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Message from the Chair

The time is ripe for collaboration

A call for increased cooperation between research and practice

Charlotte Johnston

This edition of the newsletter contains a wealth of information regarding various initiatives of the clinical section—including highlights of the executive midwinter meeting and the outstanding clinical offerings at the upcoming CPA convention in Ottawa. In line with these initiatives, I think that one of the greatest potentials of the clinical section is to provide information and a forum for discussion and action around issues of importance to all clinical psychologists in Canada. Our newsletter, web page (<http://play.psych.mun.ca/~dhart/clinical/>), and annual section meeting all provide venues for such discussions, and can act to facilitate collaborations among members with common interests or goals.

In the spirit of this “match making” potential of the clinical section, I propose that the time is ripe for increased collaborations between clinical research and clinical practice. And our section provides an ideal spring board for such joint endeavours. Perhaps now more than ever, there are numerous and persistent pressures that drive the need for partnerships between research and application in clinical psychology. In clinical settings, phrases such as empirically supported or evidence-based practice, practice guidelines, clinical accountability, and cost effectiveness are increasingly common in statements describing service planning and evaluation. As the movement to empirically supported treatments has highlighted, there is a host of professional, economic, and clinical factors working in concert to urge service providers to base their practices to the greatest extent possible on the best research available. At

the same time, much research on psychological treatments is increasingly criticized for its lack of ecological validity. A clear distinction is being drawn between efficacy evidence (often derived from lab-based, controlled trials with homogenous samples and strict protocols) and effectiveness evidence (treatment effects as demonstrated in clinical settings, with “real” clients). Pressures are mounting from funding agencies, journal reviewers, and from both researchers and practitioners (sometimes embodied in the same person) to increase our knowledge of the real world applicability and utility of psychological treatment techniques. It is this state of affairs that brings me to the conclusion that the time is ripe for those of us engaged primarily in clinical research and those of us engaged primarily in clinical practice to seek each other out. Both sides are “seeking a partner” in the joint enterprise of increasing the research base of clinical practice and the clinical utility of research. To stretch the “matchmaking” analogue to its maximum, what is needed is a wedding of clinical research questions and methods combined with actual clinical clientele in actual service settings to further clinical psychology.

Thus, I encourage each of us to consider seeking out new partners of this sort—and I am hopeful that the clinical section can provide a forum for this matching to occur. We could consider newsletter columns describing the experiences of those who have already “made a match,” web-site listings of hopeful collaborators, and conference discussion sessions as a forum for exploration of shared interests. Comments and other suggestions are always welcome. ❁

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<http://play.psych.mun.ca/~dhart/clinical>

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Executive Meeting summary

The executive of the Section on Clinical Psychology held its annual winter meeting in Calgary, Alberta on January 22, 2000. The following is a summary of some of the issues and initiatives that were discussed.

The Section is integrally involved in program planning for the Canadian Psychological Association's annual convention. Some of the highlights of our planning for the Ottawa conference in June include a keynote address by Phil Kendall on treatment of anxiety disorders children, a pre-convention workshop by Michel Dugas on treatment of generalized anxiety disorder, and a symposium chaired by Keith Dobson titled "Depression across the lifespan: How research informs practice".

The Section executive would like to better meet the interests of our members regarding the convention program. **Please complete the Member Survey printed in this issue**, to give us direction for improvements.

The Section has also been actively engaged in the preparation of brief fact sheets to further educate the public regarding the effectiveness of psychology interventions for common health and mental health problems. At the present time, fact sheets have been prepared on psychological treatments for insomnia, ADHD, generalized anxiety disorder, and social anxiety disorder. Several others are currently being developed. These fact sheets will be placed on the Clinical Section's web site. If you would like to develop a fact sheet in your area of specialty, please contact one of the executive members.

The Section executive also discussed at some length the appropriate use of members' fees. There was some discussion regarding the proportion that should be saved and carried forward each year, the proportion that should be spent, and the priorities for spending (e.g., special projects, convention planning and speaker costs, student award). Those issues will be on the agenda for discussion at the annual general meeting by the membership. If you are unable to attend the meeting in Ottawa, please provide your ideas and comments through email or regular mail to the Section's secretary-treasurer, Dr. D. Dewey. Any suggestions regarding particular initiatives that the section could undertake can be directed to any of the members of the executive.

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A Charter of Professional Rights for psychologists

Psychologists' Association of Alberta

The Charter was initially an idea of the Psychologists' Association of Alberta (PAA) president, George Lucki, who had reviewed a similar document by Alberta physicians in early 1999. A task force including Ceinwen Cumming, Judith James, Diane McConnell, Paul McGaffey, David Merchant, David Thompson, George Lucki and Stephen Carter, was developed. Our task force membership had representatives from private and public (hospital and mental health) practice as well as input from school and university psychologists.

After deciding on major headings for the Charter each task force member wrote a section. The document evolved so significantly that it no longer resembled the physicians' charter and was specifically for psychologists. We tried to make it beneficial to all psychologists without making it too long or too vague. The task force also kept the CPA Code of Ethics and the College of Alberta Psychologists (CAP) Code of Conduct in mind while writing the Charter.

The final stages were to obtain PAA Board approval and to have the charter published. The belief of the board and the task force is that while psychologists have strict guidelines regarding ethical practice, we need to help educate those who work with psychologists to allow us to practice in a safe, efficient and ethical manner.

The document has already been sent to CPA, and it is hoped that many provinces and associations will adopt our work. It is my personal hope that other groups reviewing our work will find it thorough. However, if errors or omissions are noted, I would appreciate hearing about them as we want the best possible document.

*Stephen Carter, Assistant Executive Director
Psychologists' Association of Alberta*

The opinions expressed in this newsletter are strictly those of the author and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.

A Charter of Professional Rights for psychologists

Introduction

This document is a statement of the conditions which psychologists need to achieve the goal of providing their clients the best psychological services possible. It makes the assumption that psychologists are viewed from and evaluated on the basis of their areas of expertise and are otherwise treated with equality and fairness. It also complements the Canadian Code of Ethics for Psychologists (1991) which outlines the responsibilities of psychologists to their clients, society, the psychological profession, and themselves. According to the Code, a client is a person, family, or group (including an organization or community) receiving service from a psychologist.

Adopted by the PAA Board September 18, 1999

Client-Psychologist Relationship

Psychologists recognize that psychological practice is varied and includes clinical, educational, and research activities. Psychologists regard serving the psychological needs of their clients as paramount and at the centre of the client-psychologist relationship. A strong client-psychologist relationship is one based on trust, honesty, confidentiality, and mutual respect. In order to achieve the best client-psychologist relationship, psychologists need the following conditions:

- **provision** for timely access to appropriate, exemplary psychological service for clients
- **funding** which allows for equitable access to psychological services by all clients
- **freedom** to advocate for their clients' psychological needs
- **access** to relevant information from clients and from other health care providers about clients' physical and psychological health, thus enabling the best quality care to be provided
- **authority** to keep information about clients in confidence unless disclosure is

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- required under the mandate of the Canadian Code of Ethics for Psychologists
- **assurance** that data generated in their work environments will not be compiled, sold, or otherwise used in a manner compromising their privacy or that of their clients, except as authorized by law
 - **freedom** to provide or refuse service to a client or to continue or discontinue a professional relationship.

Ethical Professional Practice

Psychologists practice their profession in the service of their clients and society and collaborate with other providers of psychological service to this end. In order to discharge their professional responsibilities, psychologists need the following conditions:

- **freedom** to practice psychology in full accordance with professional and personal values, within the bounds of the Canadian Code of Ethics for Psychologists
- **authority** to work in compliance with the Canadian Code of Ethics for Psychologists in their work environments
- **regulation** by self-governing, professional psychological bodies
- **freedom** to practice psychology to the full extent of their competency, subject to licensure
- **freedom** to inform clients of all appropriate options relevant to their care and to have clinical autonomy in recommending care
- **authority** to choose and implement the best and most appropriate psychological assessments and interventions consistent with their clients' needs and preferences
- **time** and opportunity for adequate career maintenance, professional development, and collegial activities.

Fairness

Like all persons, psychologists deserve fair treatment in matters concerning their individual and collective interests. Therefore, during training and in practice, psychologists need the following conditions:

- **freedom** to work and act in a spirit of respect for self and others
- **respect** procedurally with regard to policy, legal, contractual, administrative, and disciplinary decision-making concerning themselves

- **access** into psychological training and delivery systems on the basis of professionally acceptable standards
- **provision** for professional input into development and delivery of psychological services
- **assurance** that psychologists will be appointed to professional staffs on the basis of required professional credentials, competence, and performance
- **remuneration** which is reasonable over the full spectrum of professional services, including administration, teaching, research and committee work
- **provision** for reasonable consideration and compensation when facilities and programs are discontinued, reduced, or transferred
- **compliance** by those employing psychologists with regard to the Canadian Code of Ethics and Code of Conduct for psychologists.

Quality of Life

Psychologists are committed to balancing professional demands with their need for quality of life and personal health maintenance. Therefore, psychologists need the following conditions:

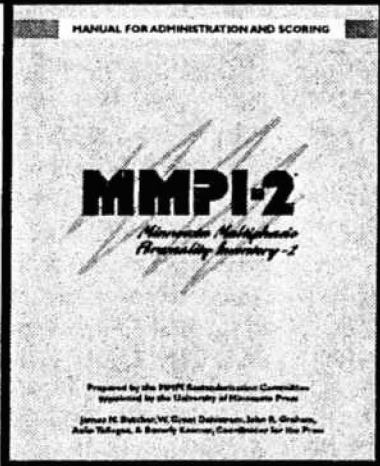
- **freedom** from harassment, discrimination, intimidation, or violence while in training and throughout their professional career
- **access** to appropriate resources for dealing with personal or professional problems that affect how they function in their work as psychologists
- **freedom** from reprisal when they report in good faith unsafe or unethical practices and conditions bearing on client or personal welfare
- **access** to information needed to safeguard their personal health and safety, while respecting client confidentiality
- **power** to have input into processes which will ensure personal health and safety in the work place
- **scheduling** in the provision of psychological services and psychologist training that balances both their ability to provide quality care and their need to have time for personal life and health
- **provision** for adequate and affordable psychological liability protection.

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The Classic Standard

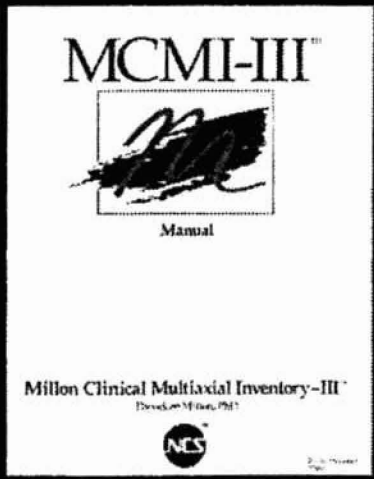
in contemporary settings

MMPI-2



The Minnesota Multiphasic Personality Inventory-2™ (MMPI-2) is an empirically based test of adult psychopathology. The MMPI-2™ is designed to assess the major symptoms and signs of social and personal maladjustment commonly indicative of disabling psychological dysfunction. The MMPI-2™ is used by clinicians in hospitals, clinics, counselling programs, and private practice to assist with diagnosis of mental disorders and the selection of an appropriate treatment method.

MCMII-III



The Millon Clinical Multiaxial Inventory-III™ (MCMII-III™) is a self-report instrument designed to assess DSM-IV™-related personality disorders and clinical syndromes coordinated with Millon's theory of personality. A significant revision of the MCMII-II, this instrument incorporates new items, a new weighting system, and new scales to provide insight into 14 personality disorders and 10 clinical syndromes.



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The importance of maintaining sexual boundaries with ex-clients

A review and commentary*

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**We are concerned
about the revised
code proposal
because it continues
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possibility that
sexual relationships
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Abstract

The importance of maintaining sexual boundaries in a therapeutic relationship is enshrined in the ethical codes of all mental health professions. Less is said about post-termination sexual relationships, however, and what is said focuses largely on the possible harmful consequences to the ex-client should his or her former therapist decide such a relationship should be pursued. While this is a critical issue, we emphasize the need to limit post-termination sexual relationships because of the potential harmful consequences for current and prospective clients should their therapist see any possibility of establishing a post-termination sexual relationship with them. The positions of CPA and APA on this issue are presented, along with critical commentary and considerations for practice.

The Importance of Maintaining Sexual Boundaries with Ex-Clients: A Review and Commentary

Maintaining sexual boundaries with clients should not be a particularly thorny issue. There is an abundance of evidence available in ethics texts (e.g., Keith-Spiegel & Koocher, 1985) and accumulated professional experience (e.g., Gabbard, 1994; Smith & Fitzpatrick, 1995) of the harm or potential harm to clients caused by violations of sexual boundaries.

Why, then, should there be dissension within the professional community over the propriety of sexual relationships with former clients? Our goal is to explore this issue by briefly reviewing inconsistencies between the proposed revisions of the CPA and APA ethical codes and the implications of sex with former clients for our work with current or prospective clients.

The CPA and APA ethical codes

The Canadian Psychological Association's *Code of Ethics for Psychologists* (1991) states that psychologists should be acutely aware of the power relationship in therapy and, therefore, not encourage or engage in sexual intimacy with clients during therapy or for that period of time following therapy during which the power relationship could reasonably be expected to influence the client's personal decision-making. The companion *Practice Guidelines for Providers of Psychological Services* (CPA, 1989) similarly state that sexual relationships with clients are prohibited because they constitute a particular type of dual relationship that could impair professional judgment or increase the risk of client exploitation.

The proposed revisions to the CPA code (CPA, 2000) offer some minor enhancements but do not include any substantial departures from the earlier position. The revised code proposal reiterates the original code's wording about minimizing harm and avoiding conflict of interest by prohibiting sexual relationships with clients. It also contains a new point extending these concerns to students or trainees with whom the psychologist has an evaluative or other relationship of direct authority. A second minor change recognizes the inappropriateness of **encouraging** sexual intimacies with students or research participants, presumably to ensure these individuals have the same level of protection from sexual exploitation as do therapy clients.

Despite these enhancements, we are concerned about the revised code proposal because it continues to leave open the possibil-

ity that sexual relationships with former clients may be seen as acceptable under some circumstances. As we elaborate later, there may be some unintended deleterious effects for psychologists, clients, the public, and the profession as a whole from such a permissive stance.

Historically, the American Psychological Association has also prohibited sexual activity with current clients, but has allowed sex with former clients if certain conditions could be met. In its *Ethical Principles and Code of Conduct* (1992), APA provided detailed guidelines about how and when sexual relationships with former clients may be permissible. It stated that psychologists were not to engage in sexual intimacies with a former client for at least two years following termination of professional services, and even following the two-year interval, psychologists interested in pursuing such a relationship bore the burden of demonstrating that there had been no exploitation of the client arising from the development of a post-termination sexual relationship.

In the proposed revision to its *Ethical Principles and Code of Conduct*, APA has sought to change its position on this issue and is considering a ban on post-termination sexual relationships with clients. In an APA Monitor article (Martin, 1999), it was announced that APA's Ethics Code Task Force is proposing a "perpetuity rule" that would prohibit sexual relationships with former clients regardless of how much time had elapsed since their last visit. According to Martin, the draft of the proposed standard simply states that "psychologists do not engage in sexual intimacies with their former therapy patients or clients."

Martin (1999) notes several reasons why the APA standard has been strengthened in the proposed revision, including (a) increased clarity in addressing the inherent power imbalance in therapy, (b) recognition that this imbalance is not erased with termination, (c) possible harm that could arise from a likely waiver of privilege and confidentiality should a post-termination complaint arise, (d) concern that a time-limited ban could interfere with ongoing therapy or resumption of therapy following termination, and (e) awareness that the American Psychiatric Association's total prohibition on post-termination sexual relationships, shared by the

Canadian Psychiatric Association (Blackshaw & Patterson, 1992; Mellor, 1980), might lead the public to feel that psychiatrists place a higher value on protecting clients' interests and well-being than do psychologists.

Our position is generally consistent with the APA proposal that there are many good reasons to prohibit post-termination sexual relationships. What we are particularly concerned about is how any possibility of post-termination sexual relationships may deleteriously affect ongoing therapeutic relationships as well as the future professional functioning of some psychologists (cf. Martin, 1999).

The possibility of clients as future sexual partners

If the public is to be well-served, the recipients of professional psychological services must be able to trust that their best interests are the sole motivating factor in their therapists' interactions with them. Most psychologists would support this position, and would not advocate anything that could act to erode public confidence in their profession or deter the public's use of needed services (cf. APA, 1992).

By allowing for the possibility of post-termination sexual relationships, however, our profession may be sending mixed messages both to the public and to our members. On one hand, we hold our ethics code as sacrosanct, but on the other hand we tolerate enough vagueness and subjectivity in wording to allow possible violations of one of the cardinal rules of psychological practice.

To put it simply, if there is any possibility that the person sitting across from them in their office may become a sexual partner at some point, is there not a corresponding possibility that psychologists' perceptions, judgment, and behaviour may be altered in ways that do not work to the client's benefit? Moreover, even if the risk of this is small, are the possible consequences of this not so undesirable that they outweigh any of the possible "benefits" to the client of having sex with their ex-therapist?

Our concern in posing these questions is that the possibility of post-termination sexual relationships may lead to a variety of subtle shifts in practice, such as longer or more frequent sessions, increased self-disclosure,

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Ultimately, the best protection for the public occurs when psychologists have a clear sense of professional boundaries and act scrupulously to maintain them.

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unnecessary discussion of sexual or relationship issues not central to the client's presenting problems, or other effects acting to stretch the boundaries of the therapeutic relationship (cf. Epstein & Simon, 1990).

In each of these examples, it is clear that needs other than the client's may be influencing the therapeutic process. By failing to address how these breaches of public trust may be inadvertently fostered by the lack of explicit sanctions against post-termination sexual relationships, our association may be offering less than complete protection to the public despite its best intentions.

Possible safeguards for clients and psychologists

Ultimately, the best protection for the public occurs when psychologists have a clear sense of professional boundaries and act scrupulously to maintain them. These boundaries may exist by virtue of the psychologist's character (cf. Jordan & Meara, 1990; Meara, Schmidt, & Day, 1996), their professional socialization, or because of professional codes of conduct and the threat of sanctions should they be violated.

In cases where work with current clients is affected because of situational or characterological problems faced by the psychologist, it is ethically mandatory that the psychologist take responsibility for these problems by seeking the advice of colleagues or supervisors or perhaps considering entry into his or her own personal therapy. These solutions may also require the psychologist to prepare for and eventually transfer any clients whose current treatment may be deleteriously affected (Keith-Spiegel and Koocher, 1985).

In other cases, it may not be characterological problems that influence a psychologist's perceptions of his or her current clients so much as the lack of explicit sanctions against any posttermination sexual relationship with them. In this potentially more common type of harmful situation, changes to the education and training of psychologists may be required, along with considerations for modifying ethical practice codes and guidelines to enhance the "once a client, always a client" perspective.

In line with this, perhaps the single best way to ensure that the temptation of a posttermination sexual relationship does not contaminate psychologists' ongoing work with

current clients is to socialize them to accept that their clients are "off limits" as sexual partners both during therapy and following termination. This message would have to become part of graduate training programs and internships and be both taught and modeled by trainers and supervisors if not codified by professional associations and regulatory bodies.

Some may argue, quite convincingly, that this would be a difficult if not impossible standard to maintain, and that a possible relationship between two informed and consenting adults is not something that professional associations and regulatory bodies should have the authority to limit (cf. Gabbard, 1994; Lazarus, 1999). Our view is that it is appropriate to hold psychologists to the highest standards of behaviour in order to maintain the public's trust and respect for our profession and its contributions to human welfare. It is not clear to us how the public interest is served when psychologists may, at least under some circumstances, develop sexual relationships with people they have treated. It also does not seem like an exceptional burden to ask psychologists to look to places other than their past caseload for sexual partners. As Gabbard (1994) has rather forcefully stated, a lack of prohibition on post-termination sexual relationships might allow some psychologists to "turn a practice into something resembling a dating service" (p. 331).

Given the concerns outlined above, it does not seem unreasonable to consider modifying our current ethical practice codes to increase protection of the public, bring our standards in line with those of the medical profession, and minimize the possibility of contaminating professional functioning through unintentionally permissive wording.

References

- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47*, 1597-1611.
- Blackshaw, S.L., & Patterson, G.R. (1992). *The prevention of sexual exploitation of patients: educational issues* [Online]. Available: <http://cpa.medical.org/cpa/public2/papers/position.papers/exploit.html>.
- Canadian Psychological Association. (1989). *Practice guidelines for providers of*

psychological services. Ottawa: Author.

Canadian Psychological Association. (1991). *Code of ethics for psychologists*. Ottawa: Author.

Canadian Psychological Association. (2000). *Request for feedback regarding the proposed revisions to the Canadian Code of Ethics for Psychologists* [On-line]. Available: <http://www.cpa.ca/ethics2000.html>

Epstein, R.S., & Simon, R.I. (1990). The exploitation index: An early warning indicator of boundary violations in psychotherapy. *Bulletin of the Menninger Clinic*, 54, 450-465.

Gabbard, G. O. (1994). Reconsidering the American Psychological Association's policy on sex with former patients: Is it justifiable? *Professional Psychology*, 25, 329-335.

Jordan, A.E., & Meara, N.M. (1990). Ethics and the professional practice of psychologists. *Professional Psychology*, 21, 107-114.

Keith-Spiegel, P., & Koocher, G.P. (1985). *Ethics in psychology: Professional standards and cases*. New York: McGraw-Hill.

Lazarus, A.A. (1999). Letters: "A revised code of ethics...". *APA Monitor Online* [On-line serial], 30 (11), 3-4. Available: <http://www.apa.org/monitor/dec99/letters.html>.

Martin, S. (1999). Revision of ethics code calls for stronger former client sex rule. *APA Monitor Online* [On-line serial], (7), 1-4. Available: <http://www.apa.org/monitor/julaug99/asl.html>.

Meara, N.M., Schmidt, L.D., & Day, J.D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist*, 24, 4-77.

Mellor, C. (1980). The Canadian Medical Association code of ethics annotated for psychiatrists: The position of the Canadian Psychiatric Association. *Canadian Journal of Psychiatry*, 25, 432-437.

Smith, D., & Fitzpatrick, M. (1995). Patient-therapist boundary issues: An integrative review of theory and research. *Professional Psychology*, 26, 499-506. ❀

Please pass your newsletter on to non-section members and encourage them to join. People can join the section at any time of the year through:

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1-888-472-0657.

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Work Environments

Psychologists play a vital role in work environments that encompass research, private practice, school, health, business and industry. In order to preserve and promote quality within work environments, psychologists need the following conditions:

- **involvement** in work environment reform and policy planning
- **consultation** regarding issues related to service delivery, payment, funding, and terms and conditions of work
- **assurance** that changes to work environments will respect psychologists' liberty to have choices
- **assurance** that members of differing work environments respect the client-psychologist relationship, continuity of care, and the clients' freedom in the choice of a psychologist
- **freedom** to associate for collective bargaining where applicable
- **representation** formally in negotiations on issues of work environment reform, service delivery, payment, funding and terms and conditions of work
- **resources** and funding for psychological services to be negotiated by provincial psychology associations and allocation directly to psychologists
- **resources** sufficient to allow for the efficient, effective, and professional delivery and management of psychological care under reasonable and humane working conditions. ❀

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Finally, one of the upcoming projects the executive is interested in pursuing is the development of a national template for a psychologists' charter of rights. As brief background, the Psychologists Association of Alberta has created a document, the Charter of Rights, that communicates essential needs of psychologists in order to provide quality service to clients. As this project moves forward, we will be asking for feedback from psychologists across Canada to assess its applicability and utility in different regions.

Your Section executive continues to work behind the scenes to advance clinical psychology in Canada. Your support and ideas are always welcome. ❀

A Special Thank You

Convention program submissions for review by the Clinical Section were up 50% from 1999. The Section extends its sincere appreciation to the following members for their time and valuable input reviewing the submissions:

- Dr. Jane Bow
- Dr. Tim Osachuk
- Dr. Bruce Tefft
- Dr. Mike Teschuk

In addition the section thanks Dr. R. McIlwraith for joining Dr. L. Graff in reviewing the student paper submissions.

Internet Resources for Clinical Psychologists, Part II

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Part I of this article [*Canadian Clinical Psychologist*, 10 (1)] looked at the Internet as a clinical tool. Part II will examine the potential of the Internet to assist in research with a specific focus on the pros and cons of online data collection.

Finding Scholarly Information

Most researchers make use of online access for searching Medline, PsychInfo or other scholarly databases. Choice of the web-based versus text-based services is a matter of personal preference. Since the last article, I have tried to find a site offering free, unrestricted access to PsychInfo but must admit to being unsuccessful. Searching this database from home or office will require a subscription or library privileges at a university or college. There seem to be fewer restrictions placed on access to Medline.

One of the advantages of the "information superhighway" is that the boundaries of literature searching have been expanded beyond the limitations of Medline/PsychInfo searching. There are numerous other databases now available via the user-friendly web. For example, there is the Cochrane Database of Systemic Reviews which is a collection of meta-analyses and comprehensive reviews on health care interventions. A similar database is Best Evidence, an index of scientifically rigorous outcome studies with expert commentary on the value of each study for clinical practice. Both of these databases are available through most online university library networks. For those in the addiction field, ETOH (etoh.niaaa.nih.gov) is a bibliographic database maintained by the U.S. National Institute of Alcohol Abuse and Alcoholism which is specific to articles on alcohol abuse and treatment.

In addition to peer-reviewed journal articles, the web can also be helpful in finding other sorts of useful information. For example, it is easy to obtain government documents

over the Internet. Both the NIH (www.nih.gov/health) and Health Canada (www.hc-c.gc.ca/english/research.htm) web sites provide listings of most of their publicly available documents such as research monographs, government reports, research updates and other publications. Many reports can be downloaded directly from the web. You can get the first-ever Surgeon-General Report on Mental Health at www.surgeongeneral.gov/library/mentalhealth/home.html.

Finally, if you are ready to publish your own research, the Internet provides quick access to the instructions to authors for most psychology journals. The Psych Web site provides an excellent list of journals on the web with direct links to each journal's publisher (see www.psychwww.com/resource/journals.htm). Check out the same site for a list of resources on APA style.

Statistical Information on the Web

There are more than a hundred web sites offering statistical advice and even online calculation of popular statistical tests. All one needs to do is input the means, standard deviations, counts, etc. into an interactive set of pages and the program will instantly do the analysis you request and give you the results in a matter of seconds (useful if you can't afford, or don't have access to SPSS). The AmoebaWeb site (www.sccu.edu/programs/academic/psych/webstatistics.html) is a good starting point with many links to other statistical sites. Online power analysis for calculating sample size needs is also available from a number of different sites. One maintained by the Mississippi State University Music (yes, music!) Department at www.msstate.edu/dept/musiced/daniel/poweranalysis.html contains a great list of web sites dedicated to power analysis. A power calculator is available at www.stat.ucla.edu/~jbond/HTMLPOWER/index.html.

There are more than
a hundred web sites
offering statistical
advice and even
online calculation of
popular statistical
tests.

Research Grants

All of the major granting agencies have web sites with detailed information on their funding programs including, in many cases, the actual applications ready for downloading. Unfortunately, electronic submission of grant applications is still not available. Most sites will also publish the results of recent funding competitions, a helpful feature for getting an idea of the kind of research being supported by a particular agency. The NIH site has its own search engine CRISP (*commons.cit.nih.gov/crisp/owa/CRISP.Generate_Ticket*) which allows the user to search current and previously funded projects and training awards by investigator name, topic or other key words. The Internet can be a useful tool for finding smaller funding agencies, both private and government supported, that are potential sources of research dollars. Most universities provide a list of external granting agencies on their web site. My old alma mater Dalhousie University has a good list (*www.dal.ca/~research/*) and so does McMaster (*www.mcmaster.ca/ors/funding*).

As our own health research funding infrastructure changes from MRC/SSHRC to the new Canadian Institutes of Health Research (CIHR), it is nice to get the updates over the Internet (see *www.mrc.gc.ca/cihr-icrs/cihr.html*). Research institutes that function "without walls" such as the CIHR somehow seem more real when given a home on the Internet.

Recruiting Subjects on the Web

Web-based subject recruitment is a new trend. Researchers can place notices on consumer-oriented web sites, or within 'newsgroups' and 'listservers' in order to advertise research studies. This form of recruitment is really no different from using consumer groups' newsletters to solicit subjects. Assuming you have permission of the group or agency, and the notices are not misleading in any way or obscure the objective of the web site or newsgroup, Internet recruitment is generally sanctioned. The same ethical principles that bind conventional subject recruitment apply to Internet recruitment. Some researchers have taken it upon themselves to propose specific guidelines for conducting Internet research (Childress & Asamen, 1998; Michalak & Szabo, 1998). Because these guidelines have not been adopted by any psychological association they are best viewed as sound advice on the topic.

For example, one recommendation is that the recruitment of subjects for mental health interventions be restricted to the investigator's immediate geographic location to avoid any legal/jurisdictional issues associated with cross-border research. Furthermore, investigators should always provide a physical address and telephone number in addition to an e-mail address for subjects to respond or contact the investigator for further information.

Conducting Research Studies Online

The latest Internet phenomenon is conducting research studies online. Michalak (1997) administered a web-based questionnaire to study symptoms of seasonal affective disorder (SAD) to a sample of 425 internet users across 35 countries. Szabo, Frenkl, and Caputo (1997) examined addiction to running using a similar methodology. Both of these studies demonstrated the potential of the Internet for conducting survey research on the web. Foremost, there is the low cost and ease of administration. A questionnaire can be easily constructed for the web, which can then be accessed by literally thousands of users within a fraction of the time that a traditional mail out questionnaire can take. A web-based study could attract subjects who would not normally participate in a mail-out survey. Moreover, the return of the information is virtually instantaneous, and can easily be downloaded into a database or statistical program without any hand keypunching required. In addition to surveys, computer programming advances have made it possible to conduct and even design learning experiments involving facial recognition, memory tasks, etc., on an interactive web site (Murray, 1998). The Internet is also being looked at as a tool for delivering and evaluating psychoeducational types of interventions (Childress & Asamen, 1998). It is thought that the anonymity afforded by the web medium will ultimately attract more participants than traditional face-to-face or even telephone interventions.

Despite the advantages, there are many ethical and scientific concerns associated with conducting this form of research. One major concern is the security of the information being transferred electronically. Researchers should take steps to ensure any data is properly encrypted to prevent unauthorized access by computer "hackers." In addition, there are

Continued on page 12 "Internet Resources"

"Internet Resources" continued from page 11

There are many ethical and scientific concerns associated with conducting research on the Internet.

copyright issues to contend with when researchers plan to put published instruments on the web. Another concern is how to obtain proper informed consent, and ensuring the opportunity to debrief participants if necessary. Although written information about the study purpose, risks, etc. can easily be provided over the web, there should still be the opportunity for potential subjects to ask the investigator questions directly via a telephone contact or interactive e-mail.

A large segment of the Internet population is composed of teenagers and older children. With this expanding consumer group comes the potential to recruit large numbers of young subjects into research studies without having to contend with the red tape involved in going through the school system. However, there is a concern that such an approach would constitute exploitation of a vulnerable population. Certainly, one would take steps to verify that parental consent has been obtained in an informed and ethical manner. Nevertheless, researchers need to prepare for all contingencies (e.g., disclosure of child abuse) when working with a vulnerable population in a largely anonymous format.

In addition to ethical concerns, the scientific validity of Internet-collected data may be questionable. Any information obtained via the Web is subject to the same standards of validity and reliability as conventional survey data. Michalak and Szabo (1998) recommend that researchers confirm that a web-based questionnaire is comparable to the same items administered in a paper and pencil format (i.e., conduct an alternative forms reliability check). Even if this can be established, there is no way to control the circumstances or environment in which a study instrument is completed over the Internet. A large number of users log on during off-peak hours when the availability of phone-in circuits is greater and rates are sometimes lower. A questionnaire on depression may elicit quite different responses from a subject who fills it out at 2:00 a.m. compared to 10:00 a.m. One would also need some basic verification that the respondent is from the intended population of subjects.

The geographic reach of the Internet provides both advantages and disadvantages for online research. While it is possible to recruit subjects from diverse, even interna-

tional, geographic regions, investigators need to consider the impact of such heterogeneity on the validity of the results. For example, the Internet is predominantly an English service, but the Web is accessed by a large sector of the population for whom English is a second language. Verifying competency in English becomes more of a challenge in cyberspace.

Although the percentage of the population surfing the web is growing every day, it is safe to say that an Internet-recruited sample would not generalize to all persons. Internet users are not representative of the entire socioeconomic spectrum, and persons who volunteer to complete an online survey or participate in an Internet intervention may reflect an even smaller segment of the population. The impact on a study's ecological validity will depend largely on the topic of the research. A study on 'Internet addiction' may not be affected, whereas a primary prevention program for depression among single mothers would be certainly. As with all research, investigators need to acknowledge the limitations of their sample and conclusions derived from the research.

Final Thoughts

There is no doubt that the Internet has expanded the boundaries of research for those who feel comfortable with the technology. Furthermore, the speed, ease, and coverage of the web medium will likely attract more psychologists to consider online data collection. Nevertheless, I imagine most clinical researchers will continue to conduct their studies "the old fashioned way," and probably with good reason. As noted above, there is still a large segment of the population who do not have the financial resources to access the Internet and many of these individuals are the focal group for mental health interventions. I will end by mentioning an interesting study by Bier et al. (1996) that demonstrated the potential of the Internet to serve as an intervention on its own. The investigators provided low-income families with free computers and a subscription to an Internet service. They found self-esteem and confidence increased among family members. Many participants reported greater self-efficacy in being able to find relevant health information with the web. Though not a controlled trial, this simple study suggests the Internet can have an influence on persons who are generally

considered at risk for mental health problems like depression. However, it may also suggest that as more and more human activities (e.g., banking, shopping, communication) get transferred to an Internet format there is potential for persons who are not connected to feel left out and become marginalized even further. Exploring the social impact of the Internet and the role that clinical psychology will play in this evolving technology will certainly be a fertile topic of future research.

References

- Bier, M. C., Sherblom, S. A., & Gallo, M. A. (1996). Ethical issues in a study of Internet use: Uncertainty, responsibility, and the spirit of research relationships. *Ethics and Behavior*, 6, 141-151.
- Childress, C. A., & Asamen, J. K. (1998). The emerging relationship of psychology and the Internet: proposed guidelines for conducting internet intervention research. *Ethics & Behavior*, 8, 19-35.
- Michalak, E. E. (1997). The use of the internet as a research tool: The nature and characteristics of seasonal affective disorder (SAD) amongst a population of users. *Interacting with Computers*, 9, 349-365.
- Michalak, E. E. & Szabo, A. (1998). Guidelines for Internet Research: An Update. *European Psychologist*, 3, 70-75.
- Murry, B. (1998, November). New tool makes online research easier for students. *APA Monitor*, p. 1.
- Szabo, A., Frenkl, R., & Caputo, A. (1997). Relationships between addiction to running, commitment to running and deprivation from running: A study on the internet. *European Yearbook of Sport Psychology*, 1, 130-147. ♣

The Canadian Clinical Psychologist welcomes letters from its readers. Please direct correspondence to the editor:
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Pre-Convention Workshop

Teaching Psychological Skills to Children

Joseph M. Strayhorn, M.D., Wexford, PA

Sponsored by: CPA Section on Psychologists in Education

Dr. Joe Strayhorn is a leading thinker in the field of child psychiatry and psychology. He is especially renowned for his innovative ideas about teaching psychological skills to children. In this workshop he will instruct other professionals in the methods he uses to train children in mental fitness activities. Dr. Strayhorn will cover the definition of skills; the "skills by method" matrix; the use of contingent reinforcement systems; core exercises; a "ranks and challenges system"; time factors (the case for sustained effort over time); and more. This workshop should be especially interesting to clinical psychologists working with children and to educational and school psychologists.

Outline of workshop

- 1) What is meant by psychological skills? The "skills axis."
- 2) How are these skills imparted? The "methods of influence axis."
- 3) Using psychological skill-based contingent reinforcement systems.
- 4) Core exercises for psychological skills: constructing a

mental fitness workout for the child. Using stories that model psychological skills, the 11-thought exercise, the two person problem solving exercise, the reflections exercise, fantasy rehearsals, the concentrate-rate-and-concentrate exercise, and others.

- 5) Using a "ranks and challenges" system with children in promoting these exercises
- 6) Time factors in psychological skills instruction: the case for sustained effort over time.
- 7) Tailoring exercises for preschool children and adults.
- 8) Varieties of arrangements for psychological skills training: office-based private practice, telephone sessions, training in classrooms, and others.

Enrollment limited to 75 people.

Fees

- CPA/OPA Student Affiliates
\$60.00 + \$4.20 (GST) = \$64.20
- CPA/OPA Members
\$80.00 + \$5.60 (GST) = \$85.60
- CPA/OPA Non-Members
\$100.00 + \$7.00 (GST) = \$107.00

Workshop fee includes a coffee break.

The Clinical Section of the Canadian Psychological Association is pleased to present a full day workshop with: **Michel Dugas, Ph. D., Concordia University**

Generalized Anxiety Disorder: Differential Diagnosis and Cognitive Behavioral Treatment

When: Wednesday, June 28, 2000
8:30 am–5:00 pm
Where: Westin Ottawa Ottawa, ON.
Fees: CPA/OPA Student Affiliates \$74.90
CPA/OPA Members \$149.80
Nonmembers \$176.55
(Lunch and coffee provided; all prices include GST)
Deadline: Register by May 8

For more information and to register, write:
Canadian Psychological Association
151 Slater St., Suite 205
Ottawa ON K1P 5H3
Or phone
613-237-2144 ext.23 or 1-888-472-0657

Dr. Dugas is an assistant professor, Department of Psychology, at Concordia University, and holds a cross appointment at the Anxiety Disorders Clinic of Sacre-Coeur Hospital in

Montreal. He has conducted clinical research on the symptoms and processes of generalized anxiety disorder (GAD) for the past decade. His research has led to the development of a new cognitivebehavioral treatment for GAD. He has published 27 articles/book chapters and presented 90 conference papers on worry and GAD.

This workshop will present key issues in the diagnosis and treatment of generalized anxiety disorder, including reliable differential diagnosis from other anxiety disorders, a new cognitive model of GAD, and the cognitivebehavioral treatment which is derived from it. The workshop will use clinical vignettes and role play to illustrate treatment strategies and applications. Each participant will receive a copy of the treatment manual.

Come to the CPA convention June 29–July 1 in Ottawa!

Brochure: The Clinical Psychologist in Canada

This brochure provides information on the nature of Clinical Psychology, the training required to become a Clinical Psychologist, and the types of services and activities Clinical Psychologists provide (e.g., service provision, research, and teaching).

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Submissions invited

The Canadian Clinical Psychologist/Psychologue Clinicien Canadien invites submissions from Section members and others. Brief articles, conference or symposia overviews, and opinion pieces, are all welcome. The thoughts and views of contributors belong strictly to the author(s), and do not necessarily reflect the position of either the Section, the Canadian Psychological Association, or any of its officers or directors. Please send your submission, in English or French, directly to the editor, preferably either on disk or via e-mail attachment. The newsletter is published twice a year. Submission deadlines are as follows: September 15 (October issue), and March 15 (April issue).

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Convention 2000 Clinical Section Schedule

THURSDAY JUNE 29	FRIDAY JUNE 30	SATURDAY JULY 1
<p>11 AM Poster session A - Clinical Theory Review - Approaches to Narrative Family Therapy (D Zayed)</p> <p>Theory Review - Approches Statistiques (C. Fortin)</p>	<p>8 AM Conversation Session - Training Issues in Empirically Supported Treatments (J. Hunsley)</p>	<p>8 AM *Clinical Section Business Meeting</p>
<p>11:30 AM Theory Review - A Hermeneutic Discussion of Psychotherapy (D. Danto)</p> <p>Theory Review - Dimensionality vs. Typology (N. Kocovsky)</p>	<p>10 AM Symposium - Scientist-Practitioner Approach to Autism (J. Dunn Geier et al.)</p> <p>*Symposium - Treating Depression Across the Lifespan (K. Dobson et al.)</p>	<p>9 AM *Conversation Session - Achieving a Good Match: The Internship Selection Process</p>
<p>12 Noon Symposium - Controversies in Trauma (W. Koch et al.)</p>	<p>12 Noon Workshop - Assessment and Diagnosis of Autism Spectrum Disorders in Preschoolers (A. Perry)</p> <p>Conversation Session - Equal But Not Equivalent: Differences Between Same-Sex and Opposite-Sex Relationships (R. Paterson)</p>	<p>11 AM *Workshop - Developing Core Skills for Cognitive-Behavioral Interventions with Adults (J. Hunsley)</p>
<p>1 PM Poster Session B - Clinical and Health</p> <p>*Theory Review - Co-morbidity of Developmental Disorders (D. Dewey)</p>		<p>1:30 PM Symposium - A Symposium on Grief (S. Fleining)</p>
<p>2 PM *CPA Invited Speaker - Phillip Kendall</p>	<p>2 PM *Workshop - Assessment and Treatment of Perfectionism (P. Hewitt)</p> <p>*Workshop - Empirically Informed Consultation to Divorcing Parents Concerning the Effects on their Children (C. Lee)</p> <p>Conversation Session - Programmatic Research on Psychotherapy for Interpersonal Trauma (S. Paivio et al.)</p> <p>Conversation Session - Have we Trained our Graduate Students for the Present Job Market (R. Steinberg)</p>	
<p>3 PM Symposium - The Next Millennium of Depression Research (D. Dozois et al.)</p> <p>Symposium - Eating Disorders Research in a Clinical Setting (J. Wood et al.)</p> <p>* = section sponsored</p>	<p>3 PM Conversation Session - Cyber-Psychotherapy: Appraising the Coming of a New Era (S. Bouchard et al.)</p> <p>Conversation Session - APA Accreditation & Diversity in Canadian Clinical Programs (M. Bowman)</p> <p>* = section sponsored</p>	<p>3 PM Theory Review - The Role of Meaning in Life (M. Heisel)</p> <p>* = section sponsored</p>

Highlighting our Fellows

The criteria for fellowship are outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology, including service to professional organizations and leadership on clinical issues.



Patrick McGrath

Patrick McGrath

Dr. McGrath was educated at the Universities of Ottawa, Saskatchewan, and Queen's. He is currently professor of psychology at Dalhousie University. Until last year he was coordinator of the clinical psychology training program at Dalhousie, and was instrumental in the development and accreditation of this program. This year he will assume the scientist-practitioner board seat for CPA. Dr. McGrath has received numerous awards for his work in clinical psychology. Recently he was awarded a Distinguished Scientist Award from MRC and a research award from IVVIK Grace Health Centre for outstanding contributions to research. He has published over 130 scientific articles and chapters. In addition, he has made numerous contributions to the practice of clinical psychology. He is a registered psychologist in Nova Scotia, has conducted many workshops on the application of his research on pain, and has produced two widely used and translated books on pediatric pain for parents.

Janice Howes (photo not available)

Dr. Howes was educated at Dalhousie Univer-

sity and the University of Western Ontario. She is currently in the Department of Psychology at the Queen Elizabeth 11 Health Sciences Centre and also holds an assistant professor appointment in the Department of Psychiatry and an adjunct professorship in the Department of Psychology at Dalhousie University. She is actively involved in the provision of clinical service, the teaching and supervision of interns and residents, and clinical research. One of her research interests is Post-Traumatic Stress Disorder. She has published several articles and presented numerous workshops in this area. She has a particular talent for translating the research in this area into timely and useful applications - including briefing medical staff for service in Kosovo and coordinating psychological services in response to the Swissair Flight 111 disaster. She has served CPA in a number of capacities, including sitting on the editorial committee of *Canadian Psychology* and as past-chair of the clinical section.

Fellows of the Clinical Section of CPA

Harvey Brooker, John Conway, Ken Craig, Keith Dobson, Anna Beth Doyle, John Goodman, David S. Hart, Charles Hayes, Janice Howes, Michael King, Andree Liddell, Patrick McGrath, Sam Mikail, Jean Pettifor, Susan Pisterman, Pierre Ritchie, Robert Robinson, John Service, Richard Steffy, Janet Stoppard, Allan Wilson

Upcoming Conferences Workshops of Interest

June 28–July 1, 2000

61st Annual Convention of the Canadian Psychological Association
Ottawa, Ontario

May 17–20, 2000

"Teaching Research Ethics," seventh annual workshop

Bloomington, Ind. Session topics will include an overview of ethical theory; responsible data management; using animal or human subjects in clinical and non-clinical research. Contact: Kenneth D. Pimple: pimple@indiana.edu; web site: www.indiana.edu/~poynter/index.html

May 23–24, 2000

"Assessing the impact of childhood interventions on subsequent drug abuse."

Washington, D.C. A NIDA/NIMH conference to develop research on the impact of mental health treatments for

childhood psychopathologies on later risk for drug abuse. Contact: Mildred Prioleau: mprioleau@MAC1988.com

June 9–13, 2000

"Developing Local Systems of care for children and adolescents with emotional disturbances and their families: Improving policy and practice."

New Orleans. In-depth, practical information on how to develop, organize and operate coordinated, community-based, family-focused, culturally competent systems of care for children and their families and how to provide effective clinical interventions and supports within them. Contact: National Technical Assistance Centre for Children's Mental Health at Georgetown University(202) 687-5000.

August 4–8, 2000

APA Annual Convention

Washington, D.C. www.apa.org