



canadian CLINICAL PSYCHOLOGIST

Newsletter of the Clinical Section of the Canadian Psychological Association
Volume 18, No.2
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Message from the Chair

Deborah Dobson, Ph.D.

What's new

Winter is almost over and I find myself looking ahead to spring and summer. The Clinical Section Executive has had a busy time since our last newsletter. I'll briefly review some of the activities and initiatives. Our mid-winter meeting was held on January 26th and we were pleased to continue the tradition of providing a symposium to the local university, in this case, the University of Calgary. Dr. Andrew Ryder gave a symposium entitled "*The Cultural Shaping of Depression: Somatic symptoms in China, psychological symptoms in Canada.*" At our meeting, we discussed a number of current and new issues and you will see a summary of the meeting elsewhere in this newsletter. The conference planning, of course, was an important issue. We have had problems with our website, which we have previously notified you about on the listserv. We appreciate your patience as changes have been made and updates continue with the site. A decision to have a trial with more listserv discussion and we hope that you will participate. You are welcome to post clinical questions, announce events or provide suggestions to the Executive at cpa@lists.cpa.ca.

Looking ahead to Halifax

We were pleased to see so many clinical submissions for this year's conference at the Marriott Harbourfront Hotel in Halifax. The early registration deadline is May 14th. To register, go to <http://www.cpa.ca/convention/>

Some of the highlights to look for include:

Pre-conference workshop (All day, June 11th):

Working with clients who have sexual difficulties: A workshop for psychologists with a general practice presented by E. Sandra Byers, Ph.D., University of New Brunswick.

Free Public Lecture (7:00 to 9:00 p.m., June 11th) entitled: *Winning the Battle of the Bulge: Real world strategies for obesity management* by T.

Michael Vallis, Ph.D., Queen Elizabeth II Health Sciences Centre & Dalhousie University. Tell everyone you know in Halifax and the surrounding community to let their friends and family know. If you are able to help with advertising, contact me by e-mail (Deborah.Dobson@CalgaryHealthRegion.ca).

Dr. Vallis will be providing our invited mini-workshop this year (included in the conference rate) at 11:00 a.m. Thursday, June 12th. The title is *Competency in lifestyle change interventions: Mastering motivational enhancement, behaviour modification & emotion management.*

Adult and child poster sessions will be held on Thursday as well. Student affiliates will be involved in the poster sessions for the second year for the Student Travel Awards. Look for Thursday workshops on Evidence-Based Group Treatment for Anxious Youth and Best Practices for the Early Screening, Assessment and Diagnosis of Autism Spectrum Disorders in Young Children. Each year for the past three years, we have included a symposium or workshop on clinical practice guidelines. This year, there will be a conversation session entitled *Clinical practice guidelines for mental health problems in immigrants and refugees: What can psychologists learn from recent efforts in family medicine?* The menu of interesting options continues on Friday and several of the choices include a workshop entitled *Cognitive-behavioural treatment for health anxiety and fear of death*, a symposium on *Childhood maltreatment and emotion-based outcomes* and a theory review on *Professional psychology in hospitals, schools and correctional settings in Canada*. Of note are several more sessions on autism assessment and treatment as well as sessions on sleep problems in children, eating disorders and peer support for the military and their families.

This list is only a small selection of the clinical presentations that are upcoming and I hope to have piqued your interest. We have been

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In The News??

If you know of a section member who has recently published a book, article, or chapter, or who has contributed to the field in some other noteworthy manner of late, send the editors a short description, and we will be happy to publish it in the Fall Newsletter.



continued from page 1

fortunate to work with several other sections this year—the Section on Women and Psychology for the pre-convention workshop and the nomination of Christine Robb for her invited address on *The Relational Revolution* and the Health Section for Dr. Vallis’s workshop. It has been a pleasure to pool our interests and resources to expand what we can offer. Finally, there are many other exciting speakers in attendance—notably Steven Pinker, Hazel Markus and Bessel van der Kolk. The Annual Business Meeting will be held at 5:00 p.m. on Thursday, June 12th. We will be announcing the winner for the Ken Bowers Award and the new clinical section Fellow. See you there!

Looking ahead beyond Halifax

In 1998, Drs. John Hunsley, Keith Dobson, Charlotte Johnston and Sam Mikail worked on a Clinical Section Task Force, producing a report entitled *Empirically supported treatments in psychology: Recommendations for Canadian professional psychology*. In this report, a number of recommendations were

made. The current Executive made a decision in January to ask the four task force members to re-visit the recommendations that were made to see what progress has been made in the past 10 years. I am delighted that all four have agreed to participate in this project. We will let you know the results.

Finally, we would like to hear your ideas for ways in which clinical psychology can contribute to the Mental Health Commission. John Service has let me know that there are three strategic initiatives for the Commission: developing a national mental health strategy, an anti-stigma campaign and a knowledge exchange. Clinical psychology has the knowledge and expertise to be involved in all of these areas. Look for an upcoming discussion on the listserv.

I hope that you will find a way to become involved with the Section in the next few months. If I don’t see you in Halifax, have a terrific summer!

-Deborah Dobson

From your Newsletter Editors: Canadian Clinical PhD Programs Recognized for Productivity

Two recent publications (Stewart, Roberts, & Kimberlee, 2007; Stewart, Wu & Roberts, 2007) evaluated productivity (i.e., number of peer reviewed journal articles, book chapters, and books) of American Psychological Association (APA) Accredited Clinical Programs and their respective faculty between the years of 2000-2004. Out of the 166 programs, six Canadian Clinical Psychology PhD programs ranked in the top 100 of scholarly productivity: Queens University (5th), York University (22nd), Dalhousie University (25th), University of British Columbia (46th), McGill (47th), and Concordia (58th). After controlling for the variability in size of faculty across programs, Dalhousie ranked highest at 10th based on mean productivity and 4th based on median productivity; the next highest ranked Canadian program was the University of British Columbia with a mean ranking of 39th. In terms of faculty productivity, a review of 1,927 core faculty members within the 166 APA Accredited Programs was undertaken. Three Canadian faculty members ranked among the top 70 most productive faculty. In terms of total publications, Leslie Greenberg from York University and Sherry Stewart from Dalhousie University ranked 19th; Patrick McGrath from Dalhousie University ranked 39th. In terms of peer-reviewed journal articles, Dr. Stewart ranked 12th and Dr. McGrath ranked 22nd. Dr. Greenberg was not ranked. We concur with Stewart, Wu, and Roberts’ (2007) sentiment that “scholarly publications are the catalyst for advancement of the field and we applaud the efforts of those dedicated to this purpose.”

We would also like to applaud the efforts of all of those who focused on raising Psychology’s visibility through Psychology Month events this past February. We received accounts of many events – lectures, information booths, games –highlighting various clinical areas in Psychology. These events were important for bringing some of the knowledge and skills of our profession to both the general public, as well as to other, non-Psychologist, professionals.

With all the hard work that Canadian clinical psychologists are engaged in, we hope you will find the time to enjoy this issue of the newsletter. When you do, you will notice a new feature: Profiles in Clinical Psychology: **Programs**. Profiled in this issue is Canada’s newest Clinical Psychology program at Ryerson University. If you would like to submit an article profiling any other Canadian Clinical Psychology program, we invite you to contact us. This feature will run along with the Profiles in Clinical Psychology: **People** feature, meaning that we are still, of course, accepting profiles of Canadian clinical psychologists as well.

Your dedicated Section newsletter co-editors,
Margo Watt and Jessey Bernstein

References:

Stewart, P.K., Roberts, M.C., & Kimberlee, M. R. (2007). Scholarly productivity in clinical psychology PhD programs: A normative assessment of publication rates. *Clinical Psychology: Science and Practice*, 14, 157-171.

Stewart, P.K., Wu, Y. P., & Roberts, M.C. (2007). Top producers of scholarly publications in clinical psychology PhD programs. *Journal of Clinical Psychology*, 63, 1209-1215.



Summary of Minutes of Midwinter Meeting

January 26, 2008

Calgary, Alberta

Members present: Deborah Dobson (Chair), Christine Purdon (Past-Chair), John Pearce (Chair-Elect), Patricia Furer (Secretary-Treasurer), Andrew Ryder (Member-at-Large), Melissa Kehler (Student Member).

Highlights:

- Dr. Lorne Sexton has been elected by acclamation as the Director-Practitioner for the CPA Board. Dr. David Dozois has been elected by acclamation for another term as Director-Scientist.
- Drs. Barb Backs Dermott and Stephen Swallow have joined the Professional Affairs Committee.
- The committee summarized benefits for members of the Clinical Section including: receiving two newsletters per year; advocacy for representation of clinical concerns within CPA; reduction of registration costs for pre-convention workshop; information via the listserv; Ken Bowers and travel awards; networking with colleagues; Fact sheets; recognition through Fellow awards; and contribution to convention activities.
- Current bank balance for the Clinical Section is \$14 409.30. Investments (GICs) as of December 2007 are at \$4483.05. Total assets are \$18 892.35.
- From May to October 2007, we enrolled 13 new regular members and 33 new student members.
- The final step for the revisions to the Clinical Section Bylaws is approval by the CPA Board. John will request that Juanita Mureika, a member of the CPA Board of Directors whose portfolio includes the CPA sections, submit the by-laws to the Board for approval at its February meeting.
- CPA 2008 Conference (Halifax, June 12-14):
 - 162 clinical conference submissions this year .
 - Dr. Christine Robb (proposed by SWAP) will be the CPA Invited Speaker. Her talk is entitled: "The Relational Revolution."
 - The Clinical Section is co-sponsoring a pre-convention workshop with SWAP. Dr. Sandi Byers' workshop is entitled: "Working with clients who have sexual difficulties: A workshop for psychologists with a general practice".
 - Dr. Michael Vallis will be giving a Public Lecture as well as a level 2 Master Clinician workshop at CPA 2008 in Halifax, co-sponsored with the Section for Health Psychology. We discussed publicity strategies for the public lecture.
 - The ABM for the Clinical Section will be held during CPA on Thursday June 12th at 5 pm in Halifax. All are invited to attend.
- The new website was up and running in November 2007. Unfortunately, problems with the new website began in December and the new website and the backup were accidentally deleted. Various solutions were discussed including returning to the old website format or setting up the new format again with a more robust back-up system. These possibilities will be discussed with CPA.
- Next deadline for the Clinical Section newsletter is March 15, 2008.
- Discussion re goals and usage policies of listserv. Agreed that recruitment for research participation, clinical discussions, and descriptions of clinically relevant books (recent publications from section members) are all acceptable for the listserv. We will continue to encourage job postings to be advertised with CPA. We will review these changes with the general membership at the ABM in June to obtain feedback about these guidelines.
- Clinical Section Executive for 2008-2009: Dr. Andrew Ryder will continue as Member-at-Large. Dr. Mark Lau has agreed to stand as Chair-Elect. Melissa is willing to stay on for a second year as the Student Representative.
- The Call for Fellows has gone out. There has been one nomination to date.
- Andrew provided an update about the Fact Sheets. Discussed need for French translations.
- Discussion about how the Clinical Section can be involved with the Mental Health Commission. We could use the listserv to track and comment on the 3 strategic initiatives of the Commission.
- We discussed the possibility of revisiting the recommendations coming out of the 1998 Clinical Psychology Section Task Force on Empirically Supported Treatments.
- Discussion of the Student Grant Proposal (up to \$2000 to apply to host a conference or workshop to allow students to have experience organizing such events and increase student access to extra clinical training). We agreed that the proposal needs further work prior to implementation.
- CPA 2010 is scheduled to be concurrent with the World Congress of Cognitive and Behavior Therapies in Boston. We will discuss our concerns re the negative impact on attendance at CPA in Winnipeg with Dr. Lee.
- Spring Teleconference for Section Executive will be held on Monday April 21, 2008.

Submitted by Patricia Furer, PhD., C, Psych.
Secretary-Treasurer

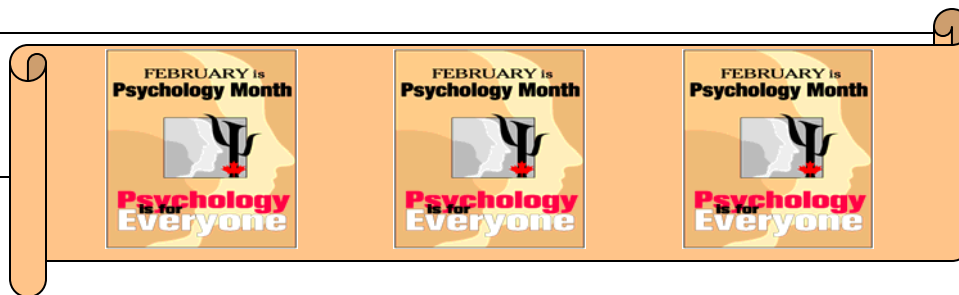
February was Psychology Month and Clinical Section Members Rose to the Occasion!

After years of dedicated effort, psychologists were rewarded in 2005 with the declaration that February would be designated Psychology Month in Canada. This past February was thus the fourth year in which sustained and nation-wide effort went into promoting our wide-ranging and far-reaching profession to the general public.

As in last Spring's newsletter, we are showcasing some of the efforts Clinical Section members and their organizations made in relation to Psychology Month. One difference from last Spring, however, is the sheer number of events to report on: up from three last year, we were contacted by over three times as many members involved with events to be proud of for Psychology Month 2008, who sent in detailed and extensive lists of the events they had helped organize.

Keep those reports coming for next year: your creativity just may inspire someone else to promote (clinical) psychology !

-JB & MW



Dr. Randi McCabe, Director of the Anxiety and Treatment Research Center at **St. Joseph's Healthcare** in Hamilton, Ontario let us know that a number of activities were planned by the hospital's Psychologists for Psychology Month. A larger banner was placed in the parking garage with the CPA Psychology Month slogan on it; and the psychologists "took over" three of the Mental Health and Addiction Program's hospital rounds (see below) and published an article in the hospital's newsletter, part of which is reproduced below.

February is Your Psychology Month!

You may pass them in the hall as they lug their test kits from office to office, or sit next to one in the cafeteria as she flips through the latest news on cognitive distortions. Psychologists are everywhere at St. Joseph's, yet you may find yourself wondering what, exactly, they are up to. February is Psychology Month, and the theme is "Psychology is for Everyone." Keeping this spirit in mind, the psychologists of St. Joseph's would like to offer you an insider's glimpse into the world on the other side of that sign reading "Do Not Disturb: Session in Progress."

Psychologists spend much of their time performing *assessment* activities, using a variety of tests and interview skills to measure, describe, and understand such things as intelligence, brain function, personality, and mental health concerns. Another major skill used by psychologists is the provision of *psychotherapy*, which is a broad term encompassing a wide variety of ways that psychologists help people to understand and change unhelpful thoughts, feelings, and behaviours. Psychologists also play a pivotal role in the *development* and *dissemination* of effective assessment and treatment strategies, which is a key activity at St. Joseph's. Finally, many psychologists conduct *research* to gain further insight into all of the above activities. \

Psychologists can be found in several departments throughout St. Joseph's, including the Neuropsychology Service, the Forensic Service, the Cleghorn Early Intervention in Psychosis Program, the Anxiety Treatment and Research Centre, the Mood Disorders Program, the Eating Disorders Program, the Schizophrenia Service, Psychosocial Rehabilitation, and on the Inpatient Specialized Assessment Unit at the Centre for Mountain Health Services. In addition, psychologists provide Consultation and Liason services to the various inpatient units at both sites.

In honour of February as Psychology Month, our team of psychologists will be hosting a series of noon hour sessions to provide an in-depth picture of the role psychology plays in today's healthcare activities at St. Joe's.

- Thursday, February 7: Psychotherapy Live: Three Approaches
- Thursday, February 14: Psychology Jeopardy!
- Thursday, February 28: Inside the therapist's office: Live treatment of a phobia

Make the most of your Psychology Month by attending these events – not only to see who your St. Joseph's psychologists are and what they do with their time, but also to extend your own knowledge on what it is that makes us tick!

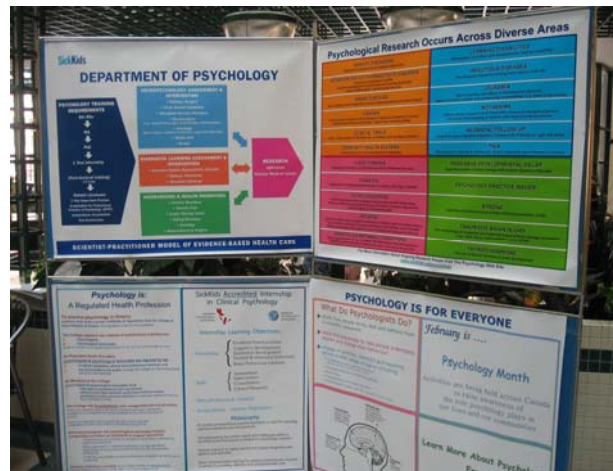
Psychology Month at SickKids Hospital

February sure was a busy month. The **Psychology Department at SickKids Hospital in Toronto** organized a week-long series of events. The spirit of “Psychology Week” was to showcase the roles psychology staff play within the hospital and out in the general community.

Our week began with Education Day – a well-attended morning presentation, as well as an afternoon research talk, on *Paediatric Mild Traumatic Brain Injury* by Dr. Michael Kirkwood from The Concussion Program - The Children’s Hospital, Denver, Colorado. It was a very interesting, informative and well-balanced clinical-research presentation. Psychology staff and others benefited much from learning about Dr. Kirwood’s approach to treatment and research pertaining to Mild TBI.

The rest of the week included one-hour rounds on: *Using an adult approach to treat a child with severe memory impairment: A neuropsychological case study*, *Assistive Technology for Students with Learning Disabilities and Current Research in the Department*. As well, an information booth was set up in the hospital’s atrium. We were glad to have questions about how to become a psychologist, treatment options for various issues and also about the role of psychometrists. All in all, our events were well attended by staff from various disciplines within SickKids, as well as by other members of the community. We are now already organizing for next year’s events.

-Submitted by co-organizers Heidi Morales, Dr. Sharon Guger and Dr. Khush Amaria



Manitoban Psychologists in the Media

For Psychology Month, Jennifer Laforce, PhD, C.Psych., Director of **Public Education** for the **Manitoba Psychological Society**, was involved in organizing a whopping 26 presentations, a week-long research event, and numerous TV and newspaper appearances to spread the word that Psychology is for Everyone. A sampling of the activities held by Manitoba psychologists this past Psychology Month:

- Dr. Brian Cox was featured in two newspaper articles: Don't Confuse Shyness with Mental Illness (Winnipeg Free Press) and Psychologist Says Pills Don't 'Cure' Shyness (Vancouver Sun) and Sean Moore wrote an article for the University of Manitoba's The Bulletin highlighting Dr. Raymond Perry's work and referencing Psychology Month
- Dr. Greg Gibson co-authored the jingle for a “Stop Channel Surfing” commercial for the Brandon In Motion campaign with Mariah Phillips, which aired in regular rotation during the months of February and March.
- Appearing on CityTV Breakfast Television: Dr. Carrie Lionberg spoke about midlife crises, Dr. Norah Vincent on insomnia and sleep, Dr. Jennifer Laforce on Psychology Month, Dr. Moira Somers on financial psychology, Dr. John Walker on Parenting your Anxious Child
- Talks at Schools and community centers on topics such as: Smoking Cessation Strategies; Tourette Syndrome and Attention Deficit Hyperactivity Disorder; Strategies for Dealing with Anxiety; Therapeutic Interventions for Postpartum Depression; Divorce: Children Caught in the Middle, and many, many more!

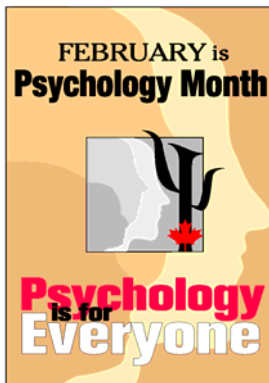
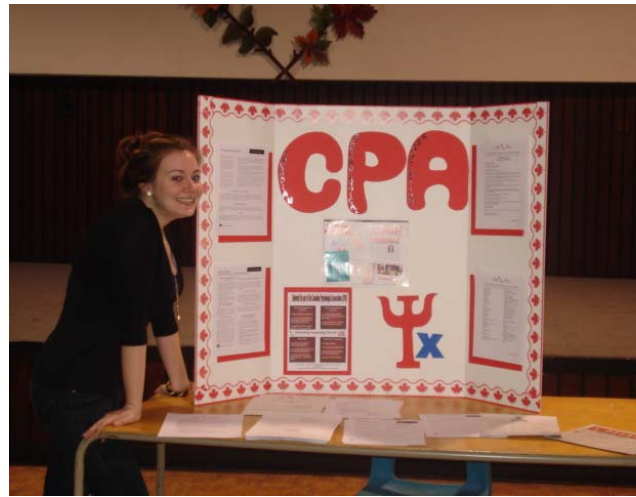
Increasing Awareness Through Public Lectures:

Agnes Massak, a graduate student in the clinical psychology program at the **University of Western Ontario** wrote in about the activities of a group she is involved with called **Advocacy Through Action**, in London, Ontario. The group's main goals are to use its members' knowledge and skills in order to better the community, and to advocate for psychology as a profession. In order to celebrate Psychology Month, they developed a very professional flyer that advertised the series of talks the group hosted for the general public at one of the libraries in London. The talks were based primarily on the research done at Western and were intended to increase awareness of psychology and its usefulness, and included titles such as:

- How to Get Your Child Up and Out of the House in the Morning
- Overcoming Depression
- Public Speaking: Why It's so Scary and What you Can do About it
- Infant TV Viewing: What are we Watching
- The Practice of Mindfulness Meditation
- Understanding our Romantic Relationships

Psych Info Day at St. FX

The Psychology Society at St. Francis Xavier works hard each year to elevate the profile of Psychology on campus. This year, during *February is Psychology Month*, the Society hosted Psych Info Day on February 12th. Students and volunteers gathered to discuss courses, undergraduate and graduate programs, research interests and careers, as well as to share food and have fun. In addition, the Day provided an opportunity to highlight the many resources available to students through such organizations as CPA. Below senior student and Co-chair of the Psychology Society, Sarah Oulton, is seen promoting the activities



Educating on Mental Health Across the Lifespan

From Dr. Carole Lamarche, a list of Psychology Month activities at **River Valley Health (Region 3 – Fredericton and area)** in **New Brunswick**. Their focus was on educational activities for the staff of River Valley Health: email messages and educational sessions. In addition, they also created a themed display (Mental Health Across the Lifespan) that was placed in front of the cafeteria for hospital for visitors for 10 days.

Education for Staff of River Valley Health:

-Lunch Time Education Session for Staff: Dr. Carole Lamarche, L. Psych., on Post-Traumatic Stress Disorder: An Introduction for Health Professionals.

-Weekly email messages to staff: Theme: Mental Health Across the Lifespan: infant attachment, children and sleep, caregiver stress, men and retirement and depression in older adults.

-Inservice for Mental Health Program Staff: Dr. Carole Lamarche, L. Psych. on Cognitive-Behaviour Therapy for Depression and Anxiety Disorders.

Bringing Psychology Together and Celebrating Psychology Month in Ottawa

“Great things are not done by impulse, but by a series of small things brought together.”
- Vincent Van Gogh

Psychology is for Everyone. And, Psychology is for everyone in Ottawa. This was the central theme and impetus behind a very successful Psychology Month in Ottawa. A collaboration between Stephen Lewis, Resident in Psychology with the **Royal Ottawa Health Care Group (ROHCG)**, and Training Program Directors Dr. Susan Farrell and Dr. Nicola Wright led to the spearheading of a Psychology Month advocacy campaign aimed at promoting knowledge and awareness about the discipline of Psychology and how it contributes to physical and mental health." In addition to activities at our site, we also worked collaboratively with other hospitals to sponsor a city-wide professional practice development day.

At the ROHCG, we coordinated a "Psycho-educational Email Series" with the goal of providing awareness to all hospital staff about the six unique roles of psychology (i.e., assessment, intervention, supervision, ethics, research and interpersonal relationships). We also organized a "Psychology Month Library Display" which consisted of weekly themes that brought further attention to these roles while showcasing related books and resources. We hosted a community talk entitled: "Self-harm in Youth: What It Is and What To Do" for youth, parents, teachers and mental health care workers. The talk was presented by Mr. Stephen Lewis and Dr. Darcy Santor (Professor, University of Ottawa and Senior Research Scientist, Provincial Centre of Excellence in Child and Youth Mental Health at CHEO). The aforementioned events were advertised in the February edition of our hospital newsletter, throughout local hospitals and via another series of emails. Finally, we posted CPA Psychology Month posters around the hospital and discipline members posted these in their offices.

In partnership with the **Children's Hospital of Eastern Ontario (CHEO)**, SCO Health Service and The Ottawa Hospital we sponsored a full day of Psychology events entitled: "Professional Practice of Psychology Workshop and Keynote Speaker Series," which was held at the **Royal Ottawa Mental Health Centre (ROMHC)** on February 22. The event, which was open to discipline members city-wide, was comprised of the following events: a didactic seminar on clinical supervision by Dr. Janice Cohen (from CHEO), Clinical Supervision Focus Groups devoted to specific supervision topics and key note addresses provided by Dr. John Service (Executive Director, Mental Health Commission of Canada), Dr Karen Cohen (Acting Executive Director, Canadian Psychological Association) and Dr. Rick Morris (Deputy Registrar/Director, Professional Affairs, The College of Psychologists of Ontario).The day was a resounding success and kudos are certainly well-deserved to all those involved in this day's organization!

Here at the ROHCG, we've also arranged for a committee to be in place for forthcoming years dedicated to Psychology advocacy and organizing events for Psychology Month. Residents will also have the opportunity to join the Psychology advocacy committee each year. We are also looking at Psychology advocacy becoming an optional rotation for Psychology Residents. It is our hope that this movement will be sustained and that advocacy for Psychology will continue to be an ever-evolving endeavor!

Submitted by Stephen Lewis

Food + Talk!

Dr. Fern Stockdale Winder let us know of one of the events planned by the **Saskatoon Health Region**: their 3rd annual "**Psychology Meet, Learn & Eat**" with all psychologists in the health region invited to attend a luncheon & talk on February 12, 2008. Their invited speaker was Dr. Phil Carverhill, who spoke on "Current Issues in the Area of Grief."



Psychology Month Events in Nova Scotia

Gordon Butler notes that the **Psychology Department** at the **QEII Health Sciences Centre** in Halifax, Nova Scotia, has marked Psychology Month every year since its inception. This year, they planned poster displays about psychology and the department that were set up for a week at four strategic places around the hospital. During the same week they offered two noon-hour "Lunch 'n Learns" for staff and visitors. Each will consist of three 20 minute "mini-presentations" on practical topics such as relaxation techniques and memory aids. Weekly articles about psychology staff activities in the hospital newsletter, and a pot-luck for all of the psychology staff are also being planned.

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The Association of Psychologists of Nova Scotia focused this year on outreach to non-psychologists, Susan Marsh of the APNS let us know. Below is a list of events:

- **Psychologically Healthy Workplace Conference:**

Dr. Lois Tetrick: George Mason University; President of the Society for Industrial & Organizational Psychology

Dr. David Ballard: Assistant Director, Corporate Relations and Business Strategy, APA; Psychologically Healthy Workplace Program National Director.

Also, the award winners from the 2007 Psychological Healthy Workplace Awards will talk about their best practices. *Sponsors for this event included: The CN Centre for Occupation Health & Safety, Saint Mary's University & APNS.*

- **Chronicle Herald Psychology Month Spread**

This is our 4th successive year for this advocacy activity. This year focused on Psychology in the Schools. The NS Board of Examiners included information on the registration of psychologists, with a full list of all registered psychologists in Nova Scotia. Space was also provided space for psychologists and other organizations to show their support for the profession.

- **Managing Change and Conflict Workshop: Full-day Workshop with Teal McAteer, Ph.D**

- **Public Presentations:**

APNS presented 2 free lunchtime information sessions in downtown Halifax during February. This was promoted by the Halifax Downtown Business Commission to all its members.

-Dealing with Stress, Presented by Dr. David Pilon, R.Psych.

-Hiring for Fit: Best Practices in the Use of Employment Tests, Shaun Newsome, Ph.D., R.Psych, HR Assessment & Development

- **Media Outreach:**

Media packages were sent to key media and media releases were disseminated throughout Nova Scotia. A "media room" was created on the APNS website to display material, and list topics that APNS member psychologists are available on which to speak, etc.

- **Other:**

We also encouraged our members in private practice and in organizational settings to arrange open houses and do outreach in their communities.

For 500: What is Psychology Month?



Host for the event, Dr. Joe "Alex" Pellizzari, of the London Health Sciences Centre: South St. Hospital prepares his material.

Mental Health Care Program psychologists celebrated Psychology Month by playing a game of Psychology Jeopardy! with colleagues on Feb. 12 in the Busby Room at South Street Hospital.

Host for the event, Dr. Joe "Alex" Pellizzari, Psychologist with the Consultation-Liaison Service, said "We wanted to do something fun for our colleagues, to highlight the role of psychology in our workplace and in our everyday lives."

The event was supported by the integrated Continuing Medical Education (CME) series of the LHSC and St. Joseph's Mental Health Care Programs, pizza was supplied by LHSC Psychological Services, and the event was telecast to the Regional Mental Health Care London and St. Thomas sites.

"We know from psychological research that people learn more by participating rather than being passive observers. We choose to create a presentation that would be dynamic and involve the audience in multiple ways ... and be entertaining at the same time," said Dr. Louise Maxfield, Psychologist with the General Ambulatory Adult Mental Health Service and co-organizer.

Contestants were Joel Lamoure, Mental Health Pharmacist, Martha Wilke, OT with the Adult Inpatient Psychiatry Service, and Dr. Noel Laporte, Psychiatrist with the PEPP service. Not only was it fun, but also feedback on the educational value so far has been very positive. One of contestants said, "I learned more in your presentation than I have in a long time!"

Questions, or rather answers, were designed to highlight various aspects of psychological science and practice while others were designed purely for fun.

For example, in the category Psychology and Health: "Psychological interventions such as biofeedback, relaxation, and cognitive-behavioural therapy can be more effective than traditional treatments for reducing this kind of pain."

The answer was back pain, which was then used to highlight a recent research article Meta-Analysis of Psychological Interventions for Chronic Low Back Pain by Hoffman and colleagues (Health Psychology, 2007).

To highlight practice issues, the Final Jeopardy category was Psychology: The Bottom Line, with the question: "Research has shown that every \$1 spent on psychological services yields a cost/benefit of this many dollars in future medical costs."

The answer was \$5, highlighting a position prepared for the Canadian Psychological Association titled Strengthening Primary Care: The Contribution of the Science and Practice of Psychology, by Mikail and colleagues (2000).

In this report, research was summarized indicating the potential role that psychological care could have in primary care in reducing the suffering of Canadians while at the same time leading to overall medical care cost savings.

And lastly for fun: "The psychologist in this movie portrayed a brilliant therapeutic style for connecting with a troubled teenager ... although violated ethical codes in the process." What is Good Will Hunting? Correct for five points!

February is Psychology Month with the motto Psychology is For Everyone. It is an annual national campaign to raise awareness of the role psychology plays in our everyday lives, in our communities, and in our workplace.

For more information on Psychology Month, please visit www.cpa.ca/psychologymonth. For more information on Psychology at LHSC, please visit www.lhsc.on.ca/psychluc.

**Martin M. Antony:
The New President-Elect of CPA**

Jean-Paul Boudreau
Department of Psychology
Ryerson University, Toronto, Ontario

The CPA election ballots are counted, and we are pleased to announce that **Dr. Martin Antony has been selected as President-Elect of the Association.** Dr. Antony became a Fellow of CPA's Clinical Section last year, and he is also a Fellow of CPA. His term as President-Elect will begin in June 2008 (at the CPA convention in Halifax, NS) while his term as President will begin in June 2009.

In addition to his accomplished international research record that includes 24 books and more than 100 scientific articles and book chapters, an extensive external granting record, and numerous awards for clinical science, education, and student training, Martin also brings strong administrative and governance experience. To quote from his lead nomination letter:

“With a wide and impressive range of skills and talents the span the university, hospital, primary care, administration, and private practice context, Dr. Antony can represent psychologists from a diverse range of backgrounds. A true scientist practitioner, who is aware of the issues facing psychologists in both academic settings and practice settings, he brings a truly outstanding record of accomplishment to CPA. Dr. Antony is a renowned scholar with pioneering contributions to the field of anxiety disorders, a builder and innovator in education and clinical training, a leader and advocate for Psychology and the mental health community, and ultimately a champion for both those providing and those receiving psychological services; in short, Dr. Antony embodies all of the skills required to propel CPA to the next level in Canada and in the broader international community.”

As President of CPA, Martin will play a critical role in bridging the clinical health care (service) community with the scientific (research) community, in advancing student training, and in advocating for Psychology at the Federal, Provincial, and Municipal levels of government.



uOttawa

L'Université canadienne
Canada's university

**University of Ottawa
Private Practice Outcome Evaluation Group
February 17, 2008**

Overview: My research group has developed secure on-line evaluation tools to facilitate baseline and follow-up mental health assessments. Clients are provided an access code (on a business card) that is keyed to their clinician and are able to complete measures either in the psychologist's office or at home prior to their appointment. The system is secure and can code participants anonymously. Upon completion, the system generates a 1-page summary report which highlights elevated symptom scores, risk factors, and patient identified needs.

Invitation: I would like to partner with 10 to 20 psychologists in private practice located in different regions across Canada who would be interested in joining our research consortium to further develop and implement an on-line evaluation tools. The purpose of the program is to facilitate empirically-based practice by providing individual clinicians with the means of evaluating progress on an ongoing basis for each and every client. The group would function as a consortium to evaluate the program and report on our success. When possible and desired, research reports would be co-authored by members of this consortium. I view this an opportunity to monitor and improve patient outcomes while participating in outcome evaluation research

How to contact our group: If you or a colleague you know would be interested in joining our group, I would be pleased to speak with you further. I can be reached at dsantor@uottawa.ca

Thank-you for your consideration.

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Mythbusting: An Insider's Guide to the Internship Applicant's Experiences

*Gabriela Geller & Donald Stewart
Student Counselling and Career Centre
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Many of us heard our first 'horror' stories about internship in the early days of our graduate program. Fuelled by the anxiety we observed among senior students as they undertook the internship application process, we came to believe many of these stories and, in so doing, both adopted and modeled these dysfunctional beliefs ourselves, helping to perpetuate the cycle anew. We now feel that the time has come to do something to help break this cycle of internship myths.

Drawing primarily on personal and professional experience, conversations with many past and current interns, discussions with some Training Directors (TDs), and even some literature, we have informally identified what we believe are the Top 10 Internship Application Myths, presented below in reverse order (with acknowledgement to David Letterman). By debunking these myths, we hope to reduce the unnecessary anxiety that many intern applicants live with and also provide practical suggestions on how to successfully navigate the internship process.

10. The All-Consuming Application Process Myth. *The process of internship application is so horrific and time consuming that if you did not start preparing for it in your first year of grad school (as your directors of training recommend) then you are in deep trouble.*

If you haven't compulsively documented every minute of clinical experience in a continuously-updated database, don't despair! Although it may seem daunting, it probably isn't that difficult to begin to reconstruct past clinical experiences. Check sources where your clinical hours are documented (e.g., old day planners or day sheets from practica; summary evaluations from supervisors). Look at old testing report face sheets or treatment summaries to identify relevant data regarding tests you have administered and presenting issues you have addressed.

Irrespective of your level of prior preparation, the internship application process will consume a significant amount of time and other resources. Pace yourself accordingly so that the required time, money, and emotional and mental energy will be available as needed at various times throughout the internship process.

9. The More Information on the Process is Always Better Myth. *You must obtain ALL the information*

available on the internship application process to be successful at it (including published articles, books, and online intern applicant communities).

Although being aware and educated about the process is important, there is a danger of getting too much information and becoming overwhelmed and incapacitated. We know many successful interns who did not read ANYTHING related to the process. Of course, if you are reading this article, you are likely not one of those people. It is recommended, however, that you still limit the information you acquire. If you know that you become easily anxious, you should consider avoiding such things as intern applicant social networking sites as these can easily provoke more anxiety than provide helpful advice. While it is comforting to commiserate with peers, this can too easily shift into groupthink or catastrophizing. If you feel the need to get information from external sources, you can ask a good friend (who is also applying) to sift through the online postings and send you only helpful pieces. You could also focus on reading *Megargee's Guide to Obtaining an Internship* (Megargee, 2001). Your TD and supervisors can also prove helpful as information sources.

8. The I am Not Good Enough / I Blew the Interview so Why Even Bother Myth. *Other applicants are more qualified or interviewed better than you, and since it is so hard to get a spot anyway, you should just pull out now.*

Do not let this myth affect your choice of programs or your subsequent rankings. As Megargee and Pederson (1997) recommend, you should apply to some sites that you believe are long shots, some that are likely to be attainable, and a few sites where you are very likely to match. When it comes time, rank ONLY by your preferences, even if you are pretty sure you will not get your top choice. Many applicants have been pleasantly surprised, even after what they perceived as 'disastrous' interviews.

If you feel that there are very few sites that you would match at, speak with your TD to make sure this is an accurate assessment. It is not the end of the world if you decide to take an extra year to better prepare or make yourself more competitive (e.g., get more hours, finish your dissertation, etc.). Otherwise, accept that you will not feel good enough at times. Many of us have already survived the impostor syndrome when starting grad school - just do not let it dictate your decisions about what sites you apply to or rank.

7. The First Interview Myth. *Your first interview will not go as well as the others and therefore you should make sure that your first interview is with a site that is not high on your list.*

Every year applicants panic when inevitably some end up with their top choice as their first interview.

Although many interns do state that the interviews become easier with experience (and the common interview answers became more polished), it is also true that many applicants match with the site where they first interviewed. In fact, as one TD pointed out, the primacy effect may help you if you have an early interview, as interviewers are more likely to remember you (same goes for being one of the last applicants interviewed, where you can profit from the recency effect).

6. The Clone Myth. *You should be a clone of current interns at a site and/or have exactly the same theoretical orientation, experience, or background as the supervisors or interviewers.*

This is not necessarily so. There are interns with cognitive-behavioural (CBT) orientations who have been matched with predominantly psychodynamic internship sites, and sites that are CBT based that take applicants from a range of backgrounds. The important criterion that TDs identify is the openness of the intern applicant to learning new things. In fact, one very legitimate use of internship is to expose yourself to new and different approaches. Thus, do not lie about or distort your philosophy, orientation, or beliefs to match the interviewers. Besides the chance that you could be wrong about their preferences, you run the risk of having to play out the deception for your entire internship year. You are much better off playing to your strengths and impressing the site with what you could offer in exchange for what they could teach you. For the few sites that insist on matching orientations or experience, note that this is usually made very clear in their materials so as not to waste anyone's time.

5. The Interviewer as Examiner Myth. *Internship interviewers will quiz you as if you are a Jeopardy contestant.*

Many interns describe spending hours studying Rorschach protocols and MMPI-2 profiles prior to interviews. Most wish they could have these hours back, as very few places, with the exception of some more specialized sites, will quiz you in this manner. Do be aware, though, that it is fair game for sites to ask you about any of the tests, techniques, or populations you have claimed experience with in your application; just don't become obsessed with minutiae, and focus your preparation on the broader perspective (e.g., on the types of tests and strategy you would use in a psychodiagnostic assessment and why, rather than what someone's profile might look like).

By the time you are interviewed, sites are pretty much already aware of your scope of knowledge. The interview is their chance to get to know you and decide if you are personally a good match (and whether you might embarrass them on an external rotation!). Keep this in mind when answering questions- do not try to cram in

everything you know into one answer. Also feel free to use questions as a type of platform for you to showcase or 'sell' yourself (not to the self-serving extent that some politicians are prone to, but learn from these masters who see questions as opportunities to make whatever point they think is important at the time).

4. The Interviewer as Enjoyer of Evil Mind Games Myth. *Internship interviewers will try to 'trip you up' or 'play with your head.'*

We have all heard horror stories about the interviewer who was silent the entire time or (almost) made someone cry. These myths are particularly damaging as they lead to significant anxiety and set up applicants to expect the worst. The reality is that these interviewers are rare. Most internship interviewers are very friendly, respectful, professional, and interested in you. Keep in mind that they want to make a good impression as much as you do; they are program ambassadors, have a huge investment in attracting the most suitable applicants, and want to give you an opportunity to show yourself at your best. If you do encounter the rare 'evil interviewer,' you should ask yourself how this might be related to the internship site itself and whether that is a place you would want to spend a year of your life.

3. The Perfection Myth: Part I - Applications and Letters of Recommendation. *Your internship application materials must be absolutely perfect or they will end up in the trash heap.*

Many of us spent countless hours worrying over whether our clinical hours would add up correctly, what bond paper our applications should be on, and whether to use paper clips or staples. In fact, such issues are generally of only minor importance, and most small mistakes are unlikely to hurt you. For example, one intern recalled that the internship site he matched with was the one where he had spelled the name of the internship director incorrectly (this is also a good way to assess TDs for proneness to narcissistic rage, but is not advocated as a strategy!).

Time could be better spent ensuring that all the required materials arrive before the deadline and at the right site. An excessive number of spelling and grammatical errors, however, will negatively affect you. In addition to basic proofreading, it is also a good idea to give your essay answers to someone you trust to review for content. This is particularly important for your autobiographical statement. Be prepared to revise it many times to strike the right balance in tone and content. It also may not be the best place to take huge risks. For example, what may seem humorous to you may prove offensive or simply puzzling to others. However, this having been said, we have encountered successful interns who did take risks with their statement, thinking that they would not want to match with a site where their quirky humour or creativity would not be valued. Use trusted friends who know

both you and the application process to guide you in this endeavour.

Letters of reference often seem more important than they actually are. Truth be told, they are not very helpful at discriminating among candidates because after several years in grad school almost anyone can find three people willing to provide a positive recommendation. CCPPP has taken the lead in trying to enhance the utility of reference letters by using a template approach that allows for a more balanced evaluation of the candidate. Despite this, it remains a mystery how ALL applicants can be among the best the referees have ever encountered! Be assured that unless you have unwittingly asked a sociopath to act as a referee, no one letter is likely to make or break your chances at a site.

2. The Perfection Myth: Part II - The Interview. *There is a perfect way to look and act during interviews.*

Many debates have raged among intern applicants regarding such issues as whether to wear a skirt or pants, what colours of suits are suitable, and if coffee should be accepted when offered. Simply put, most interviewers or TDs don't care (or don't care very much) about such things. What they most certainly do care about is the applicant's ability to demonstrate professionalism during their contacts. Think of the process as a job interview. TDs are less likely to remember whether you wore a suit than they are to recall whether you looked and acted like a professional (this includes being courteous to receptionists, custodians, or any incidental contact you have with anyone at a site; remember that you don't know whose ear these people may have).

TDs also note that professionalism extends to e-mail addresses and voice mail. It is advisable to create a new e-mail address if your current one is something like 'onehotmama' or 'LordoftheElves.' This also applies to singing, swearing, or having the voice of Elvis on your answering machine. Be aware as well that employers are now beginning to Google job applicants, and it is not inconceivable that some internship sites may follow suit (What does your Google search turn up? What does your Facebook profile, choice of friends, and privacy settings allow the world to learn about you?).

1. The Internship Site as 'Soul Mate' Myth. *There is only one perfect internship for you and it is your job to find it. If you do not get matched with your soul mate site, your Psychology career is shot and you should open that book store/organic farm/tour boat operation you always wanted to.*

This myth is very damaging, and so pervasive that it is evident with respect to jobs, partners, and even pizza. Many applicants sift through scores of sites without ever finding their 'soul mate' site. Many applicants are devastated when they believe they have found the 'perfect' site but do not get matched to it. Even applicants who matched with their

perfect site may be hurt when they discover during the internship year that it is less than perfect.

Keep in mind that almost any site you are interested in has the potential to be a decent match if you approach it from that perspective. As with any relationship, your experience at the internship site you attend will take time and effort to perfect. Thus, many interns who were matched with their second, third, or fifth choices end up very happy with their training by the end of the year. In fact, this even holds true for interns who were placed through the Clearinghouse at sites to which they did not even think of applying.

Concluding Comments

We hope that we have done more good than harm in framing some legitimate concerns as myths. Given the proclivity toward perfectionism that most clinical graduate students are rewarded for, however, we feel that some degree of balance is necessary; hence our informal 'cognitive restructuring' around some of the predominant and more blatant internship-related distortions that could prove particularly troublesome or destructive.

Your own conscience will dictate the extent to which you regulate your application process in light of the myths we have articulated. We hope that you will not forget to employ balance, reason, and common sense in your pursuit of an internship match; after all, isn't it more than just a happy accident that brought you to this point in your career? Be aware that you have much to offer, there are many ways you can share your talents with the world, and matches are not (necessarily) made in heaven!

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Author Notes:

Portions of this paper were presented by Dr. Geller at the 2003 Canadian Psychological Association Annual Conference.

Dr. Geller is an Assistant Professor and Clinical Psychologist at the Student Counselling and Career Centre, University of Manitoba. She is involved in supervising interns at the SCCC, with a special interest in diversity and multicultural issues. Dr. Stewart is an Associate Professor, Clinical Psychologist, and Director of the SCCC. He was formerly SCCC Internship Training Director and continues supervising interns.

Message from the Student Representative

Greetings from your Student Representative for the Clinical Section! I trust you are all having a good year and are looking forward to the upcoming convention in Halifax!

I want to remind members that applications for the **Clinical Section Travel Award** are due on May 1, 2008. This award was designed to encourage communication between Clinical Section students and to promote peer review among students, as well as to help Clinical Section students from across Canada to travel to the annual convention. There are three Clinical Section Travel Awards granted each year: \$500 for the highest ranking submission overall, and two awards of \$200 each are given to the next highest ranking submission from each of the two regions in Canada (East, West, or Central) other than the region where the conference is being held. The three winning submissions will also have their conference abstract published in the fall edition of *The Canadian Clinical Psychologist*. **All students who have posters or presentations accepted by the Clinical Section are invited to apply.** For more information on this award, see the Clinical Section website: <http://www.cpa.ca/sections/clinical/newsandevents/>

Please feel free to contact me with any questions or comments, or if you would like to contribute something to the Student Column of future newsletters. Thanks!

Melissa Kehler, M.A.
Student Representative
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Student Column #1

Building Interdisciplinary Bridges: Students' Experiences in Interprofessional Education

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The Patient-Centered Interprofessional Team Experience (P-CITE) is a program organized by a number of committees composed of clinicians, academics and health professionals working in Saskatchewan. P-CITE was one of the eleven initiatives across Canada that received funding from the federal health ministry for increasing interprofessional training and experience. The province of Saskatchewan alone received \$1.196 million which led to the launching of 47 projects. The aims of the P-CITE projects were to “develop innovative interprofessional patient-centered education programs and settings and evaluate their benefits”, “stimulate spread of best approaches”, and “increase health professionals’ exposure to interprofessional patient-centered

education” (<http://www.pcite.ca>). Numerous students from diverse fields of study, including clinical psychology, medicine, nursing, social work, education, justice and more, participated in P-CITE projects. Two of the participants, Philip Sevigny and Murray Abrams, are clinical psychology graduate students from the University of Regina who participated in 12-week projects as part of their four-month, full-time clinical practica. The authors of this article interviewed these graduate students and this article is about the students’ interprofessional experiences.

Phil, a first-year PhD student, participated in a project that focused on the assessment and diagnosis of autism, along with a medical resident, nursing student, early childhood education student and social work student. Murray, a second-year Master’s student, participated in a project that focused on interdisciplinary pain management. His team consisted of two medical students, a nursing student, two pharmacy students, a social work student, and a recreational therapy student. Many of their weekly sessions were conducted through the Problem-Based Learning approach. This was a refreshing and interactive experience, which Phil recalled as allowing the students to “take ownership” of learning and to “learn by doing.” Guest lecturers also spoke to each team about issues relevant to their clinical focus. Phil’s team, looking at the assessment and diagnosis of autism, also held home-visits with families, as well as observed the assessment of a child suspected of having autism. Thus, their experiences were a combination of lively classroom discussions among students, presentations by various professionals, and real-life immersion into the health issue that they studied.

The graduate students reported that, despite “different worldviews and practice parameters,” all trainees involved displayed an “openness and willingness” to share their knowledge and experience. Through dialogue, a greater understanding of other professionals’ viewpoints was achieved and a shared meaning constructed. Although the medical model was initially prominent in the case-based discussions, other models of understanding patient experience, such as a biopsychosocial model, were introduced through discussion. Both psychology students noted that people of other disciplines often demonstrated a lack of understanding about the role of clinical psychology. In particular, they noted that other students showed a large knowledge gap about what psychologists do, what therapy consists of, and how important psychology is from an assessment point of view. This highlights the need for interprofessional education at the training level in order for future health professionals to be cognizant of the role of their colleagues in other disciplines.

When asked about what he, as a psychology student, learned from the experience, Phil said that he learned the “importance of different perspectives that people bring”

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and the importance of not having “professional blinders on.” Both students reported a widening of their scope of the professionals who should be consulted for a case. Murray also commented on work being a “social place” and how “putting people together in fun ways,” such as having lunch together, can have a beneficial impact on how the team works together.

Regarding the role of clinical psychology in interprofessional teams, Phil commented that “we shouldn’t work in a vacuum and so we should be engaged in discussions about how we work together.” Indeed, clinical psychology students may already possess the skills that are readily transferable into interprofessional settings. As Phil said, “The same nonspecific skills that make for an effective clinician make an effective team member.” Because interprofessional work is essentially a team building experience, the skills for formation of shared understanding and diffusing conflict are especially valuable. As Murray noted, “It’s a real skill to be able to assert yourself diplomatically but firmly.” Thus, not only do psychologists contribute to patient assessment and intervention, but knowledge and skills learned through advanced training are applicable to the collaboration that is hoped to enhance patient care.

Given the positive experiences of these students, interprofessional educational experiences appear to be valuable learning opportunities that help enhance communication and knowledge exchange between professionals-in-training. Phil commented that “the greatest challenge for the future of interprofessional education is sustainability.” For Murray, the challenge is that with so many professions, it becomes complicated about who to place on a team together. Furthermore, the timing for training is important. Murray suggested that it would be beneficial for students in clinical psychology to have this experience during their first clinical practicum. He suggested that this experience be acquired early in training, before a professional identity is fully established, in order to “reduce the entrenchment of the medical model and allow interpretation from other perspectives.” Both students support further integration of interprofessional training into the curriculum. To sum up his thoughts on interprofessional training, Murray commented that “It’s a good thing, no question about it.”



Student Column #2:

Interprofessional Education: Learning to Work with Other Mental Health Professions

*Sarah P. Bellefontaine
School of Psychology
University of Ottawa, Ottawa, Ontario*

The mental health needs of children around the world are currently underserved (World Health Organization, 2004). In order to better serve this segment of the population, mental health services for children and adolescents require an integration of the bio-psycho-social perspective. This necessitates the formation of interprofessional teams in health service settings. Clinical training programs in psychology and psychiatry must therefore provide trainees with both the opportunities and knowledge necessary to collaborate effectively, in order to ensure that students are better prepared for this role (Rodolfa et al., 2005). The Canadian Psychological Association, for example, requires programs to prepare doctoral students to work effectively within interprofessional teams (Canadian Psychological Association, 2002). Although collaboration among health professionals is considered essential, there is limited information on best practices to promote interprofessional collaboration. Therefore, although health care professionals generally agree that interprofessional education is desirable, and are aware of the many barriers and obstacles to implementing such programs and courses, there still remains a lack of understanding as to the best ways to implement such interprofessional learning opportunities in order to both motivate participants and provide the best possible training.

What Interprofessional Opportunities Exist for Students and Professionals?

As part of a team based at the University of Ottawa, with members in both the department of Psychiatry and the school of Psychology, we are currently running a web-based survey of the interprofessional educational experiences of both psychiatrists and psychologists. Although it is certainly important to talk to clinical trainers in both disciplines, we are also seeking input from students in psychology and psychiatry programs as they are the consumers of this training. In addition, we are surveying licensed professionals in both disciplines for their ideas on what helped them in the course of their training. Our team believes that in addition to some formal programs which exist that address interprofessional issues, there are many aspects of training environments that may enhance or inhibit interprofessional training. Therefore, we are

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seeking to learn about what has been helpful in these environments, so that we may identify the best practices available in interprofessional education.

My Own Interprofessional Experiences

In working on developing, conducting, and analyzing this survey, I am part of a team of two psychologists, two psychiatrists, and a student in medicine. This experience has taught me quite a bit about the challenges in working with other disciplines, but has also proved to be a rewarding experience. Schedule conflicts were frequent, but the complementary knowledge and experiences we each brought to this collaborative experience were immeasurable. While we both learned a lot about research and opportunities for interprofessional education, a very interesting side effect occurred – each of us learned a great deal more about the other's discipline and, in my opinion, a better appreciation for their role in health care services. I think my collaborators would also agree.

If you would like to participate in the survey please contact sbell044@uottawa.ca and a link to the survey will be emailed to you. We anticipate that results will be sent to participating groups, including the Student Section of CPA, in the summer of 2008.

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Profiles in Clinical Psychology: Programs

Canada's Newest Clinical Psychology Program at Ryerson University

Valerie Vorstenbosch, Ronak Patel,
Heather Hood, and Martin M. Antony
Department of Psychology
Ryerson University, Toronto, Ontario

In Spring 2007, Ryerson University received provincial approval for a new MA and Ph.D. program in psychology, with training opportunities in both Clinical Psychology and Psychological Science. From over 180 applications received over a two month period, our first cohort of graduate students were admitted in Fall 2007, including 13 students in the new Clinical Psychology Program. Our recently launched website (www.ryerson.ca/psychology) provides a full description of the Department, including our new graduate and undergraduate programs, as well as our part-time certificate in mental health and addictions.

An Introduction to Ryerson University

Ryerson University is located in the heart of downtown Toronto. With state-of-the-art facilities, Ryerson is home to over 24,000 full time students in more than 95 programs. The university is enjoying explosive growth in program development, enrolment, and infrastructure, and is currently in the midst of a \$210-million campus expansion. Annual funded research has increased by over 325% in the past decade, as Ryerson moves from being primarily a teaching institution with strengths in a number of applied disciplines (for example, business, engineering, interior design, journalism, media, nursing, photography, social work, theatre) to becoming a comprehensive university emphasizing both research and teaching, while supporting high-level graduate training.

Ryerson's first graduate degrees were awarded in 2001. In the short span of seven years, there are now over 1650 graduate students across more than 30 different programs. In the past two years, new undergraduate and graduate degrees in Psychology were launched. Sixteen new faculty have been hired in the Psychology Department since 2005 to support these new programs. Our faculty hold external funding from a wide range of regional, national, and international sources such as SSHRC, NSERC, CIHR, CFI, NIMH, Canadian Foundation for Aids Research, Ontario Mental Health Foundation, Ontario HIV Treatment Network, and the Lance Armstrong Foundation.

Clinical Training at Ryerson

Ryerson's Clinical Psychology training program is based on a scientist-practitioner model, with faculty who have expertise in a range of empirically-supported approaches to assessment and treatment. The program has been designed to meet the requirements for accreditation by the Canadian Psychological Association, as well as registration with the College of Psychologists of Ontario. The curriculum includes courses in psychopathology, assessment, intervention, research methods, history of psychology, ethics and professional issues, as well as a wide range of electives. In addition

to formal coursework, students attend regular colloquia, clinical rounds presentations, and extended workshops covering a range of topics related to research and clinical practice. Adding to these foundational training components, students in the program will also benefit from a doctoral-level teaching practicum designed to support those students pursuing careers in academia.

Three clinical practica are completed over the course of the MA and Ph.D. Ryerson is a short walk from a large number of potential practicum sites, including eight of Toronto's largest university affiliated teaching hospitals. Though just in their first year of training, our students have been successful in securing practicum placements at many of the top sites in the Greater Toronto Area for the upcoming year (for example, Baycrest, Centre for Addiction and Mental Health, Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, Toronto General Hospital, Toronto Rehabilitation Institute, to name just a few). In addition to these external placements, plans are underway to develop a Clinical Training Centre within the Department.

Research Training at Ryerson

The Department of Psychology is home to a growing list of exceptional faculty, as well as several adjunct faculty based in academic teaching hospitals, who are available to supervise students. Recruited from leading institutions from across North America, Europe, and Asia, the faculty are committed to high quality clinical training and student development. Their research interests are unique yet integrative, as they encompass a range of issues that foster connections between subfields of Psychology. There are numerous ongoing research collaborations among our faculty. The following list represents a sample of clinically-related research topics currently being studied in the Department:

- Addictions
- Anxiety disorders (e.g., etiology, assessment, treatment)
- Body image
- Brain mechanisms and cognition in psychopathology
- Chronic fatigue
- Cognitive behavioral therapy
- Cognitive-neuromotor aspects of infant and childhood disorders
- Development of antisocial and delinquent behavior
- Developmental psychopathology (e.g., attachment and psychopathology)
- Health psychology (e.g., cancer, exercise and health, HIV risk and prevention, sexuality)
- Hippocampus and memory in schizophrenia
- Neurocognitive skills in child & adult psychopathology
- Perfectionism
- Sleep disorders and mood
- Traumatic stress and posttraumatic growth

The Department of Psychology recently opened a new state-of-the-art lab facility, built from the ground up to meet the Department's unique research needs. The Psychology Research and Training Centre (PRTC) includes over 10,000

square feet of space dedicated to research and student training. The PRTC houses two seminar rooms, which are used for graduate classes, meetings, colloquia, seminars and workshops. There are also ten shared observation rooms and six flexible interview/research rooms that are suitable for either research or clinical training. Graduate students are also able to enjoy their own space in the graduate student lounge. Designed for our specialized needs, there are more than 25 fully equipped research laboratories in the PRTC that are dedicated to a wide range of basic and applied research areas. The PRTC is ideally situated in Toronto's *Discovery District*, which includes Ryerson as a partner institution. Close proximity to a number of other leading institutions allows for unique research and practice opportunities with specialized populations, as well as access to advanced resources and research tools (e.g., MRI scanner).

Student Life

In their short time here, the Psychology graduate students have come together to form a Psychology Graduate Students' Association (PGSA). The PGSA has been involved in fostering a sense of collegiality among all graduate students in the program. Over the past year, the PGSA organized a Department holiday party, ran a raffle for NBA tickets, and coordinated local pub nights - a favorite among the graduate students! The PGSA is currently in the midst of developing a website and working on orientation activities for next year's incoming class.

Conclusion

Ryerson's new Clinical Training Program is attracting top students from around the country and beyond. Our aim is to provide outstanding training in both research and evidence-based clinical care, and we are particularly interested in training students who plan to incorporate both research and practice into their future careers. Questions about the new clinical program can be directed to Dr. Martin Antony, the Director of Clinical Training (mantony@psych.ryerson.ca), or to any of our clinical faculty or graduate students.

Valerie Vorstenbosch, Ronak Patel, and Heather Hood are all first year MA students in Ryerson's new clinical psychology graduate program. Heather and Valerie work in the Anxiety Research and Treatment Lab in the Department of Psychology, under the supervision of Dr. Martin Antony. Valerie's research is focused on the role of disgust and fear in various specific phobia types. Heather's research is on the effects of safety behaviors on fear reduction. Ronak works in the Brain Imaging and Memory Lab in the Department of Psychology, under the supervision of Dr. Todd Girard. His research focuses on the underlying mechanisms mediating emotional memory in neurological populations. Martin Antony is Professor and Graduate Program Director in the Department of Psychology at Ryerson University in Toronto. He has published 24 books and more than 150 scientific papers and book chapters, mostly in the areas of anxiety disorders, perfectionism, cognitive-behavioral therapy, and psychological assessment.

Profiles in Clinical Psychology: People

**Dr David Zuroff:
A Lesson in Following Where One's Curiosity Leads**

Allison Kelly
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Lucky for Clinical Psychology, David Zuroff's childhood dreams fell through.

An avid reader of the *All About* books, a young David Zuroff was committed to becoming a physicist when he grew up. "There's no denying I was a serious nerd," he chuckles.

In 1967, David's ambition led him to Harvard where he received several scholarships to study physics. As an introspective junior, however, he found himself in an exceptionally taught physics seminar but realized that he was never engrossed in puzzling over the problems presented in class. This awareness led him to pursue other academic paths. David had recently read and enjoyed Freud's *A General Introduction to Psychoanalysis* so decided to take a course in psychology. In this class, taught by David McClelland, David developed and conducted his first experiment in psychology. He quickly realized that his findings were making him ponder in a way that no physics problem ever did.

Despite graduating summa cum laude in physics, David's newfound passion led him to enter a graduate program in

Clinical Psychology at the University of Connecticut in 1972. Though he enjoyed and excelled in his clinical work, it became clear that David was exceptionally gifted at research. His exposure to physics instilled in him the belief that in psychology, just as in physics, one should strive to explain the mechanisms underlying seemingly complex phenomena with simple and elegant theories.

Two such mechanisms jumped out at David in his clinical internship year. As he and his supervisor (Dr. Jerry Biddle) informally discussed their cases at lunch breaks, it seemed to them that no matter the diagnosis of their patient, everyone's problems stemmed from either negative feelings about themselves or problems in their relationships with others. You can imagine David's excitement when soon after receiving his Ph.D. in 1977, he stumbled across the words "self-criticism" and "dependency" in a recently published article on depression vulnerability by Dr. Sidney Blatt and colleagues.

Although David's early research focused on Beckian models of depression, he quickly became more interested in Blattian models and began a long-lasting friendship and collaboration with Sid Blatt. After two short stops at Quinnipiac College and SUNY Binghamton, David arrived at McGill as a faculty member in 1982. He went on to publish numerous articles on dependency and self-criticism including "Dependency and self-criticism: Vulnerability factors for depressive affective states" in *Journal of Abnormal Psychology* (Zuroff & Mongrain, 1987) and "Interpersonal relatedness and self-definition: Two prototypes for depression" in *Clinical Psychology Review* (Blatt & Zuroff, 1992).

While David's research in depression vulnerability is a major contribution to Clinical Psychology, David's impact on the field transcends his publications in this area. His more recent projects investigate the impact of common factors in therapy (e.g., the therapeutic alliance; the patient's motivation) on depressed patients' outcomes, a line of research with important implications for psychotherapy researchers, practitioners, and policy-makers (Zuroff et al., 2000; Zuroff et al., 2007; Zuroff & Blatt, 2006). David presented a summary of these findings in a keynote address - *Three Things that Matter in the Treatment of Depression* - at last year's CPA convention. Recently, David was awarded the Douglas Utting Prize for Depression Research in honor of the clinical and theoretical relevance of his research.

But it's not just depression that interests David. His research falls at the intersection of personality, social, and clinical psychology. He believes the former two sub-disciplines offer many leverage points for the field of clinical psychology, ones he hopes the field will take better advantage of in years to come. In collaboration with Dr. Debbie Moskowitz, David has begun to investigate within-person variability in personality and social behaviour in both clinical and non-clinical populations (Moskowitz, & Zuroff, 2004; Fournier,

Moskowitz, & Zuroff, 2008). He has also recently been working on an evolutionary theory of personality. It might surprise some to hear, however, that in spite of David's extensive contribution to the clinical psychology literature, "I wouldn't feel badly drawing a line through many of the publications on my CV," he says. "But I would the Ph.D. dissertations." David's students are his primary source of academic motivation, fulfillment, and pride.

Indeed it was no accident that CPA awarded David this year's prize for Distinguished Contributions to Education and Training in Psychology. David's expertise as a teacher and mentor rival his gifts as a researcher. While his clarity, brilliance, and precision are enough to produce accomplished young researchers, these are only part of what equip his students so well for academic success. An equally large, if not more important part, is how deliberate David is in supervising all aspects of his graduate students' work. When not at the golf course, he puts great amounts of time, care, and diligence into their training. He supervises with integrity, prioritizing their interests, and treating them not as intellectual inferiors, but as independent scholars with their own research programs. As a result, they become just that. (The names Myriam Mongrain, Darcy Santor, and David Dunkley are a few such illustrations.)

To say David measures his success in that of students, however, grossly underestimates the impact of his golf game on his self-esteem. Lucky for him, he has a long list of publications and awards to fall back on. And lucky for the field, clinical psychology is at very low risk of losing David to the PGA tour.



Allison Kelly is a graduate student in David Zuroff's lab at McGill, currently finishing her 4th year of a Ph.D. program in clinical psychology. Allison is particularly interested in the role of self-compassion in physical and psychological functioning. Working from an evolutionary perspective, her research tests the impact and moderators of imagery-based self-talk interventions on the well-being and self-regulatory success of various health populations (e.g., acne sufferers, smokers, eating disordered individuals). Her clinical interests are broad but center primarily around eating disorders and obesity.

Canadian Psychological Association



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