inspire future generations of researchers.”

Graduate students visit senior level science classes to enrich their curriculum with neuroscience material. Topics covered include brain anatomy, dispelling common brain myths, and exploring the role of the brain in a variety of disorders from addictions and depression to Alzheimer’s disease.

“We explore the diverse roles the brain plays in a fun and interactive way,



as well as discuss activities and behaviours that support a healthy brain,” says doctoral student AnneMarie Levy.

To recognize their support of and involvement in BAW, a few participating secondary school students and teachers will be invited to attend the annual meeting of SONA held at the University of Guelph on May 9th 2011. At the meeting, they will be able to attend talks and posters by local neuroscientists and learn about recent discoveries in neuroscience and their relevance to mental health.

The BAW team also aims to educate

University of Guelph undergraduates by hosting an undergraduate Neuroscience Symposium night. At the Symposium, faculty and graduate students from the University’s Neuroscience program deliver a series of mini-lectures on topics including object recognition and memory, social recognition in animals, drug addiction, gambling, and research on automobile driving. Undergraduates can learn more about how they can get involved in research. Hands-on lab exper-

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Applying Psychology: PCI Media Impact and Prosocial Modeling

Samantha Horswill, Student of Psychology
University of Alberta

The University of Alberta was presented an incredible opportunity this summer, when Dr. Albert Bandura graced us with a thought-provoking presentation. The lecture revolved around social learning theory as applied to the dilemma of population growth and global human rights, presenting an innovative solution to an ever-growing problem.

Dr. Bandura spoke about his international endeavours with PCI Media Impact. This project is based on Dr. Bandura's social learning theory and is used to positively impact the lives of people in developing countries. PCI Media Impact produces affordable radio and televised serial dramas for developing countries. These dramas explore such topics as sexual and reproductive health, literacy, treatment of women, and economic sustainability. In many ways similar to soap operas, the dramas portray three scenarios: negative modeling and the inevitable consequences; positive modeling and the many ways such behaviour can benefit an individual; and transitional modeling, which demonstrates that everybody is capable of changing his or her behaviour for the better.

According to the research that PCI has conducted, prosocial modeling has proven to be an effective tool. As a result of the Indian program *Taru*, one village experienced a 680% increase in condom sales (PCI Media Impact, n.d.). Much of the model-

ing has self-sustaining results – in other words, the target audiences are not taught dependence but rather independence. The educational benefits of such a program are immense, and Dr. Bandura noted that countries were requesting the program faster than programs could be produced.

Many of the questions posed to Bandura after his talk focused on how to bring this technology home and implement it on Canadian soil. He acknowledged that this was a largely international project, but examples of prosocial modeling in North America might include such shows as *Sesame Street*, which recently introduced an HIV-positive character. Although his reply to this topic was short due to time constraints, it proposed an interesting research path for any psychologist.

I found the lecture inspiring on many levels, and was most motivated in terms of professional options. As students of psychology we are privileged to have a wide variety of career choices available to us, and Dr. Bandura's lecture emphasized how a degree in psychology can be applied in any arena. With such great opportunity surrounding us, combined with motivation, any psychology student can surely have a positive impact on our global society.

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Shining light

Continued from page 14

riences will not only enrich their academic experiences but may also inspire the next generation of neuroscientists.

“Having undergraduate students work with us in the lab is great and gives us the chance to encourage interested students to pursue research careers of their own,” doctoral candidate Amy Clipperton Allen says.

Families also have the opportunity to participate in BAW and learn about neuroscience in a fun and age-appropriate way by attending the Neuroscience booth at the University of Guelph's College Royal, an annual campus-wide open house. Adults have the opportunity to ask questions of neuroscience re-

searchers and see human fMRI pictures. Children can play with a plastic brain model, make their own cardboard lab rat, learn about neurons by constructing their own brain cell and try to make images move with their mind in a model EEG. Through the use of perceptual illusions and memory recall effects, older children can learn about why brains sometimes make mistakes.

“Our goal is to make learning about the brain fun, but still maintain scientific integrity and accuracy,” states doctoral candidate Katharine Tuerke.

At the end of March, local high school students put their grey matter to the test in a battle of wits about neuroscience trivia at the third annual Guelph Brain Bee. Modelled after a traditional Spelling Bee competition, it will test the students' neuroscience knowledge on

topics such as intelligence, memory, emotion, stress, aging, brain imaging, and more. Students are encouraged to use the Society for Neuroscience's book about the brain and nervous system, *Brain Facts*, to prepare for the competition. The first place winner of the Guelph Brain Bee represents the city and advances to the Canadian National Brain Bee.

Brain Awareness Week is a new University of Guelph initiative that hopes to capture the imagination of the public and to raise awareness about the brain.

To get involved or for more information about the University of Guelph's Brain Awareness Week and the annual meeting of SONA, please visit www.uoguelph.ca/nacs/ and www.SONA2011.ca

How to Tell your Patients that you have Cancer: a Psychologist's Journey

Robin McGee, Ph.D., R. Psych

When I was diagnosed with Stage III C colorectal cancer in May of 2010, I went from being a fit highly active professional to someone who would require an entire year off work for extensive treatments. What are the ethical and practical considerations when one must terminate ones practice due to cancer? I am writing to share the ethical dilemmas I confronted. Although none of you want to need this article, given that cancer afflicts 40% of the population, some of you unfortunately will.

The professional literature and CPA ethical standards give surprisingly little guidance on this issue. The clearest reference is Standard 1.42 of the CPA Code of Ethics, which addresses incapacitation of a therapist only in terms of a security plan for records: a psychologist must “collect, store, handle, and transfer all private information, whether written or unwritten...in a way that attends to the needs for privacy and security... This would include having adequate plans for records in circumstances of one’s own serious illness, termination of employment, or death”.

Another ethical consideration for the ill psychologist is captured in the Code of Ethics of the American Psychological Association Standard 2.06 regarding Personal Problems and Conflicts. It states: “(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner; (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties”.

These standards call on psychologists to have a “back up” plan in case of incapacitation or death. Many provincial registries now require psychologists to identify alternative psychologists who will assume practice responsibilities in such an eventuality. However, the CPA and APA standards gave scant guidance on how to manage the *communication* aspects of one’s personal tragedy in the context of psychotherapy. I knew that the ethical principles governing communication and careful planning of service delivery were the basis for ethical practice – how could I apply these to terminate my practice judiciously?

My public sector job as a consultant to a school board had the benefit of infrastructure: discontinuation of my work was

easily navigated by an experienced HR department. However, I also maintained a small private psychotherapy practice. I had many long term patients, and some with very significant diagnoses. Sadly and ironically, I was seeing several patients for cancer-related bereavement. I was deeply concerned with the impact of my departure on my private patients, particularly the most vulnerable. If worked in a major city, I could perhaps announce in the paper that I was closing my practice for health reasons and share no further. However, I live in a small semi-rural community. I feared they would learn of my health crisis inadvertently.

I called my professional association for guidance. They enabled me to consult with a senior psychologist who was a cancer survivor. This mentor described being forthright with all her patients. She gave them three options: to wait for her to

recover, to transfer to another therapist, or to stop therapy. She wisely counseled me to anticipate that my patients were human, and that I could anticipate all the range of human reaction. They will surprise you, she said. She was right.

I made a list of all my cases. With each case, I weighed the best approach to the forced termination. There were many to consider: how fragile were they? How strong was the therapeutic alliance? How long had I seen them for? Were they in active treatment, or was their next appointment far

off? How close was the client to a natural termination? For those needing transfers, who would be a good match for them? APA standard 10.10 states that “prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate”. I only had a few weeks before my daily radiation treatments would start – I did not have the time to see each client personally.

I resolved to place patients in three categories: those who could be redirected by phone, those who needed a personal session to prepare them for transfer, and those whose treatment could reasonably terminate within a few weeks.

The first category comprised those patients on my waiting list, those who had only had one session, or those whose return appointments were far into the future. I told them that I needed to close my practice for “health reasons”. It was difficult to hear the note of curiosity and bewilderment in their voices; however, most were satisfied with the list of alternative therapists I provided.

The second category comprised those with whom I had a longstanding treatment relationship. With each patient, I met

I was genuinely touched and impressed with the degree of compassion and maturity my patients demonstrated, even though it felt so odd to be on the receiving end of their concern.

in session to tell them I had to close my practice - and I told them why. Although this degree of self-disclosure went against my grain, it seemed to me to be the only genuine thing to do. I reasoned that these individuals needed to know that I was not leaving them for any lesser reason than cancer. Prior to these sessions, I called other therapists who I considered good matches, and thus was able to offer an alternative therapist. Although they had the option of finding their own therapist or terminating, each one accepted the transfer I had arranged. I was blessed with caring colleagues who came, pro bono, to joint sessions to facilitate handover. The patient's relief and my own was palpable, and our partings were dignified by the warmth and support of the incoming therapist.

I surprised by many of my patients' reactions. Instead of crumbling, or crying, or becoming angry, most were wonderful. Some reacted with genuine shows of affection ("But I love you!" one said, as she jumped from the chair to hug me). Some were stunned, and needed several repetitions of my news to absorb it. Some patients announced with confidence that they were well enough to wait for me to recover to resume treatment. My mentor was right: many of those I thought would fall apart were strong and brave. Only one patient betrayed impatience and fear, but was reassured by an alternative referral. And my own reactions? I was genuinely touched and impressed with the degree of compassion and maturity my patients demonstrated, even though it felt so odd to be on the receiving end of their concern.

The third final category was those patients who were very close to a natural termination, but had a few important aspects of their protocols to complete. I had several concerns with my remaining patients. Would they feel they needed to take care of me, and hence not be forthcoming with their issues? Would they "fly into health" prematurely? Would they deem their own issues to be insignificant against what they knew of mine? Was I truly able to focus on them, given the distress

and preoccupation that I was experiencing? With each case, the best solution to these concerns was adherence to a very clear treatment plan. The specificity of the treatment plan allowed both me and the patient to hone in on the work that had to be done. I was pleased and relieved to see that each of my remaining patients was able to adopt a focused approach to their final sessions - each one completed therapy with flying colours. When the time came, I was able to embark on my daily radiation treatments with a clear conscience and a clear schedule.

The final challenge arose with regard to former patients who wanted to do things for me. Once the word of my illness spread throughout our small community, several patients contacted me to offer me kind, well-meaning offers of tangible help, such as food or drives to medical appointments. How should I handle these offers? Would such help cross important boundaries better left in place? Would they be injured or hurt if I refused their assistance? Would I deprive them of a meaningful act of closure or respect? Once I came home from a medical appointment to find that my lawn had been mowed by a former patient, who had left a note explaining her good deed! For most of these situations, I was able to suggest alternative arms-length gestures that seemed appropriate, such as making me a CD of their favourite healing music.

How can I summarize what I learned? Although it is difficult to keep one's composure when blindsided by cancer, there are others out there who can assist you to do so. Your professional association can help. I learned again the importance of service delivery and therapy planning, both before and after a diagnosis of cancer threatens that plan. I learned about the generosity of colleagues. Most importantly, I learned about the importance of frank and genuine interaction with patients when both of us are humbled by fate and the human condition.

Dr. Jean-Paul Boudreau appointed to the Board of Director of the CFHSS

We are pleased to announce that Jean-Paul Boudreau was recently appointed to the Board of Directors of the Canadian Federation for the Humanities and Social Sciences (CFHSS) in the position reserved for large associations. His term will commence on March 28, 2011 for a 2-year term and will end right after the 2013 Annual General Meeting which is held in March.

The Federation provides leadership and works to address professional issues that impact the future of Canada's social sciences and humanities community. As a member of the Board, Dr. Boudreau will represent not only the CPA, but also his electoral college and its constituent members. In this position, he will have the responsibility of conveying the interests and concerns of our association and reporting back accordingly following meetings. His first order of business will be to provide counsel on the finalization and implementation of the CFHSS 2011-2015 strategic framework.

Please join the CPA in extending our congratulations to Jean-Paul on this appointment. We know that he will bring a strong voice for psychology and all other matters related to the humanities and social sciences.



On Supporting Upcoming Generations of Psychologists and Psych Associates

Iris Jackson, Ph.D., C. Psych.

Our new Governor General, David Johnston, in his inaugural address, challenged Canadians to join him in a “stepped-up journey to support families and children, to reinforce learning and innovation and to encourage philanthropy and volunteerism”. When I reflect on these ideas, I think about the “generativity” phase of adult development discussed by Erikson. This is the phase of life when we nurture upcoming generations, and as you know, there are many ways to do so.

I want to encourage the practitioners among you to accept on occasion a *pro bono* or lowered fee client who is a clinical psychology graduate student. Over the years, I have seen 5 clinical psychology graduate students for a reduced fee,

such as \$25 or \$50 a session depending on their circumstances. Aside from dealing with the presenting problem, which usually is anxiety, the student benefits from experiencing first hand what it is like to sit in “the other chair”. He or she also learns from experience how psychotherapy proceeds and how approaches can be tailored to the individual client.

The rewards to the psychologist are great. It is interesting and even fun to work with an extremely bright, verbal and psychologically minded graduate student. These students **always** benefit from psychotherapy. Remember the ideal patient – the “YAVIS” patient: Young, Attractive, Verbal, Intelligent and Successful? That describes these graduate students. You will also find yourself very satisfied with the experience of contributing to the well

being and education of the next generation of psychologists.

If psychologists don’t see those upcoming in our profession, they will be seen by psychiatrists and, as good as those psychiatrists may be, the experience is likely to be very different than if the student were to see a psychologist. I ask that you consider putting your name on a list of psychologists willing to see psychology graduate students for a vastly reduced fee. They are worth our investment in them. David Johnson also said that he “believes service to be not only an option but an obligation of the heart that honour compels a [person] to accept”. I sincerely hope that you will accept this opportunity to contribute to our psychological family.

Psychology is part of everyone's life

Georgia Kafka, Ph.D.

It is very interesting to publish an issue of *Psynopsis* dedicated to psychology in the public eye as well as to activities and innovations brought to the attention of the public. It is challenging to promote psychology and educate the public about psychological issues but none-the-less important to Canada’s health and wellbeing.

In addition to many of the activities carried out through Psychology Month and similar initiatives, it is also important to appeal to students at schools, universities and community colleges. Secondary education can play an important role in educating young people about psychology and psychologists can reach out and disseminate information about the study and practice of psychology to students in high schools. They can do this by highlighting psychology’s relevance to student’s lives. In ad-

dition, universities and colleges can develop psychology courses combined with a variety of courses offered by different departments such as literature, history, philosophy, political science, computer science, medicine, nursing, law as well as art. The continuing education programs offered by universities can also provide the general public with the awareness about psychology and its relevance.

Psychologists can also organize meetings and establish clubs of professionals facing the same situation or problem in their work environments. Psychologists can also deliver talks on specific topics to help employees improve their relationships and functioning at work. People need motivation to attend talks and to join groups. Enhanced awareness, awards, socializing and networking meetings can be motivators. Psychology is part of everyone’s life.

The Practice of Psychology: What's Changed and What Hasn't

John Conway, Ph.D.

As I've worked on compiling a history of the CPA, I've been reflecting on the changes in the practice of psychology that have taken place since I graduated with a doctoral degree in clinical psychology almost forty years ago. I've asked three colleagues—one older and wiser, one mid-career, and one early career—to join me on a panel at the CPA Convention in June to reflect on changes in the practice of psychology.

The Beginning Years. Psychologists contributed to Canada's WWII effort primarily by revising the U.S. *M Test* used to screen military recruits. CPA's criteria for selecting psychologists to oversee testing were good scientific knowledge about testing for selection, along with "mature enough to deal with adults,...and a personality adequate to represent CPA to military officials." Maturity and personality were apparently self-evident virtues requiring no pesky definitions.

At the time of the Boulder Conference in 1949, when the APA endorsed the scientist-professional model for training doctoral clinical psychologists, there were no graduate programs at all in Canada to train psychologists for practice. Leading academics believed that scientific research training was primary, and that applied experience could be gained on-the-job.

Pressure for applied training was growing, in part because in 1950 approximately 80% of CPA members were engaged in some clinical work, one-third were in full-time clinical work, the large majority of whom did not have doctoral degrees.

Salaries for psychologists working in Corrections at the time were under \$5,000 per year, but included such fringe benefits as "a noon meal and clothing in addition."

The Middle Years. By the time I graduated in 1973, clinical psychology was developing rapidly. There were 24 clinical and applied graduate programs, and about 4000 psychologists in Canada: 40% held doctoral degrees, 60% were employed in applied settings, 73% were male.

When I took an academic clinical job, I began practicing therapy immediately, albeit with little confidence in my skills beyond behaviour therapy. I saw clients at the request of psychiatric colleagues, saw them for the long term for no fee, and learned as much as I could about psychodynamic and other therapy approaches.

The practice of psychology grew tremendously during the 1970's-1980's. By 1989, there were over 9,000 psychologists registered in the ten provinces. In Ontario, 14% of registered psychologists were in full-time private practice, the majority of

whom were women, and over 60% were doing some private practice. CPA's advocacy and lobbying efforts on behalf of professional psychology practice had advanced greatly, to the point that in 1990 a large and well organized lobby across the country succeeded in securing an exemption from the GST for psychologists practicing in health care.

Today. Psychologists are the single largest, regulated and specialized provider group of mental health services in Canada today. CPA's ongoing "surveillance survey" of samples of practitioners nation-wide, provides a profile of today's "typical" practicing psychologist: female, with a Ph.D. in clinical psychology; less than ten years experience; one-quarter are exclusively in private practice, half combine public and private practice. She sees about 15 clients per week, most of whom are either young adults or adult clients with mood and anxiety disorders. She also provides some consultation services to health and educational institutions.

What Has Changed. The fact that the large majority of psychologists now practice in the private sector is clearly a big change over my career. With this has come increased emphasis on business and entrepreneurship in practice.

The increased "professionalization" of psychology is evident in the myriad of lobbying, advocacy and public education activities undertaken by the profession. CPA has taken a lead national role in health care lobbying alongside the powerful physicians and nurses, organizes advocacy workshops, and has produced almost 40 "Fact Sheets" illustrating how psychology works for a wide range of client problems. Hundreds of public events promoting psychology are organized by CPA and the provincial/territorial associations of psychology each year during "Psychology Month." Provincial associations and regulatory bodies have successfully lobbied governments for enhancements to the practice of psychology. In Quebec, for example, the scope of psychologists' regulated practice has expanded and greater than any other jurisdiction and the regulation of all psychotherapists is now a responsibility of the Ordre des psychologues du Quebec.

The practice of therapy has evolved towards an emphasis on evidence-based, manualized therapies, most of which are cognitive-behavioural. Eighty percent of practitioners surveyed by CPA report that their orientation, at least in part, is cognitive-behavioural. At the same time, the increased focus of practice is within a "medical model." Research for the efficacy of cog-

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La pratique de la psychologie : ce qui a changé et ce qui n'a pas changé

John Conway, Ph.D.

Je me suis penché sur la compilation d'une histoire de la SCP et j'ai dû réfléchir sur les changements dans la pratique de la psychologie qui se sont opérés depuis que je suis sorti de l'université avec un doctorat en psychologie clinique il y a presque quarante ans. J'ai demandé à trois collègues—un plus âgé et plus sage, un en milieu de carrière et l'autre en début de carrière—de se joindre à moi sur un panel au congrès de la SCP en juin afin de réfléchir sur les changements dans la pratique de la psychologie.

Les premières années. Les psychologues ont contribué à l'effort de la Deuxième Grande guerre du Canada principalement en révisant le *M Test* américain utilisé pour sélectionner les recrues militaires. Les critères de la SCP pour la sélection de psychologues pour superviser les tests étaient de posséder une bonne connaissance scientifique des tests de sélection et être « suffisamment mature pour faire affaire avec des adultes, ... et avoir une personnalité adéquate pour représenter la SCP auprès du commandement militaire. » La maturité et la personnalité étaient apparemment les vertus qui allaient de soi et ceci ne faisait pas appel à des définitions soporifiques.

À l'époque de la Boulder Conference en 1949, lorsque l'APA a donné son aval au modèle scientifique-professionnel de formation des psychologues cliniques au doctorat, il n'existait pas de programmes d'études supérieures du tout au Canada pour former des psychologues à la pratique. Les universitaires bien en vue croyaient que la formation en recherche scientifique primait et que l'expérience appliquée viendrait ensuite au travail.

La pression pour une formation en psychologie appliquée grandissait, en partie parce qu'en 1950 environ 80 % des membres de la SCP étaient engagés dans du travail clinique, un tiers travaillait à plein temps dans le domaine clinique, et la grande majorité n'avaient pas de doctorats.

Le salaire des psychologues qui travaillaient dans les services correctionnels à l'époque étaient de moins de 5 000 \$ par année, mais incluaient des avantages sociaux comme « un repas du midi et l'habillement en plus. »

L'âge moyen. Au moment où j'ai gradué en 1973, la psychologie clinique connaissait un essor rapide. Il y avait 24 programmes d'études supérieures cliniques et appliqués et environ 4 000 psychologues au Canada : 40 % possédaient un doctorat, 60 % étaient employés dans des contextes de psychologie appliquée, 73 % étaient des hommes.

Lorsque j'ai accepté un poste clinique en milieu universitaire, j'ai commencé à pratiquer la thérapie immédiatement, malgré le peu de confiance que j'avais en mes moyens au-delà de la thérapie comportementale. Je prenais des clients à la demande de collègues psychiatres, je les voyais pour eux à long terme sans frais et j'ai appris autant que j'ai pu au sujet de la psychodynamique et d'autres approches thérapeutiques.

La pratique de la psychologie a connu un formidable essor au cours des années 1970-1980. En 1989, on comptait plus de 9 000 psychologues autorisés dans les dix provinces. En Ontario, 14 % des psychologues autorisés travaillaient dans la pratique privée à temps plein, la majorité étaient des femmes et plus de 60 % faisaient du travail en pratique privée. Les efforts de représentation et de lobbying de la SCP au nom de la pratique de la psychologie professionnelle avaient fait de grands progrès, au point où en 1990 un lobby imposant et bien organisé partout au pays a réussi à obtenir une exemption de TPS pour les psychologues qui pratiquaient dans le domaine des soins de santé.

Aujourd'hui. Les psychologues représentent le plus grand groupe, réglementé et spécialisé fournissant des services de santé mentale au Canada aujourd'hui. « L'enquête de surveillance » à partir d'un échantillon de psychologues d'un bout à l'autre du pays menée par la SCP, donne un profil du psychologue praticien « typique » d'aujourd'hui : femme, possédant un Ph.D. en psychologie clinique, elle compte moins de dix années d'expérience, le quart d'entre elles sont exclusivement dans la pratique privée, la moitié combinent la pratique publique et privée. Elles voient environ 15 clients par semaine, dont la plupart sont soit des jeunes adultes ou des clients adultes souffrant d'un trouble de l'humeur et de l'anxiété. Elles assurent la prestation de services de consultation dans des établissements de santé et d'enseignement.

Qu'est-ce qui a changé. Le fait que la grande majorité des psychologues pratiquent maintenant dans le secteur privé est manifestement un grand changement que j'ai pu constater au cours de ma carrière. À cela s'ajoute une insistance accrue sur les affaires et l'entrepreneuriat dans la pratique.

La « professionnalisation » accrue de la psychologie est manifeste dans la myriade d'activités de lobbying, de représentation et d'information publique entreprises par la profession. La SCP assume un rôle national de leadership dans le lobbying pour les soins de santé, de concert avec les professions médicales et infirmières qui ont beaucoup de poids, organise des ateliers de représentation et a produit près de 40 « feuillets d'information » qui illustre ce que fait peut faire la psychologie pour une

vaste gamme de problèmes. Des centaines d'événements publics faisant la promotion de la psychologie sont organisés par la SCP et les associations provinciales/territoriales de psychologie chaque année au cours du « Mois de la psychologie ». Les associations provinciales et les organismes réglementaires ont réussi à faire des représentations auprès des gouvernements afin d'améliorer la pratique de la psychologie. Au Québec, par exemple, la portée de la pratique réglementée des psychologues s'est étendue et est plus grande que dans n'importe quelle autre administration, et la réglementation de tous les psychothérapeutes relève maintenant de l'Ordre des psychologues du Québec.

La pratique de la thérapie a évolué au point de mettre l'accent sur des thérapies fondées sur des données probantes et illustrées dans des manuels, qui pour la plupart sont cognitivo-comportementales. Quatre-vingts pour cent des praticiens sondés par la SCP soulignent que leur orientation, au moins en partie, est cognitivo-comportementale. En même temps, le point de mire accru de la pratique se fait dans le cadre d'un « modèle médical. » La recherche pour l'efficacité des techniques cognitivo-comportementales se modélise sur la recherche pharmaceutique. La plupart des psychologues cliniques pratiques comme les médecins, rencontrant les clients individuels avec un trouble diagnostiqué, pendant un certain nombre de séances payantes, et certains revendiquent des privilèges de prescription d'ordonnance.

Qu'est-ce qui n'a pas beaucoup changé. Le consensus apparent entourant une orientation théorique dominante—cognitivo-comportementale—pourrait indiquer un vrai changement dans la pratique. Je ne suis pas entièrement convaincu. Je soupçonne qu'une approche cognitivo-comportementale pure n'est pratiquée que par un petit nombre, dans des établissements hospitaliers. L'enquête récente de la SCP semble corroborer cet avis avec d'autres orientations principales acceptées, à tout le moins en partie, par un grand nombre de praticiens (humanistique/expérientiel, psychodynamique, interpersonnel, système familial). Un grand nombre de thérapeutes conservent vraisemblablement une approche éclectique et tentent d'intégrer les diverses approches qu'ils jugent les mieux adaptées à un client individuel.

En ce qui concerne la réglementation, la psychologie n'a pas encore donné son aval à des désignations de spécialités de pratique, comme il a été recommandé il y a plus de vingt ans. L'absence de spécialités reconnues comme la neuropsychologie clinique, la psychologie clinique de l'enfant, la psychologie scolaire ou la psychologie industrielle/organisationnelle demeure un obstacle pour le financement de ces services.

Le manque d'entente entre les administrations au sujet de qui peut être agréé en tant que psychologue et ce qu'ils peuvent faire persiste aujourd'hui. Il reste des différences en ce qui concerne un diplôme de maîtrise par opposition au doctorat, aux exigences universitaires, le titre (psychologue ou psychologue associé) et la portée de la pratique. Comme je l'écrivais dans le dernier numéro, ce débat relatif aux normes nationales remonte aux débuts de la SCP au cours des années 1940.

Même si le nombre de psychologues praticiens a augmenté à un taux constant et même si la pratique a connu une grande expansion dans divers secteurs de la société canadienne, le sous-financement chronique et l'inaccessibilité des services psychologiques demeurent un défi de taille. La SCP croit que la représentation pour un accès accru aux services de psychologie doit être une priorité aujourd'hui.

La réduction de la stigmatisation qui est encore attachée aux problèmes de la santé mentale, et à la rencontre d'un psychologue, est un aspect essentiel du financement et de l'accès améliorés. Des sondages récents révèlent que seulement la moitié des Canadiens révéleraient à leurs amis ou à leurs collègues qu'un membre de leur famille est atteint d'un trouble mental. À peu près la moitié croit que le terme « maladie mentale » est utilisé comme une excuse de mauvais comportement. Comme le président de l'Association médicale canadienne le déclarait récemment : « Nous sommes rendus à la dernière frontière de la discrimination socialement acceptable... C'est une honte nationale. »

John Conway, professeur émérite de psychologie, Université de Saskatchewan, est archiviste et historien de la SCP.

Ad placed by CPA in a special health issue of the Hill Times during Psychology Month.

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¹ <http://archive.safety-council.org/info/OSH/mentalhealth.html>

² <http://www.phac-aspc.gc.ca/publicat/cdic-mcc/28-3/index-eng.php#a2>

³ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/MK%20Speaking%20notes%20Opening%20Minds%20Launch%20Oct%202009.pdf

The Rural and Northern Psychology Program in Manitoba: Celebrating 15 years of Service and Education

Karen G. Dyck, Ph.D., C. Psych. and Robert McIlwraith, Ph.D., C. Psych. Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba

The 15th anniversary of the Rural and Northern Community-Based Psychology Training Program in the Department of Clinical Health Psychology in the Faculty of Medicine, at the University of Manitoba was celebrated in February 2011. Although the program has grown considerably over the past 15 years, the vision has remained unchanged: to provide high quality psychology services to the people of rural and northern Manitoba.

Starting with a grant from Manitoba Health in 1996, the Rural & Northern Program (R&NP) confronted the task of reducing enormous inequities in Manitoba, where half the population living outside of Winnipeg had virtually no access to psychological services. As a starting point, three new graduates (two Ph.D.s and one Psy.D.) were hired. Two began work in Thompson and The Pas, and the third covered three rural Health Regions—Interlake, North Eastman and South Eastman. The Manitoba Health grant also included funding to add three residency training positions (two pre-doctoral and one post-doctoral) to the existing CPA and APA accredited Psychology Residency Program in the Department of Clinical Health Psychology

The Rural & Northern residency offers a challenging but very supportive training experience in a rural or northern community, where the age range and variety of services requested demonstrates the necessity of a “generalist” model of training. Pre-doctoral residents spend 6 months in Winnipeg followed by 6 months in a northern or rural site, supervised by the psychologist there, with supplemental supervision by tele-health and visiting supervisors. Post-doctoral residents do a year-long supervised placement in a rural region. To date, 23 pre-doctoral and eight post-doctoral residents have completed this training and another two pre-doctoral residents began their training in September 2010.

Following this experience, many of our residents have accepted employment in one of the rural or northern communities in Manitoba. Over the last 15 years we have hired 17 doctoral level rural/northern psychologists; of these nine were graduates of our residency program, and two were graduates of our Win-

nipeg internship. Including these individuals, 10 (44%) and six (75%) of our pre- and post-doctoral residents, respectively, went to rural or northern communities immediately following their residency.

Although the number of training positions has remained unchanged, the number and type of applicants has changed over the past 15 years. The number of applications has increased 10-fold and an increasing number of individuals are applying only to the Rural and Northern Streams of our residency program. An increasing number of applicants have rural backgrounds or have had some rural experience during their training.

Since 1996, the R&NP has grown from three psychologist positions to a total of 10 positions spanning eight regions. We now have psychology positions in the NorMan, Burntwood, Interlake, Parkland, Central, North Eastman, and South Eastman regions of Manitoba, and in the city of Brandon — a tertiary care hub for southwest part of the province — we have three positions. It has been extremely gratifying that the growth of the program has been largely in response to requests from other health regions to participate in the R&NP. The creation of seven additional psychology positions, funded by the health regions themselves, suggests that the Department of Clinical Health Psychology has developed a reputation for being able to recruit and support psychologists to provide high quality services in rural and northern Manitoba.

Currently, eight of the nine staff positions (86%) are filled by individuals originally from rural backgrounds. Overall, these data support the department’s philosophy that exposure to rural psychology (particularly to individuals with a rural background) facilitates recruitment and retention. The collegial support and readily available case consultation provided by the network of urban, rural, and northern psychologists who work in the department contributes to our rural and northern members’ ability to manage their extremely varied caseloads.

Since being filled, there have been no vacancies in the Interlake and Brandon region positions. There were brief 0.50 year vacancies in the Parkland and South Eastman regions in 2005 and 2010, respectively. As expected, longer vacancies have occurred in the more northern regions of Burntwood (0.25 years, 3.25 years) and NorMan (0.75 years, 1.75, 0.75 years).

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Celebrating 15 years

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We recognized from the outset that there would always be turnover of healthcare professionals in rural and northern communities; psychologists would be no different. We decided not to use retention as our measure of success, lest we feel like failures every time the inevitable departures happened. Instead, we decided that our outcome measure would be replacement time – the amount of time a position remained vacant until we could fill it again. By this measure we have been very successful. Our mean replacement time for 7 recruitments in the past

15 years is 1.11 years, and it has been steadily decreasing.

When there have been vacancies, department psychologists have provided interim psychological services on a fly-in basis to these regions. Although fly-in service is not our preferred service delivery model, it does provide some services in the region until a replacement psychologist is recruited. Residents often accompany the psychologists on these trips.

Realistically, although we now have a psychologist in almost every rural and northern health region, this is little more than a demonstration project and we are always aware that we are just one resignation or maternity leave away from having no psychological services in these regions. Our goal for the next 15 years is

to have at least two psychologists in each region, which will provide collegial support, vacation coverage and a broader range of skills.

Looking back over the past 15 years the Rural & Northern Program has much to celebrate, along with our many committed partners. We would like to thank Manitoba Health, Burntwood RHA, Interlake RHA, Norman RHA, South Eastman Health / Santé Sud-Est Inc., Parkland RHA, Brandon RHA, RHA Central, Inc., North Eastman Health Association and many others for their warm welcomes, their support and the many things they have taught us about practice and life in small communities.

Practice of Psychology

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nitive-behavioural techniques is patterned after drug research. Most clinical psychologists practice like physicians—seeing individual clients with a diagnosed disorder for a limited number of sessions for a fee, and some want prescription privileges.

What Has Not Changed Much. The apparent consensus around a dominant theoretical orientation—cognitive-behavioural—may indicate a real change in practice. I'm not entirely convinced. I suspect that a purely cognitive-behavioural approach is practiced only by a few in hospital settings. CPA's recent survey seems to support this with other major orientations endorsed, at least in part, by many practitioners (Humanistic/experiential, psychodynamic, interpersonal, family systems). Many therapists likely remain eclectic and attempt to integrate various approaches they judge to be best suited to an individual client.

On the regulatory side, psychology has not yet endorsed any designation of practice specialties, as recommended over twenty years ago. The absence of recognized specialties such as Clinical Neuropsychology, Clinical Child Psychology, School, or Industrial/Organizational remains an impediment to funding these services.

The lack of agreement across jurisdictions about who can be registered as a psychologist and what they may do persists today. There remain differences around the master's versus doctoral degree, academic requirements, title (psychologist versus psychological associate) and scope of practice. As I wrote in the last issue, this debate over national standards dates back to the beginnings of the CPA in the 1940s.

While the number of practicing psychologists has grown at a steady rate, and though practice has expanded widely into diverse sectors of Canadian society, the chronic underfunding and inaccessibility of psychological services remains a huge challenge. CPA believes advocating for increased access to psychological services must be a priority today.

Reducing the stigma that is still attached to mental health problems, and to seeing a psychologist, is an essential aspect of enhanced funding and access. Recent polls report that only half of Canadians would tell their friends or co-workers that they have a family member with a mental disorder. Almost half believe that the term “mental illness” is used as an excuse for bad behaviour. As the President of the Canadian Medical Association recently put it: “We are looking at the final frontier of socially acceptable discrimination...It's a national embarrassment.”

John Conway, Emeritus Professor of Psychology, University of Saskatchewan, is CPA's Archivist and Historian.

Braving the Storm: Psychologists as Custody Assessors in Family Law

Arthur Leonoff, Ph.D., C. Psych., FIPA
Psychologist / Psychoanalyst

There are few areas of practice where the contribution of psychologists has been so directly felt, recognized and appreciated than in the family courts. Cases often settle based on the expert contribution of skilled psychologist/custody assessors. This has helped unburden the courts from an even greater load of divorce litigation and added an element of clinical sensitivity to a very complex process. Nevertheless, the availability of qualified psychologist/assessors has greatly dwindled in past years. This has led to increased costs to families, excessive court delays and added stress for parents and children.

One major factor in explaining why psychologists shy away from doing this work altogether, or quickly retreat after an initial foray, is the high risk of complaint to the regulatory body that oversees their practice. These complaints represent a cost-free means of pursuing legal ends for the complainant. For the psychologist, defending a complaint can represent a menacing, year or more exercise in responding to a litany of unprocessed grievances. The practitioner exists, during this time, under a cloud of suspicion, with the regulatory body having the statutory authority to threaten the psychologist's license and livelihood. The fact that such complaints are almost always unfounded, according to available research and statistics, is no consolation. Who needs it is often the response!

Complaints are most often initiated by litigious parents who, in the ' Sturm und Drang' of custody litigation, attack the messenger to undermine the message. It is an easy way to interfere directly in the legal process for gain or retribution.

In 2001, Bow and Quinnell observed that 35 percent of 198 participants had experienced formal complaints. In their most recent study, Bow and colleagues (2010) found that 63 percent of 117 surveyed participants had experienced complaints. Complaining seems to be a growing litigation tactic that seriously undermines the family legal system. Accordingly, many fewer mental health professionals are willing to do this valuable work. Those who remain willing charge higher fees relative to other services to account for minimal competition and, especially, danger pay.

Although only a minority of divorcing families require custody assessment, the cases that merit them also consume the majority of court time and resources.

Although only a minority of divorcing families require custody assessment, the cases that merit them also consume the majority of court time and resources. These can represent the most challenging, complex cases requiring high levels of professional expertise to unravel. These are also the situations in which the profession and the courts want the most trained, savvy and skilled practitioners to be involved. Having these same psychologists, whose skills are in high demand and whose reports are already highly scrutinized by the court, spending years of their career fending off regulatory complaints from aggrieved litigants, seems hardly worthwhile. Indeed, these custody assessors usually leave the field and, ultimately, it is the children who suffer.

Despite these concerns, change is in the air. In a recent case (*Van de Vrande v. Butkowsky*, Ontario Court of Appeal, March 2010), the court confirmed that an assessor appointed by the court for a custody dispute is entitled to expert witness immunity. Assessors cannot be sued civilly in respect to the case although they can still be reported for discipline.

In 2004, an Appeal Panel reviewing a decision issued by the self regulating British Columbia Association of Clinical Counselors (BCACC) reasoned that if the regulator acted prior to the Family Court's determination, this could have a direct impact on the court ordered process to which the parties had consented, and on the justice system more broadly. Hence, the panel concluded that the regulatory arm of the BCACC, an association of more than 2000 members, should only claim jurisdiction if the court determined that the report was below standard. This struck a balance between the court's primary duty and expertise in the area of child custody and the BCACC's desire not to collude with collateral attacks on what the court itself had primary jurisdiction and had ordered.

In Ontario, the Regulated Health Professions Act (1991) has specifically provided since 2007 for the Colleges to dismiss a complaint that is frivolous, vexatious, in bad faith, or an abuse of process. In practice, this provision to forestall action on a complaint is rarely used. It appears that the College of Psychology of Ontario processes virtually every complaint regardless of context or its impact on the administration of justice.¹ This includes complaints that arise from court ordered custody assessments, which generally encompass 25 to 30 percent of

¹ In 2007-08, 5 percent of fully investigated complaints were deemed frivolous, vexatious or an abuse of process after the investigation; in 2008-09, this was reduced to 3.5 percent. There was no breakdown indicating whether any complaint dismissed as vexatious was related to custody & access (CPO Annual Reports). My understanding is that the Ontario College of Psychologists investigates all complaints it receives and each investigation includes requiring the member to provide a full written response to the whole of the complaint.

yearly complaints.

Nevertheless, this new provision has never been tested in the case of court mandated custody assessors in Ontario. The Health Professions Appeal and Review Board (HPARB) has not yet been given the opportunity to determine the manner in which this new provision could limit the scope of these complaints against court mandated assessors. The member must respond to an entire complaint without any prior screening by the College to know what may be deemed a possible issue of substandard or malpractice. Only after the fact when the judgment is issued does the psychologist really know what were the “charges” they faced. Such a process is so contrary to the principle of natural justice that it is shocking that Ontario psychologists have tolerated and even supported it.

In Arizona, unless the court determines that there is a substantive basis to the complaint, the regulatory board does not assume jurisdiction. This judicial gatekeeping role recognizes that the rigorous, highly scrutinized court process is the optimal way to determine whether a report meets acceptable standards. The Regulatory College can then focus on those cases, which appear substandard to the court and/or where the psychologist’s conduct or methodology may constitute malpractice. This recognizes that the regulatory board’s role and expertise is in standards of professional practice, not custody & access.

At another extreme is Colorado that simply forbids complaints against assessors in court ordered custody cases and leaves the matter entirely to the courts. California has used the practice of requiring both parents to support the complaint, not only the self-perceived ‘losing’ parent who is almost always the party who complains.

In Ontario, a group of stakeholders, including lawyers, psychologists, psychiatrists and social workers have banded together to address this problem. The chill effect from complaints with no gatekeeping whatsoever has had a particularly se-

vere impact on the availability of qualified custody assessors in the province. A Discussion Paper was prepared and consultations undertaken to inform the professions, the regulatory colleges, the judiciary and the Attorney-General of the consequences of the problem and the need for legal reform. Judicial interest in addressing this important problem is high. Many psychologists have written to express their personal harrowing tales of complaints and the impact on them, including the effect on their willingness to do this valued and needed work in the future.

Interested psychologists are invited to send an email to the following email address in order to receive the Discussion Paper and leave any comments or personal experiences: custodyassessor-reform@sgmlaw.com

The aim of this *ad hoc* committee in Ontario is to have the law changed to keep primary jurisdiction over custody assessments within the family court system. The Committee hopes to create a rational screening process concerning complaints against assessors, which bal-

ances the public’s right to hold the assessor professionally accountable for substandard or malpractice while controlling for the special circumstances and conditions under which these assessments occur. Only those complaints against assessors that warrant regulatory investigation should proceed.

I invite all Canadian psychologists with an interest in this area to get involved on behalf of the next generation of practitioners who will brave the storm. Change in one province will likely pave the way for change in others.

Bibliography:

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Psychological recommendations figure prominently in new national guidelines on immunization pain management in children

Christine T. Chambers, Ph.D. and C. Meghan McMurtry, Ph.D.

Vaccines and other needle-related procedures are a common source of pain and distress for children and their families. A new guideline for the management of pain during childhood immunization was published in the November 22nd issue of the Canadian Medical Association Journal (CMAJ). This guideline was created by the HELPinKIDS team (<http://www.sickkids.ca/Learning/SpotlightOnLearning/profiles-in-learning/help-eliminate-pain-in-kids/index.html>) led by Dr. Anna Taddio, Associate Professor in the Leslie Dan Faculty of Pharmacy at the University of Toronto Adjunct Scientists and Pharmacist at the Hospital for Sick Children. This unique multidisciplinary panel brought together expert clinicians, scientists, policy makers and educators to develop these new evidence-based guidelines. An emphasis was placed on involving diverse stakeholders from scientists to parents to members of organizations such as the Canadian Coalition for Immunization Awareness and Promotion. The guidelines are intended to help physicians, nurses, and other health care providers, as well as parents, reduce the pain and distress associated with immunization in children. The development of the guidelines was funded by the Canadian Institutes of Health Research (CIHR).

The recommendations included in the guidelines were developed through a combination of examination of the scientific literature, summarized in a series of systematic reviews led by the group that cover 71 studies including more than 8,000 children, and discussions with stakeholders. The evidence-based guidelines cover a range of pharmacological, physical, and psychological strategies.

Some of the key recommendations include:

- encouraging parents to use topical anesthetics during vaccination of children
- encouraging breastfeeding mothers to breastfeed their infants during vaccination
- administering intramuscular vaccines to children using a rapid injection technique without aspiration
- injecting the most painful vaccine last to reduce pain at the time of injection

Three psychologists were involved in the development of the guidelines: Dr. Christine Chambers (Dalhousie University and the IWK Health Centre, Halifax NS), Dr. Rebecca Pillai

Riddell (York University, Toronto, ON), and Dr. Donna Lockett (private practice, Milton ON). Dr. Lisa Votta-Bleeker, the Associate Executive Director of the Canadian Psychological Association (CPA) participated in one of the in-person meetings of HELPinKIDS team.

The evidence-based psychological recommendations included in the guideline are as follows:

- using clinician-led age-appropriate distraction techniques during vaccination
- using child-led distraction techniques (e.g., watching movies or listening to music) during vaccination for children aged ≥ 3 years
- having children aged ≥ 3 years engage in slow, deep breathing or blowing (e.g., using a pinwheel or bubbles) during vaccinations use
- using combined psychological interventions during vaccination for children aged ≥ 3 years
- and not telling children that “it won’t hurt,” as this type of statement, when used alone, has been shown to be ineffective in reducing pain at the time of injection

These psychological recommendations were made based on the following systematic review: Chambers, C.T., Taddio, A., Uman, L.S., McMurtry, C.M., & HELPinKIDS Team. (2009). Psychological interventions for reducing pain and distress during routine childhood immunizations: A systematic review. *Clinical Therapeutics*, 31(Suppl. B), S77-S103.

In addition to the summary article published in the November 22nd issue of CMAJ, the complete guidelines and resources for clinicians and parents are available in a supplementary issue of the journal at www.cmaj.ca.

It is hoped that this guidelines will improve current pain management practices for childhood vaccination and reduce the long-term consequences of untreated pain, which can include pre-procedural anxiety, needle phobias, and avoidance of health care. These guidelines has been officially endorsed by the Canadian Psychological Association, as well as numerous other organizations including the Canadian Paediatric Society and the Canadian Pain Society. We encourage psychologists to spread the word about the simple, cost-effective evidence-based pain-relieving interventions that are available and should be incorporated into standard care for children receiving vaccinations and their families.

The University of Windsor - Department of Psychology

Selena Hodzman, M.A. and Christin Moeller, M.A.
University of Windsor*

Location: The University of Windsor campus is located near the scenic riverfront in Windsor, Ontario – the only Canadian city where the mainland U.S.A. is Canada’s *northern* neighbour. Although Windsor is a medium-sized city, it offers the benefits of a much larger city; its proximity to Detroit just across the river offers ample opportunities for stateside shopping and entertainment. Windsor and Detroit also co-host one of the world’s largest fireworks as part of the Canada Day and Independence Day celebrations each summer. But Windsor, in its own right, has plenty to offer. Each November, the Windsor International Film Festival showcases recent films from a multitude of genres. Enjoying one of Canada’s warmest climates, Windsor’s landscaped riverfront features a jogging and bicycling path that is bustling with people throughout much of the year. Windsor’s large number and variety of ethnic restaurants – many of them located near the University campus – feature food from all corners of the world. Additionally, the picturesque Point Pelee National Park (the southernmost point of Canada) is just a short drive away – a great place to explore during your summer down-time!

Department: The Psychology Department was founded in 1963 and currently boasts one of the largest undergraduate programs and the largest doctoral program offered by the University of Windsor. During any given academic year, an average of 100 graduate students are enrolled. Currently, there are 30 full-time faculty members. For undergraduate students, the department offers General and Honours B.A. degrees in both Psychology and Developmental Psychology. A unique feature of our undergraduate program is the Behaviour, Cognition, and Neuroscience Program, a combined B.Sc. degree in Biological Sciences and Psychology. Graduate programs that lead to a doctoral degree in either Applied Social Psychology or Clinical Psychology are also offered. As a joint venture among the Departments of Psychology, Anthropology, and Sociology, a program of study that leads to a Master’s degree in Social Data Analysis is also offered. This program is presently the only one of its kind in Canada.

The department follows the scientist-practitioner model, with a strong emphasis on the integration of theory, research, and practice. The Applied Social Psychology faculty members and graduate students focus on community/health and organizational psychology research. The Clinical Psychology program is divided into three specialized tracks (i.e., Child Clinical, Adult Clinical, and Clinical Neuropsychology) and is accredited by both the American and Canadian Psychological Associations. Graduate students and faculty members enjoy a mutually supportive and respectful relationship and collaborate in more than 30 research and lab groups that span a diverse range of topics across all program areas.

Our graduate students receive funding from a variety of sources. Approximately 80% of graduate students receive yearly internal scholarships that cover the base cost of their tuition. Many students also receive external funding, including Ontario Graduate Scholarships and Tri-Council scholarships. Psychol-

ogy graduate students also receive financial support in the form of various Graduate and Research Assistantships.

The Psychology Department is committed to providing diverse research and training opportunities and many Psychology faculty and students are involved in multi-disciplinary and university-community collaborations. Graduate students in both the Applied Social Psychology and Clinical Psychology programs are required to complete applied training in the form of practicums and internships and many graduate students have engaged in such training at some of the university’s numerous community partners, including government and community agencies, organizations, hospitals, and mental health clinics in both Windsor and Detroit. The Applied Social Psychology practicum and internship are designed to develop students’ skills in theory, research and methods, and practice in a “real world” field setting. During past practicums and internships, students in the Applied Social Psychology program have worked on projects related to program development and evaluation, management consulting, needs assessment, survey construction and analysis, to name a few. On campus, the Psychological Services and Research Centre and the Student Counselling Centre provide clinical training opportunities for graduate students in the Clinical Psychology programs. The Child Study Centre offers research and clinical training opportunities pertaining to assessment and intervention for students in the Child Clinical stream. Clinical Neuropsychology graduate students enjoy access to the Clinical Neuropsychology Research and Resource Centre, which contains neuropsychological data from approximately 6000 adult and child cases.

Student Experience. In terms of student life, there are regular informal and formal departmental gatherings that enhance and maintain the close-knit atmosphere within the Psychology Department. During the fall semester, a number of department-wide and area-specific welcome events are organized to help new graduate students become acquainted with their program as well as other graduate students and faculty members. The Psychology Department also features a buddy system in which incoming graduate students are matched with a senior graduate student “buddy” who helps with (almost) any questions or concerns the new student may have. A number of graduate students also form the Psychology Graduate Council that represents and advocates the interests of psychology graduate students and organizes a variety of extra-curricular social events, such as movie nights, ice skating, a Halloween pumpkin carving contest, and a Thanksgiving potluck. Monthly colloquia featuring professors from various Canadian and American universities offer students and faculty members a chance to discuss current research topics and ideas in a collegial manner.

Website: For more information about the University of Windsor, please visit www.uwindsor.ca. Further information about the Department of Psychology is available at www.uwindsor.ca/psychology. Please also check out our graduate program’s page on facebook!

* both authors contributed equally and authorship was determined alphabetically

HEAD OFFICE UPDATE

K.R. Cohen, Ph.D., Executive Director,
L. Votta Bleeker, Ph.D., Associate Executive Director
J. C. Service, Ph.D., Director Practice Directorate

Mental Health Table (MHT) Forum: The proceedings report from the Forum, *Which Doors Lead to Where? How to Enhance Access to Mental Health Service: Barriers, Facilitators and Opportunities for Canadians' Mental Health*, is nearing completion. Also as part of the Forum's deliverables, we are conducting a survey of delegates to get their feedback about the impact the Forum and its outcomes has had on their activities on access. The report will include a summary of the working groups' target discussions on matching mental health services and supports to clients' needs and on the delivery of cost and clinically effective interventions and services. The report will also include a set of recommendations made by delegates to enhance access to mental health services in Canada. Once finalized and submitted to Health Canada in April, the report will be posted on CPA's website.



Health Action Lobby: CPA, through its Executive Director, co-chairs the Health Action Lobby (HEAL). HEAL is a coalition of national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health care system. HEAL has set up a number of strategic task forces and CPA chairs the one on health human resources (HHR) and sits on the one looking at Canada's continuum of care. The HHR task force is drafting a position statement on HHR which will be made available on the CPA website once approved under <http://cpa.ca/practitioners/partnerships/>



Journals: APA's 2010 Publishers Report revealed that electronic subscriptions to PsycARTICLES increased 2.5% from 2008 to 2009 and APA reports that usage of CPA journals increased substantially during that time – CP was one of the top accessed journals in APA's EPF program. Institutional and individual print subscriptions have decreased but electronic licensing revenue has increased by about 20% indicating a move away from paper usage. All three journals are now included in the JCR and there are strong impact factors for CP (1.691) and CJEP (1.569). We hope to see improvements in CJBS' .519.

For several years, CP and CJBS have been supported by a journal grant from the Social Science and Humanities Research Canada (SSHRC). 2011 is the final year of the current grant cycle and CPA has been planning another application for support. With SSHRC restructuring in 2009/2010, and a move away from supporting health research, CPA has requested a meeting with SSHRC to better understand how psychological research, and support of CPA journals, fits into the SSHRC mandate. Thanks due to Dr. John Hunsley, Editor of CP, who has agreed to join the SSHRC funding discussions.



Accreditation: The 5th revision of the Accreditation Standards and Procedures were approved by the Board in November 2010. Final edits have been made and we expect the revisions to be translated and published by September 2011. The Accreditation Panel plans a series of 5 workshops convened across Canada for 2011/12 to train site visitors to the new Standards and Procedures. Also in 2011/12, the Panel expects to fully automate its self study and annual report forms.



Practice Directorate: The January meeting of the Directorate held a one day workshop facilitated by Delta Media to report on a survey conducted to determine the views of key informants in government, other professions and the media regarding psychological services. The workshop also focused on ways psychological associations can work in a more co-ordinated fashion in delivering common messages about professional psychology across the country.

In the coming months, the Practice Directorate will focus on supporting the common advocacy agenda, enhancing communications to CPA members, provincial associations and the public through targeted updates and improved use of the Directorate's web site.

The Directorate has completed an initial project to identify psychologists working in primary care. This has been successful in some respects in that a number of psychologists were identified across the country. It is also become clear that governments, with the exception of Alberta, have not taken the necessary steps to include access to psychological services through primary care services. Lack of access affects lower income Canadians in the majority and remains the key advocacy priority for the Directorate as well as for CPA federally.



American Psychological Association (APA): CPA has been working with the APA to develop a membership benefit which will enable us to sell access to **APA's Gold Package® of electronic databases** to CPA members at a rate competitive to the one offered to APA members. The package includes PsycINFO®, PsycARTICLES®, PsycBOOKS®, PsycCRITIQUES®, PsycEXTRA®. Agreements have been drafted and the technology necessary to support access to the database for psychologists in Canada has been developed. CPA hopes to launch a month's free trial in April 2011 followed by the option to subscribe at a fee.

CPA attended a meeting of the Council of Representatives of the APA in February 2011 at which time they considered a proposal to end the **dues sharing agreements** that APA has with all partner associations including the CPA. Please see Dr. Graf's article this issue for further information.



Public Health Agency of Canada (PHAC) grant for development of Mental Health Surveillance Survey: Data from the 2010 practice network surveys were presented at the June 2010 convention. Focus groups to develop Surveys III and IV

were convened in August 2010 and Survey III, focused on paediatric psychological practice has been developed and delivered to participants. Survey IV has been launched as well and data collection is underway – it focuses on psychological practice with persons with diabetes and heart disease. Reports on Surveys I through IV will be forthcoming in 2011 and available on CPA's website.



Government relations: We have continued meetings and discussion with Treasury Board in 2011. We attended a meeting of managers within the DND where issues related to the assessment and management of mental health issues in the workforce were discussed. We had the opportunity to provide some input into this discussion and were invited to a further meeting with senior management with the Office of the Chief of Human Resources to further discuss how psychology could contribute to implementation of their Disability Management Initiative (DMI). CPA will continue to offer its assistance and expertise as they develop tools with which managers can assess and manage mental health issues in the workplace. We have a member of CSIO who expressed interest in this project and conferences calls are being arranged with Treasury Board to discuss possible next steps.



CPA is looking into a number of other practice advocacy priorities in 2011 for which outside expertise in the form of a government relations firm and health economist will be required. Two possibilities include engaging a government relations firm to help us refine and position a message to improve upon the extended health plans of federal public servants when it comes to psychological services. This message will be focussed on the amount of funding for services within these plans as well as direct access to service. Given that contracts are being renegotiated in 2011 and we know that the federal government is very concerned about the percentage of disability claims that are related to mental health, the time is opportune to move this message forward. A second possibility related to advocacy for access to psychological services, is the development of a business case that will examine cost effectiveness, cost offset, as well as models of funded service delivery worldwide all for the purposes of helping us develop and position a model of service delivery that overcomes current barriers to access.



Media Activity: Since November 2010, requests have come from a variety of news outlets inclusive of recent ones from CBC's the Sunday edition (cognitive basis of ESP) and from CBC on PTSD in the military. Stress in general has also been a recent media inquiry as has mental health in the workplace. In fall 2010, the Ottawa Citizen printed our letter to the Editor highlighting the need for research and access to the psychological (and not just biochemical) treatments for depression. In February 2011, the E.D. met with a health writer from the Globe and Mail. The writer shared a number of story ideas being planned around mental health issues for children and youth, chronic pain,

and the role of the media in suicide. If any of these are your area of research or practice and you are willing to be interviewed, please let Tyler Stacey-Holmes know at publicrelations@cpa.ca



Canadian Consortium for Research (CCR): CPA continues on the Steering Committee for the CCR. In January 2011, the CCR asked the members of its member organizations/associations to participate in a letter writing campaign to Ministers Flaherty and Goodyear regarding the need for research funding in the upcoming 2011 budget; to date, the CCR is aware of at least 600 letters having been sent.



Granting Councils: CPA's position paper on the state of funding for psychological research, in light of recent funding decisions that came out of the strategic review (e.g., NSERC would no longer fund students in clinical programs, SSHRC would no longer fund health-related research, all health-related research was moved to CIHR), continues to be posted on the CPA's website. Please see below for specific liaisons and advocacy efforts regarding NSERC, CIHR and SSHRC. Note that meetings with granting council authorities are being pursued for 2011.



NSERC. In response to CPA's advocacy efforts in May 2010, NSERC modified its Scholarship and Fellowship eligibility criteria. In acknowledgement that some students in clinically oriented programs may be undertaking a research project that falls within the NSERC mandate and working under the direction of an NSERC-funded research supervisor, NSERC determined that students who are registered, or intend to register, in a clinically oriented program will be eligible for NSERC funding if they:

- propose a research project deemed eligible to be funded by NSERC; and
- are supervised by a researcher holding an active NSERC Discovery Grant.

In follow-up to these changes, CPA's AED had a teleconference with NSERC's Vice-President, Research Grants and Scholarships to see if NSERC would remove the second criteria regarding the supervisor. At this point in time, NSERC is unwilling to change their criteria for a 2-year period. During this time, they will evaluate the impacts of their decision; CPA will do the same (e.g., collect data on the number of students who couldn't apply for NSERC funding given change).

In response to NSERC's decision regarding funding eligibility criteria for students in clinical programs, CPA members at Dalhousie University wrote a letter to the CPA (with a copy to NSERC) in which they highlighted the problems with NSERC's decision and provided clear evidence/data on the impact of this decision. The letter is posted on CPA's website. CPA members were encouraged to write similar letters from their university to NSERC.

HEAD OFFICE UPDATE

The CPA believes that NSERC's second criterion for funding unfairly discriminates against students studying clinical psychology. To address this concern, on January 31, 2011, CPA posted a survey on its website in which it sought data from the membership (and other psychology departments across the country) so that we could continue our advocacy efforts regarding this very important issue. Results are being compiled.



CIHR. CPA continues to follow up on inquiries brought forward to the Scientific Affairs Committee regarding the timing of CIHR's notification date for student awards and CIHR's deferral process for student awards.

The first issue has to do with the timing of CIHR's notice regarding Master's scholarships and awards, which at present is mid-July. This date is later than the date by which SSHRC and NSERC notify students. The second concern has to do with the length of time Master's students can defer their awards. At this point in time, students are able to start their award in September or January following the notice of decision; Master's students can request to defer starting their award by a further 4 months until May.

CIHR has informed the CPA that the timelines for the Doctoral Research Awards and Master's Awards review processes are slightly staggered because they use the same peer review committees for both, and have only sufficient internal resources to accommodate the current operational requirements. With respect to the deferral policy, start dates of awards have a significant impact on CIHR's budgets, so any major changes in their policy would have to be examined further in the context of CIHR's operational planning. In addition, CIHR has noted that they do not have evidence that these are widespread issues.

To address these issues, on January 31, 2011, CPA posted a survey on its website in which it sought data from the membership (and other psychology departments across the country) so that we could continue our advocacy efforts on this matter. Results are being compiled.



SSHRC. In October 2010, CPA attended the Canadian Science Policy Conference which was held in Montreal, QC. CPA met with Mr. Jean-Marc Mangin, Executive Director of the Canadian Federation of Humanities and Social Sciences (CFHSS), regarding the state of funding for social science research in Canada. The CFHSS reports that they are hearing many similar concerns regarding the state of research funding that the CPA is hearing from its membership. The CPA will continue to work with the CFHSS, which also sits on the CCR Steering Committee, to bring issues forward to SSHRC and CIHR.



Other Advocacy Efforts Related to Research Funding: In January 2011, the CPA received notification that the Ontario Mental Health Foundation's grant and fellowship program for new awards for 2011-2012 will be suspended (resuming again in 2012-2013). The suspension is due, in part, to reduced earn-

ings by the Foundation's endowment, as well as a 10% reduction in transfer from the Ministry of Health and Long-Term Care (MOHLTC). In response, the CPA sent a letter to Ontario's Minister of Health and Long-Term Care; the letter is posted on CPA's website.



Promoting Psychological Science within CPA. CPA has been approached by a few members to host surveys off its website. In exchange for the development/hosting of these surveys, members are offering to share the data with CPA head office executive staff. To date, we have developed and run (or are running) three surveys (not including those developed by Head Office staff, such as the Psynopsis, CIHR and NSERC surveys).

CPA continues to receive many requests for posting to its **Recruit Research Participants Portal (R2P2)**, as well as many profile submissions to its **Research in Psychology Hub**. The former, which is a members-only tool, allows CPA members the opportunity to post requests for other CPA members to serve as research participants. The latter, which at present is also a members-only service, allows members involved in research to connect/network with each other.



Other CPA representation in 2011 as follows. Feel free to contact Dr. Cohen for further information on any item kcohen@cpa.ca

- Followup meeting with the Executive Director of the Canadian Centre on Substance Abuse (CCSA) to discuss how the CCSA might engage the expertise of our community.
- Mental Health Commission of Canada re: their stakeholder relations
- Medical Expertise Division, Human Resource and Skills Development Canada to discuss mental health issues in relation to CPP eligibility and claims
- Department of Justice, Government of Canada; presentation on psychological issues in the workplace
- American Psychological Association, Office of Accreditation to revisit the status of the draft mutual recognition agreement
- Office of Chief Human Resource Officer, Government of Canada to discuss the government's Disability Management Initiative (DMI) and CPA's role
- CANMAT Conference on Function Outcomes in Depression Clinical Trials; representing the Canadian Alliance on Mental Illness and Mental Health
- Children's Hospital of Eastern Ontario; presentation during Psychology Month on CPA activity and the outcome of the paediatric survey of the practice network
- Scotiabank to discuss their business loan program for psychologists
- Ottawa Public Library; public lecture on mental health in the workplace
- Accreditation of Interprofessional Health Education (AIPHE). Meeting to discuss standards and implementation of same among health professions around interprofessional education and practice

K.R. Cohen, Ph.D., directrice générale,
L. Votta Bleeker, Ph.D., directrice générale associée
J. C. Service, Ph.D., directeur de la Direction générale de la pratique

Forum de la Table de santé mentale (TSM) : Le compte rendu du Forum, *Quelles portes mènent où? Comment améliorer l'accès au service de santé mentale : obstacles, facilitateurs et occasions pour la santé mentale des Canadiens*, tire à sa fin. Aussi dans le cadre des produits livrables du Forum, nous menons une enquête auprès des délégués pour obtenir leur rétroaction au sujet de l'impact du Forum et les résultats qu'il a eus sur leurs activités relatives à l'accès. Le compte rendu inclura un résumé des discussions cibles des groupes de travail sur l'harmonisation des services de santé mentale et le soutien des besoins des clients et sur la prestation d'interventions et de services efficaces d'un point de vue du coût et clinique. Le compte rendu présentera aussi un ensemble de recommandations formulées par des délégués dans le but d'améliorer l'accès aux services de santé mentale au Canada. Une fois terminé et présenté à Santé Canada en avril, le compte rendu sera publié sur le site Web de la SCP.



Groupe d'intervention Action Santé : La SCP, par l'entremise de sa directrice générale, copréside le groupe d'intervention Action Santé (HEAL). HEAL est une coalition d'associations nationales du secteur de la santé et de défense des consommateurs et d'organismes voués à la protection et au renforcement du système de soins de santé au Canada. HEAL a mis sur pied un certain nombre de groupes de travail stratégiques et la SCP préside celui sur les ressources humaines en santé (RHS) et siège sur celui qui examine le continuum de soins du Canada. Le groupe de travail sur les RHS est en train d'ébaucher un énoncé de position sur les RHS qui sera publié sur le site Web de la SCP une fois qu'il aura été approuvé à l'adresse <http://cpa.ca/practitioners/partnerships/>



Revue : Le rapport des éditeurs de l'APA 2010 a révélé que les abonnements électroniques au PsycARTICLES ont augmenté de 2,5 % de 2008 à 2009 et l'APA rapporte que l'utilisation des revues de la SCP ont augmenté de façon substantielle au cours de cette période – PC est l'une des revues auxquelles on accède le plus dans le programme EPF de l'APA. Les abonnements imprimés d'établissements et personnels ont diminué, mais les revenus des licences électroniques ont augmenté d'environ 20 % ce qui indique qu'on s'éloigne de plus en plus de l'utilisation de la version papier. Les trois revues sont maintenant incluses dans le JCR et il y a des facteurs d'impact forts pour PC (1,691) et RCPE (1,569). Nous espérons voir des améliorations pour la RCSC dont le facteur d'impact se situe à 0,519.

Pendant de nombreuses années, les revues PC et RCSC ont reçu l'appui financier d'une subvention pour les revues du

Conseil de recherches en sciences humaines (CRSH). C'est en 2011 que le cycle de subventions actuel prend fin et la SCP entend faire une autre demande d'appui. Avec la restructuration en 2009-2010 du CRSH, et la décision qu'il ne subventionne plus la recherche en santé, la SCP a demandé une réunion avec le CRSH afin de mieux comprendre la manière dont la recherche en psychologie, et l'appui financier aux revues de la SCP, s'inscrit dans le mandat du CRSH. Nous adressons nos remerciements à D^r John Hunsley, rédacteur en chef de PC, qui a accepté de se joindre aux discussions entourant le financement avec le CRSH.



Agrément : La 5^e révision des normes et procédures d'agrément a été approuvée par le conseil d'administration en novembre 2010. Les révisions finales ont été apportées et nous nous attendons à ce que les révisions soient traduites et publiées d'ici septembre 2011. Le jury d'agrément entend organiser une série de cinq ateliers partout au Canada en 2011-2012 afin de montrer les nouvelles normes et procédures aux visiteurs d'installation. Aussi en 2011-2012, le jury entend automatiser entièrement ses formulaires d'autoanalyse et de rapport annuel.



Direction générale de la pratique : À sa réunion de janvier, la direction générale a tenu un atelier d'une journée facilitée par Delta Media pour faire état d'une enquête qui a été menée afin de déterminer les points de vue d'enquêtés clés dans le gouvernement, dans d'autres professions et dans les médias concernant les services de psychologie. L'atelier a également porté sur des façons qui permettraient aux associations de psychologie de travailler davantage à l'unisson dans la livraison de messages communs au sujet de la psychologie professionnelle d'un bout à l'autre du pays.

Au cours des mois à venir, la Direction générale de la pratique se concentrera à appuyer le programme de représentations communes, à l'amélioration des communications avec les membres de la SCP, les associations provinciales et le public par des nouvelles ciblées, et sur l'utilisation améliorée du site Web de la direction générale.

La direction générale a terminé un projet initial visant à identifier les psychologues qui travaillent dans les soins primaires. À certains égards ce projet a été réussi en ce sens qu'un certain nombre de psychologues ont été identifiés d'un bout à l'autre du pays. Il est devenu clair que les gouvernements, à l'exception de l'Alberta, n'ont pas pris les étapes nécessaires pour inclure l'accès aux services de psychologie dans le cadre des services de soins primaires. Le manque d'accès nuit aux Canadiens en majorité à faible revenu et demeure la priorité dans les représentations de la direction générale ainsi que pour la SCP à l'échelle fédérale.



American Psychological Association (APA) : La SCP travaille avec l'APA dans le but de créer un avantage d'adhésion qui nous permettra de vendre l'accès au **Gold Package® of electronic databases de l'APA** aux membres de la SCP à un taux semblable à celui offert aux membres de l'APA. Le progiciel inclut PsycINFO®, PsycARTICLES®, PsycBOOKS®, PsycCRITIQUES® et PsycEXTRA®. Les ententes ont été ébauchées et la technologie nécessaire pour soutenir l'accès à la base de données pour les psychologues au Canada a été créée. La SCP espère lancer un essai gratuit d'un mois en mars 2011 qui sera suivi de l'option d'abonnement moyennant des frais.

La SCP a assisté à une réunion du Conseil des représentants de l'APA en février 2011 au cours de laquelle ils ont examiné une proposition pour mettre fin à l'**entente de partage des frais** que l'APA a conclue avec toutes les associations partenaires, y compris la SCP. Veuillez vous reporter à l'article de D^r Graf sur cette question pour de plus amples renseignements.



Subvention de l'Agence de santé publique du Canada (ASPC) pour l'élaboration d'une enquête sur la surveillance de la santé mentale :

Les données des enquêtes du réseau de la pratique en 2010 ont été présentées au congrès de juin 2010. Des groupes de discussion permettant de procéder à l'élaboration des enquêtes III et IV ont été convoqués en août 2010 et l'enquête III, concentrée sur la pratique psychologique pédiatrique a été élaborée et soumise aux participants. L'enquête IV a été lancée aussi et la collecte des données est en cours – elle se concentre sur la pratique psychologique auprès des personnes atteintes de diabète et de maladie du cœur. Les rapports sur l'enquête I jusqu'à IV seront publiés en 2011 et seront disponibles sur le site Web de la SCP.



Relations gouvernementales : Nous avons poursuivi les réunions et la discussion avec le Conseil du Trésor en 2011. Nous avons assisté à une réunion des gestionnaires au sein du MDN où nous avons discuté des questions liées à l'évaluation et à la gestion des problèmes de santé mentale dans les effectifs. Nous avons eu l'occasion de fournir une rétroaction dans cette discussion et nous avons été invités à une autre réunion avec la haute direction du Bureau du dirigeant principal des ressources humaines afin de discuter plus amplement de la façon que la psychologie pourrait contribuer à la mise en œuvre de son Initiative de gestion de l'invalidité (IGI). La SCP continuera à offrir son aide et son expertise à mesure qu'ils créeront des outils avec lesquels les gestionnaires pourront évaluer et gérer les problèmes de santé mentale en milieu de travail. Un membre de la SCPIO a exprimé un intérêt dans ce projet et des appels conférences sont organisés avec le Conseil du Trésor afin de discuter de prochaines étapes possibles.



La SCP examine un certain nombre d'autres priorités de représentations pour la pratique en 2011 pour lesquelles il faudra faire appel à des spécialistes en relations gouvernementales et des économistes spécialisés en santé. La première possibilité serait de retenir les services d'une firme de relations gouvernementales pour nous aider à raffiner et à déterminer un message visant à améliorer les régimes d'assurance maladie complémentaires des fonctionnaires fédéraux en ce qui a trait aux services de psychologie. Ce message serait axé sur le montant accordé pour les services dans ces régimes ainsi que l'accès direct au service. Compte tenu des ententes qui sont en renégociation en 2011 et que nous savons que le gouvernement fédéral est très préoccupé par le pourcentage des réclamations d'invalidité qui sont liées à la santé mentale, le moment est opportun pour faire passer ce message. L'autre possibilité en ce qui concerne la représentation pour l'accès aux services de psychologie, serait la création d'une analyse de cas qui examinerait le rapport efficacité-coût, la compensation des coûts, ainsi que des modèles de prestation de services financés dans le monde entier dans le but de nous aider à élaborer et positionner un modèle de prestation de services qui permettrait de surmonter les obstacles actuels à l'accès.



Activité médiatique : Depuis novembre 2011, des demandes sont venues de diverses chaînes de nouvelles notamment les plus récentes de l'émission Sunday edition de la CBC (sur la base cognitive des PSE) et de la CBC sur le TSPT dans le milieu militaire. Le stress en général a aussi récemment fait l'objet de questions des médias ainsi que la santé mentale dans le milieu de travail. À l'automne de 2010, l'Ottawa Citizen a publié notre lettre à la rédaction soulignant la nécessité de la recherche et de l'accès aux traitements psychologiques (et non pas seulement biochimiques) de la dépression. En février 2011, la DG a rencontré Erin Andersson, la journaliste couvrant la santé au Globe and Mail. Elle lui a communiqué un certain nombre d'idées d'article qui sont planifiées au sujet de problèmes de santé mentale chez les enfants et les jeunes, la douleur chronique et le rôle des médias dans le suicide. Si n'importe quel de ces sujets sont dans votre domaine de recherche ou de pratique et que vous accepteriez d'être interviewé, veuillez communiquer avec Tyler Stacey-Holmes à l'adresse publicrelations@cpa.ca



Consortium canadien pour la recherche (CCR) : La SCP continue de siéger au Comité de direction du CCR. En janvier 2011, le CCR a demandé aux membres de ses organisations/associations membres de participer à une campagne de rédaction de lettres aux ministres Flaherty et Goodyear au sujet de la nécessité d'un financement de la recherche dans le budget 2011 à venir; à ce jour, le CCR sait qu'au moins 600 lettres ont été envoyées.



Conseils subventionnaires : L'énoncé de position de la SCP sur l'état du financement de la recherche en psychologie, à la lumière des décisions de financement récentes qui découlaient de l'examen stratégique (p. ex le CRSNG ne finance plus les étudiants dans les programmes cliniques, le CRSH ne financera plus les recherches liées à la santé, toute la recherche liée à la santé a été aux IRSC), est toujours publié sur le site Web de la SCP. Veuillez vous reporter ci-dessous pour les liens spécifiques et les efforts de représentation auprès du CRSNG, des IRSC et du CRSH. Notez que les rencontres avec les autorités des conseils subventionnaires se poursuivront en 2011.



CRSNG. En réaction aux efforts de représentation de la SCP en mai 2010, le CRSNG a modifié ses critères d'admissibilité aux subventions et aux bourses d'études. En reconnaissant que certains étudiants dans des programmes à orientation clinique peuvent entreprendre un projet de recherche qui relève du mandat du CRSNG et qui travaille sous la direction d'un superviseur dont la recherche est subventionnée par le CRSNG, l'organisme subventionnaire a déterminé que les étudiants qui sont inscrits ou qui ont l'intention de s'inscrire dans un programme à orientation clinique pourront entreprendre un projet de recherche financé par le CRSNG :

- s'ils proposent un projet de recherche jugé admissible au financement du CRSNG;
- s'ils sont supervisés par un chercheur titulaire d'une bourse de découverte active subventionnée par le CRSNG.

En guise de suivi à ces changements, la directrice générale associée de la SCP a tenu une conférence téléphonique avec le vice-président du CRSNG, Subventions de recherche et bourses afin de déterminer si le CRSNG pourrait ne pas tenir compte du deuxième critère concernant le superviseur. À ce moment-ci, le CRSNG n'a pas voulu changer son critère pour une période de deux ans. Pendant ce temps, le CRSNG évaluera l'impact de sa décision; la SCP fera de même (c.-à-d. en recueillant des données sur le nombre d'étudiants qui n'ont pas pu faire demande au financement du CRSNG en raison du changement).

En réponse à la décision du CRSNG concernant les critères d'admissibilité du financement des étudiants dans les programmes cliniques, les membres de la SCP de l'Université Dalhousie ont rédigé une lettre adressée à la SCP (avec une copie jointe au CRSNG) dans laquelle ils soulignent les problèmes en ce qui concerne la décision du CRSNG et présentent des preuves/données claires de l'impact de cette décision. La lettre est publiée sur le site Web de la SCP. Les membres de la SCP ont été encouragés à adresser des lettres semblables de leur université au CRSNG.

La SCP croit que le deuxième critère du CRSNG pour le financement fait une discrimination injuste envers les étudiants en psychologie clinique. Afin de s'attaquer à cette préoccupa-

tion, le 31 janvier 2011, la SCP a publié un sondage sur son site Web dans lequel elle demandait des données des membres (et d'autres départements de psychologie partout au pays) de manière à ce que nous puissions continuer à déployer des efforts de représentation concernant cette question très importante. Les résultats sont en train d'être compilés.



IRSC. La SCP continue d'assurer le suivi aux demandes de renseignements présentées au Comité des affaires scientifiques au sujet de la date d'avis des IRSC des bourses d'étudiant et du processus de report des IRSC pour des bourses d'étudiant.

Le premier problème concerne la date de la notification par les IRSC des bourses et des subventions à la maîtrise qui sont aujourd'hui annoncées à la mi-juillet, soit plus tard que la date à laquelle le CRSH et le CRSNG avisent les étudiants. Le deuxième problème a trait au report des bourses des étudiants. Aujourd'hui les étudiants peuvent toucher leur bourse en septembre ou en janvier suivant l'avis de décision; les étudiants à la maîtrise peuvent demander de reporter le début de leur bourse de quatre mois de plus jusqu'en mai.

Les IRSC ont informé la SCP que les délais dans les processus d'examen des subventions de recherche au doctorat et des bourses à la maîtrise sont légèrement décalés parce qu'ils utilisent les mêmes comités d'examen par des pairs pour les deux, et n'ont que les ressources internes suffisantes pour accommoder les exigences opérationnelles actuelles. En ce qui concerne la politique de report, les dates de début des subventions ont un impact important sur les budgets des IRSC, de sorte que tout changement majeur dans leur politique devrait être examiné plus en profondeur dans le contexte de la planification opérationnelle des IRSC. De plus, les IRSC ont noté qu'ils n'ont pas la preuve qu'il s'agit d'un problème à grande échelle.

Pour corriger ces problèmes, le 31 janvier 2011, la SCP a publié un sondage sur son site Web dans lequel elle demandait des données des membres (et d'autres départements de psychologie partout au pays) de manière à ce que nous puissions continuer à déployer des efforts de représentation. Les résultats sont en train d'être compilés.



CRSH. En octobre 2010, la SCP a assisté à la Conférence du Centre canadien de la politique scientifique qui a eu lieu à Montréal, au Québec. La SCP a rencontré M. Jean-Marc Mangin, directeur général de la Fédération canadienne des sciences humaines (FCSH), concernant l'état du financement pour la recherche en sciences sociales au Canada. La FCSH souligne qu'elle entend un grand nombre des préoccupations semblables concernant l'état du financement de la recherche à ce qu'entend la SCP de la part de ses membres. La SCP continuera d'œuvrer avec la FCSH, qui siège aussi au Comité de direction du CCR, afin de porter les problèmes à l'attention du CRSH et des IRSC.



Autres efforts de représentation liés au financement de la recherche : En janvier 2011, la SCP a reçu l'avis que le programme de subventions et de bourses de la Fondation ontarienne de la santé mentale pour les nouvelles subventions en 2011-2012 sera interrompu (pour reprendre en 2012-2013). Cette interruption est causée, en partie, par une réduction des revenus de la Fondation, ainsi qu'une réduction de 10 % dans le transfert du ministère de la Santé et des Soins de longue durée (MOHLTC). En réponse, la SCP a fait parvenir une lettre au ministre responsable et cette lettre est publiée sur le site Web de la SCP.



Promotion de la science psychologique au sein de la SCP. Des membres ont approché la SCP pour héberger des sondages à partir de son site Web. En échange pour le développement/hébergement de ces enquêtes, les membres offrent de partager les données avec le personnel de direction du siège social de la SCP. À ce jour, nous avons créé et fait paraître (ou sommes en train de faire paraître) trois sondages (compte non tenu de ceux créés par le personnel au siège social comme les enquêtes sur Psynopsis, les IRSC et le CRSNG).

La SCP continue de recevoir de nombreuses demandes d'affichage sur son **Portail de recrutement des participants en recherche (PRPR)**, ainsi qu'un grand nombre de soumissions de profil dans son **Carrefour de recherche en psychologie**. Le premier, qui est un outil réservé à l'usage des membres seulement, permet aux membres de la SCP de publier des demandes à l'intention d'autres membres de la SCP pour servir en tant que participants à la recherche. Le dernier, qui est aussi actuellement un service offert uniquement aux membres, permet aux membres engagés en recherche de réseauter entre eux.



Autres représentations de la SCP en 2011 comme décrit dans ce qui suit. N'hésitez pas à communiquer avec D^{re} Cohen pour de plus amples renseignements sur n'importe quel de ces sujets kcohen@cpa.ca

- Réunion de suivi avec la directrice générale du Centre canadien de lutte contre l'alcoolisme et les toxicomanies (CCLAT) afin de discuter de la façon par laquelle elle pourrait profiter de l'expertise de notre collectivité.
- Commission canadienne de la santé mentale : objet : relations avec leurs intervenants
- Ressources humaines et Développement des compétences Canada, Division de l'expertise médicale afin de discuter des problèmes de santé mentale par rapport à l'admissibilité et des réclamations au RPC
- Ministère de la Justice, gouvernement du Canada; présentation sur les problèmes psychologiques dans le milieu de travail

- Bureau d'agrément de l'American Psychological Association pour réexaminer l'état de l'ébauche de l'accord de reconnaissance mutuelle
- Bureau du dirigeant principal des ressources humaines, gouvernement du Canada afin de discuter de l'Initiative de gestion de l'invalidité (IGI) et le rôle de la SCP
- CANMAT Conférence sur les résultats de fonction dans les essais cliniques sur la dépression; représentant l'Alliance canadienne pour la maladie mentale et la santé mentale
- Hôpital des enfants de l'est de l'Ontario; présentation au cours du Mois de la psychologie sur les activités de la SCP et le résultat de l'enquête pédiatrique du réseau de la pratique
- Banque Scotia pour discuter de leur programme de prêt d'affaire pour les psychologues
- Bibliothèque publique d'Ottawa; conférence publique sur la santé mentale dans le milieu de travail
- Accreditation of Interprofessional Health Education (AIPHE). Rencontre pour discuter des normes et de la mise en œuvre de ces normes dans les professions de la santé ayant trait à l'éducation et à la pratique interprofessionnelles



Noah John Vincenzo Bleeker, born at 9:24 am on April 1st at 7 lbs, 6oz. to CPA's Associate Executive Director, Dr. Lisa Votta-Bleeker and her husband Tim Bleeker. All are doing well and have already made their first visit to Head Office! Dr. Votta-Bleeker will be on maternity leave until April 2012.

CPA welcomes new staff to Head Office!

In 2010/2011 we have welcomed several new faces and voices at CPA's Head Office. These are Philippe Ramsay (Director Administration and Finance), Tyler Stacey-Holmes (Manager Association Development, Membership and Public Relations), Jun Ding (System Administrator), Josée Lemieux (Administrative Assistant, Reception and Communications) and Kimberley Black (Convention and Administrative Assistant). CPA is entirely pleased to welcome them all to our team and delighted with the wealth of experience, skill and enthusiasm they each have already contributed to our operations. The membership can look forward to meeting them all at Convention 2011 in Toronto

La SCP souhaite la bienvenue à de nouveaux membres du personnel au siège social!

En 2010-2011 nous avons souhaité la bienvenue à de nouveaux visages et de nouvelles voix au siège social de la SCP. Il y a eu Philippe Ramsay (directeur de l'Administration et des finances), Tyler Stacey-Holmes (directeur, Développement de l'Association, services aux membres et relations publiques), Jun Ding (administrateur de système), Josée Lemieux (adjointe administrative, Réception et communications) et Kimberley Black (adjointe au Congrès et à l'administration). La SCP a un grand plaisir à leur souhaiter la bienvenue dans notre équipe et est contente de la richesse d'expériences, de compétences et de l'enthousiasme qu'ils ont tous déjà contribué à nos opérations. Les membres pourront tous les rencontrer au congrès de 2011 à Toronto



De l'arrière-gauche : Tyler Stacey-Holmes, Philippe Ramsay, Jun Ding, Josée Lemieux et Kimberley Black

From back left: Tyler Stacey-Holmes, Philippe Ramsay, Jun Ding, Josée Lemieux and Kimberley Black

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From the Convention Floor

Peter Graf, Ph.D., Convention Committee Chair

We are pleased to invite you to the 2011 CPA Convention. The convention brings together psychology scientists, practitioners, educators and students from all corners of Canada as well as from abroad. Use the convention as a vehicle for ensuring that your science gets translated into, and is informed by, education and practice and that your practice and education remain on a solid foundation of science. Please join us in making the 2011 convention one of our best ever in the vibrant city of Toronto.

For a full schedule, or to view the 'At-a-glance' schedule, please visit <http://www.cpa.ca/convention/2011schedule>

WEDNESDAY, JUNE 1, 2011

Pre-Convention Workshops:

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

Workshop # 1

Advocating for the Science and Practice of Psychology: The How, What, When, Where and Whys. Sponsored by: Canadian Psychological Association (CPA), Clinical Psychology Section of the CPA, Ontario Psychological Association.

Workshop # 2

The Process of Assessing and Treating Extremists/Terrorists. Presented by: Wadgy Loza, Ph.D., Queen's University, Kingston, Ontario. Sponsored by: CPA Section on Extremism and Terrorism.

Workshop # 3

Professional Training Issues in Canada: Debate and Dialogue Between Graduate Programs and Internships. Sponsored by: CCPPP (Canadian Council of Professional Psychology Programs)

Workshop # 4

Private Practice Made Simple(r). Presented by: Randy Paterson, Ph.D., Changeways Clinic, Vancouver, BC.



Workshop # 5

Emotion-Focused Therapy for Complex Trauma: Helping Clients Resolve Attachment Injuries

Presented by: Sandra Paivio, Ph.D., and Antonio Pascual-Leone, Ph.D., University of Windsor, Windsor, Ontario. Sponsored by: CPA Sections on Traumatic Stress.

Workshop # 6

Navigating Therapeutic Routes: One Client, Three Evidence-Based Approaches to Recovery

Presented by: Randi E. McCabe, Ph.D., Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario; Jeanne C. Watson, Ph.D., OISE/University of Toronto, Toronto, Ontario; Paula Ravitz, M.D., F.R.C.P., University of Toronto; Department of Psychiatry, Mount Sinai Hospital, Toronto, Ontario. Sponsored by: CPA Section on Clinical Psychology and the CPA Section on Counselling Psychology.

Workshop # 7

Assessing Dynamic Risk in Sexual Offenders: The STABLE-2007 and ACUTE-2007.

Presented by: Andrew Harris, Ph.D., Correctional Services Canada, Ottawa, Ontario. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 and the CPA Section on Criminal Justice Psychology.

Workshop # 8

Violence Assessment Workshop

Presented by: Daryl Kroner, Ph.D., Southern Illinois University, Carbondale, Illinois. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 and the CPA Section and Criminal Justice Psychology.

Workshop # 9

Translating Neurobiological Theory into Correctional and Forensic Practice

Presented by: David Nussbaum, Ph.D., University of Toronto, Toronto, Ontario & Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 and the CPA Section on Criminal Justice Psychology

Workshop # 10

How to Conduct a Meta-Analysis (with a Focus on Criminal Justice Research)

Presented by: Leslie Helmus, doctoral student in Forensic Psychology, Carleton University, Ottawa, Ontario. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 and the CPA Section on Criminal Justice Psychology

Workshop # 11

An Introduction to Motivational Interviewing with Offenders

Presented by: Joel Ginsburg, Ph.D., C.Psych. and Dr. Sharon Kennedy, Ph.D., C.Psych., Correctional Services Canada, Ottawa, Ontario. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 and the CPA Section on Criminal Justice Psychology

Workshop # 12

Emotion regulation in traumatized Veterans and Military Service Personnel: Creating possibilities for recovery.

Presented by: Soledad Iucci, Ph.D, Psychologist. Sponsored by: Canadian Psychological Association

Deadline for workshop registration is May 2, 2011. Those who register for any of the pre-convention work shops are eligible for a reduced convention fee and must register before May 2, 2011.

Register online for convention and pre-convention workshops: <http://www.cpa.ca/convention>

Please note: Should you wish to register for a pre-convention workshop only, please contact the CPA office by calling - Kimberley Black at (888) 472-0657 or (613) 237-2144 x 323

For more information on these workshops, go to <http://www.cpa.ca/convention/preconventionworkshops/>

This year's convention has an impressive slate of keynote/invited speakers. For more information on the speakers and the topics which they will discuss, please visit <http://www.cpa.ca/convention/speakers/>

THURSDAY, JUNE 2, 2011

First Time Presenters Breakfast (By invitation only)
8:00am – 8:55am

Welcoming Ceremony9:00am – 9:55am
 “Honoring our Best”

CPA Presidential Address10:00am – 10:55am
 Peter Graf, Ph.D. CPA President “Prospective Memory Research and Findings: Faulty Brain; Flaky Person”

CPA Invited Speaker10:30am - 11:55am
 Sheilagh Hodgins, King’s College, University of London
 “The Neurobiology of Persistent Violent Offending”

CPA Invited Speaker11:00am – 11:55am
 Jasper Smits, Southern Methodist University
 “Exercise for Mood and Anxiety Disorders”

CPA Invited Speaker11:00am – 12:55am
 Ariel Merari, Tel Aviv University
 “The Making of Suicide Bombers: Personality and Social Factors”

CPA Invited Speaker3:30pm – 4:25pm
 Fergus I. M. Craik, The Rotman Research Institute
 “The Evolving Concept of Working Memory: Implications for Cognitive Aging”

FRIDAY, JUNE 3, 2011

The Family of Psychology Keynote Address
9:00am – 9:55am

John Gottman, The Gottman Institute
 “The Science of Trust and Betrayal”

CPA/Section Invited Speaker9:30am – 10:55am
 Criminal Justice Psychology / NACCJPC
 Karl R Hanson, Public Safety Canada
 “The Assessment and Treatment of Sexual Offender”

CPA Honorary Presidential Address . . . 11:30am -12:55pm
 Susan T. Fiske, Princeton University
 “Envy Up, Scorn Down: How Status Divides Us”

CPA Invited Speaker 12:30pm – 1:25pm
Daniela Schiller, New York University
“Preventing the Return of Fear in Humans Using Reconsolidation Update Mechanisms”

CPA/Section Invited Speaker 12:30pm – 1:25pm
Industrial and Organizational Psychology
Fred Luthans, University of Nebraska-Lincoln
“From Psychological Capital at Work to Overall Psychological Capital Well-Being”

CPA/Section Invited Speaker 12:30pm – 1:25pm
Sandra Harding, Department of Education, UCLA
“Diversity and Objectivity: Feminist and Postcolonial Issues”

President’s New Researcher’s Award Symposium
. 2:30pm – 3:25pm
Peter Graf, CPA President; Nathan Hall, McGill University;
Jonathan Weiss, York University

CPA Invited Speaker 3:00pm – 3:55pm
Richard N. Lalonde, York University
“Exploring Bicultural and Biracial Identities: The Challenges of Mining Cultural Comparisons”

Annual General Meeting 6:00pm – 8:00pm

SATURDAY, JUNE 4, 2011

Science & Application Keynote Address 9:00am – 9:55am
Ed Diener, University of Illinois at Urbana Campaign
“New Scientific Findings on Subjective Well-Being”

REGISTER ONLINE!

Register online for convention and pre-convention workshops: <http://www.cpa.ca/convention>

SOCIAL EVENTS!

First-time Presenters Breakfast (by invitation only) (Thursday, June 2, 2011, 8:00am – 9:00am)

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

Presidential Reception and CPA Foundation Silent Auction (Thursday, June 2, 2011, 6:00pm – 8:00pm). All are invited.

CPA President Dr. Peter Graf cordially invites you to join him at this year’s Presidential Reception. The CPAF silent auction is back...with a tremendous range of items up for bid inclusive of jewelry, travel vouchers and coupons, restaurant gift certificates, and specialty food and spa items. The auction will take place along side the Presidential reception on Thursday evening. To make a donation, contact Tyler Stacey-Holmes at publicrelations@cpa.ca. Proceeds from the auction will go to the CPA Foundation.

CPA Fun Run/Walk (Friday, June 3, 2011, 7:00am – 8:00am)

Come start your morning with an invigorating run, jog or brisk walk. Join your fellow members for CPA’s annual “fun run” at 7am in the Hotel Lobby. All proceeds raised during this year’s run will go to a local charity.

Mysteriously Yours... Mystery Dinner Theatre (Friday, June 3, 2011, 8:00pm -)

CPA and the CPA Foundation would like to invite you to an evening at the Mysteriously Yours... Mystery Dinner Theatre. While enjoying a wonderful meal delegates will try to solve “Who Dun it”. Portion of proceeds will go to the CPA Foundation.

<http://www.cpa.ca/convention/socialactivities/whodunit/>

For more information on these events, and to purchase tickets where required, visit our website at <http://www.cpa.ca/convention/>

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No purchase required. One entry per person per insurance category. Contest closes December 31, 2011. Draw date for the grand prize is January 17, 2012. Auto insurance is not available in Manitoba, Saskatchewan or British Columbia due to government-run plans. TM Trademark of The Personal Insurance Company.

Des nouvelles de l'organisation du congrès

PETER GRAF, Ph.D., président du Comité du congrès

Il nous fait grand plaisir de vous inviter au congrès de la SCP de 2011. Le congrès rassemble des scientifiques, des praticiens, des enseignants et des étudiants en psychologie d'un bout à l'autre du pays ainsi que de l'étranger. Utilisez le congrès comme un mécanisme qui vous permet de vous assurer que votre science se transforme en éducation et en pratique et que votre pratique et votre éducation reposent sur des bases scientifiques solides. Veuillez vous joindre à nous en faisant du congrès de 2011 l'un des meilleurs de notre histoire dans la grande ville animée de Toronto.

Pour obtenir un calendrier complet ou un « Coup d'oeil sur le congrès », veuillez vous rendre au site : <http://www.cpa.ca/congresprogramme2011>

MERCREDI 1^{er} JUIN 2011

ATELIERS PRÉCONGRÈS :

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

Atelier No 1

Advocating for the Science and Practice of Psychology: The How, What, When, Where and Whys. Commandité par : Société canadienne de psychologie (SCP), la section de psychologie clinique de la SCP, Ontario Psychological Association.

Atelier No 2

The Process of Assessing and Treating Extremists/Terrorists. Présenté par : Wadgy Loza, Ph.D., Queen's University, Kingston, Ontario. Commandité par : la section Extrémisme et terrorisme.

Atelier No 3

Professional Training Issues in Canada : Debate and Dialogue Between Graduate Programs and Internships. Commandité par : CCPPP (Canadian Council of Professional Psychology Programs)

Atelier No 4

Private Practice Made Simple(r). Présenté par : Randy Paterson, Ph.D., Changeways Clinic, Vancouver, BC.



Atelier No 5

Emotion-Focused Therapy for Complex Trauma: Helping Clients Resolve Attachment Injuries

Présenté par : Sandra Paivio, Ph.D., et Antonio Pascual-Leone, Ph.D., University of Windsor, Windsor, Ontario. Commandité par : la section stress traumatique.

Atelier No 6

Navigating Therapeutic Routes: One Client, Three Evidence-Based Approaches to Recovery

Présenté par : Randi E. McCabe, Ph.D., Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario; Jeanne C. Watson, Ph.D., OISE/University of Toronto, Toronto, Ontario; Paula Ravitz, M.D., F.R.C.P., University of Toronto; Department of Psychiatry, Mount Sinai Hospital, Toronto, Ontario. Commandité par : la section psychologie clinique et la section psychologie du counseling.

Atelier No 7

Assessing Dynamic Risk in Sexual Offenders: The STABLE-2007 and ACUTE-2007. Présentés par : Andrew Harris, Ph.D., Correctional Services Canada, Ottawa, Ontario. Commandité par : North American Correctional and Criminal Justice Psychology Conference 2011 et la section psychologie et justice pénale.

Atelier No 8

Violence Assessment Workshop

Présenté par : Daryl Kroner, Ph.D., Southern Illinois University, Carbondale, Illinois. Sponsored by: North American Correctional and Criminal Justice Psychology Conference 2011 et la section psychologie et justice pénale.

Atelier No 9

Translating Neurobiological Theory into Correctional and Forensic Practice

Présenté par : David Nussbaum, Ph.D., University of Toronto, Toronto, Ontario & Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario. Commandité par : North American Correctional and Criminal Justice Psychology Conference 2011 et la section psychologie et justice pénale.

Atelier No 10

How to Conduct a Meta-Analysis (with a Focus on Criminal Justice Research)

Présenté par : Leslie Helmus, is a Ph.D., Student in Forensic Psychology, Carleton University, Ottawa, Ontario. Commandité par : North American Correctional and Criminal Justice Psychology Conference 2011 et la section psychologie et justice pénale.

Atelier No 11

An Introduction to Motivational Interviewing with Offenders

Présenté par : Joel Ginsburg, Ph.D., C.Psych., et Sharon Kennedy, Ph.D., C.Psych., Correctional Services Canada, Ottawa (Ontario) commandité par : North American Correctional and Criminal Justice Psychology Conference 2011 et la section psychologie et justice pénale.

Atelier No 12

Emotion regulation in traumatized Veterans and Military Service Personnel: Creating possibilities for recovery.

Présenté par : Soledad Iucci, Ph.D, Psychologist. Commandité par : Société canadienne de psychologie (SCP).

La date limite pour les inscriptions aux ateliers : le 2 mai 2011. Les personnes qui s'inscrivent à tout atelier précongrès sont admissibles à des frais réduits pour assister au congrès et elles doivent s'inscrire au plus tard le 2 mai 2011.

Inscrivez-vous en ligne pour le congrès et les ateliers précongrès au : <http://www.cpa.ca/congres/inscription/>

À noter: Si vous désirez vous inscrire à un atelier précongrès seulement, on vous demande d'appeler Kimberley Black au bureau de la SCP au (888) 472-0657 ou (613) 237-2144 poste 323.

Pour de plus amples informations sur les ateliers précongrès, veuillez visiter notre site web au : <http://www.cpa.ca/congres/ateliersprecongres/>

La liste des conférenciers d'honneur y compris les conférenciers invités par la SCP et les sections au congrès est très impressionnante cette année. Pour obtenir plus d'information sur les conférenciers et les sujets abordés, veuillez vous rendre au site : <http://www.cpa.ca/congres/conferenciersdhonneur/>

JEUDI 2 JUIN 2011

Petit déjeuner des personnes qui font une présentation pour la première fois à la SCP 8 h 00 à 8 h 55
(sur invitation seulement)

Cérémonie de bienvenue 9 h 00 à 9 h 55
"Hommage au mérite"

Allocution du président de la SCP 10 h 00 à 10 h 55
Peter Graf, président
"Prospective Memory Research and Findings: Faulty Brain; Flaky Person"

Conférencière invitée par la SCP 10 h 30 à 11 h 55
Sheilagh Hodgins, King's College, University of London
"The Neurobiology of Persistent Violent Offending"

Conférencier invité par la SCP 11 h 00 à 12 h 55
Jasper Smits, Southern Methodist University
"Exercise for Mood and Anxiety Disorders"

Conférencier invité par la SCP 11 h 00 à 12 h 55
Ariel Merari, Tel-Aviv University
"The Making of Suicide Bombers: Personality and Social Factors"

Conférencier invité par la SCP 15 h 30 à 16 h 25
Fergus I. M. Craik, The Rotman Research Institute
"The Evolving Concept of Working Memory: Implications for Cognitive Aging"

VENDREDI 3 JUIN 2011

Conférence “La Famille de la Psychologie” 9 h 00 à 9 h 55
John Gottman, The Gottman Institute
“The Science of Trust and Betrayal”

Conférencier invité par la SCP / Section . . . 9 h 30 à 10 h 55
Psychologie et justice pénale / NACCJPC
Karl R Hanson, Public Safety Canada
“The Assessment and Treatment of Sexual Offender”

Allocution de la présidente d'honneur . . . 11 h 30 à 12 h 55
Susan T. Fiske, Princeton University
“Envy Up, Scorn Down: How Status Divides Us”

Conférencière invitée par la SCP 12 h 30 à 13 h 25
Daniela Schiller, New York University
“Preventing the Return of Fear in Humans Using
Reconsolidation Update Mechanisms”

Conférencier invité par la SCP / Section . . 12 h 30 à 13 h 25
Psychologie industrielle et organisationnelle
Fred Luthans, University of Nebraska-Lincoln
“From Psychological Capital at Work to Overall Psychological
Capital Well-Being”

Conférencière invitée par la SCP / Section 12 h 30 à 13 h 25
Sandra Harding, Department of Education, UCLA
“Diversity and Objectivity: Feminist and Postcolonial Issues”

Symposium pour les récipiendaires du prix du nouveau chercheur 14 h 30 à 15 h 25
Peter Graf, CPA President; Nathan Hall, McGill University;
Jonathan Weiss, York University

Conférencier invité par la SCP 15 h 00 à 15 h 55
Richard N. Lalonde, York University
“Exploring Bicultural and Biracial Identities: The Challenges
of Mining Cultural Comparisons”

Assemblée générale annuelle 18 h 00 à 20 h 00

SAMEDI 4 JUIN 2011

Conférence Science et application 9 h 00 à 9 h 55
Ed Diener, University of Illinois at Urbana Campaign
“New Scientific Findings on Subjective Well-Being”

ÉVÉNEMENTS SOCIAUX

Petit déjeuner des personnes qui font une présentation pour la première fois (sur invitation seulement)
(le jeudi 2 juin 2011, de 8 h 00 à 9 h 00)

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

Réception présidentielle et encan silencieux pour la Fondation de la SCP

(le jeudi 2 juin 2011, de 18 h 00 à 20 h 00) tout le monde est invité.

Le président de la SCP Dr Peter Graf vous invite cordialement à vous joindre à la réception.

L'Encan silencieux pour la fondation de la SCP est de retour ... avec un plus grand nombre d'articles intéressants. Venez faire une offre sur des bijoux, des bons de voyage, des coupons-cadeaux de restaurants, de spécialités alimentaires, pour des spas, des livres d'art, etc. et même un Wii! L'encan aura lieu pendant la réception présidentielle. Pour faire un don, veuillez communiquer avec Tyler Stacey-Holmes à publicrelations@cpa.ca. Les produits de l'encan seront versés à la Fondation de la SCP.

Course pour le plaisir

(le vendredi 3 juin 2011, de 7 h 00 à 8 h 00)

Quoi de mieux pour débiter la journée qu'une course ou une petite séance de jogging ou de marche rapide. Joignez-vous à vos confrères et consœurs de la SCP pour la « course pour le plaisir » annuelle qui se rencontreront à 7 h dans le lobby de l'hôtel. Tous les produits de l'événement seront versés à la Fondation de la SCP.

Mystérieusement vôtres...**Souper théâtre “Meurtres et mystères”**

(le vendredi 3 juin 2011, de 20 h 00 à 23 h 00)

La SCP et la Fondation de la SCP vous invitent à une soirée au Mysteriously Yours... Mystery Dinner Theatre. Tout en savourant un délicieux repas, les délégués essaieront de résoudre « le mystère ». Une partie des produits de la vente des billets iront à la Fondation de la SCP

<http://www.cpa.ca/congres/activitesocial/meurtreetmystere/>

Pour obtenir plus d'information et pour acheter des billets veuillez visiter notre site Web au : <http://www.cpa.ca/congres/>.

Federal Election 2011

In April, CPA secured the services of Advocacy Online with which to engage the psychological community across the country in election 2011. CPA's membership, the members of our partner associations, and the psychological community at large were invited to get involved in the election process.

The site provides a list of questions that the user might ask of their local candidates about their party's support for psychological research, education and practice in Canada. The site also provides two message templates (one geared to post-secondary education and research and the other geared to psychological health practice) which the user can edit or customize in any way he or she sees fit. Once the user enters the required information about his or her coordinates, the site automatically gives the names of candidates in the riding to whom an electronic message can be sent directly from the site.

Students, practitioner's, and scientists of psychology alike were invited and encouraged to participate in election 2011, as was any member of the public with an interest in the science, practice or education of psychology. We sincerely hope that many took up the invitation to help make a difference for psychological research and practice in Canada and, ultimately, for the wellbeing of Canadian society.

The site will remain active up to one week after the election. To access it follow the Election 2011 link at www.cpa.ca

L'INFORMATION ET LE MATÉRIEL AU SUJET DES ÉLECTIONS SONT DISPONIBLES EN FRANÇAIS EN SUIVANT LE LIEN ÉLECTION 2011 : www.cpa.ca

For further information contact Tyler Stacey-Holmes (styler@cpa.ca).



CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

72nd Annual Convention
72^e Congrès annuel

JUNE 2-4 JUN
2011

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2011 Elections results on the CPA Board of Directors

Résultats des élections de 2011 au Conseil d'administration de la SCP



President-elect elected by acclamation/présidente désignée, élue par acclamation:
Jennifer Frain, Ph.D.

Scientist - Elected by acclamation/scientifique, élue par acclamation:
JoAnn Elizabeth Leavey, Ph.D.



Practitioner/praticienne
Dorothy Cotton, Ph.D., C. Psych.



The 2011 CPA Awards recipients/ Réceptaires des Prix de la SCP de 2011

CPA Gold Medal Award for distinguished lifetime contributions to Canadian Psychology/ Prix de la médaille d'or pour contributions remarquables à la psychologie canadienne au cours de l'ensemble de la carrière :
Peter Suedfeld, Ph.D.

CPA Award for Distinguished Contributions to Psychology as a Profession/ Prix professionnel pour contributions remarquables à la psychologie en tant que profession : **Michael Sullivan, Ph.D.**

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

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

CPA Humanitarian Award/ Prix pour réalisations humanitaires de la SCP : **Mr. Edward Ormston**

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

CPA Distinguished Practitioner Award/Prix pour contributions remarquables à la pratique de la psychologie : **Fred Schmidt, Ph.D.**

The 2011 Elected Fellows/Fellows élus en 2011

Elizabeth Church, Ph.D.
Michel Dugas, Ph.D.
Grant Iverson, Ph.D.
Juanita Mureika, M.A.
Ian Nicholson, Ph.D.
Kieron O'Connor, Ph.D.
Sherry Stewart, Ph.D.
Jackie Vorauer, Ph.D.

2011 President's New Researcher Awards Recipients/ Lauréats des Prix du Nouveau Chercheur 2011

Nathan Hall, Ph.D.
Jonathan Weiss, Ph.D.

Congratulations to all! Félicitations à tous et à toutes!

Notice of the 2011 Annual General Meeting and Notice of Motions

The seventy-two Annual General Meeting of the members of the Canadian Psychological Association will be held in Toronto, Ontario, on Friday, June 3rd, 2011 at 6:00 p.m., in Osgoode Room of the Sheraton Centre Toronto Hotel for the purposes of:

1. Receiving and considering the annual report of the President and Committees of the Association, and approving the minutes of the previous Annual General Meeting;
2. Receiving and considering the financial statements, the report of the Auditor and any change in Membership and Affiliation Fees;
3. Appointing of an Auditor;
4. Considering the proposed revision to the CPA By-Laws approved by the Directors of the Association. The proposed amendments to the By-Law are published in this issue.

BY ORDER OF THE BOARD OF DIRECTORS, on the twenty-first day of March 2011.
 Karen R. Cohen, Ph.D
 Executive Director

2011 Proposed By-Law Amendments

The following proposed amendments have been approved by the Board of Director of the Canadian Psychological Association on the recommendation of the Committee on By-Laws, Rules and Procedures.

AMENDMENT 1 By-Law V.2 Honorary President

Rationale: Currently, the by-laws state that “An Honorary President may be appointed from time to time by the Board of Directors, for a period of one year, from among the Fellows and Members of the Association. Duties shall be defined by the Board of Directors.” (underlining added). This is not consistent with how we have been practicing over the past number of years.

Be it resolved that By-Law V. be amended to read as follows:
 (Text to be deleted is in bracket)

2. Honorary President

An Honorary President may be appointed from time to time by the Board of Directors, for a period of one year(, from among the Fellows and Members the Association). Duties shall be defined by the Board of Directors.

AMENDMENT 2

Rationale: At its November 2010 meeting, the Board voted to change the title Executive Director to Chief Executive Officer. Since Executive Director is the title used throughout the by-laws, the Board voted to amend the By-law to reflect this change.

Be it resolved that the CPA By-Laws be amended by changing the title Executive Director to Chief Executive Officer throughout the by-laws.

Marie-Christine Pearson, CPA’s Director of Administration Retires after 20 years of service to CPA

K.R. Cohen, Ph.D., Executive Director

In January 2011, CPA staff joined in a celebration with Marie-Christine to mark her 20 years of service to CPA. The celebration was bittersweet, however, because it also marked Marie-Christine’s retirement. Many of the membership know that, in addition to her many roles and responsibilities for CPA’s human resources, Marie-Christine was responsible for CPA governance – she worked closely with the Board and was the custodian of meeting procedure and by-laws. It is an understatement to say that Marie-Christine has made important contributions to CPA and its operations these many years. She has been the right hand and left hand and often the legs for three Executive Directors and many Boards of Directors. All join me in wishing Marie-Christine the utmost of luck, health and happiness as she moves on to new adventures.

Marie-Christine will remain part-time on contract with CPA throughout 2011 to aid in the transition of her roles and responsibilities to new and newly appointed staff. We look forward to more formally recognizing Marie-Christine’s contributions to CPA at the Annual General Meeting in June 2011 in Toronto.



Karen Cohen (Executive Director) and Marie-Christine Pearson (Director of Administration) at Marie-Christine’s retirement lunch January 2011

Avis de convocation de l'Assemblée générale annuelle et avis de motions 2011

La soixante et douzième Assemblée générale annuelle des membres de la Société canadienne de psychologie se tiendra à Toronto, Ontario, le vendredi 3 juin 2011 à 18h dans la salle Osgoode de l'Hôtel Sheraton Centre Toronto. Les principaux sujets à l'ordre du jour seront les suivants :

1. Recevoir et étudier le rapport annuel du président et des comités de la Société ainsi que l'approbation du procès-verbal de l'Assemblée générale annuelle précédente;
2. Recevoir et étudier les états financiers de la Société, le rapport des vérificateurs et tout changement en matière de droits d'adhésion;
3. Nommer des vérificateurs;
4. Examiner les amendements proposés aux règlements généraux approuvés par les directeurs de la Société. Ces amendements proposés sont publiés dans ce numéro.

SUR L'ORDRE DU CONSEIL D'ADMINISTRATION, ce vingt-et-unième jour de mars de l'an deux mille onze.
Karen R. Cohen, Ph.D.

Modifications proposées aux règlements en 2011

Les modifications suivantes ont été approuvées par le conseil d'administration de la Société canadienne de psychologie suite aux recommandations du Comité des statuts, règlements et procédures :

MODIFICATION 1

Règlement V.2 Président honoraire

Justification : Actuellement, le règlement stipule qu'« un président honoraire peut être désigné de temps à autre par le conseil d'administration, pour une période d'une année, parmi les fellows et les membres de la Société. Les tâches seront définies par le conseil d'administration. » (soulignement ajouté). Cela n'est pas conforme à notre façon de faire au cours des dernières années.

Il est résolu que le règlement V soit amendé de la façon suivante :
(Le texte à supprimer est entre parenthèses)

2. Président honoraire

Un président honoraire peut être désigné de temps à autre par le conseil d'administration, pour une période d'une année(, parmi les fellows et les membres de la Société). Les tâches seront définies par le conseil d'administration.

MODIFICATION 2

Justification : À sa réunion de novembre 2010, le conseil d'administration a décidé de changer le titre de directeur général (directrice générale) à celui de chef de la direction. Étant donné que directeur général (directrice générale) est le titre utilisé dans tous les règlements, le conseil d'administration a décidé de modifier le règlement de manière à ce qu'il reflète ce changement.

Il est résolu que le règlement de la SCP soit amendé en changeant le titre de directeur général (directrice générale) à chef de la direction dans tous les règlements.

Marie-Christine Pearson, directrice de l'Administration de la SCP prend sa retraite après 20 années de service à la SCP

K.R. Cohen, Ph.D., directrice générale

En janvier 2011, le personnel de la SCP s'est rassemblé pour une célébration en l'honneur de Marie-Christine pour marquer ses 20 années de service à la SCP. La célébration était cependant douce-amère parce qu'elle marquait aussi la retraite de Marie-Christine. Comme un grand nombre de membres le sait, en plus de ses nombreux rôles et responsabilités aux ressources humaines de la SCP, Marie-Christine avait la responsabilité de la gouvernance de la SCP – elle travaillait en étroite collaboration avec le conseil d'administration et elle était la gardienne des procédures et des règlements de réunions. Inutile d'ajouter que Marie-Christine a fait d'importantes contributions à la SCP et à son bon fonc-

tionnement pendant ces nombreuses années. Elle a été la main droite et la main gauche et souvent les jambes de trois directeurs généraux et un grand nombre de conseils d'administration. Je vous invite à vous joindre à moi pour souhaiter à Marie-Christine la meilleure des chances, la santé et le bonheur au moment où elle s'apprête à tourner une nouvelle page de sa vie.

Marie-Christine demeurera sur une base contractuelle à temps partiel avec la SCP au cours de 2011 afin d'aider à la transition à ses rôles et responsabilités vers un nouveau membre du personnel nouvellement désigné. Nous entendons reconnaître encore plus officiellement les contributions de Marie-Christine à la SCP lors de l'Assemblée générale annuelle en juin 2011 à Toronto.

Vignette de photo à la page 24 : Karen Cohen (directrice générale) et Marie-Christine Pearson (directrice de l'Administration) au dîner de retraite de Marie-Christine en janvier 2011

CALL FOR NOMINATIONS FOR 2012 CPA AWARDS

CPA Gold Medal Award For Distinguished Lifetime Contributions to Canadian Psychology

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

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

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

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

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

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

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

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

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

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

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

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

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

CPA Professional Award for Distinguished Contributions to Psychology as a Profession

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

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

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

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

CPA Award for distinguished Contributions to the International Advancement of Psychology

This award is presented to CPA Mem-

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

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

CPA Award for Distinguished Contributions to Public or Community Service

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

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

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

CPA Distinguished Practitioner Award

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

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

CPA Award for Distinguished Lifetime Service to the Canadian Psychological Association

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

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

CPA John C. Service Member of the Year Award

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

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

CPA Humanitarian Award

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

1. The individual must hold Canadian citizenship or resident status at the time of the award;
2. The organization must be registered as an organization in Canada at the time of the award;
3. The contribution must be shown to have made a significant and demonstrable impact on the psychological health and well-being of the Canadian community; and
4. The goal of the contribution must be to enhance the psychological health and well being of the Canadian community and not for self-advancement.

Members of the Committee on Fellows and Awards and members of the CPA

Board of Directors are ineligible for nomination.

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

NOMINATIONS PROCEDURES FOR CPA AWARDS

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

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

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

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

executiveoffice@cpa.ca

or mailed to :

Chair of the Committee on Fellows and Awards

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

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

CALL FOR NOMINATIONS FOR THE 2012 CPA PRESIDENT'S NEW RESEARCHER AWARDS

CPA PRESIDENT'S NEW RESEARCHER AWARDS GUIDELINES

These awards recognize the exceptional quality of the contribution of new researchers to psychological knowledge in

Canada. Selection of award recipients is based on the examination of the applicant's record of early career achievement. A maximum of three awards are conferred annually in diverse areas of psychology.

Eligible candidates must meet the following criteria:

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

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

A review committee consisting of the President, the immediate Past President, the President-elect, and the Chair of the Scientific Affairs Committee will judge papers.

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

executiveoffice@cpa.ca

CPA President's New Researcher Awards

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

APPEL DE MISES EN CANDIDATURE POUR LES PRIX DE LA SCP 2012

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

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

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

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

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

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

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

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

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

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

1. avoir exercé une influence sur l'éducation et la formation grâce à son excellence ou son leadership comme professeur;
2. avoir réalisé des travaux, comme profes-

seur, chercheur, surveillant ou administrateur, qui ont une très grande incidence positive sur les méthodes et les cadres utilisés en éducation et en formation;

3. avoir réalisé, comme universitaire, des travaux en éducation ou en formation qui ont permis d'élargir la base de connaissances dans ces deux domaines;
4. avoir réalisé des travaux qui ont entraîné des changements dans les pratiques utilisées en éducation ou en formation.

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

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

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

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

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

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

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

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

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

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

Prix pour contributions remarquables au service public ou communautaire

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

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

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

Prix pour contributions remarquables à l'exercice de la psychologie

Ce prix est décerné à des membres ou fellows de la SCP qui ont apporté d'importantes contributions à l'exercice de la psychologie. Le récipiendaire de ce prix se sera démarqué à titre de praticien à plein temps dans le do-

maine de la psychologie appliquée (par ex., psychologie clinique, counseling, éducation, psychologie industrielle et organisationnelle, psychologie judiciaire, santé). Peu importe la forme des contributions proposées que l'on estimera comme remarquables, il faudra reconnaître les répercussions de celles-ci sur l'application de la psychologie.

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

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

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

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

Prix du membre de l'année John C. Service

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

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

Prix pour réalisation humanitaire

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

Le récipiendaire de ce prix doit répondre aux critères suivants:

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

3. il faut prouver que la contribution a eu une incidence significative et démontrable sur la santé psychologique et le bien-être de la collectivité canadienne;

4. l'objectif de la contribution doit être d'améliorer la santé psychologique et le bien-être de la collectivité canadienne et non de favoriser l'avancement personnel du candidat.

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

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

MODALITÉS DE MISE EN CANDIDATURE

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

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

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

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

executiveoffice@cpa.ca

ou par la poste :

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

Pour liste des lauréats des prix de la SCP précédents, veuillez consulter notre site web au <http://www.cpa.ca/aproposdelascp/prixdelascp/>.

APPEL DE MISE EN CANDIDATURE POUR LE PRIX DU NOUVEAU CHERCHEUR DÉCERNÉ PAR LE PRÉSIDENT DE LA SCP 2012

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

Les candidats admissibles doivent répondre aux critères suivants:

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

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

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

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

executiveoffice@cpa.ca

Prix du nouveau chercheur décerné par le président de la SCP

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

Wellington, New Zealand

Associate Professor/ Senior Lecturer (Clinical Psychology) (Confirmation Path, Part-time)



Department of Psychological Medicine
University of Otago, Wellington

Applications are invited for the part-time position of Associate Professor/Senior Lecturer in the Department of Psychological Medicine from graduates with relevant speciality qualifications in clinical psychology.

Duties include contributing to: undergraduate medical school teaching; relevant specialist topic(s) in the postgraduate programmes in cognitive behaviour therapy and psychiatry; Departmental and Faculty examination duties; developing a personal research programme and making applications for external funding support within one year of appointment.

Those appointed at Associate Professor level will be expected to have already developed a substantive research programme of at least national standing. The appointment will be for up to 0.8 FTE for a Senior Lecturer or up to 0.7 FTE for an Associate Professor.

This position offers an exciting academic opportunity to contribute to the development of undergraduate and postgraduate mental health education, and to mental health research, within the School of Medicine and Health Sciences, University of Otago, Wellington.

Wellington, the capital city, offers an enviable lifestyle. Its wide range of opportunities and facilities embraces a variety of attractions in the arts and culture, a superb waterfront, sports and recreation on land, sea and air, a vibrant nightlife, the national museum, and more cafes per capita than New York.

Specific enquiries may be directed to Professor Peter Ellis, Head, Department of Psychological Medicine, University of Otago, Wellington, PO Box 7343, Wellington South, New Zealand, Tel +64 4 385 5656, Fax +64 4 385 5877 or Email pete.ellis@otago.ac.nz

Applications quoting Reference Number 1100115 will close on Friday 29 April 2011.

APPLICATION INFORMATION

To see a full job description and to apply online go to: www.otago.ac.nz/jobs



Equal opportunity in employment is University policy.

www.otago.ac.nz/jobs



CLINICAL PSYCHOLOGISTS PERMANENT FULL TIME

- 1 PhD Level Position –Autism Intervention Program – Head Clinician
- 1 PhD Level Position – Child & Adolescent Services
- 1 PhD Level Position– Adult Mental Health Services
- 1 PhD Level Position – Eating Disorders Clinic

The Cape Breton District Health Authority, Sydney, Nova Scotia, has immediate openings for permanent full time Clinical Psychologists.

The successful candidates will have Doctoral Degree in Clinical Psychology from an educational institution acceptable to the Nova Scotia Board of Examiners in Psychology. They must be registered or eligible for registration with the Nova Scotia Board of Examiners in Psychology.

These positions in Child & Adolescent Mental Health Services require the candidates to work in a multidisciplinary team to provide assessment, individual and group treatment to children and adolescents patients aged 0-19 yrs with a variety of mental health disorders. Our multi-disciplinary approach involves services within our District as well as within the community, including consultation to schools, daycares, children's aid services and group homes.

The Autism Intervention Program again involves a multi-disciplinary team approach including in-home behavioral interventionists, psychiatry, social work, psychology, and occupational therapy. The program requires a candidate that can provide clinical leadership in the areas autism assessment and diagnosis, pre-school assessment, behavioral intervention, and the provincial EIBI program as well as help facilitate the transition to schools for children with Autism both in an outpatient and home setting. The Autism Program is part of a province wide initiative and utilizes the Pivotal Response Therapy (PRT) model for early intervention. There are also opportunities to be part of larger, multi-site research projects within this program.

Child and Adolescent Services is an outpatient service involving a multi-disciplinary team approach including in-home behavioral interventionists, psychiatry, psychology and social work. The service requires a candidate that can provide mental health assessment, psycho-educational assessment and treatment to patients up to age 19, including those with neurodevelopmental disorders, and their families. Customized training opportunities are available to further develop skills in these specialty areas for interested and motivated candidates.

The position in the Adult Mental Health Clinics requires that the candidate work in two separate clinics to provide assessment, individual and group treatment to adults aged 19 years and older with a variety of mental health disorders. Our multi-disciplinary approach involves services within our District as well as the community including consultation to primary care physicians, Family Services, Addiction Services and other community agencies.

The Eating Disorders Clinic involves a multi-disciplinary team approach including diagnostic assessment, consultation and direct treatment services for individuals with eating disorders across the lifespan. Consultation service is also provided to Pediatrics, Inpatient Psychiatry and primary care physicians for patients requiring inpatient admission and treatment. Clinical supervision is provided to the dietitian assigned to the Eating Disorders Clinic.

The Adult Outpatient Mental Health Clinics are an outpatient service involving a multi-disciplinary team approach, individual and group treatment, consultation and education. The team may involve Psychiatry, Psychology, Social Work, Nursing and Occupational Therapy. For further information, or to apply with cover letter and resume please contact:

Janine Hussey
Manager, Recruitment & Retention
Cape Breton District Health Authority
1482 George Street
Sydney, NS B1P 1P3
Fax: (902) 567-7224
Email: husseyjan@cbdha.nshealth.ca



Call for papers

Mental Health Promotion: Population Health Perspectives

The *Canadian Journal of Community Mental Health* (CJCMH) is an interdisciplinary publication devoted to sharing information on the mental well-being of Canadians and their communities. CJCMH invites submissions to a special issue sponsored by the Canadian Population Health Initiative of the Canadian Institute for Health Information. The special issue will be dedicated to mental health promotion from a population health perspective, with particular emphasis on equity and the role of social determinants of health. We hope to elicit papers that explore a variety of research and practice-based perspectives from a range of disciplines, and from health and social care professionals, mental health policy and decision-makers, and academic researchers. Papers may address:

- Links between social factors (such as employment, life balance, or the social environment) and mental well-being
- Risk and protective factors linked to the prevention of mental illness and the promotion of mental health
- Policy initiatives and reforms that improve mental health outcomes, services and access to resources
- Evaluation of systems change interventions
- Innovative strategies and programs addressing issues of equity in mental health promotion
- Mental health promotion programs conducted in community and/or health system settings
- Mental health promotion programs aimed at vulnerable populations
- The challenges of evaluation: how to evaluate, what to evaluate, and indicators related to mental health promotion

Editors:

Keith Denny, PhD
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Department of Psychology, Carleton University

Deadline: August 31, 2011

Instructions to authors:
<http://www.cjcmh.com/e/authors/instructions.htm>

For information or to submit a paper, contact:

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Demande de communications

Promotion de la santé mentale : perspectives de la santé de la population

La *Revue Canadienne de Santé Mentale Communautaire* (RCSMC) est une publication interdisciplinaire qui vise à présenter de l'information sur le bien-être mental des Canadiens et de leurs collectivités. La RCSMC vous invite à faire parvenir vos soumissions à un numéro spécial parrainé par l'Initiative sur la santé de la population canadienne (ISPC) de l'Institut canadien d'information sur la santé (ICIS). Ce numéro spécial sera consacré à la promotion de la santé mentale du point de vue de la santé de la population et portera une attention particulière à l'équité et au rôle des déterminants sociaux de la santé. Nous souhaitons obtenir des exposés qui explorent différentes perspectives de recherche et de pratique dans diverses disciplines, rédigés par des professionnels de la santé et des services sociaux, les responsables de l'élaboration de politiques et les décideurs en matière de santé mentale ainsi que les chercheurs universitaires. Les exposés peuvent aborder les sujets suivants :

- Les liens entre les facteurs sociaux (comme l'emploi, l'équilibre de vie et l'environnement social) et le bien-être mental;
- Les risques et les facteurs de protection liés à la prévention de la maladie mentale et à la promotion de la santé mentale;
- Les initiatives et les réformes stratégiques qui contribuent à améliorer les résultats pour la santé mentale, les services en santé mentale et l'accès aux ressources;
- Évaluation des interventions visant à changer le système
- Stratégies et programmes d'innovation visant sur l'équité dans la promotion de la santé mentale;
- Les programmes de promotion de la santé mentale mis en œuvre dans la collectivité ou dans le système de santé;
- Les programmes de promotion de la santé mentale visant les populations à risque;
- Les défis liés à l'évaluation : comment évaluer, quoi évaluer et les indicateurs liés à la promotion de la santé mentale.

Éditeurs :

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Date limite : le 31 août 2011

Directives pour les auteurs :
<http://www.cjcmh.com/f/auteurs/directives.htm>

Pour en savoir plus ou pour soumettre un exposé,
veuillez communiquer avec :

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