



# Canadian Clinical Psychologist

Vol. 4, No. 1

Newsletter of the Clinical Section of the Canadian Psychological Association

Editor David S. Hart

## MESSAGE FROM THE CHAIR

Let me take this opportunity to update you on the activities of the Section on Clinical Psychology over the past few months. We were pleased with the Clinical Section involvement in the 1993 CPA Convention in Montreal, and hope that you had an opportunity to attend at least some of the many activities. One highlight was the invited address by Dr. William Marshall entitled "Issues in the assessment and treatment of sex offenders". As well, the Conversation Hour on the Definition of Clinical Psychology was very useful and gave us an opportunity to explain the revisions we had made to this document and how we anticipate using it.

I am pleased to announce that the Definition and Brochure were approved at the Annual Business Meeting by the membership of the Clinical Section. Subsequently, the CPA Board of Directors approved both documents, so they are now official documents of the Section and the Association, and can be used publicly. The Board was impressed by the Clinical Section's broad consultation strategy during the revision of these documents. Thanks go to Dr. Michael Vallis, a Past Chair of the Section who was instrumental in preparing these documents, for all his hard work. I would also like to thank all the members of the Section who took the time to review earlier drafts of these documents and provide helpful feedback. At the present time, we are arranging for printing of these documents, which we intend to use for educational and advocacy purposes.

Also at the Annual Business Meeting, a motion was passed to support the National Conference on Applied Psychology currently being planned for the Spring of 1994 by Dr. Keith Dobson and Dr. Michael King. We approved an allotment of \$1,000, which reflects our belief that it is crucial for the Section on Clinical Psychology to be represented and involved in this Conference, which will focus on applied and professional issues.

We welcome three new Fellows of the Section on Clinical Psychology: Dr. Keith Dobson, Dr. André Liddell, and Dr. Robert Robinson. All have made significant contributions to clinical psychology in Canada and deserve our recognition. Congratulations also to the 1993 Student Award winner, Ms. Constantine Giannopoulos from Concordia University.

We are now in the process of conducting a membership survey, which is being directed to those individuals who did not renew their membership in the Section and those individuals who may have been erroneously deleted by CPA Central Office due to difficulties with the computerized membership list. We are

hoping to identify reasons why previous members may have chosen to discontinue their membership. This information should help us represent Clinical Psychologists more effectively across Canada. We are also looking at ways to increase the role of students in the Section and have decreased their annual membership fee from \$10 to \$5.

Despite the sun (rain?) and warm weather, it is now time to actively plan for the 1994 Convention in Penticton, B.C. We have co-nominated an invited speaker (i.e., Dr. James Garbarino, who would speak on violence in the family and children experiencing trauma) with the Developmental and Family Sections to the Convention Committee. We are also exploring the possibility of co-sponsoring a pre-convention workshop with the Canadian Council of Professional Psychology Programs (CCPPP). A range of topics are being considered and we invite your suggestions. I hope that you will take the time to submit papers and symposia to the 1994 Convention.

In the near future, we will be calling for nominations for the Chair Elect and Secretary-Treasurer positions on the Executive Council. Please consider whether you would like to become involved in the Executive at this time. Also, I and the other members of the Executive are very interested in any ideas you have for tasks/roles that the Section can take on, and readily welcome your input. We encourage members to become more involved in the Section.

Janice L. Howes, Ph.D.  
Chair, Section on Clinical Psychology.

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## NETWORKING

### LETTER FROM KENYA - THE SEQUEL

Gloria Eldridge, Jackson State University

Almost 2 years ago, I wrote my first "Letter from Kenya" for this newsletter - a description of the role of a psychologist in a CIDA-funded project to improve management of sexually transmitted diseases (STDs) in Kenya. David Hart asked that I write sequel to that letter. It's hard to know where to start (and undoubtedly will be hard to know when to stop), but since David asked for a letter and not a book I'll try to keep this brief.

I'll start with a bit of background. Contrary to popular belief, STDs aren't just a bit of a nuisance, a bit disreputable, an occasion for embarrassment. In both the development and the developing world, STDs cause pain and suffering, infertility, stillbirths, birth defects, blindness and respiratory infections in newborns - and make it up to twenty times more likely that an HIV-exposure will lead to an HIV-infection. STDs are serious in any country, but doubly so in developing countries where public understanding of STDs is minimal and where diagnosis and treatment are, more often than not, unavailable.

That's the point of the CIDA project: to increase public awareness of the health risks and symptoms of STDs and to improve diagnosis and treatment of STDs in primary care health centres. And hopefully to slow down the rate of HIV infection. It's difficult to describe the impact which HIV is beginning to have in Kenya. After years of Minimizing the problem, the Government of Kenya recently released estimates of HIV prevalence - over 800,000 people infected in a population of 25,000,000. And that figure is probably conservative. In our project clinics in low income areas of Nairobi, between 12 and 15% of pregnant women presenting for antenatal care are HIV-positive. (And about 40% of their babies will be infected.)

Given the enormous difficulty in changing sexual behaviour or increasing the acceptability and use of condoms, control of STDs remains one of the few possibilities for slowing down the rate of HIV infection. But STD control raises its own difficulties - severe shortages of drugs and supplies, untrained health care workers, stigmatization of patients with STDs, few resources for public education about STDs, taboos about discussions of sex, poverty and lack of power for women.

I'll focus on the aspect of STD treatment which is of greatest interest to psychology - STD counselling. It's almost impossible to pick up a paper on STD management that doesn't end with the sentence "counselling is an integral part of STD management" or "counselling is essential for management and prevention of STDs." That may well be true, particularly in the developed world where resources exist for trained counsellors to educate, promote medication compliance, support efforts at risk behaviour change, and assist in partner notification - all essential elements of STD counselling.

But what is the state of STD counselling in Kenya and other developing countries? The need for counselling may be greater than in the developed world because of the lack of resources for education and treatment, but the resources for counselling are even more minimal. I'll use Nairobi as an example. In primary care health centres in Nairobi, the "average" clinical interview for an STD patient lasts 10 minutes. (And that is a marked and recent increase - in 1991, the

duration of the average clinical interview for patients at the STD referral clinic was 90 seconds.) In 10 minutes, the clinician must take a history, do a physical examination, diagnose, prescribe - and then find time for counselling! In the developed world, we would probably say several sessions. However, the reality in Nairobi is that staff at the primary care health centres have at most 5 hours of training in STD counselling and it's unusual that a patient returns for a follow-up interview.

What about other resources for counselling? What about hospitals, private clinics, private counsellors, social workers, community agencies, religious associations, self-help groups? Public hospitals are overburdened with patients and underburdened with resources. Staff are burnt out and untrained for counselling. Private clinics and counsellors are beyond the means of all but a tiny minority of patients. Social workers are stretched even thinner than they are in Canada, as are community organizations. Religious associations often provide excellent counselling, as do self-help organizations, but counselling is generally directed at people with AIDS, rather than the "run-of-the-mill" STDs and all counselling services are being submerged in the sheer volume of people with HIV-infection and their families. The reality for virtually all STD patients is that if they get any counselling at all, it will be one brief session in a primary care health centre.

STD counsellors in Kenya, untrained and overburdened, face counselling dilemmas which would lead trained counsellors in Canada to seek another line of work. How would you counsel a young pregnant woman with syphilis whose co-wife refuses treatment? What would you say to a young woman whose only means of feeding her four children is prostitution - and who realizes acutely that her life is in jeopardy? How would you deal with the factory worker in Nairobi with a wife in Kirinyaga, several girlfriends in Nairobi, and the third chancroid infection in several months? What about the truck driver with HIV who doesn't know the names of his partners along the Mombasa-Kisumu Highway? What about his pregnant wife at home? Or the homeless 14-year-old boy with syphilis and gonorrhoea? These are the everyday counselling dilemmas faced by health care workers. How would any of us with our years of training handle those situations - in 10 minutes, one time only?

Compared to what counsellors "in the trenches" face every day, my job is easy. I just have to train them to counsel effectively under those circumstances. I often hear people say, "That's impossible; you can't call that counselling; you can't help patients that way; you're just fooling yourself; you should try to change the primary care system rather than accommodate to it." To a large extent, that's probably true. Counselling in primary care health centres in Kenya is not counselling as we would describe it in Canada. Undoubtedly, 10 minutes are unlikely to change a patient's life. And certainly, changing the primary care health system is important. but in the mean time, there is a long queue of patients with STDs at our clinics every morning; there are clinicians who feel unprepared and beleaguered by the responsibilities they face; and the resources in the health and social services systems erode daily (nibbled away by AIDS, drought, government corruption, and the devalued shilling). So, what do you do? Accept that you've got 10 minutes and train health workers to be the best "10

*LETTER FROM KENYA CONTINUED*

minute counsellors" around? That's what we're doing so far. I'll let you know in a couple of years how it works out. Kwa herini from Kenya.

**ETHICAL ISSUES FROM TRAUMA WORK**

A number of us in the CPA Special Interest Group on Trauma and Disaster are organizing a conversation hour on ethical issues arising from our work in the area. Issues that have arisen include:

- (a) Conflict between record keeping as required by registering bodies and the practice in critical incident debriefing (CISD) of informing participants that no records are kept.
- (b) When performing "psychological first aid" during disaster or a major critical incident, the volume of people needing immediate attention and the fact that much of this work occurs on the scene often precludes adequate record keeping. What are the ramifications of these practices in terms of regulator bodies?
- (c) What are the legal and ethical responsibilities for professionals providing volunteer services in the community when they are part of a critical incident stress management team offering services on a volunteer basis?

For example, what is the extent of their responsibility for the peer members of the team?

These are just some of the issues that are being raised as psychologists become more involved in providing services in the disaster and trauma field. I am sure there are other questions that people have thought about or encountered during their work that needs to be addressed. Please take a few minutes to jot down your issue. We would particularly appreciate brief descriptions of situations that cause the ethical quandary. Send your ethical vignette, dilemma, or issue to:

Lois Rosine, Ph.D.  
Department of Psychology  
Bath Institution  
Box 1500  
Bath, Ontario K0H 1G0

and we will develop a set of quandaries for discussion. The conversation hour can be very informative and may lay the groundwork for developing guidelines to avoid potential legal and ethical difficulties.

Please send your responses as soon as possible as I will need time to prepare a summary for our programme proposal for submission in November. Your contribution will be much appreciated.

**PEOPLE****1993 FELLOWSHIP AWARDS**

Three of our colleagues were made Fellows of the clinical section in recognition of their outstanding contributions to clinical psychology. Brief citations are presented to convey an impression of why they deserved the honour.

**Dr. Keith S. Dobson** was awarded Fellow Status at the recent Convention in Montreal in recognition of his contribution to the training and education of clinical psychologists and to the profession of Psychology. After completing his undergraduate studies, Dr. Dobson completed his M.A. and Ph.D. in Clinical Psychology at the University of Western Ontario. He was a faculty member at the University of British Columbia for several years, and is now Co-Chair of the Clinical Psychology Program at the University of Calgary, Calgary, Alberta. He is active in clinical training, education, and research. Dr. Dobson has been involved in provincial and national Psychology associations. In the past he was President of the British Columbia Psychological Association. At the present time, he is Co-Chair of the planned National Conference on Applied/Professional Psychology, and President of the Canadian Psychological Association. He was instrumental in the formation of the Section on Clinical Psychology and was the Section's first Chair. He has many published papers and several books to his credit, principally concerning his work on depression and cognitive therapy. We are pleased to recognize Dr. Dobson's outstanding contribution to clinical psychology and wish him well in his year as President of CPA.

**Dr. Andrée Liddell**. While completing her Bachelor's degree in Psychology at Queen's University, Andrée Liddell was invited to be a guide at the Canadian pavilion at the World Fair in Brussels. She then decided on a 2-year stint to complete a Masters degree in the U.K. which turned out to be a 24 year stay. During this time she completed her M.Phil. and Ph.D. degrees in clinical psychology at the University of London. She went North to do her in-service training with the Newcastle Regional Health Authority. She was employed at the West Cumberland Hospital in Whitehaven Cumbria, then Runwell, Essex before completing postgraduate training in behavioural psychotherapy with Dr. Vic Meyer at the Middlesex Hospital, at the Academic Department of Psychiatry and Medical School. She has subsequently been employed in academic settings, taking leadership positions in clinical psychology. She inaugurated the Clin. Psych. program at the North East London Polytechnic (now the East London University). She returned to Canada in 1982 to join Memorial University of Newfoundland, where she is currently a full professor, and Director of the Clinical Psychology programme as well as the University clinic.

Her research interests centre on anxiety-based disorders, particularly OCD, agoraphobia, and dental anxiety. She has published widely in leading behavioural psychotherapy journals and has published two books: *Methods of Changing Behaviour*, Longman, 1987, and *The Practice of Clinical Psychology in Great Britain*, Wiley, 1983.

### 1993 Fellowship Awards continued

Dr. Liddell has also made significant contributions in the Psychology associations in both Britain and Canada, in the accreditation of Clinical Psychology training programmes, being chair of the CPA Accreditation panel in 1989. She was awarded the fellowships of the BPS (British Psychological Society) and the CPA in 1981 and 1991 respectively.

**Dr. Robert W. Robinson** was awarded Fellow Status in the Clinical Section at the recent Convention in Montreal in recognition of his contribution to the profession of Psychology and in particular, Child Clinical Psychology. Dr. Robinson completed his Bachelor's Degree at Rutgers University and then completed his M.A. and Ph.D. in Clinical Psychology at Temple University. He was Chief Psychologist at the Kitchener-Waterloo Hospital in the 1970's and is currently Director of Psychology, Alberta Children's Hospital, Calgary, Alberta. He is actively involved in health planning on a local and provincial level. In addition to his contribution to clinical service, he has been committed to the training of psychologists. He has served as the Chair of the Accreditation Panel of CPA and is an active site visitor for both the Canadian and American Psychological Associations. He is also an Adjunct Associate Professor at the University of Calgary. We are pleased to recognize Dr. Robinson's valuable contribution to Clinical Psychology in Canada.

### AN HONOURED MEMBER

**Joseph Byrne**, long-time member of our Clinical Section, was made a Fellow of the Association of Psychologists of Nova Scotia in recognition of his contribution to the association and to psychology in Nova Scotia. Joe is also busy at the national level: as a member of the Board of CPA he has been appointed Chair of Sections, a position which makes him a member of the CPA Executive Committee. He also earns high regard for his work in the Psychology Department of the Iszaak Walton Killam Hospital for Children in Halifax. Congratulations Joel

### 1993 STUDENT RESEARCH AWARD

**Constantina Giannopoulos**, Concordia University

A highlight of the annual business meeting was the presenta-

tion of the Student Research Award. Our Chair, Rhona Steinberg awarded the prize, a certificate with an accompanying cheque for \$100 to Constantina (Dina) Giannopoulos. This is the second occasion that the award has been made. We are indebted to Sophie Vamvakidis, a colleague and friend of Ms Giannopoulos', for the following biography.

Dina Giannopoulos, a native Montrealer, is presently working towards a PhD in Clinical Psychology at Concordia University. Her research focusses on examining the relationship between dietary restraint, or chronic dieting, and thought suppression, self-consciousness, and body self-esteem. She obtained her Master's degree in 1990 at Concordia, and her thesis was entitled "Response styles to sadness are related to sex and sex-role orientation." Presently she is in the process of completing her pre-doctoral internship at the Allen Memorial Institute. Her plans for the fall ('93) are to complete her dissertation and defend. Her future plans? Well, she will probably do a post-doc and eventually "do it all"; research, teach, and clinical work.

*Summary of the award-winning paper presented as a poster at CPA 1993.*

### Dietary Restraint is related to Self-Consciousness, Self-Body-Esteem, and Possible Selves.

Constantina Giannopoulos and Michael Conway, Concordia University

The study we presented at CPA examined potentially important variables related to dietary restraint (dieting in an attempt to achieve or maintain a desired weight): body-esteem, self-esteem, private and public self-consciousness, and possible selves. Undergraduates (n=403) completed a packet of questionnaires assessing the above variables. Analyses controlling for actual percent overweight were conducted on subjects who were less than 10% above ideal weight and those who were over 10% of their ideal weight. For both groups, dietary restraint was associated with more public and private self-consciousness, less body-esteem and self-esteem, and with an overweight possible self. The results suggest that both overweight and nonoverweight restrainers are sensitive to how others view them and to their inner thoughts and feelings, fear an overweight possible self, and view their bodies and self-worth negatively.

## EVENTS

### CLINICAL SECTION AT CPA 1993

The Clinical Section's nominee, Dr. W.L. Marshall, was one of the two Invited Speakers at CPA Montreal. His address "The value of assessing and treating sex offenders" was a great success. The large hall was packed to hear his carefully developed argument the sex offenders can be treated with significant effect, but that governments are failing to support and extend the program. Bill presented impressive evidence for his argument and expressed his case with appropriately strong feeling. A good talk about fine work which was well received by the large audience. Canadian psychology is enhanced by being able to count Bill as one of us.

The section sponsored symposia and a pre-convention workshop. These, together with the many posters reporting current research and clinical developments made the trip to CPA Montreal valuable professionally as well as socially.

### INVITED SPEAKER 1994 CPA.

The Clinical Section collaborated with the Developmental section and the Family Section to arrange a nomination for one of the two CPA Invited Speakers for our 1994 Convention in Penticton. You will appreciate that one do not just decide to invite someone. Much consultation occurs, not the least of

**INVITED SPEAKER 1994 CPA. CONTINUED**

which is that with the person who is to be proposed - and who may subsequently fail to be selected. Collaboration with other sections makes good sense because we thereby avoid competition between several good nominees and increase the likelihood that there will be an invited speaker of high interest to members of the clinical section. For various reasons this work should be done in July and August, so you can see that section work occasionally calls for extreme self-sacrifice. The result has the promise of being exceptionally rewarding. In the next issue we will report further.

**PRE-CONVENTION WORKSHOPS**

The pre-convention workshop is an excellent way to learn something new or to refresh your knowledge. You can simply hope that someone will offer the workshop you need or want, or you can act to make your dreams come true. Send suggestions to David S. Hart, Psychology Department, Memorial University, St. John's, NF, A1B 3X9 (email: dhart@play.psych.mun.ca) (fax: 709-737-2430). The Clinical Section will endeavour to seek experts to present workshops that suit the interests of our members, but we need to know what you perceive those needs to be. So tell me!

**ANNOUNCEMENTS****PENTICTON FOR 1994 CPA CONVENTION**

Time and place will be unconventional for 1994 CPA Convention. June 30 to 2 July will enable some of us to bring family members to enjoy the beautiful BC interior. Penticton has long been a place where British Columbians have gone for holidays; it is small as an urban place, but big as a resort for relaxation. Several of us have spoken of sailing, others plan to golf, and then there are those who will lay on the beach. Oh yes.

If the 1993 programme is any indication, there will be much to offer the clinical psychologist hungry for stimulation and bits of useful information. So begin your plans now for Canada Day at CPA.

**DISASTER & TRAUMA SPECIAL INTEREST GROUP**

The Disaster & Trauma Special Interest Group was founded at the 1993 CPA Convention. The core group of founding members are members of the Canadian Trauma Response Network, most of whom are clinical psychologists who work with trauma victims, do research on the effects of trauma, or do "critical incident stress management". We had in effect participated in the 1993 program through the Clinical Section by (1) organizing a really fine symposium: "Children's Reactions to severely traumatic events: Implications for treatment." Sandra Rafman (Universite de Quebec a Montreal and Montreal Children's Hospital) and Stan Whitsett (Alberta Children's Hospital, Calgary) drew upon their rich experience and that of their colleagues Joyce Canfield, Jose Barbas, and David G. Hart to organise and present this symposium. (2) David G. Hart hosted a conversation hour to discuss issues arising from his many experiences directing CISD for victims of Hurricane Iniki in Hawaii last fall. (3) David G. Hart conducted a pre-convention CISD workshop. Our SIG conversation hour got through the necessary business speedily and proceeded to hear several short presentations intended as discussion pieces. Lois Rosine spoke about her work with correctional workers, Margaret Kiely reflected on the Montreal massacre of 1990, and Judith Black discussed issues that had emerged from her experiences training people for CISD.

In next year's program we plan to have a Conversation Hour on ethical issues arising from working with traumatised clients. Lois Rosine is organising this. She is seeking vignettes to use as foci for discussion. See the appeal elsewhere in this issue!

If you are interested in the Disaster & Trauma Special Interest Group, be sure to record that support when you

complete your CPA Membership Renewal. The only cost is what CPA may charge for processing - no dues!

**ACCREDITED PRE-DOCTORAL INTERNSHIPS  
IN CLINICAL PSYCHOLOGY 1994-1995**

The Psychology Department at Camp Hill Medical Centre invites applications for Pre-Doctoral Internships in Clinical Psychology. Our Program is fully accredited by the Canadian and American Psychological Associations and we offer two full-time internship positions from September 1, 1994 to August 31, 1995.

Camp Hill Medical Centre is a 700-bed adult teaching hospital affiliated with Dalhousie University. A broad range of psychological services are provided to general medicine, geriatric medicine, and psychiatry. Interns select three, four-month rotations from the following: Geriatrics; Health Psychology I, Health Psychology II; Neuropsychology; and Psychiatry. Opportunities are available for work with inpatients or outpatients, team consultation, multidisciplinary team involvement, psychotherapy, health promotion, adjustment to chronic illness, assessment and research.

Applications should include a detailed curriculum vitae, a statement of interest and goals, and the names of three references. Applications should also include a letter from the University Director of Clinical Training supporting the application for Internship. Applications should be received by December 30, 1993, although late applications will be considered. A brochure describing the Internship Program is available upon request.

Our Internship Program is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centres (APPIC) and we follow the APPIC notification and acceptance procedures.

Correspondence should be directed to:

Dr. T.M. Vallis  
Director, Internship Program  
Psychology Department  
Camp Hill Medical Centre  
1763 Robie Street  
Halifax, NS, Canada  
B3H 3G2  
Telephone No: 902-496-2509

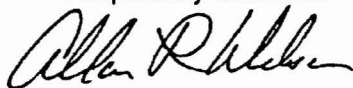
## Financial Report

### CANADIAN PSYCHOLOGICAL ASSOCIATION Section 26 (Clinical Psychology) FINANCIAL STATEMENT JUNE 1992 TO MAY 1993

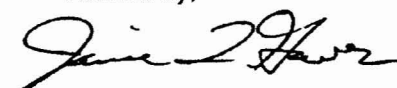
**BUDGET**

<u>5500.00</u>	<u>INCOME:</u> Membership Dues (To May 1993)	5539.00
	<u>EXPENSES:</u>	
1500.00	Canadian Clinical Psychologist	1636.01
780.00	Telephone and FAX	401.99
2200.00	Winter Executive Meeting	737.99
800.00	Brochure	NIL
325.00	Awards	250.0
100.00	Convention Costs for AGM	NIL
100.00	Miscellaneous Expenses	<u>304.28</u>
<u>5805.00</u>		<u>3330.27</u>
	Excess Income Over Expenses	2208.73
	Balance Forwarded From June 1992	<u>6347.55</u>
	<u>Balance On Deposit May 28, 1993</u>	<u>8556.28</u>

Respectfully Submitted


Allan R. Wilson, Ph.D.  
Secretary-Treasurer

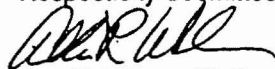
Audited By,


Janice L. Howes, Ph.D.  
Chair-Elect

### CANADIAN PSYCHOLOGICAL ASSOCIATION Section 26 (Clinical Psychology) REVISED BUDGET (1993 - 1994)

<u>INCOME:</u>		
Balance Forwarded (May 28, 1993)		8556.28
Estimated Membership Dues (1994)		<u>4700.00</u>
		13256.28
<u>EXPENSES</u>		
Canadian Clinical Psychologist	1600.00	
Telephone and FAX	800.00	
Winter Executive Meeting	2500.00	
Printing of Brochure	1000.00	
Student Award	250.00	
Co-sponsorship of Conference on Applied Psychology	1000.00	
Professional Development Fund	1000.00	
Miscellaneous Expenses	<u>100.00</u>	
	<u>8250.00</u>	<u>8250.00</u>
<u>Estimated Assets (as of June 1994)</u>		<u>5006.28</u>

Respectfully Submitted,


Allan R. Wilson, Ph.D.  
Secretary-Treasurer

## CLINICAL SECTION BUSINESS

### AN EXCITING NEW BY-LAW

At our 1993 AGM, a new by-law was approved. In addition to satisfying an understandable Canadian desire for successful constitutional amendment, the new by law should serve to ensure openness in section governance. CPA nomination procedures are a marvel of balance and compromise wondrous to behold. Just the thing with which to unwind after a hard week in the clinic. Thus you probably already know but are about to have repeated, that nominations for candidates for Designated CPA Board seats (Practitioner and Scientist-Practitioner) must be made by the Sections. This does not mean, as it might seem to mean to those of us disadvantaged constitution-law-wise, that individual members can not make such nominations. Oh no! they can - you can, but you must make those particular nominations to a section executive who then forward the nominations to the Sub-Committee on Designated Board Seats. You may wonder why this extra step and effort. Not a make-work project, it represents provision of some direction of CPA affairs to replace the loss of seats on the Board occasioned by the massive reorganization which we had several years ago. Think of it as empowerment. The Section has some power; individual members have some power; how does this get integrated? CPA By-Law IX provides that: "The Sections shall establish their own procedures for the consideration of nominations received from their members for Designated Board Seats." Here they are! Simple isn't it?

#### New Section By-Law: Article VIII, Section C

Procedures governing Executive procedure for consideration of nominations to CPA Board for Designated Director positions (Practitioner and Scientist-Practitioner) as required by CPA By-Law IX.A.iii.

1. The clinical section executive shall function as a nomination committee for the purpose of fulfilling the section's obligations set forth in CPA By-Law IX.A.iii.

2. The CPA Elections Committee call for nominations will be given advertisement in the clinical section newsletter in accordance with CPA Elections by-laws.

3. Each nomination received by the executive before the advertised deadline shall be forwarded to the CPA Nominations Committee, provided that it meets the requirements of having been made by a member of CPA, and that the nominee is a CPA member who qualifies as a Practitioner or Scientist-Practitioner as defined by the CPA Nominations Committee, and who has verified willingness to be so nominated.

4. Whether or not nominations are received for a Designated Position, the section executive may submit a nomination of its own.

5. The Chair of the clinical section shall not nominate nor endorse a nomination for the Designated Board positions.

### CALL FOR NOMINATIONS OF OFFICERS OF CLINICAL SECTION (1994-95)

One of the most obvious and meaningful ways you can show your support for the Clinical Section is to participate in the election process. For 1994-95 the Section requires nominations for the position of the Chair-elect (a three year term, rotating through Chair and Past-Chair) and Secretary-Treasurer (a two-year position). Continuing members of the executive will be Janice Howes (Past-Chair), Sam Mikail (Past-Chair), and David S. Hart (Member at Large). Although there is no requirement for the following, the Section does support equitable geographical representation and gender balance on the executive.

Nominations shall include (a) a statement from the candidate indicating his/her willingness to stand for office, and (b) a letter of nomination signed by at least two Members or Fellows of the Section. Deadline for receipt of nominations is 15 April, 1994.

Send nominations for the Executive to:

Rhona Steinberg, Ph.D.  
Elections Chair, Section on Clinical Psychology  
Counselling Service  
Simon Fraser University  
Burnaby, BC V5A 1S6

### CALL FOR NOMINATIONS - SECTION FELLOWS

In accordance with the by-laws for CPA sections, The Clinical Section calls for nominations from its members for Fellows in Clinical Psychology. Criteria for fellowship are outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology. Some examples are: (1) Creation and documentation of innovative programs; (2) service to professional organisations at national, provincial, or local level; (3) Leadership on clinical issues that relate to broad social issues; (4) service outside one's own place of work; (5) Clinical supervision should be equated with research supervision.

In order for nominees to be considered for Fellow status by the executive council, nominations must be endorsed by at least three members or Fellows of the Section, and supportive evidence of the nominee's contribution to clinical psychology must accompany the nomination.

Nominations should be forwarded to:

Dr. Sam Mikail  
Chair, Fellows and Awards  
Department of Psychology  
The Rehabilitation Centre  
505 Smyth Road  
Ottawa, K1H 8M2

## NEWSLETTER SCHEDULE

The CANADIAN CLINICAL PSYCHOLOGIST will circulate three times per year: August, November, and March (or late February).

### CLINICAL SECTION ( 26 ) EXECUTIVE OFFICERS 1993-94

#### Chair

Janice Howes  
Psychology Department  
Camp Hill Medical Centre  
Halifax, NS B3H 3G2  
Tel 902-496-2509  
Fax 902-496-4873

#### Chair Elect

Sam Mikail  
Psychology Department  
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The Editor invites submissions from members. Articles about your work, statements of your views on professional topics, comments on issues relevant to colleagues, accounts of new developments, we encourage them all. We are also eager for news about our members and for announcements of workshops, conferences, and so on, which are of more than strictly local interest.

Let's Network.

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