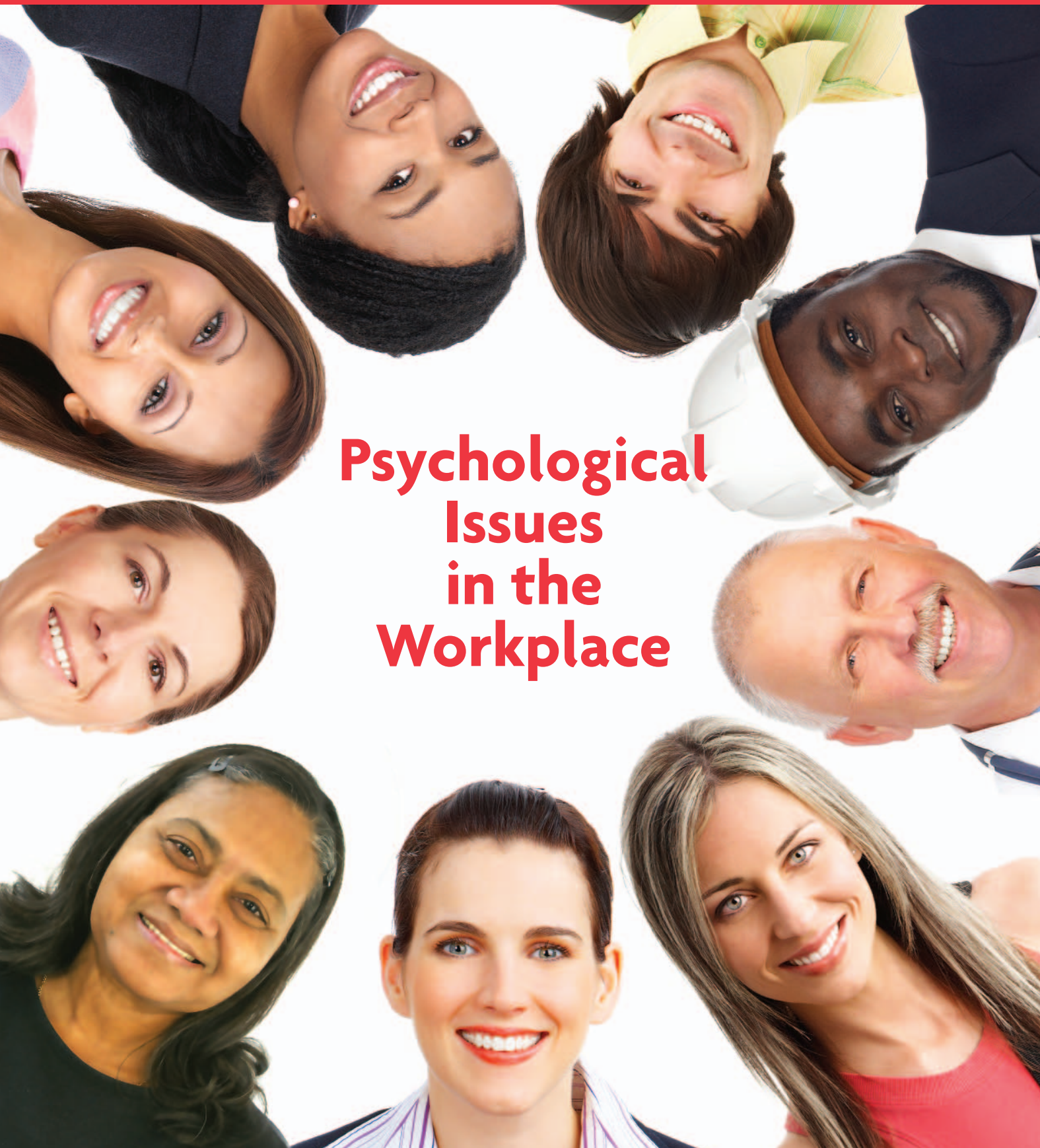


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Psychological Issues in the Workplace

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Special Issue:

Psychological Issues in the Workplace

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

I am very pleased to introduce this special Winter 2011 issue of *Psynopsis* that focuses on mental health in the workplace. The mental health needs of Canadians have never before received as much attention as they have in recent years. With the launch of the Mental Health Commission of Canada in 2006, awareness about mental disorders, the stigma associated with them, and the need to develop a mental health strategy for Canada has received considerable public attention.

For its part, CPA has devoted a lot of work this past year to raising awareness among stakeholders about the role of psychological factors as determinants of health, how psychological factors can mitigate the course of other health conditions such as heart disease or diabetes, the impact of mental health disorders and, most importantly, the unmet service needs when it comes to psychological conditions and disorders¹.

Many of you will have read the reports in the public press over the past months about the significant number of disability claims by federally employed workers that are for mental health conditions². The fact that anxiety and depression may be a significant problem among the federal workforce is not surprising. One in five persons in Canada can expect to experience a mental health problem in their lifetimes³ - the most commonly occurring of which are these two disorders.

Mental health problems in the workplace

Over one million Canadians surveyed in 2002 experienced a depressive episode in the preceding year and 7/10 of them were employed⁴. About 50% of Canadians say that their experience of stress is attributable to work and about 50% say that their experience of stress is attributable to financial problems. Though the attribution to finances appears stable, the



attribution to work has increased from 1997 to 2001 (39% to 51%)⁵.

There has been a 700% increase in court awarded settlements due to mental injury in Canadian workplaces over the last 5 years⁶. The annual cost to the Canadian economy due to mental disorders in the workplace has been estimated in the tens of billions⁷. One estimate suggests up to \$11 billion could be saved by preventing mental injuries caused by negligent, reckless or intentional acts by employers in Canada⁸.

A consensus paper on *Mental Health in Workplace Settings* by the European Union (EU) in 2008⁹ substantiates similar concerns. Absenteeism, unemployment and long term disability claims due to mental health problems have eclipsed those due to musculoskeletal problems in many European countries. The proportion of long term disability payments due to mental health problems in England, Scotland and Wales, is also 40%. The EU

estimates that mental health disorders lead to 136.3 billion Euros in lost or compromised productivity – 73% of which are due to anxiety and depression. By comparison, heart disease is associated with 36.1 billion Euros in productivity losses.

Risk factors

Factors that are commonly acknowledged to negatively impact poor mental health in the workplace include job instability and insecurity (e.g., contracted rather than salaried resources), increased workloads that result from downsizing, workplace bullying and violence, poor work-life balance, lack of control over work, and poor peer and management support. The EU consensus paper suggests that high job strain and high job insecurity can increase the risk of depression by 14 times as compared to

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workers who have secure jobs with job control.

Substantial compromise in productivity results due to sickness, absenteeism, presenteeism (coming to work with illness that then negatively impacts productivity) and early retirement. In addition, having a medical illness is a risk factor for depression¹⁰ and depression can be a risk factor for physical illness such as heart disease¹¹.

What needs to be done?

There is much that can be effectively done at the levels of prevention and intervention. Risk factors need to be identified and addressed at the workplace level. These include the identification of the levels of stress in the workplace, support for work-life balance, communication between workers and management, support within the working environment, employee participation in decision-making, and reward and opportunity for career advancement.

At the workplace level, research is needed to identify which workplaces or working conditions put employees at higher risk for mental health problems (e.g., high stress occupations, work environments where employees have little job related control or stability). Managers need to be trained and supported to identify signs and symptoms of mental health problems and to effectively address them in a workplace context. Further, employment infrastructures and cultures need to facilitate an environment where mental health issues can be identified and addressed. This will require attention to the pervasive stigma that surrounds mental disorders and to enhancing the accessi-

There has been a 700% increase in court awarded settlements due to mental injury in Canadian workplaces over the last 5 years. The annual cost to the Canadian economy due to mental disorders in the workplace has been estimated at in the tens of billions.

bility of mental health services when they are needed. The importance and support that employers accord to the mental health of their workforce needs parity with the importance and support offered for employee's physical health.

To effectively address mental health problems in the workplace, prevention and promotion as well as services must be adequately funded and provided. Outcomes (both psychological outcomes and work return) are enhanced when intervention is early and adequate.

What does mental health service yield for employers and employees?

Employers can save \$5,000 - \$10,000 in average wage replacement, sick leave and prescription drug costs for every employee with a mental health problem who gets treatment¹².

Accessible psychological treatments for stress and depression yield better mental health outcomes and higher rates of job retention and more hours worked as compared to those who received usual care¹³. Counseling and support to facilitate return to work early also yield better outcomes.

Psychological interventions are effective in treating mental health problems, particularly the ones most likely to affect Canadians (depression and anxiety). In addition to being effective, psychological

treatments can be more cost effective than other treatments offered alone¹⁴. Numerous studies have shown that when people are successfully and appropriately treated psychologically, they tend to use the health care system less, yielding significant medical cost offset.¹⁵

A workplace strategy that focuses on prevention, as well as on responsive and accessible treatment when problems develop, is critical to Canada's mental health. When governments and employers make needed services accessible, they are also sending a message that their employees, treatment services, and the problems they address, are important.

Next steps

Psychological health and disorders are key concerns for Canada and its communities. The toll that mental health issues take on the workplace for both individuals and employers is very significant. Canada and its workplaces need to create and uphold psychologically healthy work environments and to address the psychological needs of workers. Addressing these needs includes a range of activity from changing workplace cultures to eliminate the stigma of psychological disorders, developing programs and policies that promote psychological wellness, and making psychological interventions accessible to those who need them. These changes involve collaboration across sectors and stakeholders that include government, employers, workers, health professionals, health service systems, professional associations and health care associations. Canada's health depends upon its mental health.

¹ <http://www.cpa.ca/practitioners/advocacyforpractice/>

² <http://www.ottawacitizen.com/health/Ottawa+depression+capital+Canada/3559268/story.html>

³ Health (2002). A Report on Mental Illnesses in Canada. : Author Standing Senate Committee on Social Affairs, Science and Technology (2004). Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Ottawa, Ontario, Report 1. : Author

⁴ <http://www.statcan.gc.ca/daily-quotidien/061017/dq061017a-eng.htm>

⁵ http://www.cmha.ca/bins/content_page.asp?cid=5-34-212-213

⁶ <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

⁷ <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

⁸ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stress%20at%20Work%20MHCC%20V%203%20Feb%202009.pdf

⁹ <http://www.ec-mental-health-process.net>

¹⁰ Canadian Mental Health Association, BC Division. *Depression and Co-Existing Conditions*, British Columbia: Author.

¹¹ Lustman, P. J. & Clouse, R. E. (February 2002). *The Impact of Depression on Coronary Heart Disease (CHD) in Women with Diabetes Mellitus*. Enhancing Outcomes in Women's Health: Translating Psychosocial Behavioral Research into Primary Care, Community Intervention, and Health Policy, American Psychological Association.

¹² <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

¹³ <http://www.ec-mental-health-process.net>

¹⁴ <http://www.cpa.ca/cpasite/userfiles/Documents/publications/Cost-Effectiveness.pdf>

¹⁵ <http://www.cpa.ca/cpasite/userfiles/Documents/publications/Cost-Effectiveness.pdf>

Numéro spécial :

Problèmes psychologiques dans le milieu de travail

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

Il me fait grand plaisir de présenter ce numéro spécial d'hiver 2011 de Psynopsis qui porte en grande partie sur la santé mentale dans le milieu de travail. Les besoins en matière de santé mentale de la population canadienne n'ont jamais reçu autant d'attention qu'au cours des dernières années. Avec la mise sur pied de la Commission de la santé mentale du Canada en 2006, la sensibilisation aux troubles mentaux, la stigmatisation qui leur est associée et la nécessité d'élaborer une stratégie en santé mentale pour le pays ont obtenu une attention publique considérable.

Pour sa part, la SCP a consacré beaucoup de temps au cours de l'année qui vient de s'écouler à sensibiliser davantage les intervenants aux facteurs psychologiques en tant que déterminants de la santé, à la manière avec laquelle ces facteurs peuvent atténuer le déroulement d'autres conditions de santé comme les maladies cardiaques ou le diabète, à l'incidence des troubles de santé mentale et, de façon encore plus importante, aux besoins de service qui ne sont pas comblés en ce qui concerne les conditions et les troubles psychologiques¹.

Bon nombre d'entre vous avez sans doute eu vent des reportages dans les médias, au cours des derniers mois, au sujet du nombre important de réclamations de fonctionnaires fédéraux en raison d'incapacités liées à des conditions de santé mentale². Le fait que l'anxiété et la dépression peuvent constituer un problème important chez les fonctionnaires fédéraux n'est pas surprenant. Une personne sur cinq au Canada peut s'attendre à éprouver un problème de santé mentale au cours de sa vie³ - les deux désordres les plus courants sont ceux qui suivent.

Problèmes de santé mentale dans le milieu de travail

Plus d'un million de Canadiens sondés en 2002 ont éprouvé un épisode de dépression au cours de l'année qui précédait

et sept sur dix d'entre eux étaient employés⁴. Environ 50 % des Canadiens déclarent que leur expérience du stress est attribuable au travail et environ 50 % déclarent qu'elle est attribuable aux problèmes financiers. Même si les statistiques concernant le stress causé par les problèmes financiers semblent stables, celles concernant le stress au travail a augmenté de 1997 à 2001 (de 39 à 51 %)⁵.

Il y a eu une augmentation de 700 % des règlements par la cour portant sur des préjudices d'ordre psychologique dans les milieux de travail canadiens au cours des cinq dernières années⁶. Le coût annuel à l'économie canadienne attribuable aux troubles mentaux dans le milieu de travail est estimé à des dizaines de milliards de dollars⁷. Une estimation suggère que jusqu'à 11 milliards de dollars pourraient être économisés en prévenant les préjudices mentaux causés par des actes de négligence, d'insouciance ou intentionnels par les employeurs au Canada⁸.

Un rapport de consensus intitulé *Mental Health in Workplace Settings* (la santé mentale dans les milieux de travail) de l'Union européenne (UE) en 2008⁹ fait état de préoccupations similaires. L'absentéisme, le chômage et les réclamations d'invalidité de longue durée en raison de problèmes de santé mentale ont éclipsé ceux causés par les problèmes musculo-squelettiques dans de nombreux pays européens. La proportion des indemnités d'invalidité de longue durée en raison de problèmes mentaux en Angleterre, en Écosse et au pays de Galles est aussi de 40 %. L'UE estime que les troubles de santé mentale sont à l'origine d'une perte de productivité ou d'une productivité compromise de l'ordre de 136,3 milliards d'euros - 73 % desquels sont dus à l'anxiété et à la dépression. En comparaison, les maladies cardiaques sont associées à des pertes de productivité de l'ordre de 36,1 milliards d'euros.

Facteurs de risque

Les facteurs qui sont communément reconnus pour avoir une incidence négative

sur la santé mentale dans le milieu de travail comprennent entre autres l'instabilité et l'insécurité d'emploi (p. ex. un employé contractuel plutôt que salarié), les charges de travail accrues qui découlent d'une réduction des effectifs, l'intimidation et la violence au travail, la médiocrité de l'équilibre travail-vie, le manque de contrôle sur le travail et la médiocrité du soutien des pairs et de la direction. Le rapport de consensus de l'UE suggère que le stress et l'insécurité élevés au travail peuvent accroître le risque de dépression de 14 fois, comparativement aux travailleurs qui ont un emploi sécuritaire et un certain contrôle de leur travail.

Une compromission importante de la productivité découle de la maladie, de l'absentéisme, du présentéisme (venir au travail malgré une maladie, ce qui a une incidence négative sur la productivité) et la retraite hâtive. De plus, une maladie médicale est un facteur de risque de dépression¹⁰ et la dépression peut être un facteur de risque de maladie physique comme une maladie cardiaque¹¹.

Que faut-il faire?

On peut faire beaucoup, efficacement, sur le plan de la prévention et de l'intervention. Les facteurs de risque doivent être identifiés et corrigés au niveau du milieu de travail. Il s'agit notamment d'identifier les niveaux de stress dans le milieu de travail, de favoriser un meilleur équilibre travail-vie, d'améliorer la communication entre les employés et la direction, de soutenir les employés au sein du milieu de travail, de faire participer les employés à la prise de décisions et de leur accorder des récompenses et des occasions d'avancement de carrière.

En ce qui touche le milieu de travail, il faut de la recherche dans le but de définir les milieux ou les conditions de travail qui mettent les employés à risque élevé d'éprouver des problèmes de santé mentale (p. ex. des emplois où le stress est élevé, des milieux de travail où les em-

Suite à la page 6

ployés ont peu de possibilités de gérer leur travail et que la stabilité d'emploi leur manque). Les questionnaires doivent être formés et soutenus dans l'identification des signes et des symptômes de problèmes de santé mentale et doivent pouvoir s'en occuper efficacement dans le milieu de travail. De plus, les infrastructures et les cultures d'emploi doivent faciliter un environnement où les problèmes de santé mentale peuvent être identifiés et corrigés. Il faudra en ce sens accorder une attention à l'omniprésence de la stigmatisation qui entoure les troubles mentaux et à l'amélioration de l'accessibilité aux services de santé mentale où ils sont nécessaires. L'importance et l'appui que les employeurs accordent à la santé mentale de leur effectif doivent être du même ordre que l'importance et le soutien qu'ils accordent à la santé physique de l'employé.

Pour se pencher de façon efficace sur les problèmes de santé mentale dans le milieu de travail, la prévention et la promotion ainsi que les services doivent être financés et assurés adéquatement. Les résultats (les résultats psychologiques et le rendement au travail) sont améliorés lorsque l'intervention est précoce et adéquate.

Quel est le résultat des services de santé mentale pour les employeurs et les employés?

Les employeurs peuvent économiser de 5 000 à 10 000 \$ en remplacement de

salaire, en congés de maladie et en coûts des médicaments d'ordonnance moyens pour chaque employé souffrant d'un problème de santé mentale qui obtient un traitement¹².

Les traitements en psychologie accessibles pour le stress et la dépression ont de meilleurs résultats sur la santé mentale et des taux plus élevés de rétention d'emploi et un plus grand nombre d'heures travaillées comparativement à ceux qui reçoivent des soins ordinaires¹³. Le counseling et le soutien pour faciliter le retour au travail hâtif produisent aussi de meilleurs résultats.

Les interventions psychologiques sont efficaces dans le traitement des problèmes de santé mentale, particulièrement ceux qui toucheront vraisemblablement la population canadienne (la dépression et l'anxiété). En plus d'être efficaces, les traitements psychologiques peuvent être plus économiques que d'autres traitements offerts seuls¹⁴. De nombreuses études révèlent que lorsque les personnes sont traitées avec succès et de façon appropriée d'un point de vue psychologique, elles ont tendance à moins utiliser le système de soins de santé, ce qui produit une compensation des coûts des soins médicaux importante¹⁵.

Une stratégie en milieu de travail qui se concentre sur la prévention, ainsi qu'un traitement attentif et accessible lorsque les problèmes se manifestent, est essentielle à la santé mentale de la popu-

lation canadienne. Lorsque les gouvernements et les employeurs rendent les services nécessaires accessibles, ils envoient aussi un message que leurs employés, que les services de traitement et les problèmes qu'ils corrigent, sont importants.

Prochaines étapes

La santé et les troubles psychologiques sont des préoccupations clé pour le Canada et ses collectivités. Le fardeau qu'imposent les problèmes de santé mentale dans le milieu de travail pour les personnes et les employeurs est très important. Le Canada et ses milieux de travail doivent créer et maintenir des environnements de travail sains d'un point de vue psychologique et se pencher sur les besoins psychologiques des employés. Il faut notamment inclure un éventail d'activités pour modifier les cultures du lieu de travail afin d'éliminer la stigmatisation des troubles de psychologie, l'élaboration de programmes et les politiques qui font la promotion du bien-être psychologique et faire en sorte que les interventions psychologiques sont accessibles pour ceux qui en ont besoin. Ces changements supposent une collaboration entre les secteurs et les intervenants qui comprend le gouvernement, les employeurs, les employés, les professionnels de la santé, les systèmes de service de santé, les associations professionnelles et les associations de soins de santé. La santé du Canada dépend de sa santé mentale.

¹ [http://www.cpa.ca/praticiens/representationdelapratiq/](http://www.cpa.ca/praticiens/representationdelapratiq)

² <http://www.ottawacitizen.com/health/Ottawa+depression+capital+Canada/3559268/story.html>

³ Santé Canada (2002). Un rapport sur les maladies mentales au Canada, Ottawa : auteur Comité permanent du Sénat sur les affaires sociales, la science et la technologie (2004). Santé mentale, maladie mentale et toxicomanie : aperçu des politiques et des programmes au Canada, rapport 1, Ottawa : auteur

⁴ <http://www.statcan.gc.ca/daily-quotidien/061017/dq061017a-fra.htm>

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⁶ <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%202009.pdf>

⁷ <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%202009.pdf>

⁸ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stress%20at%20Work%20MHCC%20V%203%20Feb%202009.pdf

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¹⁰ Canadian Mental Health Association, BC Division. *Depression and Co-Existing Conditions*, British Columbia: Author.

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¹² <http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%202009.pdf>

¹³ <http://www.ec-mental-health-process.net>

¹⁴ <http://www.cpa.ca/cpasite/userfiles/Documents/publications/Cost-Effectiveness.pdf>

¹⁵ <http://www.cpa.ca/cpasite/userfiles/Documents/publications/Cost-Effectiveness.pdf>

Understanding Workplace Incivility and Its Role in Psychological Health

Sandeep Aujla, M.A., University of Guelph & Peter A. Hausdorf, Ph.D., Canadian Section on Industrial/Organizational Psychology

It is now generally accepted that organizations should be concerned about the psychological health of their employees. Furthermore, considerable research has focused on the importance of organizations managing both ends of the psychological health continuum. This continuum ranges from creating positive work environments at one end to avoiding harassment and violence at the other. Organizations, professional associations, and governments have promoted programs that include employee involvement, recognition, work-life balance and other Human Resource programs (for example see APA's Psychologically Healthy Workplace Award) as well as the impact of policies and programs to reduce harassment and violence in organizations (most recently with Bill 168 in Ontario). However, one area that has been ignored in developing healthy workplaces is workplace incivility, despite its frequent occurrence in organizations (Lim & Cortina, 2005).

Workplace incivility is understood as low-intensity deviant behaviour, with an unclear intent to harm that violates organizational norms for mutual respect (Andersson & Pearson, 1999). Examples include: being condescended, ignored, or excluded from social camaraderie by co-worker(s). Workplace incivility is considered to be a less extreme form of deviant behaviour as compared to workplace violence due to its low severity and ambiguous intent (Andersson & Pearson, 1999). Workplace incivility can be understood from three employee perspectives - initiators, recipients, and observers. Initiators start the process of incivility which is directed at recipients (who may be uncivil in response). These interactions may

be observed and emulated by other employees who were not directly involved in the incivility.

Several studies have established workplace incivility as a significant predictor of recipient psychological distress beyond their regular job stress (Cortina, Magley, Williams, & Langhout, 2001; Martin & Hine, 2005). Employees experiencing workplace incivility also report significantly lower psychological well-being (Lim & Cortina, 2005; Martin & Hine, 2005), poorer mental- and physical-health (Lim, Cortina, & Magley, 2008), and significantly greater number of somatic complaints (Duffy, Ganster, & Pagon, 2002). Repeated experiences of workplace incivility have also been shown to predict turnover intentions (Cortina et al., 2001; Lim, Cortina, & Magley, 2008; Hershcovis & Barling, 2009).

Workplace incivility can also occur as an outcome of psychological distress experienced by employees due to other reasons at work. Such psychological distress can lead affected individuals to initiate incivility towards other employees. For example, Blau and Andersson (2005) showed that work exhaustion at Time 1 predicted instigated incivility at Time 2 beyond the level of work exhaustion at Time 2. Similarly, nasty teasing measured at Time 1 predicted negative impact on psychological health and fatigue for female employees five years later, even when controlling for organizational climate and psychological health at Time 1, and nasty teasing at Time 2 (Hogh, Henriksson, & Burr, 2005). In this way, workplace incivility and poor mental health can result in a feedback loop: workplace incivility results in reduced mental health, which further increases workplace incivility.

Researchers have begun to identify multiple avenues of research that may help determine causal links between incivility, its predictors, and important out-

comes, such as psychological health (See Barclay and Aquino, 2010, for a comprehensive list of future directions for research in workplace aggression). There is a need to understand the process through which workplace incivility manifests itself; this may help ascertain the "points of intervention" (Barclay & Aquino, 2010) that organizations can use to monitor and control workplace incivility and its spiralling. In doing so, organizations will increase employee health, as well as organizational productivity and success.

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Workplace Contributions to the Promotion of Mental Health and Well-being

Debbie Grove, Ph.D. Candidate, University of Calgary

Employment is a significant contributor to mental health and well-being. Work provides people with structure, social contact, collective effort and purpose, social identity, and regular activity (Harnois & Gabriel, 2000). There are a number of important and interacting factors in the workplace that influence mental health and well-being. Daily life both within and outside work as well as “workplace contextual factors” such as management style and workplace culture, (Watson Wyatt Canada ULC [Watson], 2007, p. 34) all contribute to health and well-being and the role of workplaces in employee wellness. In addition to workplace culture, task or job characteristics and relationships with co-workers can be significant stressors (Beehr, Glaser, Canali, & Wallwey, 2001). Further, stress in one life domain can spillover into other areas. Factors such as long-work hours (Galambos & Walters, 1992), scheduling time for tasks (e.g., family, leisure, and self-care), number of daily tasks, and elder-care (Doress-Worters, 1994) contribute to this spillover effect. Moreover, lack of supports and available resources to complete tasks at work and manage responsibilities outside work can add to role strain.

Mental health and well-being in the workplace depend on individual differences (e.g., stress coping styles), organizational factors (e.g., policies and communication), and extra-organizational factors such as life stressors and support within the family (Harvey et al., 2006). A healthy work environment empowers individuals with opportunities and tools to manage various aspects of their lives, helps reduce stigma associated with mental health and help-seeking, encourages ongoing dialogue, and provides accessible information about mental health and prevention (Watson, 2007; Wilkerson, 2006).

Organizations can actively engage in mental health promotion through ongoing efforts in these four key areas: (a) demonstrate organizational flexibility around work schedules, workload, child care initiatives, and job sharing (HRSDC, 2007); (b) implement management practices and principles that help employees manage workplace change and understand their roles in the organization (Bond, Flaxman, & Loivette, 2006); (c) make information and resources accessible (e.g., in-house

workshops, Employee Assistance Programs, and wellness programs); and (d) foster a climate and culture of support, learning, and collaboration among employees, supervisors, unions, and human resources.

Organizations that support learning not only educate but in so doing, also help mediate stress (Mikkelsen, Saskvik, & Ursin, 1998). Inviting employees to become involved in organizational activities beyond regular work responsibilities can promote belonging, personal accomplishment, and a sense of being valued by the organization. Effective workplace solutions

result when staff are engaged, empowered, and routinely involved in collaborative dialogue with supervisors.

Mental health and well-being depend on a number of factors, many of which are related to work and working life. A mentally healthy workplace not only supports more satisfied and effective workers, it makes an important contribution to the health and well-being of workers in their varied roles and relationships. Additional research and the development of best practices related to employee wellness, education, illness prevention, and awareness about mental health in the workplace are needed.

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Work Accommodation and Retention in Mental Health

Izabela Z. Schultz, Ph. D., ABPP, University of British Columbia

Legislation, as well as models of research and practice, recognizes that workplace accommodations are critical to promoting the employment of persons with mental health disabilities. Yet, there has been little research done on the design, implementation or effectiveness of work accommodations in mental health. A recent qualitative study using over forty experts in the field (Schultz, Duplassie et al., 2010), identified the need for a multi-system model of work accommodation. This model focuses on (1) social attitudes, legislation and policy (macrosystem); (2) workplace organization (mesosystem), and (3) the person with mental health problems (microsystem).

Most barriers to the implementation of proactive work accommodations in mental health are social. A lack of understanding of mental health in the workplace, together with negative societal and employer attitudes, stigma, and fear, continue to be perpetuated by employers and in institutions such as health care organizations and insurance companies. A recent survey of Canadian employers found half harboured negative attitudes towards employees with mental health disorders. Eighty percent feared bizarre behaviour and violence, and about half of them did not utilize any work accommodations (Schultz, Milner, et al., 2010). More favourable attitudes towards work accommodation were found among those employers with higher levels of education and on-site training, previous experiences dealing with employee mental health problems, and among those working in the public sector (Graffam, Shinfield, Smith, & Polzin, 2002). Discrimination from employers and coworkers prevented employees from disclosing their mental health condition and from seeking mental health treatment (Gilbert and Meyette, 2003).

Social and relational factors in the work accommodation and retention process are important to success. These factors include attitudes and stigma; social and institutional policies; multisystem collaboration among the stakeholders and the worker; relationships amongst employees, coworkers, unions and management; social climate in the workplace; prominence of relationship-based job accommodations; and the need for helping employees with mental health disorders to adopt necessary social skills successfully in the workplace (Schultz, Rogers, & Krupa, 2010). Work accommodation is a social process which involves low cost solutions: modifications of work duties, flexible scheduling, job sharing, modifications of environment, inexpensive assistive technologies, social supports, and behavioural feedback. However, education about mental health and disorders, and the promotion of attitude change within the workplace culture, is critical to removing the social barriers to successful workplace accommodation for persons with mental health problems.

Successful accommodations in mental health require coordinated intervention in the workplace and in the form of mental health service. Further, successful accommodation needs to be

based on what the worker can do and not just on his or her mental health diagnosis.

Professional psychology can make important contributions at the individual, worker and societal levels of this model. These include:

- early identification, diagnosis and treatment of a mental health problem;
- client-centered functional assessment and planning;
- self-awareness and self-disclosure counselling;
- coping skills training;
- work hardening;
- job coaching; and
- social network development (Krupa, 2010; Schultz, Krupa, & Rogers, 2010).

Collaboration among the many stakeholders is critical to advancing mentally healthy workplaces. These include vocational rehabilitation professionals, physicians and other health service providers, the workplace, and the insurer. As important are further development, research, and evaluation of work accommodation strategies.

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What Can be Done About Depression in the Downturn? Influence of Workplace Social Capital on Depression and Employee Engagement in Canada

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The nature of work in North America has changed dramatically since the recession in the 90's. Gone are many of the "good", well-paid, permanent, full-time jobs with full benefits. They have been outsourced to the third world as a product of the globalization trend or reorganized as part-time or contract positions lacking the stability and the benefits. The current economic situation has not improved. A recent study by Statistics Canada (Bernard, 2009) reported that between 2004 and 2008, Canada lost nearly 322,000 full-time manufacturing jobs. Ontario was hit hardest, losing 198,600 jobs. The high number of job losses in Canada, and particularly in Ontario, creates an environment of uncertainty for workers about the security of their jobs. Job losses lead to an increase in job insecurity for those "lucky" enough to remain employed. Job insecurity is defined as the worker's perceived threat of imminent job loss, and it negatively influences both employee well-being and organizational effectiveness (De Witte, 1999).

My research is part of an ongoing longitudinal project looking at the effects of job loss and social capital on individual health and family functioning in Ontario (Elgar, Davis, Mantler, Prus & Aitken, 2009). I set out to examine the impact of stress from job insecurity on the productivity of the organization in which the work is done (work-related outcome) and on employees' mental health (psychological outcome). In addition, I looked at whether workplace social capital could mitigate any negative impact of workplace stress from job insecurity. Social capital refers to features of social relationships (i.e., interpersonal trust, norms of reciprocity, sense of belonging, and participation in civic organizations) that serve as resources or support for individuals and facilitate activities from which individuals and groups benefit (Field, 2003).

Data was collected from 228 employed adults. Results showed that higher job insecurity was consistently associated with increased levels of perceived stress, increased levels of depressive symptoms and decreased levels of employee productivity. Higher workplace social capital was found to be directly related to lower depressive symptoms and higher levels of productivity for all employees. Increasing network ties, sense of belonging, participation, and trust would appear beneficial for all employees regardless of their stress levels.

An insecure climate at the workplace has implications not

Results showed that higher job insecurity was consistently associated with increased levels of perceived stress, increased levels of depressive symptoms and decreased levels of employee productivity.

only for the health and well-being of employees but potentially, also for the profit margin of the company. Organizations need to invest strategically in their people. Increasing the trust, participation, and reciprocity within employee networks is one

way to help improve employee and work-related outcomes. For more information about our research, please contact Nicole Aitken at naik050@uottawa.ca.

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Workplace Design Contributions to Mental Health and Wellbeing

Psynopsis Staff, summary of a paper by Jennifer Veitch, Ph.D., Chair, CPA Section on Environmental Psychology

In a recent paper by Jennifer Veitch, Chair of CPA's Section on Environmental Psychology, we learn about the profound impact of workplace design on employee's mental health. Given that, as Veitch points out, those employed outside the home spend over a third of their waking hours at work, it is not surprising to learn that the quality of this environment affects well-being.

According to Veitch, research suggests that workplace conditions influence social relationships, attention and focus, the experience of stress and mood. For example, how a workplace is physically laid out impacts how people relate to each other and work in groups – factors which in turn determine the health of a workplace. Workers who report that there is good communication in their workplace and who experience the social support of their colleagues are more satisfied with their jobs, report higher morale, miss work less and express lower intent to turnover. Proximity to co-workers makes communication easier.

Too much proximity at work may not be a good thing, however, since workers are less comfortable with their environments as social density increases (i.e. the number of persons per work area) and social density that leads to crowding is a stressor. Lack of control over factors in the workplace (such as social density) is a key determinant of workers' experience of stress and distress. Clearly, workplace design requires a thoughtful and planned balance between supporting social cohesion and group work with workers' needs for personal space.

Another interesting consideration in terms of office design has to do with its effects on performance and effectiveness in people who may have a pre-existing mental health problem or challenge. For example, for someone with challenges around maintaining focus and attention, open concept or high traffic office spaces can offer debilitating distraction and hence compromise efficiency and effectiveness.

Anecdotally and through research, we know that people like to work in offices with windows. Exposure to nature can improve performance on directed-attention tasks and can help people recover from stressful life events. In environments where

window access is at a premium, employers might want to prioritize access based on the stress inherent in certain jobs and the vulnerability to stress of a particular worker.

Finally, research also shows that those with the shortest daily exposure to high light levels report the lowest mood and those in industrialized societies may actually be exposed to light levels too low for good mental health.

Veitch concludes her review with some questions to direct further research. These include what is the optimal size of a work group? What are the key workplace design elements that can support social cohesion balanced with individuals' needs for personal space? How much light is optimal for mental health and how can this be best supported in the workplace?

Work outside the home is a core activity for many Canadians. The nature of that work, and the venues in which it is done, have great impact on how well it is done and the health and well-being of workers. For more information on workplace design and health and well-being (including a preprint of the article discussed here), please contact Dr. Veitch at jennifer.veitch@nrc-nrc.gc.ca.

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Workplace incivility

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Coping with Work-Related Change

Lee Butterfield, Ph.D., Adler School of Professional Psychology
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A series of studies of workers who subjectively report that they are doing well managing work-related change might not be the most likely place to look for problems in the workplace. However, we initiated our studies because of the evidence suggesting a large number of workers in the Canadian labor force are not doing well. In the past five years, estimates of absenteeism and lost productivity costs in Canada due to mental health-related disability have risen from \$33 to \$45 to \$51 billion annually (Dewa, Lesage et al., 2004; “Disability management forum”, 2005; Mental Health Commission of Canada, 2010) suggesting that our current workplaces are neither supportive of workers’ health nor economically sustainable. Taking a Positive Psychology approach, our intention was to study workers who thought they were doing well with work-related change as a way of creating tools to help those workers who are not doing well.

Our studies to date have interviewed 116 participants using phenomenological and enhanced critical incident technique (CIT) methodologies. Phenomenological interviews collected information on participants’ work situations, the changes they had experienced that affected their work, and the impacts of those changes. The CIT portion focused on what factors helped and hindered workers in handling those changes well. Our studies have involved younger, middle-aged and older workers and included a special focus on women and immigrants. While there are some differences in what we have found across these groups, there are also some striking similarities.

A key similarity was the number of unsolicited difficult and negative emotions described by participants in reporting the impacts of work changes. The negative emotions cited by participants included: stressed, alone, anxious, worried, frustrated, depressed, angry, confused, overwhelmed, and failure. These words were expressed, a total of 3,150 times. Positive emotions cited by participants were nearly half that number (1,603) and included: happy, interested, challenged, motivated, and satisfaction.

Given that our participants were people who reported that they did well in the face of work-related change and personal transition, it was not surprising that they identified eight categories of factors that helped in managing change and only two that hindered. Factors that helped included support from friends and family in which supporters offered new perspectives, made suggestions for next steps, provided encouragement, and instilled confidence in the worker’s ability to cope. Other factors that helped were related to personal attitudes and activities such as being able to set boundaries, develop constructive responses to life changes, and engage in self care.

Factors that hindered coping with change included those related to management style and work environment in which workers did not feel valued or treated fairly and were not kept informed of corporate decisions and changes affecting them. These factors appeared to hamper workers in handling work-related changes effectively and were associated with illness, injury, decreased productivity, as well as exhaustion and detachment from their work and colleagues.

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The results to date have been sobering. Given our original conceptualization of “doing well” was based

on Carver’s (1998) notion of psychological thriving, we had not expected successful workers to report reactions to change to include the hindering factors mentioned – some of which are reminiscent of burnout and post-traumatic stress (e.g., feeling unvalued or poorly treated at work, exhaustion, detachment). Participants’ stories suggest that even those who manage change well do so at a significant cost; personal cost and cost to employers who need their employees to be productive, engaged and creative. There is a role for psychologists to educate employers about the impact of work challenges and change on the well-being of even their most successful employees and to advocate for the implementation of strategies and practices to support all workers in managing work-related change. This can be done in much the same way Workers’ Compensation Boards have successfully advocated for ergonomic and safe work practices for workers’ physical well-being.

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Diversity is our Strength



Peter Graf, Ph.D., CPA President

Toronto – host of the 2011 CPA convention – is a clean, safe, cosmopolitan city with a marvelous network of parks, recreational, and cultural facilities. Toronto has been recognized by UNESCO as the most ethnically-diverse city in the world with about 49% of the city's population having been born outside of Canada. The city is home to the third largest English-speaking theatre district in the world, behind New York and London, and is consistently rated as one of the world's most livable cities.

The motto of Toronto, "Diversity is our Strength", is also fitting for the CPA as well as for our annual convention. Home to 32 sections and special interest groups, the CPA is Canada's largest association of psychology researchers, educators and practitioners. By virtue of its size and diversity, the CPA is able to speak for an impressive group and has the ear of policy makers as well as of funders of research and of education. And also by virtue of its size and diversity, the CPA convention provides the broadest representation of psychology research in Canada. And by virtue of its location and close proximity to Canada's major population centers, the 2011 convention will likely be the largest ever.

The 2011 convention will continue the tradition of featuring prominent speakers whose works and writings have profoundly shaped the field: Dr. Susan Fiske, author to the top-ten all-time most cited works on social-personality psychology, Dr. John Gottman, recently voted as one of the top 10 most influential therapists of the past quarter century, and Dr. Ed Diener, an author with over 30,000 citations to his credit. In addition to these plenary session speakers, the convention will include a list of other eminent psychologists including Drs. Fergus Craik, Sandra

Harding, Sheilagh Hodgins, Richard Lalonde, Ariel Merari, Daniela Schiller, Jasper Smits, Karl Hanson and Fred Luthans – some of the latter presenting within the co-convention: the North American Correctional and Criminal Justice Psychology Conference <http://www.cpa.ca/aboutcpa/cpasections/criminaljusticepsychology/NACCJPC/>.

The 2011 convention will also again host the internship fair that was held for the first time last year in Winnipeg. This event, which is delivered in collaboration with the Canadian Council of Professional Psychology Programs, is designed to facilitate and illuminate the internship application process, as an opportunity for student applicants to meet internship programme faculty and for faculty to showcase their internship programmes.

For the first time, the Toronto convention will also host a Graduate Fair, an event designed for senior undergraduate students to learn about graduate pro-

grammes in psychology and about the graduate school application process, and for institutions to advertise their graduate programmes.

Also for the first time in connection with the 2011 convention, we will hold a science fair for high-school students. High-school students who are engaged in psychology-related research as part of their high-school science fairs are being invited to submit their projects for this competition, and the winners will be invited to present their work in Toronto.

The 2011 convention has received over 1,700 conference submissions and indicators suggest we can expect 2,000 participants. Convention 2011 promises to be a strong conference – one that hosts diversity in presentations as well as attendance. Stay tuned to the CPA website and CPAnews for convention updates and plan to join us in Toronto in June!

CANADIAN PSYCHOLOGICAL ASSOCIATION
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La diversité est notre force



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

Toronto – hôte du congrès de la SCP en 2011 — est une ville propre, sécuritaire, cosmopolite, dotée d'un réseau étonnant de parcs et d'installations récréatives et culturelles. Toronto a été reconnue par l'UNESCO comme la ville la plus diversifiée d'un point de vue ethnique dans le monde avec environ 49 % de la population de la ville qui est née à l'extérieur du Canada. La ville accueille le troisième plus grand quartier de théâtre en langue anglaise dans le monde, juste derrière New York et Londres, et est constamment perçue comme l'une des villes où il fait le mieux vivre au monde.

Le leitmotiv de Toronto, « La diversité est notre force », convient aussi à la SCP ainsi qu'à son congrès annuel. Forte de ses 32 sections et groupes d'intérêt spéciaux, la SCP est la plus grande association canadienne de chercheurs, d'enseignants et de praticiens en psychologie. Compte tenu de sa taille et de sa diversité, la SCP peut parler au nom d'un groupe impressionnant et se faire entendre par les décideurs ainsi que les organismes subventionnaires de la recherche et de l'enseignement. Aussi, compte tenu de sa taille et de sa diversité, le congrès de la SCP assure la représentation la plus importante de la recherche en psychologie au pays. Et en vertu de son emplacement et de sa proximité aux principaux centres populationnels du Canada, le congrès de 2011 sera vraisemblablement le plus grand de tout temps.

Le congrès de 2011 poursuivra la tradition de mettre en vedette des conférenciers reconnus dont les travaux et les écrits ont marqué profondément la profession : D^{re} Susan Fiske, l'auteur d'un ouvrage sur la psychologie sociale/de la personnalité qui se classe parmi les dix ouvrages les plus cités en psychologie, D^r John Gottman, récemment élu comme l'un des 10 thérapeutes qui ont eu le plus d'influence au cours des 25 dernières années et D^r Ed Diener, un auteur qui compte plus de 30 000 citations à son crédit. En plus de ces conférenciers en séances plénières, le congrès accueillera d'autres psychologues de grande réputation, entre autres, D^{rs} Fergus Craik, Sandra Harding, Sheilagh Hodgins, Richard Lalonde, Ariel Merari, Daniela Schiller, Jasper Smits, Karl Hanson et Fred Luthans, dont certains de ceux-ci feront leur présentation dans le cadre de la Conférence nord-américaine de psychologie de la justice pénale et criminelle <http://www.cpa.ca/aboutcpa/cpasections/criminal-justicepsychology/NACCJPC/>

Le congrès de 2011 présentera aussi le salon de l'internat et des stages qui a eu lieu pour la première fois l'an dernier à Winnipeg. Cet événement, organisé en collaboration avec le Conseil

canadien des programmes de psychologie professionnelle, est conçu pour faciliter et éclairer le processus de demande d'internat ou de stages, pour donner l'occasion aux étudiants de rencontrer le corps professoral des programmes d'internat et de stages et pour les corps professoraux de faire valoir leurs programmes.

Pour la première fois, le congrès de Toronto sera aussi l'hôte d'un salon des diplômés, un événement conçu pour les étudiants en fin de premier cycle qui veulent en apprendre davantage sur les programmes d'études supérieures en psychologie et sur le processus de demande aux écoles d'études supérieures et pour les établissements d'enseignement de faire connaître leurs programmes d'études.

Aussi, pour la première fois au congrès de 2011, nous allons tenir une expo-sciences pour les élèves du secondaire. Les élèves du secondaire qui s'intéressent à la recherche en psychologie dans le cadre des expo-science tenues à leur école secondaire seront invités à présenter leurs projets pour ce concours, et les lauréats seront invités à venir présenter leurs conclusions au congrès de Toronto.

Le congrès de 2011 a reçu plus de 1 700 propositions de conférences et tout indique que nous pouvons nous attendre à accueillir 2 000 participants. Nous nous attendons à ce que le congrès de 2011 soit très couru cette année – un congrès qui proposera une grande diversification dans les présentations et la participation. Tenez-vous au courant en consultant le site Web de la SCP et les Nouvelles de la SCP et faites vos plans pour vous joindre à nous à Toronto en juin!



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

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.

**Please register online at www.cpa.ca/convention/registration
Veuillez vous inscrire en ligne au www.cpa.ca/congres/fraisinscription**

WORKSHOP # 1 CE CREDITS 6.5

*Advocating for the Science and Practice of Psychology:
The How, What, When, Where and Whys*

Sponsored by:
Canadian Psychological Association

Duration: 9:00am – 5:00pm (6.5 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA/Partner Organization Members:
\$150.00 + \$19.50 HST = \$169.50
Student Affiliates and Student Non-Affiliates:
\$25.00 + \$3.25 HST = \$28.25
Non-Members:
\$225.00 + \$29.25 HST = \$254.25

Promoting science, practice and education in psychology is core to CPA's mandate and critical to the successful impact of the discipline and the profession. Support for research facilitates the creation and dissemination of knowledge and support for practice helps to ensure that people receive the services they need. Many of CPA's and Canadian psychology's constituencies recognize the need for training in advocacy and how to impact public policy. Advocacy can vary in its focus and its target audience. We advocate for funding, policy and legislation, and health services just to name a few. We advocate to granting councils, politicians at the federal, provincial and municipal levels, and to university and health care administrators. This workshop, facilitated by a government relations consultant, will provide participants

with an understanding of the how, what, when, where and whys of advocacy. The session will begin with an overview of advocacy, focusing on how government works and bills are passed. Participants will then break out into one of two sessions – one will focus on advocating for science and another on advocating for practice. The break out sessions will provide some hands-on training on how to take an issue from concept to strategy to “ask”. Participants will come together in a closing session to share their learnings from the break out sessions.

WORKSHOP # 2 CE CREDITS 5.5

The Process of Assessing and Treating Extremists/Terrorists

Presented by:
Wagdy Loza, Ph.D., Adjunct Assistant Professor, Psychiatry,
Queen's University, Kingston, Ontario

Sponsored by:
CPA Section on Extremism and Terrorism

Duration: 9:00am - 4:00pm (5.5 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:
\$200.00 + \$26.00 HST = \$226.00
Student Affiliates and Student Non-Affiliates:
\$75.00 + \$9.75 HST = \$84.75
Non-Members:
\$300.00 + \$39.00 HST = \$339.00

Psychologists' contributions to the field of Extremism/Terrorism could be enhanced by increasing their knowledge about this important field. They can do much more if they are equipped with the backgrounds, proper measures and methods of interventions used with extremists/terrorists. This proposed workshop will focus on how psychologists can make meaningful contribution to this important area.

Dr. Wagdy Loza is adjunct assistant professor, psychiatry, Queen's university, ex. adjunct professor, psychology, Carleton University, Past Chief Psychologist, Kingston Penitentiary, and the Chair of extremism/terrorism section of the Canadian Psychological Association. He has published extensively and offered workshops on predicting violent and non-violent recidivism among correctional and forensic populations. He is also the author of two measures for predicting offender recidivism and one that has applications for assessing extremism/terrorism.

WORKSHOP # 3 CE CREDITS 4.0

Professional Training Issues in Canada: Debate and Dialogue between Graduate Programs and Internships

Sponsored by:

CCPPP (Canadian Council of Professional Psychology Programs)

Duration: 8:30am – 3:00 pm (4.0 instructional hours)
(Light breakfast, lunch and health breaks provided)

CCPPP Members:

\$65.00 + \$8.45 HST = \$73.45

Student Affiliates and Student Non-Affiliates:

\$25.00 + \$2.25 HST = \$28.25

Non-CCPPP Members:

\$75.00 + \$9.75 HST = \$84.75

The Canadian Council of Professional Psychology Programs (CCPPP) is pleased to sponsor this workshop which will be of interest to faculty members in professional psychology training programs, training directors and supervisors from internship programs, and graduate students interested in applying to internships in Canada. The goal of the workshop is to pose a series of questions and issues for discussion and debate within our training community. A panel of Internship Training Directors and Directors of Clinical Training from graduate programs will lead the discussion and participate in "mini-debates". Some of the topics to be covered include:

1. What qualities and experiences are considered "core" in the ranking of internship applicants?
2. How much does "dissertation status" really count in the ranking of internship applicants?
3. How many practicum hours are acceptable to internship sites? What are realistic "minimum" hours of assessment experience and treatment experience? At what point are hours judged to be "over the top"? What is the optimal ratio of direct contact (face-to-face) hours to supervision hours?
4. What core clinical experiences should be universally provided by graduate programs, from the perspective of preparation for internship?
5. Should training in supervision be a requirement in graduate school, during internship, both, or neither? If so, how should it be taught?

6. When should program evaluation be taught? Is this a task for graduate school or internship?
7. Should there be expectations for research during the internship year, or "protected" research time?
8. At what point, and to what extent, should students be encouraged to "specialize" versus complete more generalist training? What do we mean by "generalist" training anyway?

Schedule:

8:30-9:00 Registration & light breakfast

9:00-12:00 Workshop

12:00-1:00 Lunch (provided)

1:00-2:30 Presentation by CCPPP Executive (Strategic Planning Initiatives and Current Issues of Interest to the Membership).

2:30-3:00 Break (refreshments included).

The CCPPP Annual General Meeting will be held 3:00 to 5:00, immediately following the workshop.

WORKSHOP # 4 CE CREDITS 6.0

Private Practice Made Simple(r)

Presented by:

Randy Paterson, Ph.D., Changeways Clinic, Vancouver, British Columbia

Duration: 8:30am - 4:30pm (6.0 instructional hours)
(Morning and afternoon refreshments provided)

CPA Members and Partner Organization Members:

\$160.00 + \$20.80 HST = \$180.80

Student Affiliates and Student Non-Affiliates:

\$95.00 + \$12.35 HST = \$107.35

Non-Members:

\$190.00 + \$24.70 HST = \$214.70

Professional training in psychology provides most graduates with few details on how to manage a private practice, despite the fact that private practice is a career goal for many. This workshop will cover many of the issues involved, including: Factors involved in the decision to open a practice, selecting a location, finding appropriate office space, creating a website, getting and managing referrals, communicating with other providers, deciding whether to incorporate, setting up payroll systems, managing client information efficiently, coping with financial issues, hiring an assistant, structuring sessions, creating a professional style, and finding an enjoyable and sustaining balance between the various roles and opportunities available to a psychologist. Along the way participants will learn: Why not to start a blog, why accountants are essentially free, 15 tips on avoiding burnout, and why private practitioners need something other than psychology to maintain their own stability. The program should be of interest to those wishing to fine-tune their existing practices, and to those contemplating or starting out in private practice.

Dr. Randy Paterson is a registered psychologist, Director of Changeways Clinic, and author of a series of therapy guides and manuals. He is also the author of the popular press books *Your Depression Map* and *The Assertiveness Workbook*. Changeways Clinic published his book *The Easy Part* on private practice management, adapted to

become *Private Practice Made Simple* from New Harbinger Publications in 2011. He served as a consultant for British Columbia's Depression Strategy, and coauthored the Self Care Depression Program with Dr. Dan Bilsker. He has presented over 200 training workshops to mental health professionals in Canada, China, Australia, and New Zealand, and hosts monthly PsychologySalon lectures for the public in Vancouver, British Columbia, Canada.

WORKSHOP # 5 CE CREDITS 6.5

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 Section on Traumatic Stress

Duration: 9:00am - 5:00pm (6.5 instructional hours)
(Morning and afternoon coffee provided)

CPA Members and Partner Organization Members:

\$150.00 + \$19.50 HST = \$169.50

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$175.00 + \$22.75 HST = \$197.75

Participants will be introduced to the EFTT approach to treating complex interpersonal trauma, including the theoretical and research underpinnings of the approach, and the interventions used in the therapy. Most prominently, the workshop will present intervention guidelines and strategies for helping clients confront trauma feelings and memories (exposure) and a step-by-step process for resolving attachment injuries with particular perpetrators. In addition, we will present guidelines for cultivating an effective therapeutic relationship and strategies for promoting client self-development — including reducing fear and avoidance of emotional experience, and transforming shame and self-blame. Videotaped examples will illustrate key therapy processes.

Sandra Paivio received her PhD in psychology from York University in 1993 where she studied with Les Greenberg. She is one of the developers of emotion-focused therapy particularly applied to complex relational trauma (EFTT). Dr. Paivio currently is a practicing clinical psychologist, Head of the Psychology Department, and Director of the Psychotherapy Research Centre at the University of Windsor. She is an internationally recognized scholar and therapist with more than 20 years of experience. Dr. Paivio is an invited member of the American Psychological Association (APA, Division 56) committee to develop treatment/best practice guidelines for complex trauma. Dr. Paivio is author of numerous publications and conference presentations on psychotherapy and problems related to trauma. She is co-author (with Les Greenberg) of *Working with Emotion in Psychotherapy* and author (with Antonio Pascual-Leone) of a recent book, *Emotion-Focused Therapy for Complex Trauma*, published by APA (2010).

Antonio Pascual-Leone is a clinical psychologist and an associate professor of psychology at the University of Windsor. He completed his early graduate training in France and his Ph.D. with Les Greenberg

at York University. He has published several papers on the process and outcome of psychotherapy, with a focus on the role of emotion. Dr. Pascual-Leone has co-authored (with Sandra Paivio) a book on *Emotion Focused Therapy for Complex Trauma*, which was published by APA in 2010. He has also completed an outcome study on an emotion focused treatment for domestically violent men as well as several papers on psychotherapy skills training. In 2009, he received the Young Researcher Award from the international Society for the Exploration of Psychotherapy Integrations and Division 29 of the American Psychological Association honored him with a Distinguished Publication Award for, "Best empirical research article of 2009." He runs the Emotion and Intervention Research Lab at the University of Windsor, where he also teaches emotion focused therapy (EFT) and integrative approaches to psychotherapy.

WORKSHOP # 6 CE CREDITS 6.0

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

Duration: 9:00am - 4:30pm (6.0 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$175.00 + \$22.75 HST = \$197.75

Student Affiliates and Student Non-Affiliates:

\$75.00 + \$9.75 HST = \$84.75

Non-Members:

\$225.00 + \$29.25 HST = \$254.25

This workshop will compare and contrast three evidence-based psychotherapies in the treatment of an actor-client with comorbid depression and anxiety. Three videos will be filmed prior to the workshop, each highlighting a different treatment provided by an expert clinician. Treatment approaches will include cognitive behavioural therapy (CBT), emotion-focused therapy (EFT), and interpersonal therapy (IPT). CBT targets the interplay between behaviours, cognitions, physical symptoms and emotions. The goal of EFT is to enhance emotion-focused coping by helping clients become aware of, accept, and make sense of their emotional experience. IPT focuses on alleviating the client's symptoms with a specific focus on enhancing interpersonal relationships. During this full-day workshop, participants will view the three videos and will hear from each of the clinicians. Participants will have extensive opportunity for questions and discussion with the experts. The goal of the workshop is to highlight the unique features of each therapeutic approach as well as to identify areas of overlap. Discussion will focus on when each of the three approaches is most useful, which specific strategies are used in which therapeutic circum-

stances, limitations of each approach, and how the three therapies might be integrated.

Dr. Randi McCabe is Director of the Anxiety Treatment and Research Centre, Psychologist-in-Chief at St. Joseph's Healthcare Hamilton, and is an Associate Professor at McMaster University. Dr. McCabe has given many workshops on CBT and has published numerous articles, book chapters, and conference presentations on anxiety, eating disorders, and cognitive behavior therapy. She has authored one book for professionals, *Cognitive Behavioural Therapy in Groups*, and four CBT books geared to consumers.

Dr. Jeanne C. Watson is a Professor in Counseling Psychology at OISE / University of Toronto. Dr. Watson is one of the major contributors to the development of emotion-focused therapy a process experiential approach. She has co-authored and edited seven books on person-centered and experiential therapy with an emphasis on emotion-focused psychotherapy, including *Learning Emotion Focused Therapy: The process experiential approach to change*; *Emotion-Focused Therapy for Depression*; and *Case Studies in Emotion Focused Treatment of Depression*, as well as more than 50 articles and chapters. She has given workshops in PE-EFT in the UK, Europe and Canada. Dr. Paula Ravitz is the Acting Head of the Psychotherapy Program and heads IPT training at the University of Toronto, Department of Psychiatry. She is a staff psychiatrist at Mt. Sinai Hospital where she directs the Mt. Sinai Psychotherapy Institute (MSPI). Dr. Ravitz's work focuses on developing, teaching, disseminating, and researching psychotherapy. In addition to her work in post-graduate education, she has trained IPT trainers across Canada, taught IPT at international conferences, and has won several educational awards.

WORKSHOP # 7 CE CREDITS 7.5

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

Duration: 8:00am - 5:00pm (7.5 instructional hours)

(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$200.00 + \$26.00 HST = \$226.00

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$200.00 + \$26.00 HST = \$226.00

Data (Hanson, Harris, Scott, & Helmus, 2007) suggests that dynamic prediction tools are capable of extending the predictive validity of risk assessments beyond static, actuarial assessments alone. Participants will receive training in administering, scoring, and interpreting the STABLE-2007 and the ACUTE-2007. Detailed knowledge of static risk assessment (STATIC-99, STATIC-2002, MATRIX-2000, RRA-SOR etc.) is assumed and will not be addressed. This workshop is appropriate for all who assess and manage risk, and plan treatment and supervision for community-based and incarcerated sexual offenders.

Andrew Harris, M.Sc., Ph.D., C. Psych. did his doctoral research on the intersection of Hare's conception of criminal psychopathy and levels of sexual deviance as assessed in a probation and parole sample. Andrew is presently a senior research officer with the Research branch of the Correctional Service of Canada. Clinically, Andrew worked at Canada's largest penitentiary, Warkworth Penitentiary, and did both research and clinical assessment for the Province of Ontario at the Oak Ridge (Maximum Security) division of the Penetanguishene Mental Health Centre. Dr. Harris speaks extensively on the history of prison architecture, risk assessment, psychopathy, Developmentally Delayed Offenders, and high-risk offenders.

WORKSHOP # 8 CE CREDITS 7.5

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 on Criminal Justice Psychology

Duration: 8:00am - 5:00pm (7.5 instructional hours)

(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$200.00 + \$26.00 HST = \$226.00

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$200.00 + \$26.00 HST = \$226.00

The educational goal of this one-day workshop is to provide psychologists with a review of the theoretical underpinnings related to criminal and violence risk assessment in combination with a very applied coverage of issues necessary to conduct risk assessments. The focus will be on integrating actuarial judgments into the assessment of violence risk. Current risk prediction instruments will be reviewed paying particular attention to the strengths and weaknesses of each. Guidelines for choosing a risk instrument will be covered. Information of how to best communicate and represent risk within risk assessment will be covered. In addition strategies for managing conflicting risk estimates will be provided. The instructor will provide a method of incorporating clinical/psychometric information into risk assessments that enhances report content. The role of risk context will also be covered. A number of psychological tests used in the assessment of offenders will be reviewed giving particular attention as to how the interpretation may be applied to the overall assessment and management of the offender.

Dr. Daryl Kroner was employed as a correctional psychologist from 1986 to 2008. During this time he has worked at maximum, medium, and minimum facilities. Dr. Kroner has taught university forensic courses, consulted with hostage negotiating teams, conducted critical incident stress management workshops, risk assessment workshops, and in house training sessions on a variety of topics. Dr. Kroner is the past-chair of Criminal Justice Psychology of the Canadian Psychological Association. He is also a fellow of the Canadian Psychological Association. His research interests have centered around assessment issues within corrections. This has included, in collabo-

ration with Dr. Jeremy Mills, the development of several instruments, including the Measures of Criminal Attitudes and Associates (MCAA), Depression, Hopelessness and Suicide Scale (DHS), Criminal Attribution Inventory (CRAI) Antisocial, Release and Reintegration Inventory (RRI), and the Measures of Criminal and Antisocial Desistance (MCAD). In the fall of 2008 Dr. Kroner joined the Department of Criminology and Criminal Justice at Southern Illinois University Carbondale. He is a co-PI on a NIJ research grant examining dynamic risk in community supervision. Current research interests include risk assessment and management issues among mentally ill offenders and criminal desistance.

WORKSHOP # 9 CE CREDITS 7.5

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

Duration: 8:00am - 5:00pm (7.5 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$200.00 + \$26.00 HST = \$226.00

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$200.00 + \$26.00 HST = \$226.00

This workshop will provide: An appreciation of the psychobiology of aggression in terms of interactions between different subcortical/limbic motivation, emotion & aggression systems and related frontal regulation systems charged with controlling these aggression-linked systems. A description encompassing basic neuroanatomy and associated psychopharmacology associated with motivation, emotion and aggression. Links between this “pre-clinical information” and different types of human aggression. Illustration of the use of commonly available psychological tests will be described to evaluate core motivational and emotional characteristics. An ability to apply the identified psychological and neuropsychological instruments to risk assessment and identifying targets for intervention. Appreciation of the utility of re-testing to evaluate responses to the selected interventions. A description of the use of concurrent electrophysiological monitoring techniques during testing to further specify biological subsystems that underlie what appears to be similar behaviors, but reflecting distinct psychobiological mechanisms. A survey of the growing empirical evidence and the ongoing research program to support this line of inquiry and practice. An opportunity to incorporate these techniques into one’s practice repertoire and research program.

David Nussbaum studied human aggression in the forensic mental health system for almost two decades where he applied an aggression typology that appeared to account for individual differences in irrational and impulsive aggression. Since arriving at UTSC in 2005, he expanded the scope and depth of his research focus and has now de-

veloped a psychobiological decision-making model to explain why some individuals are more prone to focus on the immediate payoffs of a decision while considerations of longer-term negative repercussions are not accessed at the instant the behavioural decision is made. The model is equally applicable to offenders, forensic psychiatric patients, addicts, problem gamblers university students and professors, albeit with more benign results in the latter 2 groups. Empirical evidence is gathered at neuropsychological, personality, diagnostic and hormonal levels, reflecting the hierarchical scope of the model. Future plans include the addition of electrophysiological and genetic levels of analysis. The ultimate goal is to enhance human decision-making enabling a safer world.

WORKSHOP # 10 CE CREDITS 7.5

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

Presented by:

Leslie Helmus, Ph.D., 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

Duration: 8:00am - 5:00pm (7.5 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$200.00 + \$26.00 HST = \$226.00

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$200.00 + \$26.00 HST = \$226.00

Meta-analysis has become the gold standard for summarizing research in psychology. However, different researchers have conducted meta-analyses examining the same research question and produced different answers. This demonstrates that meta-analyses range in quality and require considerable forethought and conscientiousness in finding, coding, and analysing effect sizes. The purpose of this workshop is to teach participants how to conduct a comprehensive meta-analysis, from the early stages of establishing inclusion criteria and searching for studies, to selecting and coding the best effect size (including transforming data to different effect size metrics), to aggregating the findings and conducting moderator analyses. Participants will learn the basic concepts behind the statistical formulae and how to run the analyses in SPSS or Excel. Both fixed-effect and random-effect meta-analyses techniques will be covered. Although the skills are applicable to an array of psychological research questions, most of the examples provided will focus on research questions in criminal justice psychology.

Leslie Helmus is a Ph.D student in forensic psychology at Carleton University in Ottawa, Ontario, Canada, and a researcher with Public Safety Canada. Her research interests focus on the assessment and treatment of sexual offenders. She has received specialized training in meta-analysis and has conducted seven meta-analyses (five of which are published or in press), and assisted on an additional four meta-analyses. She is a certified trainer for two actuarial risk assess-

ment scales and has received numerous grants and academic awards including the Association for the Treatment of Sexual Abusers Pre-doctoral Research Grant. Since 2006, she has served on the executive board of the Canadian Psychological Association's Criminal Justice Section.

WORKSHOP # 11 CE CREDITS 7.5

An Introduction to Motivational Interviewing with Offenders

Presented by:

Joel Ginsburg, Ph.D., and Sharon Kennedy, 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

Duration: 8:00am - 5:00pm (7.5 instructional hours)
(Light breakfast and snacks at afternoon break provided)

CPA Members and Partner Organization Members:

\$200.00 + \$26.00 HST = \$226.00

Student Affiliates and Student Non-Affiliates:

\$50.00 + \$6.50 HST = \$56.50

Non-Members:

\$200.00 + \$26.00 HST = \$226.00

Motivational Interviewing (MI) is client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002). This evidence based practice approach has gained popularity in a variety of settings for addressing a wide range of behaviours. This full-day workshop will feature an interactive presentation combining video and live demonstrations, practice exercises and discussion to introduce participants to the theory, research, communication style and techniques of MI. A background in counseling skills will be advantageous for participants; however, it is not a prerequisite for participation. This training is applicable across a wide variety of client groups and set-

tings. Individuals interested in using MI with criminal justice populations are encouraged to attend.

Dr. Ginsburg is Senior Psychologist at Fenbrook Institution, a medium-security federal penitentiary operated by the Correctional Service of Canada. He received his doctorate in Experimental Psychology from Carleton University in Ottawa. His dissertation examined the use of motivational interviewing (MI) to enhance treatment readiness in male federal inmates with symptoms of alcohol dependence. Trained by Dr. William Miller and his colleagues at the University of New Mexico, Dr. Ginsburg is a member of the Motivational Interviewing Network of Trainers. Recently, he was a contract trainer in a large-scale training initiative which introduced MI in California's Department of Juvenile Justice. Aside from his research, practice and training experience with MI, Dr. Ginsburg has co-authored book chapters with American and European colleagues who share his interest in MI as it applies to criminal justice populations. To this end, Dr. Ginsburg co-authored a chapter addressing the use of MI with criminal justice populations for the second edition of Miller and Rollnick's book: *Motivational Interviewing. Preparing People for Change* (Guilford, 2002).

Dr. Kennedy received her Ph.D. in clinical psychology from the University of Ottawa and currently works with the Correctional Service of Canada as Area Psychologist at the Ottawa Parole Office. Prior to her current position, Dr. Kennedy was employed as a research psychologist at the Ontario Mental Health Centre, Penetanguishene, and as a clinical psychologist at Rideau Correctional and Treatment Centre in Ottawa, Ontario. In her current position, Dr. Kennedy provides direct clinical intervention to offenders under community supervision, and conducts research and staff training in correctional psychology. In addition, Dr. Kennedy is a part time professor at the University of Ottawa in forensic psychology. Dr. Kennedy's most recent publication appeared in the book *Transitions to Better Lives Offender Readiness and Rehabilitation*. She co-authored an Assessment Protocol for Treatment Readiness, Responsivity and Gain. She has worked as a consultant and trainer for the National Institute of Corrections, International Community Corrections Association, the American Probation and Parole Association, the Canadian Training Institute, the Department of Youth Services in Ohio, and the Federal Bureau of Prisons. Her current research interests include risk/need assessment, violent offenders, and treatment responsivity and readiness to change.

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

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veuillez visiter notre site web au

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

**CPA PRESIDENTIAL ADDRESS /
ALLOCATION PRÉSIDENTIELLE**
**Prospective Memory Research and
Findings: Faulty Brain; Flaky Person**
Peter Graf, Ph.D., CPA President



**THE FAMILY OF PSYCHOLOGY KEYNOTE
ADDRESS / CONFÉRENCE "LA FAMILLE
DE LA PSYCHOLOGIE »**
The Science of Trust and Betrayal
John Gottman, Ph.D., University of Washington



**HONORARY PRESIDENT'S
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PRÉSIDENT D'HONNEUR**
**Envy Up, Scorn Down:
How Status Divides Us**
Susan T. Fiske, Ph.D.,
Princeton University



**SCIENCE AND APPLICATIONS KEYNOTE
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APPLICATIONS"**
**New Scientific Findings on Subjective
Well-Being**
Ed Diener, Ph.D., University of Illinois

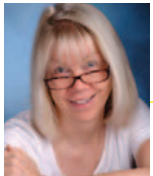


CPA INVITED SPEAKERS / CONFÉRENCIERS INVITÉS PAR LA SCP



The Evolving Concept of Working Memory: Implications for Cognitive Aging
Fergus Craik, Ph.D., the Rotman Research Institute, Baycrest Centre, Ontario

Diversity and Objectivity: Feminist and Postcolonial Issues
Sandra Harding, Ph.D., UCLA, Los Angeles, California



The Neurobiology of Persistent Violent Offending
Sheilagh Hodgins, Ph.D., Kings College, University of London, England

Exploring Bicultural and Biracial Identities: The Challenges of Mining Cultural Comparisons
Richard Lalonde, Ph.D., York University, Toronto, Ontario



The Making of Suicide Bombers: Personality and Social Factors
Ariel Merari, Ph.D., Tel Aviv University, Tel Aviv, Israel

Preventing the Return of Fear in Humans Using Econsolidation Update Mechanisms
Daniela Schiller, Ph.D., New York University, New York



Exercise for Mood and Anxiety Disorders
Jasper Smits, Ph.D., Southern Methodist University, Dallas, Texas

CPA/SECTION INVITED SPEAKERS CONFÉRENCIERS INVITÉS PAR LA SCP ET LES SECTIONS



The Assessment and Treatment of Sexual Offenders
Karl Hanson, Ph.D., Public Safety Canada, Ottawa, Ontario

From Psychological Capital at Work to Overall Psychological Capital Well-Being
Fred Luthans, Ph.D., University of Nebraska-Lincoln, Lincoln, Nebraska



ACCOMMODATIONS

Convention Hotel

Sheraton Centre Toronto Hotel

123 Queen Street West
Toronto, Ontario
M5H 2M9
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Fax: (416) 947-4854
Toll-Free: 866-716-8101



Reservation Online!

<http://www.cpa.ca/convention/traveltips/accommodations/>

Convention Group Rate (applicable dates May 29 – June 8, 2011)

CPA has secured a block of rooms at a special rate for Convention delegates. This offer will be held until April 29, 2011, but may be sold out before this date. June is a popular month for conventions and travelers to Toronto, so we encourage you to take advantage of the special prices offered for the reserved rooms as soon as possible.

Room availability after the cut-off date is on a first-come, first-served basis.

Here is a little incentive... Book your hotel accommodation at the Sheraton Centre Toronto Hotel before March 30th, 2011. Your name will be entered in a draw to win 1 night accommodation during the convention dates at the Traditional Guest Room rate. You can access the site and learn more about the event and to book, modify, or cancel a reservation from September 20, 2010 to June 11, 2011.

Room Single / Double Occupancy:

[Traditional Guest Room](#) \$ 239.00 (Plus applicable taxes)

[Sheraton Club Level](#) \$ 299.00 (Plus applicable taxes)

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University of Toronto - New College Residences

A great dormitory residence located downtown on the University of Toronto campus. Conference Rate: \$37/night for singles or \$58/night for doubles. Taxes are additional.

Visit www.torontores.com for a Reservation Form; click on How to Apply.

Use special rate code "CPA2011" on your Reservation Form. Rooms are currently being held in the 45 Willcocks Residence. Book by April 1, 2011.

E-mail: summer.newcollege@utoronto.ca

Tel: (416) 946-0529 or (416) 946-5317

HÉBERGEMENT

Hôtel du congrès

Sheraton Centre Toronto Hotel

123, rue Queen Ouest
Toronto, Ontario
M5H 2M9
Téléphone : 416-361-1000
Télécopieur : (416) 947-4854
Sans frais : 866-716-8101



Réservations en ligne!

<http://www.cpa.ca/convention/traveltips/accommodations/>

Tarif de groupe pour le congrès

(les dates applicables sont du 29 mai au 8 juin 2011)

La SCP a réservé un bloc de chambres à un tarif spécial pour les délégués du congrès. Cette offre sera valide jusqu'au 29 avril 2011, mais les chambres pourraient toutes être réservées avant cette date. Juin est un mois populaire pour les congrès et les voyageurs à Toronto, de sorte que nous vous encourageons à profiter des prix spéciaux offerts pour les chambres et de réserver le plus tôt que possible.

La réservation des chambres après la date limite se fera sur la base du premier arrivé, premier servi.

Voici un petit incitatif... Réservez votre chambre à l'hôtel au Sheraton Centre Toronto Hotel avant le 30 mars 2011. Votre nom sera entré dans un tirage pour gagner une nuit d'hébergement au cours des dates du congrès au taux de chambre d'invité traditionnelle. Vous pouvez accéder au site et en apprendre davantage sur l'événement et réserver, modifier ou annuler une réservation du 20 septembre 2010 au 11 juin 2011.

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Utilisez le code de tarif spécial « SCP2011 » sur votre formulaire de réservation. Les chambres sont actuellement réservées à la résidence du 45 Willcocks. Réservez d'ici le 1^{er} avril 2011.

Courriel : summer.newcollege@utoronto.ca

Téléphone : (416) 946-0529 ou (416) 946-5317

SOCIAL EVENT

CPA and the CPA Foundation would like to invite delegates of the 2011 CPA Convention for a night of

WHODUNIT?!

You're enjoying a fabulous dinner. The intrigue heightens around dessert time, where you meet some colourful characters. The plot thickens when somebody dies! A detective leads the investigation. The suspects mingle throughout the room, sitting right at the tables with the guests. It's up to you to help solve the mystery!

You can purchase a ballot for \$5.00 to make a guess about "whodunit". All proceeds from ballot sales will go to the CPA Foundation. The first ballot drawn with a correct guess will win a specially selected prize.

DATE: June 3rd, 2011

WHERE:

Mysteriously Yours... Mystery Dinner Theatre
2026 Yonge Street, Toronto

TIME:

8:00 pm – Reception
8:00 pm – Mystery Begins
8:30 pm – Dinner
11:00 pm – End

COST: \$100.00 each
\$ 50.00 students

*A portion of proceeds from dinner ticket sales (up to \$23 dollars per full price ticket) will be donated to the CPA Foundation.

*Alcohol is not included in the ticket price but there will be a cash bar.

HOW TO GET THERE FROM HOTEL

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

Tickets must be purchased in advance at the time of your online Convention Registration

(Limited seating)

ÉVÈNEMENT SOCIAL

La SCP et la Fondation de la SCP aimeraient inviter les délégués au congrès de la SCP 2011 pour une soirée

MEURTRE ET MYSTÈRE

Vous dégustez un souper succulent. Le suspens monte lorsque vous arrivez au dessert, un moment où vous rencontrez des personnages haut en couleur. L'intrigue se ressert lorsque quelqu'un est assassiné! Un détective mène l'enquête. Les suspects sont éparpillés dans la pièce, assis aux tables avec les invités. Ici, vous êtes amené à participer et voir si vous pouvez résoudre le mystère.

Des billets au montant de 5 \$ seront vendus pour qui veut deviner le meurtrier. Les profits seront versés directement à la Fondation de la SCP. Un billet sera tiré au sort en guise de prix.

DATE : le 3 juin 2011

ENDROIT :

Mysteriously Yours... Mystery Dinner Theatre
2026, rue Yonge, Toronto

HEURE :

20 h – Réception
20 h – Le mystère débute
20 h 30 – Souper
23 h – Fin

COÛT : 100 \$ chacun
50 \$ étudiants affiliés

*Une partie du produit de la vente des billets pour le souper (jusqu'à 23 \$ par billet à plein prix) sera versée à la Fondation de la SCP.

*Les boissons alcooliques ne sont pas comprises dans le prix des billets, mais il y aura un bar payant.



COMMENT VOUS Y RENDRE À PARTIR DE L'HÔTEL

<http://www.cpa.ca/congres/activitesocial/meurtremystere/commentvousyrendre>

Les billets doivent être achetés à l'avance au moment de vous inscrire en ligne au Congrès

(le nombre de places est limité).

CPA SECTIONS RELATED PROGRAM PROGRAMME LIÉ AUX SECTIONS DE LA SCP

Aboriginal Psychology / Psychologie autochtone

Section Keynote Speaker / Conférencière invitée par la section
“*Indigenous Mental Health: Exploring Integration with Western Psychology*”
Suzanne Stewart, University of Toronto
Reception / Réception
Section Business Meeting / Réunion d'affaires des sections

Adult Development and Aging / Développement adulte et vieillissement

CPA Invited Speaker / Conférencier invité de la SCP
*“*The Evolving Concept of Working Memory: Implications for Cognitive Aging*”
Fergus I. M. Craik, The Rotman Research Institute Baycrest Centre
Section Business Meeting / Réunion d'affaires des sections

Brain and Behaviour / Cerveau et comportement

Section Business Meeting / Réunion d'affaires des sections

Clinical Psychology / Psychologie Clinique

CPA Invited Speaker / Conférencier invité de la SCP
*“*Exercise for Mood and Anxiety Disorders*”
Jasper A. Smits, Southern Methodist University
Section Business Meeting / Réunion d'affaires des sections

Clinical Neuropsychology / Neuropsychologie clinique

Section Keynote Speaker / Conférencière invitée par la section
“*Cognitive Rehabilitation in the Elderly*”
Gordon Winocur, University of Toronto
Reception / Réception
Section Business Meeting / Réunion d'affaires des sections

Counselling Psychology / Psychologie du counseling

CPA Invited Speaker / Conférencier invité de la SCP
*“*Exercise for Mood and Anxiety Disorders*”
Jasper A. Smits, Southern Methodist University
Section Keynote Speaker / Conférencière invitée par la section
“*Looking Toward the Future: The outcomes and next steps resulting from the Inaugural Canadian Counselling Psychology Conference*”
Ada Sinacore, McGill University
Reception / Réception
Section Business Meeting / Réunion d'affaires des sections

Criminal Justice Psychology / Psychologie et justice pénale

CPA Invited Speaker / Conférencière invitée de la SCP
“*The Neurobiology of Persistent Violent Offending*”
Sheilagh Hodgins, King's College, University of London

CPA/Section Invited Speaker / Conférenciers invité par la SCP et les sections
“*The Assessment and Treatment of Sexual Offenders*”
Karl R. Hanson, Public Safety Canada

Section Keynote Speaker / Conférencier invité par la section
“*Integrating Aging into our Understanding of Sex Offender Risk*”
Howard E. Barbaree, Mental Health Centre Penetanguishene
Section Business Meeting / Réunion d'affaires des sections

Developmental Psychology / Psychologie du développement

Section Keynote Speaker / Conférencière invitée par la section
“*Movement Unbound: The Real-Time Interactions between Learning and Development during Infancy*”
Karen E. Adolph, New York University
Reception / Réception
Section Business Meeting / Réunion d'affaires des sections

Environmental Psychology / Psychologie de l'environnement

Section Business Meeting / Réunion d'affaires des sections

Extremism and Terrorism / Extrémisme et terrorisme

CPA Invited Speaker / Conférencier invité de la SCP
“*The Making of Suicide Bombers: Personality and Social Factors*”
Ariel Merari, Tel Aviv University

Section Keynote Speaker / Conférencier invité par la section

“*Overview of the National Security Environment in Canada*”
Gilles Michaud, Royal Canadian Mounted Police
Reception / Réception
Section Business Meeting / Réunion d'affaires des sections

Family of Psychology / Psychologie de la famille

Section Business Meeting / Réunion d'affaires des sections

Health Psychology / Psychologie de la santé

CPA Invited Speaker / Conférencier invité de la SCP
*“*Exercise for Mood and Anxiety Disorders*”
Jasper A. Smits, Southern Methodist University
Section Business Meeting / Réunion d'affaires des sections

History and Philosophy of Psychology / Histoire et philosophie de la psychologie

CPA Invited Speaker / Conférencière invitée de la SCP “
*“*Diversity and Objectivity: Feminist and Postcolonial Issues*”
Sandra Harding, Department of Education, UCLA

Section Keynote Speaker / Conférencier invité par la section
“*What Historians and Philosophers of Psychology Can Learn from Other Minorities?*”
Adrian Brock, University College Dublin

Life-Time Achievement Award

Kurt Danziger, York University, Toronto, Emeritus Professor,
University of Cape Town, Honorary Professor
Section Business Meeting / Réunion d'affaires des sections

Industrial and Organizational Psychology / Psychologie Industrielle et Organisationnelle

CPA/Section Invited Speaker / Conférencier invité par la SCP et les sections
“*From Psychological Capital at Work to Overall Psychological Capital Well-Being*”
Fred Luthans, University of Nebraska-Lincoln
Section Business Meeting / Réunion d'affaires des sections

CPA SECTIONS RELATED PROGRAM PROGRAMME LIÉ AUX SECTIONS DE LA SCP

International and Cross-Cultural Psychology / Psychologie internationale et interculturelle

CPA Invited Speaker / Conférencier invité de la SCP
*“*Exploring Bicultural and Biracial Identities: The Challenges of Mining Cultural Comparisons*”
Richard N. Lalonde, York University

Section Keynote Speaker / Conférencier invité par la section
“*What Makes for a Good Life? A Four-Nation Study*”

Romin W. Tafarodi, University of Toronto

Section Business Meeting / Réunion d'affaires des sections

Perception, Learning and Cognition / Perception, apprentissage et cognition

CPA Invited Speaker / Conférencier invité de la SCP
*“*The Evolving Concept of Working Memory: Implications for Cognitive Aging*”

Fergus I. M. Craik, The Rotman Research Institute Baycrest Centre

Section Business Meeting / Réunion d'affaires des sections

Psychoanalytic and Psychodynamic Psychology / Psychologie psychoanalytique et psychodynamique

Section Keynote Speaker / Conférencier invité par la section
“*Otto Weininger Memorial Award Address*”

Morris N Eagle, Derner Institute, Adelphi University

Section Business Meeting / Réunion d'affaires des sections

Psychologists in Education / Psychologues en éducation

Section Keynote Speaker / Conférencier invité par la section
“*Flying “Under the Radar”: The Need to Build Resilience in Perfectionistic Children and Adolescents Who Suffer in Silence*”

Gordon Flett, York University

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Psychology in the Military / Psychologie du milieu militaire

Section Business Meeting / Réunion d'affaires des sections

Psychopharmacology / Psychopharmacologie

Section Business Meeting / Réunion d'affaires des sections

Rural and Northern Psychology / Psychologie des communautés rurales et nordiques

Section Business Meeting / Réunion d'affaires des sections

Sexual Orientation and Gender Identity Issues / Orientation sexuelle et identité sexuelle

CPA Invited Speaker / Conférencière invitée de la SCP
*“*Diversity and Objectivity: Feminist and Postcolonial Issues*”

Sandra Harding, Department of Education, UCLA

Section Business Meeting / Réunion d'affaires des sections

Social and Personality Psychology / Psychologie sociale et de la personnalité

CPA Invited Speaker / Conférencier invité de la SCP
*“*Exploring Bicultural and Biracial Identities: The Challenges of Mining Cultural Comparisons*”

Richard N. Lalonde, York University

Section Business Meeting / Réunion d'affaires des sections

Sport & Exercise Psychology / Psychologie du sport et de l'exercice

CPA Invited Speaker / Conférencier invité de la SCP

*“*Exercise for Mood and Anxiety Disorders*”

Jasper A. Smits, Southern Methodist University

Section Keynote Speaker / Conférencier invité par la section
“*Performance Enhancement Best-Practices Need a Re-Think: Integrating Cognitive Neuroscience, Endocrinology, and Clinical Models for a Renewed Synthesis*”

Hap Davis, Private Practice and Swim Canada

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Students in Psychology / Étudiants en psychologie

Section Keynote Speaker / Conférencier invité par la section
“*The Whole Nine Yards: The Ins and Outs of Research Success in Psychology*”

Thomas Hadjistavropoulos, University of Regina

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

Substance Abuse/Dependence / Toxicomanies

Section Business Meeting / Réunion d'affaires des sections

Teaching of Psychology / Enseignement de la psychologie

Section Keynote Speaker / Conférencier invité par la section
“*Applying Psychology to Teaching the Masses: Engaging Students with Psychology, Learning, Each Other, and Us*”

Philip Smith, University of Prince Edward Island

Section Business Meeting / Réunion d'affaires des sections

Traumatic Stress / Stress traumatique

CPA Invited Speaker / Conférencière invitée de la SCP
“*Preventing the Return of Fear in Humans Using Econsolidation Update Mechanisms*”

Daniela Schiller, New York University

Section Keynote Speaker / Conférencière invitée par la section
“*Case for a Dissociative Subtype of PTSD*”

Reception / Réception

Ruth A. Lanius, University of Western Ontario

Section Business Meeting / Réunion d'affaires des sections

Women and Psychology / Femmes et psychologie

CPA Invited Speaker / Conférencière invitée de la SCP
*“*Diversity and Objectivity: Feminist and Postcolonial Issues*”
Sandra Harding, Department of Education, UCLA

Section Keynote Speaker / Conférencière invitée par la section
“*Bending but not breaking: Feminist research on violence against women within the constraints of the discipline and the academy*”

Charlene Senn, University of Windsor

Reception / Réception

Section Business Meeting / Réunion d'affaires des sections

* *Speaker nominated by multiple sections*

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

Mental Health Table Forum: *Which Doors Lead to Where? How to Enhance Access to Mental Health Service: Barriers, Facilitators and Opportunities for Canadians' Mental Health* was held in on October 5th and 6th. It hosted national and international speakers on such topics as evidence-based care in mental health, consumers' perspectives and demand-based supply, and how to put service together so that the right person gets the right service at the right time and in the right place. Evaluations from the 90 or so delegates indicate the event was a great success. The Forum's proceedings, in the form of a report, will be made available to Health Canada and through the CPA website in April 2011.



Workplace Mental Health: CPA continues in its communication with Treasury Board around workplace mental health. In November, we were invited to attend a meeting that looked at the implementation of a Disability Management Initiative for the federal public service.

In October 2010, we were also invited to address senior managers within the federal Department of Justice where we presented on Mental Health in the Legal Workplace.

This issue of Psynopsis is devoted to mental health in the workplace. Each individual psychologist can help promote the need to address psychological issues in the workplace...get in touch with your MP, talk to employers and insurers and distribute copies of this issue of Psynopsis. Let them know that our country's health depends upon its mental health. For more information, or to order more copies of this issue, contact kcohen@cpa.ca



CPA Psychology Month Activities: CPA is glad to be able to support some exciting Psychology Month activities in the nation's capital. Several public lectures are planned at several of Ottawa's public libraries. Topics will include one related to children and family mental health, one on mental health in the workplace and one on psychological factors and heart disease. CPA will take an ad out in the Hill Times drawing attention in particular to mental health in the workplace - a significant issue for Canada's large employers of which the federal government is one. The Hill Times is a weekly publication with a readership among government and its departments. Further, Head Office will distribute a copy of this special issue of Psynopsis on workplace mental health to federal departments and MPs. Talks on workplace mental health have been organized for the Department of Justice and will be offered to other federal departments. The Spring issue of Psynopsis will report on Psychology Month activities that took place across the country.

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. On behalf of HEAL, CPA developed a response to the Standing Committee on Health's report, *Promoting Innovative Solutions to Health Human Resource Challenges* (HHR report) and the response to it from the Government of Canada. Highlights of HEAL's response include calls:

- to create an arm's length observatory on HHR as a way to achieve comprehensive and inclusive direction for research and data collection on HHR
- for funding through Health Canada's Pan Canadian Health Human Resource Strategy to enable the Canadian Institute of Health Information (CIHI) to expand its data collection to include demographic and work information on all categories of health professionals as well as repeat HHR surveys so that data remains current.
- on the federal government to identify and address the systemic barriers to the implementation of inter-professional collaborative practice within its jurisdiction and to establish funding mechanisms to promote and support collaborative practice within provinces and territories. This can be done via a strategically targeted, time-limited, five-year *National Health Human Resource Infrastructure Fund (NHRIF)*.

The HHR report and the Government of Canada's response can be found at <http://www2.parl.gc.ca/content/hoc/Committee/403/HESA/Reports/RP4631326/hesarp06/hesarp06-e.pdf> and <http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=4677841&Language=E&Mode=1&Parl=40&Ses=3>. Interesting to note that the Mental Health Table is specifically mentioned in the government's response in relation to the federal initiatives to address the mental health needs of the clients to whom it provides services. For more information, contact Dr. Cohen at kcohen@cpa.ca



Federal Healthcare Partnership: The Federal Healthcare Partnership <http://www.fhp-pfss.gc.ca/fhp-pfss/home-accueil.asp?lang=eng> spans seven federal departments with responsibilities in health. One of their initiatives is to recruit and retain designated health care providers inclusive of psychologists. November meetings with representatives from Veterans Affairs have focused on recruitment and retention of psychologist service providers and training of service providers to work with the veteran' population – particularly the delivery of anxiety-related best practices.



G7: The CPA is a member of the G7 – an alliance of national health service provider associations outside of medicine and nursing. The G7 had a recent meeting with the federal deputy minister of health. Key G7 messages included Canada's need for comprehensive health human resource databases, the need for broad engagement and collaboration in the development of electronic health records and mechanisms to deliver care, and federal support for collaborative health care practice.



From the Science Directorate:

L. Votta-Bleeker, Ph.D., Associate Executive Director

CIHR: Effective January 3, 2011, CIHR will implement an earlier cut-off time of 8:00 p.m. Eastern time (ET) for all ResearchNet e-Submission funding opportunities. The current cut-off time of 11:59 p.m. ET will remain for existing funding opportunities with registration, Letter of Intent or application deadlines of January 2, 2011 or earlier. Notice of this change is posted on CPA's website: www.cpa.ca/researchers.

Over the last month, CIHR put out a call for input from the research community. The CPA offered its input into these dialogues by completing the following survey: *2011 International Review of CIHR on how effectively CIHR is fulfilling its mandate (survey closed November 24, 2010)*.

As noted in the Fall 2010 issue of Psynopsis, CPA has been in discussion with CIHR regarding its notification date for student awards. 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. Modifying these timelines would mean that CIHR would need to recruit 50% more peer review committee members and would tax CIHR's internal resources, which are fully allocated to accommodate current operational requirements. In addition, CIHR has noted that they do not have evidence that this is a widespread issue. Consequently, the CPA will be consulting with its members to collect the necessary evidence to determine the significance of this issue for psychology to feed back to CIHR.



Canada Foundation for Innovation: In June 2010, members brought forward concerns regarding the classification of Psychology in the Canada Foundation for Innovation Codes. At present, specific areas of psychology are not included as codes; further, Psychology itself was not coded as a discipline at all (with the exception of one code: Animal Psychology); psychology was classified as a sub-discipline of "Behavioural Science". CPA has discussed this issue with both CIHR and the CFI. To date, CIHR has re-labelled "Behavioural Sciences" to "Behavioural Sciences and Human Psychology". CPA has also been informed that this current classification will be changed in the new CCV application coming up early next year.



Other Science Representation: In October, the CPA attended two conferences: Canadian Society for Psychomotor Learning and Sport Psychology (October 28-30 in Ottawa); and the 2010 Canadian Science Policy Conference (October 20-22 in Montreal). The CPA will be following up with SSHRC on various issues specific to psychological research and its funding that arose at the Canadian Science Policy Conference.



Canadian Consortium of Research: In August 2010, the Canadian Consortium for Research, of which the CPA is a Steering Committee member, submitted its "asks" to the House of Commons Finance Committee. In follow-up, on November 30th, the CPA, along with other members of the CCR met with Phil Harwood, Director of Policy, Human Resources and Skills Development Canada. The CCR will continue its pursuit of meetings with various MPs.



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From the Practice Directorate: John Service, Ph.D., Director

Strategic Planning: The Directorate engaged in a strategic planning exercise which identified several goals which include improving access to psychological services for all Canadians, regardless of ethnicity, income or geography; developing a common language to describe psychological services so the associations speak with the same voice to all governments; and improving linkages with and between psychological services and primary care.

In order to accomplish this task, the Directorate engaged the services of a planning and communications consultant. Key informants from selected sectors (e.g., politicians, government officials, health care associations and the media) have now been interviewed on issues related to these goals and the data is being compiled.

Work Place Mental Health in the Federal Government: The Directorate is supporting CPA's work with the Treasury Board of Canada as it tries to improve work place mental health in the federal civil service, access to effective treatments such as psychological services, and return to work processes. This has involved a submission by letter to the Treasury Board from CPA Executive Director, Dr. Cohen, meetings with staff at the Deputy Minister and Assistant Deputy Minister levels, a meeting with one of the major unions and ongoing contact with other staff. Dr. Paul Basevitz, an based psychologist in private practice and Past President of the Ottawa Academy of Psychologists has been very helpful in this process.

Primary Care and Advocacy in Manitoba: CPA held a very successful advocacy pre-convention workshop in Winnipeg. It included as presenters the Leader of the Liberal Party of Manitoba and a sitting member of the Manitoba Government. The former is a physician and former federal cabinet minister known to CPA and the latter is the son of a Professor in Social Psychology at the University of Manitoba. Using these connections as a base, the Directorate has provided support to the President of the Manitoba Psychological Society, Dr. Andrea Piotrowski, regarding meetings with government officials, a follow up letter related to psychology and primary care and an analysis of the opportunities in Manitoba's recent Speech from the Throne.

Confidentiality, Health Legislation and Electronic Records: The Government of Nova Scotia is about to pass a health information law similar to those in other provinces. The Association of Psychologists of Nova Scotia (APNS) is concerned that private mental health information may be too widely available without requiring patient permission. The Directorate provided support to APNS regarding a very successful media campaign and town hall meeting which drew six members of the Nova Scotia Department of Health, other government officials, fifty psychologists and other interested parties. The event was pod casted to APNS members in several locations across the province. Ms. Lesley Hartman, other members of the APNS Executive and Administrator Ms. Susan Marsh were instrumental in making this a success.

Doctor of Psychology (PsyD) Degree: The Directorate passed a motion in support of the continued development of Doctor of Psychology programs in Canada. This is in line with the CPA policy of support for the PsyD as an appropriate entry to practice. A letter of support was requested by Mr. Pierre Berube, Executive Director of the Psychologists' Association of Alberta, to be sent to an academic institution in developing a PsyD program proposal.

Service Standard: The Order of Psychologists of Quebec (CPQ), under the direction of Vice-President, Dr Martin Drapeau, is publishing a series of documents for clinicians entitled Integrating Science and Practice. The first two volumes are: *Documenting the Effectiveness of Psychotherapeutic Interventions* and *Treatment of Depression: A Societal Choice*. They can be found on the OPQ web site at <http://www.ordrepsy.qc.ca/en/publications/index.html>.

The Directorate contacted Dr. Drapeau, a faculty member at McGill University, to explore avenues of collaboration in the areas of linking science and practice and the development of service guidelines, particularly in physical health services (e.g., bariatric surgery, oncology, heart disease).

CPA Sections: Under the leadership of CPA Board member Dr. Lorne Sexton, the Directorate has been invited to liaise directly with the sections on matters of mutual interest. The Professional Affairs Committee holds regular teleconferences. Some sections have expressed an interest in the development of service guidelines (as opposed to clinical guidelines) and the Directorate received feedback suggesting the Directorate broaden its motion regarding Canadians' access to psychological services to include Canadians' ability to work in psychologically healthy environments.

Primary Care: The Directorate is collecting information from psychologists who work in primary care (e.g., salaried employees of a primary care practice or a provincial/territorial government) or who are linked to primary care through contracts, co-location or other means. The purpose is two fold. The Directorate is developing an inventory of models for the delivery of psychological services through primary care for dissemination to governments and primary care networks. Secondly, the Network of Psychologists in Primary Care (NPPC) will electronically link psychologists in primary care so they can learn from and support each other. Anyone interested in joining the Network, please contact at jcservice@cpa.ca.

Hospital Psychology Task Force: CPA has initiated a *Task Force of the Future of Publicly Funded Psychology Services in Canada*. This task force is mandated to consider how psychology services are best administratively organized and accessed in the public sector. The three largest employers of psychologists are the criminal justice system, the education (school) system, and the health care (hospital) system. Thus each of these three public systems has formed a task force group consisting of psychologists well versed in the difficulties faced in that domain. The Directorate has been invited to sit on the Task Force, which held its first meeting in October, 2010.

*From the Accreditation Office: Heather B. MacIntosh, Ph.D.,
C. Psych., Registrar*

The Accreditation Panel would like to take this opportunity to sincerely thank all of those professionals and academics who volunteer their valuable time and expertise in serving as site visitors for the Panel in the 2009/10 academic year. The accreditation process is dependant, to a great extent, on your expertise, your volunteerism, and identification with the profession of psychology.

Many thanks to Drs.:

Lynn Beal	Paul Bell
Nancy Busch-Rossnagel	Deborah Dobson
Anna Beth Doyle	Tony Dugbartey
Marilyn Fitzpatrick	Laurie Ford
Paul Greenman	Elizabeth Hill
Stephan Kennepohl	Michael King
Jane Ledingham	Catherine Lee
Lynn Loutzenhiser	Laurel Lee Mayo
Bob McIlwraith	Peter Mezo
Sam Mikail	Debbie Moskowitz
Ian Nicholson	Teréz Rétfalvi
Don Saklofske	Alex Schwartzman
Donald Stewart	Derek Truscott
Carl von Baeyer	Bernard Whitley

The CPA Accreditation Office also sincerely thanks Dr. Peter Henderson, former Chair of the Accreditation Panel, whose two-year term on the Panel ended in August 2010. His commitment and contributions to accreditation were invaluable and much appreciated. We welcome the new Chair of the Accreditation Panel, Dr. Patrick Baillie, and look forward to working closely with him over the current academic year.

The Accreditation Panel is pleased to announce the appointments of three new members for 2010-13: Dr. Sandra Clark from British Columbia's Children's Hospital, Dr. Nicola Wright from the Royal Ottawa Health Care Group and Dr. Stephan Kennepohl from Université de Montréal. Continuing members are Dr. Mary-Ann Mountain, Dr. Gaëtan Losier, Dr. Laurene Wilson and Ms. Anna Tirovolas (Student Member).

Finally, the Panel is pleased to announce the following accreditation and re-accreditation decisions which were made at our May and October 2010 meetings. Congratulations to all the training directors, staff, and students on this accreditation achievement!

Accreditation Decisions:

River Valley Health Fredericton Predoctoral Internship Programme in Clinical Psychology was granted Full Accreditation for a term of **Four Years**.

Vancouver Coastal Fraser Child & Youth Community Based Psychology Residency Predoctoral Internship Programme in Clinical Psychology was granted Full Accreditation for a term of **Four Years**.

Reaccreditation Decisions:

University of Alberta's Doctoral Programme in Counselling Psychology was granted Full Accreditation for a term of **Five Years**.

University of British Columbia's Doctoral Programme in Clinical Psychology was granted Full Accreditation for a term of **Six Years**.

University of British Columbia's Doctoral Programme in Counselling Psychology was granted Full Accreditation for a term of **Six Years**.

McGill University's Doctoral Programme in Counselling Psychology was granted Full Accreditation for a term of **Four Years**.

Queens University's Doctoral Programme in Clinical Psychology was granted Full Accreditation for a term of **Five Years**.

Université Laval's Programme de Doctorat en Psychologie Clinique (D.Psy.) was granted Full Accreditation for a term of **Five Years**.

University of Manitoba's Doctoral Programme in Clinical Psychology was granted Full Accreditation for a term of **Four Years**.

Lakehead University's Doctoral Programme in Clinical Psychology was granted Full Accreditation for a term of **Four Years**.

St. Joseph's Health Healthcare, Hamilton's Predoctoral Internship Residency Programme in Clinical Psychology was granted Full Accreditation for a term of **Six Years**.

February is Psychology Month and scientists and practitioners across the country host a wide range of activities and events for the public. Psynopsis invites you to let us know what you and your colleagues did in honour of Psychology Month. Submissions should be no more than 900 words and pictures are encouraged. The spring issue will be devoted to psychology in the public eye and the deadline for your Psychology Month submissions is March 1st, 2011.



K.R. Cohen Ph.D., directrice générale

Forum de la Table de santé mentale : *Quelles portes mènent où? Comment améliorer l'accès au service de santé mentale : obstacles, facilitateurs et occasions pour la santé mentale des Canadiens* a eu lieu à Ottawa les 5 et 6 octobre. Il a accueilli des conférenciers du pays et de l'étranger sur des sujets comme la santé mentale dans les soins fondés sur les données probantes, les perspectives du consommateur et l'offre fondée sur la demande, et la façon de mettre en place les services de manière à ce que la bonne personne obtienne le bon service, au bon moment et au bon endroit. Les évaluations des quelque 90 délégués indiquent que l'événement a remporté un franc succès. Les comptes rendus du forum, sous forme de rapport, seront mis à la disposition de Santé Canada et seront publiés sur le site Web de la SCP d'ici avril 2011.



Santé mentale dans le milieu de travail : La SCP poursuit ses communications avec le Conseil du Trésor en ce qui concerne la santé mentale en milieu de travail. En novembre, nous avons été invités à assister à une réunion qui examinait la mise en œuvre d'une initiative de gestion des déficiences pour la fonction publique fédérale.

En octobre 2010, nous avons également été invités à nous adresser à la haute direction au sein du ministère de la Justice fédéral où nous avons fait une présentation sur la santé mentale dans le monde juridique.

Ce numéro de Psynopsis est consacré à la santé mentale dans le milieu de travail. Chaque psychologue individuel peut aider à promouvoir la nécessité de se pencher sur les problèmes psychologiques dans le milieu de travail... communiquer avec votre député, parler aux employeurs et aux assureurs et faites-leur parvenir une copie de ce numéro de Psynopsis. Laissez-leur savoir que la santé de notre pays dépend de sa santé mentale. Pour plus d'information ou pour commander des copies de ce numéro de Psynopsis, communiquez avec kcohen@cpa.ca



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. Au nom de HEAL, la SCP a élaboré une réponse au rapport du Comité permanent sur la santé, *Promouvoir des solutions novatrices pour relever les défis des ressources humaines en santé* (rapport RHS) et la réponse du gouvernement du Canada. Les faits saillants de la réponse du groupe HEAL sont entre autres des demandes :

- pour créer un observatoire sans lien de dépendance sur les RHS comme une façon d'en arriver à une orientation exhaustive et inclusive pour la recherche et la collecte de données sur les RHS;
- de financement par le biais de la Stratégie pancanadienne relative aux ressources humaines en santé pour permettre à l'Institut canadien d'information sur la santé (ICIS) d'étendre sa collecte de données de manière à inclure des données démographiques et sur le travail pour toutes les catégories de professionnels de la santé tout en répétant les sondages auprès des RHS afin que les données demeurent actuelles;
- au gouvernement fédéral d'identifier et de corriger les obstacles systémiques à la mise en œuvre de pratique en collaboration interprofessionnelle au sein de son administration et de mettre sur pied des mécanismes de financement dans le but de promouvoir et d'appuyer la pratique en collaboration au sein des provinces et des territoires. Cela peut être fait dans le cadre d'un *Fonds d'infrastructure en ressources humaines en santé national (FIRHSN)* ciblé de façon stratégique, limité dans le temps et quinquennal.

Le rapport RHS et la réponse du gouvernement du Canada se trouvent à l'adresse <http://www2.parl.gc.ca/content/hoc/Committee/403/HESA/Reports/RP4631326/hesarp06/hesarp06-f.pdf> et <http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=4677841&Language=f>. Il est intéressant de noter que la Table de la santé mentale est soulignée dans la réponse du gouvernement par rapport aux initiatives fédérales pour combler les besoins de santé mentale des clients à qui nous fournissons des services. Pour plus d'information, communiquez avec D^{re} Cohen à kcohen@cpa.ca



Activités de la SCP au cours du Mois de la psychologie : La SCP a le plaisir de pouvoir appuyer certaines activités intéressantes dans la capitale nationale. Plusieurs conférences publiques sont planifiées dans un bon nombre de bibliothèques publiques d'Ottawa. Les enfants et la santé mentale familiale, la santé mentale en milieu de travail et les facteurs psychologiques de la maladie du cœur sont au nombre des sujets qui seront abordés. La SCP fera paraître une annonce dans le journal Hill Times afin d'attirer l'attention en particulier à la santé mentale dans le milieu de travail - un enjeu important pour les grands employeurs du pays dont fait partie la fonction publique. Le Hill Time est une publication hebdomadaire qui est lue par les fonctionnaires. De plus, le siège social distribuera un exemplaire du numéro spécial de Psynopsis sur la maladie mentale dans le milieu de travail dans les ministères et aux députés. Des causeries sur la santé mentale en milieu de travail ont été organisées au ministère de la Justice et seront offertes à d'autres ministères fédéraux. Le numéro de printemps de Psynopsis fera état des activités tenues au cours du Mois de la psychologie d'un bout à l'autre du pays.



Partenariat fédéral pour les soins de santé : Le Partenariat fédéral pour les soins de santé <http://www.fhp-pfss.gc.ca/fhp-pfss/home-accueil.asp?lang=fra> regroupe sept ministères fédéraux ayant une responsabilité en matière de santé. L'une des initiatives du partenariat a été de recruter et de conserver des fournisseurs de soins de santé désignés, y compris des psychologues. Des réunions en novembre avec des représentants du ministère des Anciens Combattants ont porté sur le recrutement et la rétention de fournisseurs de services de psychologie et la formation des fournisseurs de services pour travailler avec la population d'anciens combattants – particulièrement la prestation de pratiques exemplaires liées à l'anxiété.

G7 : La SCP est membre du G7 – une alliance d'associations de fournisseurs de services en santé nationales autres que ceux en médecine et en soins infirmiers. Récemment le G7 a rencontré le sous-ministre fédéral de la santé. Les messages clés du G7 portent notamment sur le besoin de créer au Canada une base de données de ressources humaines en santé qui soit exhaustive, la nécessité d'un engagement étendu et de la collaboration à la création de dossiers en santé électroniques et de mécanismes de prestation des soins et du soutien fédéral pour une pratique de soins de santé concertés.



De la direction générale de la science :

L. Votta-Bleeker, Ph.D., directrice générale associée

IRSC : À compter du 3 janvier 2011, les IRSC devanceront à 20 h (HE) l'heure pour toutes les soumissions électroniques à ResearchNet de demandes de financement. L'heure actuelle de 23 h 59 HE reste en vigueur pour les demandes de financement accompagnées de l'inscription, de la lettre d'intention ou des délais de demande le 2 janvier 2011 ou plus tôt. L'avis de ce changement est affiché sur le site Web de la SCP : www.cpa.ca/researchers.

Au cours du dernier mois, les IRSC ont demandé une rétroaction du milieu de la recherche. La SCP a offert sa rétroaction dans ces dialogues en remplissant le questionnaire suivant : *Examen international des IRSC de 2011 pour déterminer l'efficacité des IRSC à remplir leur mandat (l'enquête a pris fin le 24 novembre 2010)*.

Tel qu'indiqué dans le numéro d'automne 2010 de Psynopsis, la SCP a tenu des discussions avec les IRSC au sujet de la date de notification des prix et bourses d'étudiants. Les IRSC ont informé la SCP que les délais dans les processus d'examen des prix et bourses de recherche doctorale et à la maîtrise sont légè-

rement décalés parce qu'ils utilisent les mêmes comités d'examen par des pairs pour les deux. La modification de ces délais signifierait que les IRSC devraient recruter 50 % de membres du comité d'examen par des pairs de plus, ce qui taxerait les ressources internes des IRSC qui sont entièrement consacrées à répondre aux exigences opérationnelles actuelles. En outre, les IRSC ont noté qu'ils n'ont pas de preuve qu'il s'agit d'un problème à grande échelle. Conséquemment, la SCP consultera ses membres pour recueillir les preuves nécessaires afin de déterminer l'importance de cette question pour la psychologie et les fera connaître aux IRSC.

Fondation canadienne pour l'innovation : En juin 2010, les membres ont fait connaître leurs préoccupations concernant la classification de la psychologie dans les codes de la Fondation canadienne pour l'innovation. Actuellement, les secteurs particuliers de la psychologie ne sont pas inclus en tant que codes; de plus, la psychologie proprement dit n'a pas été codée comme une discipline du tout (à l'exception d'un code : psychologie animale); la psychologie était classifiée comme une sous-discipline de la « science comportementale ». La SCP a discuté de cette question avec les IRSC et la FCI. À ce jour, les IRSC ont réétiqueté les « sciences comportementales » à « sciences comportementales et psychologie humaine ». La SCP a également été informée que cette classification actuelle sera changée dans la nouvelle application de CCV qui paraîtra tôt l'an prochain.



Autres représentations en science : En octobre, la SCP a assisté à deux conférences : celle de la Société canadienne d'apprentissage psychomoteur et de psychologie du sport (du 28 au 30 octobre à Ottawa) et la 2010 Canadian Science Policy Conference (du 20 au 22 octobre à Montréal). La SCP assurera le suivi avec le CRSH sur diverses questions particulières à la recherche en psychologie et son financement qui ont été soulevées à cette conférence sur la politique scientifique canadienne.



Consortium canadien pour la recherche (CCR) : En août 2010, le Consortium canadien pour la recherche, dont la SCP est membre du Comité directeur, a soumis ses « demandes » au Comité des finances de la Chambre des communes. En guise de suivi, le 30 novembre, la SCP, ainsi que d'autres membres du CCR ont rencontré Phil Harwood, directeur de la Politique, Ressources humaines et Développement social Canada. Le CCR continuera à tenir des réunions avec divers députés.

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



*De la direction générale de la pratique :
John Service, Ph.D., directeur.*

Planification stratégique : La direction générale s'est engagée dans un exercice de planification stratégique qui a identifié plusieurs objectifs notamment l'amélioration de l'accès aux services de psychologie pour tous les Canadiens, peu importe l'ethnicité, le revenu ou la géographie, l'élaboration d'un langage commun pour décrire les services psychologiques de manière à ce que les associations parlent d'une même voix à tous les paliers des gouvernements et l'amélioration des liens avec les services de psychologie et entre eux et les soins primaires.

Afin d'accomplir cette tâche, la direction générale a retenu les services d'un consultant en planification et en communications. Des informateurs clés dans des secteurs choisis (p. ex. des élus, des représentants gouvernementaux, des représentants d'associations de soins de santé et des représentants des médias) ont maintenant été interviewés au sujet des questions relativement à ces objectifs et les données qui sont compilées.

Santé mentale dans le milieu de la fonction publique fédérale : La direction générale appuie le travail de la SCP avec le Conseil du Trésor du Canada dans les efforts pour améliorer la santé mentale en milieu de travail dans la fonction publique, l'accès à des traitements efficaces comme les services psychologiques et les processus de retour au travail. Il a fallu l'envoi d'une lettre au Conseil du Trésor de la directrice générale de la SCP, D^{re} Karen Cohen, des rencontres avec le personnel aux niveaux du sous-ministre et du sous-ministre adjoint, un rencontre avec les principaux syndicats et des contacts courants avec d'autres membres du personnel. D^r Paul Basevitz, un psychologue d'Ottawa dans la pratique privée et président sortant de l'Ottawa Academy of Psychologists a été très utile tout au long de ce processus.

Soins primaires et représentation au Manitoba : La SCP a organisé un atelier précongrès sur la représentation qui a connu beaucoup de succès à Winnipeg. On avait invité à titre de conférenciers le chef du Parti libéral du Manitoba et un membre siégeant au gouvernement du Manitoba. Le premier est un médecin et ancien ministre du cabinet fédéral connu de la SCP et le dernier est le fils d'un professeur de psychologie sociale à l'Université du Manitoba. En se servant de ces rapports comme base, la direction générale a fourni le soutien à la présidente de la Manitoba Psychological Society, D^r Andrea Piotrowski, concernant les réunions avec les représentants gouvernementaux, une lettre de suivi relativement à la psychologie et aux soins primaires ainsi qu'une analyse des possibilités à partir du dernier discours du Trône au Manitoba.

Confidentialité, loi sur la santé et dossiers électroniques : Le gouvernement de la Nouvelle-Écosse s'apprête à légiférer une loi sur l'information en santé semblable à celles d'autres provinces. L'Association of Psychologists of Nova Scotia (APNS) se préoccupe du fait que les renseignements confidentiels sur la santé mentale pourraient être divulgués trop facilement sans la permission du patient. La direction générale a assuré un appui à l'APNS au sujet d'une campagne médiatique très réussie et une rencontre de discussion ouverte qui a attiré six membres du ministère de la Santé de Nouvelle-Écosse, d'autres représentants gouvernementaux, cinquante psychologues et d'autres parties intéressées. L'événement a été couvert en balado diffusion pour les membres de l'APNS à plusieurs endroits partout dans la province. M^{me} Lesley Hartman, une autre membre de la Direction générale de l'APNS et l'administratrice M^{me} Susan Marsh ont joué un rôle de premier plan dans cette réalisation.

Doctorat en psychologie (D.psy.) : La direction générale a accepté d'appuyer l'élaboration continue des programmes de doctorat en psychologie au Canada. Cela n'entre pas en contradiction avec la politique de la SCP de soutenir le D.psy. comme un moyen d'entrée approprié dans la pratique. Monsieur Pierre Bérubé, directeur général du Psychologists' Association of Alberta, a demandé qu'une lettre d'appui soit envoyée à un établissement universitaire en Alberta qui est en voie de créer une proposition de programme de D.psy.

Normes de service : L'Ordre des psychologues du Québec (OPQ), sous la direction du vice-président, D^r Martin Drapeau, publie une série de documents à l'intention des cliniciens intitulée *Cahier recherche et pratique*. Les deux premiers volumes ont paru sous l'intitulé : *Documenter l'efficacité des interventions en psychothérapie et La dépression : considération autour des choix de traitements*. Ces documents se trouvent sur le site Web de l'OPQ à l'adresse <http://www.ordrepsy.qc.ca/fr/publications/index.html>.

La direction générale a communiqué avec D^r Drapeau, membre du corps professoral de l'Université McGill, afin d'explorer des moyens de collaboration en ce qui concerne les liens entre la science et la pratique ainsi que l'élaboration de lignes directrices de service, particulièrement dans les services de santé physique (p. ex. la chirurgie bariatrique, l'oncologie, la cardiopathie).

Sections de la SCP : Sous le leadership du membre du conseil d'administration de la SCP D^r Lorne Sexton, la direction générale a été invitée à assurer une liaison directe avec les sections sur les questions d'intérêt mutuel. Le Comité des affaires professionnelles tient des téléconférences régulières. Certaines sections ont exprimé un intérêt pour l'élaboration de lignes directrices de service (par opposition à des lignes directrices cliniques) et la direction générale a reçu une rétroaction suggérant que la direction générale élargisse son intérêt concernant l'accès aux services de psychologie au pays de manière à inclure la capacité de travailler dans des environnements sains d'un point de vue psychologique.

Soins primaires : La direction générale recueille des données auprès des psychologues qui travaillent dans les soins primaires (p. ex. les employés salariés d'une pratique de soins primaires ou un gouvernement provincial/territorial) qui sont liés aux soins primaires par contrat, coemplacement ou de toute autre façon. Cet exercice a deux visées. La direction générale élabore un inventaire des modèles pour la prestation de services de psychologie par le soin primaire pour la diffusion auprès des gouvernements et des réseaux de soins primaires. Deuxièmement, le Network of Psychologists in Primary Care (Réseau de psychologues en soins primaires (RPSP) fera le lien électronique entre les psychologues en soins primaires de manière à ce qu'ils puissent apprendre et se soutenir entre eux. Tous ceux et celles intéressés à se joindre à ce réseau peuvent communiquer avec John Service à jservice@rogers.com.

Groupe de travail en psychologie hospitalière : La SCP a mis sur pied un *Groupe de travail sur l'avenir des services de psychologie financés par les deniers publics au Canada*. Ce groupe de travail a pour mandat d'examiner comment les services en psychologie et l'accès peuvent être le mieux organisés d'un point de vue administratif dans le secteur public. Les trois plus grands employeurs de psychologues sont le système de justice pénale, le système scolaire (pédagogique) et le système de soins de santé (hôpital). Chacun de ces trois systèmes publics ont mis sur pied un groupe de travail constitué de psychologues qui connaissent bien les difficultés auxquelles il faut faire face dans le domaine. On a invité la direction générale de siéger au groupe de travail qui a tenu sa première réunion en octobre 2010.



Announcement:

Mind Pad

CPA's Student-Written and Reviewed Newsletter

*Brenden Sommerhalder, M.Sc. Student
Student Representative, CPA Board of Directors*

The CPA Students' Section, and CPA Board of Directors, is pleased to announce that over the fall, the Board of Directors passed a motion approving the creation of a new student submission, and student-reviewed, newsletter: *Mind Pad (Notes d'idées)*.

The goal of *Mind Pad* is to provide students with an opportunity to experience both sides of the peer-review process, both as submitters and as reviewers, and to act as a means to disseminate information regarding psychology students' activities and opinions.

As the result of an environment- and cost-minded decision, *Mind Pad* will be produced only in electronic format, and will be made available on the Students' Section website. It will be available for download to both members and non-members, although submitting to or reviewing for *Mind Pad* will be restricted to Student Affiliates of CPA.

The Students' Section will continue to submit entries to *Psynopsis* on behalf of students, although Campus Corner profiles will be moved entirely to *Mind Pad*. Again as both an environmentally friendly gesture and to help cover costs of production of *Mind Pad*, print copies of *Psynopsis* will no longer be sent to Student Affiliates, but it will continue to be made available in electronic format on the CPA website.

Mind Pad will accept a broad range of submissions, including but not limited to Campus Corner profiles, opinion pieces regarding psychology, career articles and advice pieces, and original research summaries. Submissions will be accepted in both English and French, and all abstracts will be translated into both languages.

Please stay tuned for calls for submissions for the first edition of *Mind Pad*, and for opportunities to serve as a reviewer for the new publication. Make sure that your email address is up to date with CPA, as we will be sending further information via the Students' Section List-Serv in the coming weeks.

Dear Students,

It is the time for membership renewals. Student can take advantage of a reduced membership fee – so make sure to renew yours by visiting the CPA website: www.cpa.ca.

I would like to thank students who submitted applications for executive positions in the student section. Applicant profiles will be posted on our website, and voting will begin in the new year.

If you have any questions or concerns, please contact me, Rana Pishva, Chair of the student section at rana.pishva@queensu.ca.

I wish you all health, success and happiness for 2011!

*Rana Pishva M.Sc.
Ph.D. Candidate Clinical Psychology
Queen's University
CPA Student Section Chair*

À tous les étudiants et étudiantes,

Il est temps de renouveler votre adhésion. Les étudiants peuvent tirer avantage de frais d'adhésion réduits – nous vous recommandons alors de renouveler votre adhésion en vous rendant au site Web de la SCP à : www.cpa.ca.

J'aimerais remercier les étudiants qui ont présenté des demandes pour des postes de direction à la section des étudiants. Les profils des candidat(e)s seront affichés sur notre site Web et l'élection débutera au cours de la nouvelle année.

Si vous avez des questions ou des préoccupations, veuillez communiquer avec moi, Rana Pishva, présidente de la section des étudiants à rana.pishva@queensu.ca.

Je vous souhaite la santé, le succès et la joie au cours du nouvel an!

*Rana Pishva M.Sc.
Candidate au Ph.D. en psychologie clinique
Université Queen's
Présidente de la section des étudiants
de la SCP*

CPA 2011 Elections



Jennifer Frain, Ph.D.
President-elect position
Elected by acclamation

It is a great privilege to have been nominated for, and now acclaimed as, President-Elect of the Canadian Psychological Association. I look forward to continuing to work for Canadian psychologists through the CPA.

In terms of my background, I trained at the University of Winnipeg, then the University of Saskatchewan for my Masters and completed my clinical psychology training with a Ph.D. from Concordia University. Currently I am the Executive Director of the largest and most diverse social service agency in Winnipeg. New Directions for Children, Youth, Adults and Families is 125 years old and offers the community 20 programs ranging from family counselling to resources for youth, job training to specialized living support, community treatment homes to foster care, and a variety of resources utilized by individuals with intellectual disabilities, the Deaf community and the Aboriginal community. I am twice past President of the Manitoba Psychological Society, and have served as the Chair of the Council of Professional Associations of Psychologists (CPAP) since 2005. Over the last decade it has been my passion to advocate for psychology provincially and nationally working to raise public and government awareness of the critical role of the science and practice of psychology for the health and well-being of Canadians.

I see the President's role as two-fold: support and vision. I plan to support the dedicated volunteer members of the Board who make significant contributions to our profession (e.g., Prescription Privileges task force, Supply and Demand Task forces, successful advocacy with granting organizations, beneficial publishing arrangement with the APA, etc.). I also look forward to providing oversight and support and to working more closely with the talented and very productive Executive Director and Associate Executive Director, Drs. Cohen and Votta-Bleeker and the other amazing CPA staff.

With respect to vision: I see the need for further development and consolidation of the structure of the CPA to offer greater strength to the three pillars of Science, Education and Practice. In terms of the pillar of Practice, a stronger alignment of the provincial and territorial associations with the CPA was recently achieved through the establishment of the Practice Directorate as approved by the Board of Directors in June 2009. At that time, the CPA Board also wisely recognized the importance of establishing a Science Directorate. These new structures have created new energies and opportunities to advance

NOTE: The election ballots will be mailed separately along with instructions for online voting. Each ballot has a code personalized for each member in the upper right hand corner.



advocacy priorities (e.g., federal research grants for psychologists for the Science Directorate; coordinated provincial and federal government relations campaign for the Practice Directorate). My goal is to ensure these two new directorates establish themselves and focus on fulfilling their missions. In the domain of practice I look forward to encouraging the variety of interest groups and organizations involved with practice issues and concerns to join together in the Practice Directorate so that we are able to create synergies. For the Science Directorate I will work to foster collaboration amongst the various constituencies to advocate for greater financial and academic support for research in all areas of psychology. The third goal will be to support the implementation of a recent decision of the CPA Board to establish an Education Directorate through which CPA can coordinate efforts to promote the training of psychologists of all types in order to ensure the ongoing supply of well prepared academics, researchers and clinicians.



JoAnn Elizabeth Leavey, Ph.D.
Scientist Seat
Elected by acclamation

JoAnn Elizabeth Leavey has served in the Mental Health field for over 20 years as a clinician, clinical research scientist, planner, educator, consultant and senior administrator. She completed her graduate studies at the Universities of Toronto and British Columbia. She is both a Registered Psychologist and Registered Nurse.

During her career, Dr. Leavey has maintained a person-centred focus that includes helping persons with mental health and disabilities re-enter society as part of the recovery process. Her published recovery model ELAR, Emergence, Loss, Adaptation and Recovery is a guide through which persons can move through a non-linear process of healing. This consists of assisting clients to re-establish their sense of self-identity through adaptation and rediscovery of self ability. Dr. Leavey has spoken locally, nationally and internationally in over 9 countries disseminating her clinical research results and developing networks regarding best practices for clients experiencing mental health problems.

Dr. Leavey's participation in the CPA has included being a member of the Northern and Rural Section since its inception. Since 2008, she has been the Section's representative on the CPA Task Force on Prescriptive Authority for Psychologists in Canada. She is looking forward to continuing her work with the CPA in the role of Scientist on the Board of Directors.



Dorothy Cotton , Ph.D., C. Psych.
Candidate for the Practitioner Seat

My primary interest as a potential CPA Board member is to work toward aligning professional training and practice with the changing needs of the public and the workplace. As past president of the College of Psychologists of Ontario, a fellow of CPA and a clinician with 35 years experience in frontline to senior management positions, I have a broad and informed perspective about the practice of psychology. I am currently a clinical neuropsychologist in the correctional system, but my past experience includes geriatrics, institutional mental health, private practice, and teaching & supervising students in both university and college settings. I have a particular interest in the interface between the mental health and criminal justice systems, including a focus on issues related to policing. In addition to the usual professional organizations, I am a member of the Canadian Association of Chiefs of Police and the Mental Health Commission's Mental Health and the Law Committee. As a newspaper and magazine columnist, the focus of my writing has been "everyday psychology" --that is, practical applications of psychology to everyday life. Over the years, I have witnessed the decrease in traditional hospital-based psychological services and the concomitant increase in the demand for services in other areas--corrections, school psychology, the military, neuropsychology, developmental disabilities & independent practice. It seems to be time for the profession to refocus and adapt to these emerging practice needs.

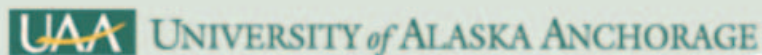


Lorne Sexton, Ph.D.
Candidate for the Practitioner Seat

Thank-you for considering my candidacy for the position of Practitioner on the CPA Board of Directors. I have been a member of CPA for over 25 years, and previously served as Chair of the Clinical Section in 1999. For the past two years I have held the Practitioner seat at CPA and chaired the Professional Affairs Committee and the Task Force on Prescriptive Authority.

My clinical practice is primarily based in the Clinical Health Psychology Program of the Winnipeg Regional Health Authority. I am the professional leader at St Boniface General Hospital and coordinate regional geriatric psychology services. For the past 10 years I have coordinated quality improvement and Accreditation Canada survey preparation for the regional program. This has been a unique opportunity to focus on referral coordination, wait list management, service effectiveness, service efficiency, patient satisfaction, and basing services on population health needs across 16 different hospital and primary care sites. This experience has brought home to me the need for psychology to continuously assert itself and demonstrate its effectiveness in order to be on the "radar screen" of health care policy and funding decisions, both governmental and in the private sector.

My single biggest accomplishment for CPA was the initial development, with John Service, of the "Your Health: Psychology Works Fact Sheets." The term "psychology works" reflects my passion for asserting the relevance and power of psychological methods. As CPA Board delegate to CPAP and the new Council of the Practice Directorate, I have been afforded an exciting opportunity to further this passion and work with provincial associations in furthering public awareness of and access to psychology.



UAA Program Director: The University of Alaska Joint PhD Program in Clinical-Community Psychology seeks a qualified individual to fill a tenure-track Associate Professor or Full Professor position in Anchorage and to assume the role of UAA Program Director. The successful candidate may join the UAA faculty any time between Fall 2010 and Fall 2011, with assumption of Program Director responsibilities in Fall 2011. The successful candidate will provide academic leadership and support the University of Alaska mission of teaching, research, and service. Qualifications: PhD in Clinical or Clinical-Community Psychology; licensure as a psychologist; experience with academic leadership; mature research program (preferably with history of extramural funding); university-level teaching record; and years of academic experience commensurate with rank and leadership position; current minimum academic rank of associate professor. Teaching and research responsibilities will be adjusted for time demands of the Program Director position. Application: Questions should be directed to Christiane Brems, Ph.D., ABPP (afcb@uaa.alaska.edu; 907-786-1730). For details regarding the position and application process, see <http://psyphd.alaska.edu/> (click on PCN 308575). UAA is an AA/EEO employer and educational institution.

Élections 2011 de la SCP

NOTE: Les bulletins de vote seront postés séparément avec les directives pour voter en ligne. Chaque bulletin de vote a un code personnalisé pour chaque membre en haut à droite.



Jennifer Frain, Ph.D.
Poste de président désigné
Élue par acclamation

C'est un grand privilège d'avoir été nommée et maintenant d'être acclamée à la présidence de la Société canadienne de psychologie. J'ai hâte de continuer à travailler pour les psychologues au Canada par l'entremise de la SCP.

En ce qui concerne mes antécédents, j'ai fait ma formation de base à l'Université de Winnipeg, ensuite ma maîtrise à l'Université de la Saskatchewan et j'ai terminé ma formation en psychologie clinique en obtenant un Ph.D. de l'Université Concordia. Aujourd'hui, je suis la directrice générale de l'agence de service social la plus grande et la plus diversifiée de Winnipeg. L'organisme New Directions for Children, Youth, Adults and Families existe depuis 125 ans et offre à la collectivité 20 programmes depuis le counseling familial jusqu'aux ressources pour les jeunes, la formation en cours d'emploi, au soutien de vie spécialisé, aux maisons de traitement communautaires, au placement familial et à une variété de ressources utilisées par les individus souffrant de déficience intellectuelle, la communauté sourde et la communauté autochtone. J'ai assumé deux fois la présidence de la Manitoba Psychological Society, et j'ai aussi assumé la présidence du Conseil des sociétés professionnelles de psychologues (CSPP) depuis 2005. Au cours de la dernière décennie ma passion a été de faire des représentations pour la psychologie à l'échelle provinciale et nationale en travaillant à sensibiliser le public et le gouvernement au rôle essentiel de la science et de la pratique de la psychologie pour la santé et le bien-être de la population canadienne.

Je crois que le rôle du président est à deux volets : le soutien et la vision. J'entends appuyer les membres bénévoles dévoués du conseil d'administration qui font des contributions importantes à notre profession (p. ex., le groupe de travail sur les privilèges de prescrire des médicaments d'ordonnance, le groupe de travail sur l'offre et la demande, la bonne représentation auprès des organismes subventionnaires, la conclusion d'un accord de publication avantageux avec l'APA, etc.). J'ai aussi hâte de donner un aperçu et du soutien et travailler en plus étroite collaboration avec la directrice générale et la directrice générale associée, toutes deux talentueuses et très productives, D^{res} Cohen et Votta-Bleeker ainsi que le personnel incroyable de la SCP.

En ce qui concerne la vision : Je vois le besoin d'élaborer et de consolider davantage la structure de la SCP afin d'offrir une

plus grande impulsion aux trois piliers de la science, de l'éducation et de la pratique. En termes de pilier de la pratique, une harmonisation plus forte des associations provinciales et territoriales avec la SCP a récemment été réalisée dans l'établissement de la Direction générale de la pratique telle qu'approuvée par le conseil d'administration en juin 2009. À cette époque le conseil d'administration de la SCP a aussi reconnu de façon brillante l'importance d'établir une Direction générale de la science. Ces nouvelles structures ont créé de nouvelles énergies et des occasions de faire progresser les priorités en matière de représentations (p. ex., les bourses de recherche en psychologie pour la Direction générale de la science et une campagne de relations gouvernementales provinciales et fédérales coordonnée pour la Direction générale de la pratique). Mon but est d'assurer que ces deux nouvelles directions générales prennent racine et se concentrent sur la réalisation de leurs missions. En ce qui concerne la pratique, j'ai hâte d'encourager la diversité des groupes d'intérêt et des organisations qui se penchent sur les problèmes et les préoccupations dans le domaine pour se joindre à la Direction générale de la pratique de manière à ce que nous soyons en mesure de créer des synergies. En ce qui concerne la Direction générale de la science, je vais m'efforcer de favoriser la collaboration entre les divers domaines afin de faire des représentations pour un appui financier et universitaire plus grand pour la recherche dans tous les secteurs de la psychologie. Le troisième objectif sera d'appuyer la mise en œuvre d'une décision récente du conseil d'administration de la SCP de mettre en place une Direction générale de l'éducation par laquelle la SCP pourra coordonner les efforts de promotion de la formation des psychologues de tous les types afin d'assurer l'offre continue d'universitaires, de chercheurs et de cliniciens bien préparés.



JoAnn Elizabeth Leavey, Ph.D.
Poste de scientifique
Élue par acclamation

JoAnn Elizabeth Leavey travaille dans le domaine de la santé mentale depuis plus de 20 ans à titre de clinicienne, de scientifique en recherche clinique, de planificatrice, d'enseignante, de consultante et d'administratrice principale. Elle a effectué des études supérieures aux universités de Toronto et de Colombie-Britannique. Elle est une psychologue et infirmière autorisées. Au cours de sa carrière, elle s'est concentrée sur la personne,

ce qui signifie aider les personnes ayant des troubles de santé mentale et des déficiences à réintégrer la société dans le cadre d'un processus de rétablissement. Son modèle de rétablissement qui a été publié le ELAR - Emergence, Loss, Adaptation and Recovery - est un guide par lequel les personnes peuvent suivre un processus non linéaire de guérison. Il s'agit d'aider les clients à rétablir leur sentiment d'auto-identité par l'adaptation et la redécouverte de la capacité du self. D^{re} Leavey a fait des conférences à l'échelle locale, nationale et internationale dans plus de neuf pays en faisant la dissémination des résultats de sa recherche clinique et en créant des réseaux concernant les pratiques exemplaires pour les clients qui éprouvent des problèmes de santé mentale.

À la SCP, D^{re} Leavey a été membre de la section de la psychologie nordique et rurale depuis sa création. Depuis 2008, elle a été la représentante de la section au Groupe de travail de la SCP sur l'autorisation de prescrire des médicaments d'ordonnance pour les psychologues au Canada. Elle est grandement intéressée à continuer son travail auprès de la SCP à titre de scientifique à la table du conseil d'administration.



Dorothy Cotton, Ph.D., C. Psych.
Candidate au poste de psychologue praticien

Mon intérêt principal en tant que membre aspirant à siéger au conseil d'administration de la SCP est de travailler à l'harmonisation de la formation et de la pratique professionnelles avec les besoins changeants du public et du milieu de travail. En tant que présidente sortante de l'Ordre des psychologues de l'Ontario, fellow de la SCP et clinicienne, forte de 35 années d'expérience de première ligne dans des postes de haute direction, j'ai une perspective large et éclairée de la pratique de la psychologie. Je travaille actuellement comme neuropsychologue clinique dans le système correctionnel, mais j'ai passé beaucoup de temps aussi en gérontologie, en santé mentale institutionnelle, dans la pratique privée, ainsi que dans l'enseignement et la supervision des étudiants dans des contextes universitaire et collégial. Je m'intéresse tout particulièrement à l'interface entre la santé mentale et les systèmes de justice pénale, y compris un point de mire sur les problèmes liés à la police. En plus des organisations professionnelles habituelles, je suis membre de l'Association canadienne des chefs de police et du Comité sur la santé mentale et la Loi de la Commission de la santé mentale. En tant que chroniqueuse dans les journaux et les magazines, le point de mire de mes articles a été « la psychologie au quotidien » — c'est-à-dire, les applications pratiques de la psychologie à la vie de tous les jours. Au cours des années, j'ai été témoin d'une diminution des services de psychologie traditionnels dans les hô-

pitaux et d'une augmentation concomitante dans la demande des services dans d'autres domaines — service correctionnel, psychologie scolaire, psychologie dans le milieu militaire, la neuropsychologie, les déficiences de développement et la pratique indépendante. Il me semble que c'est le temps pour que la profession prenne une nouvelle orientation et s'adapte aux besoins émergents dans la pratique.



Lorne Sexton, Ph.D.
Candidat au poste de psychologue praticien

Je vous remercie de prendre en considération ma candidature au poste de praticien au conseil d'administration de la SCP. Je suis membre de la SCP depuis plus de 25 ans et j'ai déjà servi à titre de président de la section clinique en 1999. Pendant les deux dernières années, j'ai occupé le siège de praticien à la SCP et présidé le Comité des affaires professionnelles et le Groupe de travail sur l'autorisation de prescrire des médicaments d'ordonnance pour les psychologues.

Ma pratique clinique est basée principalement dans le Programme de la psychologie de la santé clinique de l'Office régional de la santé de Winnipeg. Je suis un leader professionnel à l'Hôpital Général de Saint-Boniface et je coordonne les services de psychologie gériatriques régionaux. Au cours des 10 dernières années, j'ai coordonné l'amélioration de la qualité et la préparation de l'enquête Agrément Canada pour le programme régional. Ce fut pour moi une occasion unique de me concentrer sur la coordination de l'aiguillage, la gestion de la liste d'attente, l'efficacité et l'efficience du service, la satisfaction du patient et le fondement des services sur les besoins de santé de la population dans 16 hôpitaux et sites de soins primaires différents. Cette expérience m'a fait comprendre la nécessité que la psychologie s'affirme continuellement et démontre son efficacité afin de rester sur « l'écran radar » de la politique en soins de santé et des décisions de financement, tant dans le secteur gouvernemental que privé.

Mon plus grand accomplissement pour la SCP a été la mise sur pied à ses débuts, avec John Service, des feuillets d'information « La psychologie peut vous aider ». Le terme « la psychologie peut vous aider » reflète ma passion d'affirmer la pertinence et la puissance des méthodes psychologiques. En tant que délégué du conseil d'administration de la SCP au CSPP et au nouveau Conseil de la Direction générale de la pratique, on m'a accordé une excellente occasion de poursuivre ma passion et le travail auprès des associations provinciales pour augmenter la sensibilisation du public et l'accès à la psychologie.

Another First from the Committee on Ethics

Jean Pettifor, Ph.D., Committee on Ethics

Increasingly, psychologists are recognizing that supervision is a specialized area of psychological activity that has its own foundation of knowledge, skills, and attitudes, which is enhanced by education and training. On 6 November 2010, the Board of Directors of the Canadian Psychological Association approved the *Resource Guide for Psychologists: Ethical Supervision in Teaching, Research, Practice, and Administration*. The main purpose of the *Resource Guide* is to support psychologists in applying the *Ethical Guidelines for Supervision in Teaching, Research, Practice, and Administration*, adopted by CPA on 7 February 2009.

These two CPA documents contain several unique features not found in current supervision literature. In the *Ethical Guidelines* the overarching moral framework of the *Canadian Code of Ethics for Psychologists* is used, with each guideline linked to one of the four ethical principles of the *Code*, namely, Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. In addition, the guidelines apply to all areas of psychological activity, not just to the area of clinical or counselling psychology. Although supervisors, by reason of their position of power and knowledge, must accept greater responsibility for maintaining functional and appropriate working relationships, supervisees

and supervisors are portrayed in the *Ethical Guidelines* as sharing ethical responsibilities and obligations. The guidelines are not enforceable practice standards, but rather encourage the reflection and ethical decision making that are especially useful when the most ethical course of action is unclear.

The second document, the *Resource Guide*, begins with an introduction explaining its purpose and the linkage of the guidelines to the ethical principles of the *Canadian Code of Ethics for Psychologists*. Demonstrations of ethical decision making are then presented for four different dilemmas, one from each of the areas of teaching, research, practice and administration. This is followed by over 70 vignettes for educational purposes. The vignettes contain life-like, and often complex, dilemmas from the areas of teaching, research, practice and administration. The Appendix contains the complete text of the *Ethical Guidelines*.

Forewords from Canadian John Pearce and American Carol Falender commend CPA for both the *Ethical Guidelines* and the *Resource Guide*. The *Ethical Guidelines* . . . “offers professional psychologists in diverse areas of practice a comprehensive array of guidelines to facilitate ethical conduct in the provision of supervision.” The *Resource Guide* . . . “increases accessibility of the *Ethical Guidelines* for training and education and contributes to the concept of ethics as a living and relevant document.” Well done CPA!



UAF Program Director: The University of Alaska *Joint Ph.D. Program in Clinical-Community Psychology* seeks a qualified individual to fill a tenure-track Associate Professor or Full Professor position in Fairbanks and to assume the role of **UAF Program Director**. The start date can be flexible any time during academic year 2010/2011 with the latest start date of August 2011. The successful candidate will provide academic leadership and support the University of Alaska mission of teaching, research, and service. **Qualifications:** PhD in Clinical or Clinical-Community Psychology; licensure as a psychologist; experience with academic leadership; mature research program (preferably with history of extramural funding); university-level teaching record; years of academic experience commensurate with rank and leadership position; and current minimum academic rank of associate professor. Teaching and research responsibilities will be adjusted for time demands of the DCT position. **Application:** Questions should be directed to Christiane Brems, Ph.D., ABPP (afcb@uaa.alaska.edu; 907-786-1730). For details regarding the position and application process, see www.uakjobs.com/applicants/Central?quickFind=70854. UAF is an AA/EEO employer and educational institution.

Melbourne International Conferences 2010

Janel Gauthier, Ph.D., Chair and John Berry, Ph.D., Secretary
International Relations Committee

Two major international conferences were held in Australia, in July 2010.

1. 27th International Congress of Applied Psychology

The 2010 International Congress of Applied Psychology (ICAP) was hosted by the Australian Psychological Society (APS) in conjunction with the International Association of Applied Psychology (IAAP). Held at the new state-of-the-art Melbourne Convention Centre on July 11-16, 2010, it was the first foray of the IAAP Congress into the southern hemisphere since the foundation of the Association in 1920.

The ICAP 2010 attracted a total of 3,381 delegates from 67 different countries. Half of the participants were international delegates. Fifty of them were from Canada making us the 7th most represented country and the Congress. The Congress attracted almost as many delegates as the 23rd ICAP held in Madrid in 1994, which was the largest ICAP of all time. This is a major achievement given the global financial crisis and high Australian dollar resulting in many universities around the world unable to provide funds for travel to international conferences.

Both writers attended ICAP 2010; as Secretary-General of IAAP, and as a member of its Board of Directors. On CPA's behalf, they also attended a ceremony hosted by the APS during the Congress to celebrate the signing of Memoranda of Understanding with the Canadian, Indonesian, and Japanese Psychological Associations.

There was an extensive and rich scientific program of 3,223 presentations. These included 27 State-of-the-Art lectures; 39 Opening and Keynote addresses; 37 Presidential and Divisional addresses across 17 IAAP Divisions; 38 Workshops; 22 Expert panel discussions; 15 Debates and Forums; 243 Symposia comprising 939 presentations; 595 Individual oral presentations; 690 Brief oral presentations; and 550 Electronic posters. The scientific program included topics from a broad range of areas in applied psychology including organizational, consumer, clinical, sports, cross-cultural, educational, environmental, economic and political psychology. Additionally, global issues in psychological treatments; multidisciplinary models of care; future developments in psychological services; ethics, and social issues were also represented.

One noteworthy feature of the Congress was the strong presence of psychologists representing Australia's first peoples. The Chair of the Australian Indigenous Psychologists Association (AIPA), Associate Professor Pat Dudgeon FAPS, gave an invited keynote address, and AIPA hosted three symposia highlighting cultural competence, social and emotional well-being and mental health, and the lives of Australian Aboriginal women. Moreover, Indigenous Australia was an integral part of the opening ceremony, and present throughout the congress via the APS

Bendi Lango art exhibition, which raises bursary funds for Indigenous students pursuing postgraduate studies in psychology. The final day saw the APS Reconciliation Action Plan being canvassed in an open Forum chaired by APS President, Bob Montgomery.

The next ICAP will be held in Paris in July 2014. National psychology organizations are invited to bid to host ICAP 2018. CPA has indicated to IAAP that it intends to submit a bid.

2. 20th International Congress of Cross-Cultural Psychology

This congress was held on the campus of the University of Melbourne, by the International Association for Cross-Cultural Psychology (IACCP).

There were 456 delegates from 54 countries. The theme of the congress was *Cultural Change: Meeting the Challenge*. This theme was aptly captured in the Congress flyer: "What are the processes associated with the fast movement of information, financial resources, material goods, and people across countries, and their impact on peoples and their cultures around the globe?" While this theme was the main focus of the presentations and discussion, there were two other noteworthy features.

i) The promotion of dialogue among various branches of the field which have evolved since the founding of the IACCP in 1972: The original 'culture comparative' emphasis in the Association has been supplemented over the past decades by two other approaches: the "cultural" and the "indigenous". It was the goal of the Congress organisers and of the Association to create a scientific space that could be shared by all three approaches. Beyond the Congress itself, there are continuing efforts to create a 'big tent' for all those interested in how to study and interpret the complex relationships between culture and behaviour.

ii) The psychology of Indigenous Peoples: The Congress was opened by a ceremony led by an Australian Aboriginal elder. Many subsequent sessions began with thanks being given to the traditional owners of the land on which the Congress was being held. Some sessions were held jointly with the Australian Indigenous Psychologists Association. In one of these sessions, the results of the Urban Aboriginal Peoples Study were presented. This Canadian study included large samples of urban Aboriginal Peoples (and non-Aboriginal peoples) in 10 Canadian cities. Other sessions examined the cultural competence required for working with Aboriginal Peoples, healing for the "stolen generation" (similar to those who were taken to residential schools in), and the assessment of "parenting capacity" in Aboriginal families where current parents were denied appropriate parenting during their own childhood.

The next Congress of IACCP will be held at the University of Stellenbosch, from July 17-21, 2012, in conjunction with the 30th International Congress of Psychology (to be held July 22-27, in Capetown, South Africa).

National Standards for the Practice of Psychology: A Lesson from our History



John Conway, Ph.D., CPA Archivist

In 1945, the first By-law of the CPA created a Board of Certification. The Board was to establish standards for certification as a psychologist, and, after examining the qualifications of applicants, issue certificates of qualification for psychologists across the country.

1945 was also of course the year WWII came to an end and the UN was founded, and the year Maurice Richard set a new record for the most goals scored in a season. Neil Young and Mike Harris were born in 1945. A gallon of gas cost about 15 cents. CPA dues were \$3.00. In Saskatchewan, the new CCF government of Tommy Douglas presented the first Medicare card to a pensioner.

Before recounting a bit of the history of CPA's initial attempt to establish national standards for the professional practice of psychology, I will remind you of where we are today with respect to national standards. In a recent letter to the College of Psychologists of Ontario, Karen Cohen describes our situation today:

“...the requirements for registration as a psychologist differ across Canada’s 12 provincial and territorial regulatory bodies. There is variability around degree required for registration (masters versus doctoral), academic requirements (graduation from a psychology programme with a graduate degree in psychology versus the completion of specific graduate psychology or equivalent courses) title (psychologist versus psychological associate) and, to some lesser extent, scope of practice (differences among jurisdictions in what titles and activities are restricted).” (http://www.cpa.ca/cpa-site/userfiles/Documents/Practice_Page/cpo_ait.pdf)

Most of us could likely agree that national standards and certification make good common sense. The Government of Canada thinks so too. Recent revisions to the Agreement on Internal Trade charges regulatory bodies of the country’s health care professions to come up with a standard and a mechanism to support workers licensed in one jurisdiction to move to and attain registration in another Canadian jurisdiction (http://www.cpa.ca/cpa-site/userfiles/Documents/Practice_Page/cpo_ait.pdf).

Does the history of CPA grappling with national standards have anything to tell us today? Is the AIT “change we can believe in?” Or, is it another instance of “plus ça change, plus c’est la même chose?”

Following WWII, Canadian psychology was becoming increasingly applied. Less so than in the U.S., but enough so that C. Roger Myers, the doyen of CPA for many years, ended his Presidential address in 1950 with some (characteristic) sharp words of warning: “Any further shift of psychologists in the direction of clinical preoccupations might justify the fear that an overgrown tail is about to wag the psychological dog right off his feet.”

The “tail” appears to have been significantly larger than the “dog” in 1949. A survey of the then nearly 600 CPA members, showed that over 60% listed their specialization as clinical, or personnel, or “advice & guidance;” 36% held Master’s degrees and another 30% had Bachelor’s degrees.

The question of certification was initially examined in a report by E.A. Bott (the first President of CPA and Head of Psychology at the University of Toronto) published as the lead article in the first issue of the *Canadian Journal of Psychology* in 1947. Bott reported on trends in the profession of psychology in the U.S. where a number of States were following the lead

of Connecticut that had been the first State to enact a statute defining Certified Psychologists.

Bott concluded that CPA could not certify individuals until it or a Board of Examiners had legal authority to do so. He recommended that before embarking on certifying individuals, several other activities were desirable: establishing standards for the practice of psychology by first conducting job analyses of applied psychologists in their diverse jobs, studying the content of university graduate programs in psychology, and developing a Code of Practice.

In 1947 there appears to have been only one graduate program in applied psychology in Canada (a graduate level Diploma in Child Study at the University of Toronto).

Following Bott's recommendations, a Committee on Certification replaced the Board. The first Chair of the Committee was E.A. Bois who also chaired a similar committee in the Psychologists Association of the Province of Quebec (PAPQ).

In 1946, PAPQ had decided to prepare a list of psychologists practicing in Montreal, with a view to providing this information to the public. PAPQ realized, however, that there were "difficulties and dangers" in establishing a listing of "approved" psychologists as intended, and concluded that definite standards needed to be established first along with procedures to ascertain the competency of practitioners.

It was recommended that CPA take the lead in defining standards of training and experience for the certification of psychologists, and for establishing procedures for examining competencies, and further that CPA promote the acceptance of these standards by its affiliated provincial associations in Ontario, Quebec, British Columbia. While it was recognized that the provinces had jurisdiction over legalizing the title "psychologist" and over certifying individuals, it was thought to be highly desirable that standards be equivalent across Canada, both for the sake of enhancing the prestige of the profession and for the portability of credentials across the country.

Three levels of certification were recommended in 1947: Certified Psychologist (requiring a doctoral degree and two years experience), Certified Associate in Psychology (requiring a master's degree and one year experience), and Certified Psychological Technician (requiring a bachelor's degree and six months experience). Appropriate graduate course work was identified in some detail.

However, the Committee realized that the number of professional psychologists in Canada was too small and the resources of CPA and provincial associations were too limited for the profession to proceed immediately with all of its recommended plans for certification.

Between 1947-50, there was general agreement in CPA and in the Quebec and Ontario provincial associations that legalizing use of the title "psychologist" was a provincial responsibility, and that CPA should develop criteria and procedures for certifying competence as was being done in the U.S. by the recently established American Board of Examiners in Professional Psychology (ABEPP) which certified the competence of psychologists who voluntarily applied in three specialty areas:



Tommy Douglas presenting the first Medicare card to a pensioner

clinical, counseling, and industrial. ABEPP had been initiated by APA but was established as an independent Board.

There are of course more chapters to follow in the story of psychology's attempts at pan-Canadian standards for practice. In 1982, while most provincial organizations agreed to national standards, two did not agree and what was called the "Canada Psychology Act" was abandoned.

The Mutual Recognition Agreement (MRA) was developed in 2001, and revised in 2004, by psychology regulators in response to the requirements of the AIT. The MRA went some way further towards addressing variability in registration requirements across jurisdictions and providing a mechanism to facilitate mobility for psychologists and psychological associates across Canada. However, its impact and import changed with the amendments to Chapter 7 of the AIT.

Although the vision of CPA's founders in 1945 has not yet been fully realized, the work of psychology's regulatory bodies in developing the MRA and, more recently, in response to the amendments of the AIT, attest to the prescience of this vision.

John Conway, born in 1945, is CPA's Historian and Archivist. He has been putting together a Chronicle of the Activities of CPA since its beginnings in 1938 that will be available in early 2011.

Normes nationales pour la pratique de la psychologie : une leçon de notre histoire



John Conway, Ph.D., archiviste de la SCP

En 1945, le premier règlement de la SCP concernait la création d'un Conseil d'agrément. Le Conseil devait établir des normes d'agrément à titre de psychologue et, après l'examen des qualifications des candidats, émettre des certificats de qualification pour les psychologues partout au pays.

Bien entendu, 1945 marquait aussi la fin de la Deuxième Grande Guerre et la fondation des Nations Unies, et l'année où Maurice Richard a compté le plus de buts au cours d'une saison. Neil Young et Mike Harris sont nés en 1945. Un gallon d'essence coûtait environ 15 sous. Les frais d'adhésion à la SCP étaient de 3 \$.

En Saskatchewan, le nouveau gouvernement de Tommy Douglas du parti CCF a présenté la première carte d'assurance-maladie à un retraité.

Avant de rappeler un peu l'histoire de la tentative initiale de la SCP d'établir des normes nationales pour la pratique professionnelle de la psychologie, tout d'abord je vais souligner où nous sommes aujourd'hui sur le plan des normes nationales. Dans une lettre récente à l'Ordre des psychologues de l'Ontario, Karen Cohen décrit la situation d'aujourd'hui :

« ... les exigences d'inscription à titre de psychologue diffèrent entre les 12 organismes réglementaires provinciaux et territoriaux du Canada. Il y a des écarts quant au diplôme requis pour l'inscription (la maîtrise ou le doctorat), aux exigences universitaires (diplôme d'un programme de psychologie avec un diplôme d'études supérieures en psychologie par opposition à l'achèvement de cours particuliers en psychologie aux études supérieures ou des cours équivalents) au titre (psychologue par opposition à associé en psychologie) et, dans

une moindre mesure, à la portée de la pratique (il y a des différences entre les administrations dans les restrictions imposées aux titres et aux activités). »

(http://www.cpa.ca/cpsite/userfiles/Documents/Practice_Page/cpo_ait.pdf)

La plupart d'entre nous serions d'avis sans doute que nous aurions besoin d'une norme et d'un agrément pour tout le pays. Le gouvernement du Canada est aussi de cet avis. Des révisions récentes apportées à l'Accord sur le commerce intérieur (ACI) demandent aux organismes réglementaires des professions de soins de santé au pays de produire une norme et un mécanisme permettant aux travailleurs autorisés à exercer dans une administration, à déménager et à obtenir l'agrément dans une autre administration canadienne. (http://www.cpa.ca/cpsite/userfiles/Documents/Practice_Page/cpo_ait.pdf)

Est-ce que l'histoire de la SCP qui est aux prises avec des problèmes de normes nationales a quelque chose à nous enseigner aujourd'hui? Est-ce que l'ACI représente « un changement dans lequel nous pouvons croire? » Ou, est-ce un autre cas où plus ça change, plus c'est pareil? »

Après la Deuxième Guerre mondiale, la psychologie canadienne se voulait de plus en plus appliquée. Moins qu'aux États-Unis, mais suffisamment pour que C. Roger Myers, qui fut un dirigeant de la SCP pendant de nombreuses années, termine son discours présidentiel en 1950 avec certains mots d'avertissement sans ambiguïté (caractéristique de qui il était) : « Tout autre changement de cap dans la direction des préoccupations d'ordre clinique pourrait justifier la crainte qu'on se retrouve dans un monde à l'envers, où la minorité dicte son vouloir à la majorité. »

La situation semblait être préoccupante en 1949. Une enquête auprès de quelque 600 membres de la SCP de l'époque,

a révélé que plus de 60 % indiquaient leur spécialisation dans le domaine clinique ou personnel ou « en conseil et en orientation »; 36 % étaient titulaires d'une maîtrise et 30 % d'un baccalauréat.

La question de l'agrément a été examinée au départ dans un rapport de E.A. Bott (le premier président de la SCP et le chef de la psychologie à l'Université de Toronto) publié en tant qu'article d'introduction dans le premier numéro de la *Revue canadienne de psychologie* en 1947. Bott a fait état des tendances dans la profession de la psychologie aux États-Unis où un certain nombre d'États suivaient la voie du Connecticut qui avait été le premier à promulguer un règlement définissant le droit d'exercer des psychologues.

Bott en venait à la conclusion que la SCP ne pourrait pas accorder l'agrément à des individus avant qu'il ou elle ou qu'un conseil d'examineurs ait l'autorisation légale pour le faire. Il a recommandé qu'avant de s'embarquer dans l'agrément des individus, plusieurs autres activités étaient souhaitables : tout d'abord, établir des normes de pratique de la psychologie en effectuant des analyses du travail en psychologie appliquée dans les divers emplois, puis étudier le contenu des programmes d'études supérieures dans les universités en psychologie et enfin, d'élaborer un code de pratique.

En 1947 il semblait n'y avoir qu'un seul programme d'études supérieures en psychologie appliquée au Canada (un diplôme de niveau de deuxième cycle en étude de l'enfant à l'Université de Toronto).

À la suite des recommandations de Bott, un Comité d'agrément a remplacé le Conseil. Le premier président du Comité était E.A. Bois qui présidait aussi un comité semblable de l'Association des psychologues de la province de Québec (APPQ).

En 1946, l'APPQ a décidé de préparer une liste des psychologues qui pratiquaient à Montréal, dans le but de fournir cette information au public. Cependant, l'APPQ a réalisé qu'il y avait « des difficultés et des risques » dans l'établissement d'une liste des psychologues « autorisés » comme on le voulait et concluait que des normes définies devaient être établies en premier lieu ainsi que des procédures permettant de déterminer la compétence des praticiens.

Il a été recommandé que la SCP prenne les devants dans la définition des normes de formation et d'expérience pour l'agrément des psychologues et l'établissement des procédures d'examen des compétences et qu'ensuite la SCP fasse la promotion de l'acceptation de ces normes par ses associations provinciales affiliées en Ontario, au Québec et en Colombie-Britannique. Il a été reconnu que les provinces avaient le pouvoir de légaliser le titre de « psychologue » et d'accorder l'agrément aux individus, mais on pensait qu'il était grandement souhaitable que les normes soient équivalentes partout au Canada, tant pour améliorer le prestige de la profession que pour la transférabilité des titres de compétences partout au pays.



Trois niveaux d'agrément ont été recommandés en 1947 : un niveau de psychologue agréé (ayant besoin d'un diplôme de doctorat et de deux années d'expérience), un psychologue associé agréé en psychologie (ayant besoin d'une maîtrise et d'une année d'expérience), et un technicien en psychologie agréé (ayant besoin d'un baccalauréat et de six mois d'expérience). Le travail aux études supérieures appropriées était défini de façon assez détaillée.

Cependant, le Comité s'est rendu compte que le nombre de psychologues professionnels au Canada n'était pas assez élevé et les ressources de la SCP et des associations provinciales étaient beaucoup trop limitées pour que la profession puisse

aller de l'avant immédiatement avec tous les plans recommandés pour l'agrément.

Entre 1947-1950, on s'entendait de façon générale pour que la SCP et que les ordres provinciaux au Québec et en Ontario que la légalisation de l'utilisation du titre « psychologue » était une responsabilité provinciale et que la SCP devrait élaborer des critères et des procédures pour l'agrément des compétences comme il était fait aux États-Unis par l'American Board of Examiners in Professional Psychology (ABEPP) qui venait d'être créé et qui veillait à l'agrément des compétences des psychologues qui faisaient demande volontairement dans trois domaines de spécialisation : clinique, counseling et industriel. L'ABEPP a été mis sur pied par l'APA, mais a été établi comme un conseil indépendant.

Il y a bien entendu d'autres chapitres à suivre dans l'histoire des tentatives de la psychologie pour créer des normes de pratique pancanadiennes. En 1982, alors que la plupart des organisations provinciales convenaient de normes nationales, deux n'étaient pas d'accord et ce qui était appelé « la Loi sur la psychologie au Canada » a été abandonnée.

L'Accord de reconnaissance mutuelle (ARM) a été créé en 2001 et révisé en 2004, par les organismes réglementaires de la psychologie en réponse aux exigences de l'ACI. L'ARM est allé un peu plus loin en se penchant sur la variabilité dans les exigences d'inscription dans toutes les administrations et en fournissant un mécanisme visant à faciliter la mobilité des psychologues et des psychologues associés partout au Canada. Cependant, son impact et son importance ont changé avec les modifications apportées au chapitre 7 de l'ACI.

Même si la vision des fondateurs de la SCP en 1945 ne s'est pas encore entièrement matérialisée, le travail des organismes réglementaires de la psychologie dans l'élaboration de l'ARM et, plus récemment, dans la réponse aux modifications de l'ACI, témoignent du bien-fondé de cette vision.

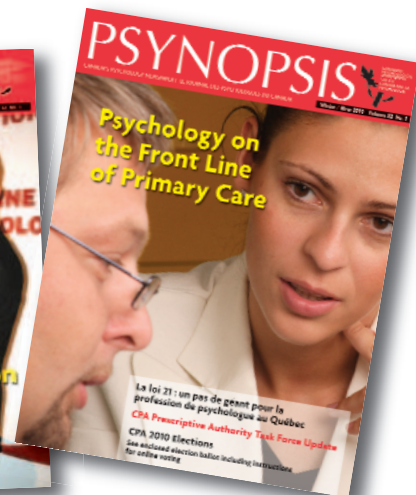
John Conway, né en 1945, est l'historien et l'archiviste de la SCP. Il a rédigé une chronique des activités de la SCP depuis ses débuts en 1938 qui sera publiée au début de 2011.

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