



# Canadian Clinical Psychologist

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## MESSAGE FROM THE CHAIR

### Janice Howes

I look forward to seeing you at the Annual CPA Convention in Penticton. The Convention promises to be interesting and exciting for Section Members. I have been informed that the weather is lovely in the Summer and there are many activities scheduled at the Convention for Families and children.

We are pleased to announce that the Pre-Convention Workshop entitled "Addressing the Cross-Cultural Challenge and Psychologists' Need for Cross-Cultural Competency", arranged in collaboration with the Canadian Council of Professional Psychology Programs (CCPPP), the Counselling Section of CPA, and our Section, will go ahead as planned. If you have not yet registered for this Workshop and are interested in attending, please contact the CPA Central Office as we have room for more participants. As well, the Conversation Hour focusing on Entry Level Requirements for Independent Practice should prove stimulating. Participants include Dr. R. McIlwraith, president, CCPPP, Dr. S. Mikail, Chair-Elect of our Section, Dr. J. Service, Executive Director of CPA, and Dr. L. Walker, Chair of the Counselling Section. The training in Canada, Post-Doctoral specialty training and designation, rural and urban practice issues, and basic entry requirements.

I also look forward to seeing you at the Annual Business Meeting on Friday, July 1, 1994. At that time, we will be presenting the Student Award and the Section Fellows Awards, in addition to an agenda full of important issues.

Again this year the calls for nominations for the two open positions on the Executive Council for 1994/95 were successful. Dr. Deborah Dobson will be joining the Executive as Secretary Treasurer, and Dr. Alan Wilson will become Chair-Elect.

Dr. Sam Mikail, our current Chair-Elect, attended the Mississauga Conference on Professional Psychology, and has provided his views about the Conference in this issue of our Newsletter. Several recommendations from this Conference focusing on Funding, training, and advocacy issues involve the Section's participation. This is something that we will be discussing at the upcoming Annual Business Meeting and future Executive council meetings.

If you are interested in ordering copies of the Clinical Psychology Brochure, which was circulated with the last mail-out of our Newsletter, please contact me or Dr. Alan Wilson. We have now sent a copy of the Brochure to CCPPP representatives, CPAP delegates, and Federal Members of Parliament.

I appreciate your comments and suggestions concerning the activities and tasks of the Section, and would like to encourage you to continue to provide suggestions to us. We are especially interested in your thoughts and ideas about new projects.

In closing, I would like to take this opportunity to say that I have enjoyed the activities and challenges of the Clinical Section during my year as Chair, and look forward to continuing to be active on the Executive as Past-Chair.

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## MISSISSAUGA CONFERENCE ON PROFESSIONAL PSYCHOLOGY

### Introductory comments - Editor.

*The Mississauga Conference on Professional Psychology is an exceptional event. To have had the meetings in late March and disseminate a useful report early in May is a remarkable achievement, particularly when the dynamic duo of Dobson and King probably came close to pledging their souls to get the needed support. Reports from participants that filtered my way indicated that the intense experience was valuable and productive. The Approved Principles and Action Plans which is presented in this issue precedes the publication of the full conference report which, Keith assures me, will be published early in the fall. The three participants' commentaries are presented first so that you, gentle reader, will get the flavour of the affair that produced all those proposals for re-directing the course of professional psychology in Canada. Join the controversy. The winds of change blow from Mississauga.*

### Participants' Commentaries

#### Musings on Mississauga...

**Juanita Mureika, Department of Health & Community Services, Fredericton.**

Like many members of CPA, I watched with interest as plans for the National Professional Psychology Conference took shape over the past few years. As a student, I had been fascinated by discussions of such landmark conferences as Boulder and Vail in the U.S., and Opinkon I and II in Canada. So it was with great pleasure and an unabashed sense of awe that I responded to my invitation to attend the Mississauga Conference in March, 1994.

I became active in professional psychology when I was first elected president-elect of the College of Psychologists of New Brunswick, and at the same time became a CPAP delegate, in 1989. Shortly afterwards, I got a call from Pierre Ritchie enlisting our province's help in the GST campaign. I had no idea what to do, but with Pierre's guidance we did what was needed, and I was hopelessly bitten by the advocacy bug as a result. What a thrill to realize you can make a difference! So for me, to be selected to be a member of the advocacy group at the Mississauga Conference was not only a privilege but a great opportunity!

The setting for the conference, the Glen Erin Inn, was appropriately sophisticated and private to create an ambience of importance to the work we were there to do. And although the schedule was gruelling, there was time to visit with old friends and make new ones from among the thirty-three people in attendance. The Advocacy group seemed, from the outset, to be cohesive, forward-thinking, and energetic. Pierre Ritchie, our facilitator and Michael Gemar, our recorder, set the pace for a congenial but very work-intensive two days. The regular interjection of plenary sessions into the series of small group workshops was very helpful in developing

a sense of balance and compatibility among the three groups in the direction they were proposing to take psychology in the future. By the end of the three days, I had no doubt the principles and action plans developed by the participants at the Mississauga Conference would serve to promote and improve the profession of psychology both for the public and for the practitioners.

Two thoughts stand out when I think about the Mississauga Conference. First was how very professionally organized and run this conference was. The technological excellence afforded by the use of computers, laser printers and overheads at every step of way was most impressive. Never have I been to a conference where print-outs of working documents were available after each working session, and overheads available so that ideas presented to the plenary groups were easily understood by all and the large group sessions really could become dynamic and interactive. This is surely a model that should be adopted for other working conferences.

My second thought relates to the decisions that were reached, and the fact that for each of them, there already existed a group within the psychology structure in Canada whose mandate would be consistent with activating the plan. It is a tribute to those who have been steering the course of professional psychology in Canada that they have foreseen the need for this infrastructure and developed it so that now, when the action plans for the future are conceived, it is reasonable to expect that implementation can take place readily.

It was my pleasure and privilege to be a part of the Mississauga Conference, sentiments I'm sure are shared by the other participants. However, we all owe a debt of gratitude to Keith Dobson and Michael King for their persistence and hard work in putting together the idea for this conference, obtaining funding, and chairing a most impressive three days. I'm sure that as the ideas generated at Mississauga begin to become reality, they will be recognized again and again for their contribution to professional psychology in Canada.

### Reflections of a Delegate

**Sam Mikail, Rehabilitation Centre, Ottawa.**

On March 24, 1994 thirty three delegates representing various segments of professional psychology converged on the Glen Erin Inn in Mississauga. The setting was serene and highly conducive to reflection, discussion, and Canadian compromise. Dinner began promptly at 7:00 p.m. Initially, the conversation revolved around asking "who has the room with the whirl pool or the fireplace". Personally, I had a room with a very powerful facet and an efficient heating system. It was quaint, comfortable and just right for me.

It didn't take long for the conversation to shift to more substantive issues. Keith Dobson, who was sitting at the same table (and did have a room with a real

fireplace), began to update us on the potential implications of NAFTA for Canadian psychology. He said that according to the NAFTA, jurisdictions have until December 31, 1995 to alter practice standards. After that point, raising standards would be viewed as a potential obstruction of foreign nationals in their efforts to enter the country and practice the profession for which they were trained. One of our colleagues from Quebec informed us that the CPPQ is now considering raising the practice standards to Ph.D. in order to avert a flood of M.A. level practitioners from the US and Mexico. Serious consideration is being given to a three year Psy. D. program at the university of Quebec. The tone of this discussion foreshadowed a number of recommendations which emerged from the conference.

At 8:30 p.m. the first formal sessions began. More foreshadowing: as delegates introduced themselves at least eight or nine used the following format:

"I'm Dr. Doe, and I'm the director of psychology at the Hospital, at least I was as of yesterday when I left to come to this conference."

What was remarkable about these statements of introduction, was that they were made by individuals from diverse geographical regions. Instability and the fragility of departments of psychology, particularly in hospitals, seemed to be endemic. It would turn out that this reality too would contribute significantly to the mood of the conference, and the tone of the recommendations which emerged.

Delegates were assigned to one of three working groups, each having its own assignment. Instructions to the Training Group were as follows: "Design the training models and methods that will best prepare beginning and practising psychologists to function effectively in the new marketplace. What do psychologists need to know and know how to do? Consider demographic, public policy, funding, technological, discipline, and market trends?" The Funding Group was instructed to "Develop a model for analyzing the costs and benefits of psychological services applicable to the Canadian context. The model should work in both the public and private sectors, and should be useful for both individual psychologists and provider groups."

Finally, the Advocacy Group was asked to "Develop an integrated public awareness/influence program aimed at consumers, brokers, and policy makers at the national provincial, and local levels to position Psychology for the 21st century. Identify the strategy and tactics necessary and who will carry them out."

The first half of the first day was spent with each group independently forging out a set of principles or policy statement reflecting the assigned tasks. Later, these would be brought to the group as whole for discussion and voting. What was remarkable was the extent to which economic factors drove what occurred in all three working groups. Clearly the message was that we cannot continue to exist as a profession that is driven solely by intellectual, scientific and idealistic forces. Recognition of market needs and what potential

benefactors of our knowledge require was evident. The language which reflected this change was spoken as easily by academics as it was by practitioners. This is an important point given the strong "business" tone reflected in the document. This is a tone with which many psychologists are neither familiar or comfortable. However, the fact that such a tone emerged so strongly and consistently from three working groups that were operating independently forces one to take note of this trend.

The same trend seems to have surfaced in two other forums quite unrelated to the conference. The mid-winter conference of The National Council of Schools and Professional Programs of Psychology (a U.S. based organization) put forward a 19-page draft of resolutions which state "professional education and training programs must emphasize social issues, be more sensitive to issues of diversity, and teach management and leadership skills (APA Monitor, April, 1994). In a similar vein, the Practice Directorate of the American Psychological Association recently announced that it is developing a handbook entitled The Practitioner's Handbook: Business Strategies for a Changing Profession (see Practitioner Update, 2(1), April, 1994). This is part of a broad based effort by the practice directorate to put in place a set of services that aim to enhance the business acumen and competitiveness of its members.

Certainly, the members of the funding group struggled among themselves in declaring that psychology is a business as well as a profession. We struggled and anxiously joked even more with the idea that psychologists can expect to make a profit as a function of their individual and collective performance. We expected considerable opposition from the group as a whole when we presented these statements. To our surprise, our fellow delegates had little difficulty with these proposals. This is not to say that there was not opposition, but it was minimal and often had more to do with working than policy or philosophy.

Personally, what I had most difficulty with was the degree to which psychology continues to attempt to expand the boundaries of what is considered to be a core knowledge base for psychology students and psychologists. Each of the working groups added something different to the core curriculum of psychology trainees: the training group's recommendations reflected the emerging debate over specialty designation. They suggested that the profession recognize the existence of specialties and subspecialties. These should be defined and core curricula developed. The funding group suggested that all graduate students should receive instruction and training in sound business practices. It was felt that such skills are as relevant to researchers managing research grants as they are to private practitioners or future department heads. The advocacy group proposed that CPA develop curriculum modules that promote and train advocacy skills.

Perhaps these are changes that are essential for the survival and future development of psychology. But frankly, I find the expectations placed on trainees and

training institutions increasingly unrealistic. This is an issue that we see reflected in the debate among our U.S. colleagues over prescription privileges. There is a danger of slowly watering down what is fundamentally psychological in training programs. It is these elements of our training that most clearly define us as a profession. They must continue to be protected from dilution. If anything, they should be strengthened as much as is possible.

From a personal point of view, I was privileged to have been a participant in an event as significant as the National Conference on Professional Psychology. I met many talented people, and learned a great deal. Over the course of the discussion, I found my opinion vacillating with regard to issues that were less familiar to me. This suggested to me that people were able to make their points clearly and convincingly. The discussion must have been relatively open in order for this to occur (of course an alternative explanation is that I'm a total flake, but I'll leave that up to those who know me best to decide). The meeting was extremely well organized and Drs. Dobson and King should be congratulated for their efforts. If I was to change anything about its structure it would have been to (1) present the assigned tasks to the delegates ahead of time to allow for the work to begin as early as possible and (2) to have included more participants who are earlier in their careers - after all it is their future that is being forged.

The conference participants were charged with drafting the blue-print for the future of psychology over the next ten years. This requires the capacity to read the past and present in order to anticipate the future. Only time will tell if we have succeeded in anticipating the future accurately. What is indisputable is that everyone was willing to adopt a means of measuring this and being accountable. At the very least, that part of our identity remains solidly in place.

### **Personal Reflections of a Participant Observer**

**Anna Beth Doyle, Concordia University**

The Mississauga Conference, as it may become known, was a unique experience. We were not asked to do much advance preparation: two Delphi polls, in 1992 and 1993, identified areas and issues of concern, and solicited nominations of participants; a few assigned articles arrived the week before the conference. No position papers were requested, no lists of issues or of participants were provided. Thus, I arrived with an open (empty?) mind at the Glenora Inn, a rambling set of stone buildings nestled at the edge of a ravine between a suburban subdivision and Scarborough College, a satellite of the University of Toronto.

That first evening, looking around the conference table, I was happy to recognize more than half of the 33 participants as colleagues from a variety of professional activities, both past and recent. Almost all names, if not faces, were familiar from their contributions to psychology either at the provincial or the national level.

Though the mean age was "mature", a significant number of heads were not yet grey.

In contrast with the lack of demand for advance preparation, the pace of the conference itself left us breathless. Working groups discussing three central topics, training, funding and advocacy, met the first morning to set out principles concerning a list of specific issues. Though in our group some of the principles were still being debated, these were presented and voted upon in the afternoon plenary session. This session extended well past the prescribed time and continued, with only a dinner recess, until 10.30 pm. The next morning, in working groups again, we developed action plans for each principle, including what, who and by when. These plans were again presented and voted on in the afternoon plenary session. Once more, jogging time was lost and an evening session added. Portable computers, co-opted intern recorders, technical whizzes solving the glitches of unfamiliar word-processing packages, and instant printing of overhead transparencies were the heroes of the day.

The debates on the plenary floor were fascinating, exhilarating and nostalgic. Some issues, e.g. implementing the doctoral standard for training, had been the focus of recommendations at Opinicon II in 1984. Obviously, our stating then that terminal master's programs should reorient their resources towards doctoral training had not been enough. Redebating these issues drove home to me the importance of our setting out specific action plans, with timetables and named responsible organizations.

Many of us were shocked by the second principle of the funding group, that "Psychology is a business". It emphasized that our expertise is not something whose value is so intrinsic and well-known that the public seeks our wisdom. Rather, this principle highlighted the idea that we compete for limited resources with other related disciplines and other priorities, and must sell our expertise and our value to consumers. I would have been less shocked if psychology had been called a religion for which we must be the missionaries to survive. Either position implies, however, that we and our students, whether professional or basic researchers, need to alter our self-image to incorporate selling/proselytizing of knowledge and values. A difficult shift for those like myself who have never felt comfortable with either sales or religion.

In part, the exhilaration and nostalgia were a product of rejoining captivating and pertinent issues with capable colleagues of diverse positions and knowledge. There was also a sense that we were working, with mutual respect and at top capacity, for some common collective goals. I was amazed at the quantity and quality of the output in a brief, 2-3 days. Opinicon II left similar feelings but recent CPA Board experiences had not. The Mississauga conference revived my hope for the future of organized psychology. I'll keep my fingers crossed.

**The Mississauga Conference on Professional Psychology**  
**La Conférence de Mississauga sur la Psychologie**  
**Professionnelle**

March 24-27, 1994

Le 24-27 Mars, 1994

**Approved Principles and Action Plans**

**Foreword: Moving the Markers**

In the decade since Opinion II, Psychology has crossed a dramatically changed landscape. New markets for psychological services have opened as applied psychology has moved into new practice domains. New training models for professional psychologists have emerged and achieved recognition through accreditation and by registration of psychologists trained within them. The means for effective advocacy on behalf of professional psychology have begun to germinate.

Factors outside psychology also demanded a timely review of professional psychology issues in Canada. These include constriction of traditional organization opportunities for psychological practice, policy changes and reductions in funding for health care and postsecondary education, fiscally-driven changes in the public policy climate in Canada, and the threats and opportunities posed by continental changes such as the North American Free Trade Agreement (NAFTA).

Considering the above, the Board of Directors of the Canadian Psychological Association approved the convening of a National Conference on Applied/Professional Psychology. The Mississauga Conference on Professional Psychology evolved from this initiative and took place on March 24-27, 1994. From its inception, this Conference aimed to move beyond previous State of the Discipline Reviews by focusing on the development of explicit action plans to advance professional psychology.

To focus the conference, we conducted a series of Delphi polls in 1992 and 1993. The polls identified three areas as most important for the field: training, funding, and advocacy. Within each area, the polls further identified critical issues and questions. These questions formed the starting point of the Conference.

Several psychology organizations besides the Canadian Psychological Association chose to collaborate in this enterprise (see the list of sponsoring organizations). The National Health Research Development Program (NHRDP) of Health Canada also provided generous support to the Conference. Delegates were invited to the conference by peer nomination to provide core expertise and to reflect the interests of principal stakeholder groups in professional psychology. The delegates convened in working groups focused on training, funding, and advocacy, the areas of opportunity targeted by the Delphi polls.

The working groups first derived a set of principles to guide training, funding, and advocacy efforts. These came to the full assembly for discussion, debate, and

approval. On the second day, the working groups derived specific action plans from the established principles. Delegates then voted approval of these plans in plenary session. This document represents the approved principles and action plans of the Mississauga Conference on Professional Psychology.

A theme repeated throughout the Conference was: "moving the markets". We hoped not merely to endorse already agreed upon principles and actions but creatively to reshape the contour and scope of professional psychology. In this spirit, considering that all professional psychologists will have to act to realize the Conference's plans, we have prepared and released this document immediately upon conclusion of the Conference. We intend this document to have a wide and rapid distribution, with discussion and action to follow in that same spirit. Many of the action plans demand harsh time constraints. Although the complete Proceedings of the Conference will be published as soon as possible, we encourage all psychology organizations and individual psychologists to begin studying, debating, approving, and acting on the initiatives of the Mississauga Conference on Professional Psychology.

Keith S. Dobson and Michael C. King, Co-Chairs  
 Mississauga Conference on Professional Psychology  
 Mississauga, Ontario, March 27, 1994

**Delegates**

Training	Funding	Advocacy
David Evans (Coordinator)		
Margaret Hearn (Coordinator)		
Pierre Ritchie (Coordinator)		
Lise Chislet	Richard Allon	David Belanger
Ken Craig	Raymond Berry	Jay Bround
Francine Cyr	Lorraine Breault	Kathy Horne
Keith Dobson	Alan Finlayson	George Hurley
Anna-Beth Doyle	Iris Jackson	Paul Maurice
Myles Genest	Michael King	Juanita Mureika
Lee Handy	Tim Leis	Jeanne Ridgely
Bob McIlwraith	Sam Mikail	Zindel Segal
Jean Pettifor	Carl Von Baeyer	John Service
Sandra Pyke	Robert Rilson	Carole Sinclair

Michael Gemar (Recorder)    Cynthia Crawford  
 (Recorder)    Ken Park (Recorder)

**Co-Sponsors**

Canadian Psychological Association  
 Corporation professionnelle des psychologues du Québec  
 CPA Section on Clinical Neuropsychology  
 CPA Section on Clinical Psychology  
 Canadian Register of Health Service Provided in Psychology  
 Ontario Psychological Association  
 CPA Section on Counselling Psychology  
 National Health Research Development Program

**A. Training Group Principles**

1. Market Place:
  - a. Training of professional psychologists should be based in part on market analysis/needs assessment.
  - b. Training should be directed toward a wide range of current and emerging areas of practice.
  - c. Training should engender an entrepreneurial spirit/creativity/flexibility and commitment to social justice.
  - d. Training should be sensitive to cost effectiveness and efficiency.
  - e. Training should be flexible and maintain relevancy to current marketplace trends.
  - f. Training should foster interprofessional communication/cooperation and the ability to manage competition.
  - g. There should be expanded opportunities for training in professional psychology, including increased access for groups in Canadian society who have heretofore been underrepresented in professional psychology.
2. Models of Training:
  - a. The doctorate in psychology is the standard for the practice of professional psychology.
  - b. Training of the psychologist as a producer and as a consumer of research is an integral part of all professional psychology programs.
  - c. Training models which vary in relative emphasis on practice and research can meet the doctoral standard.
  - d. A broad range of research methodologies in professional psychology training programs is endorsed.
  - e. Training should be maximally efficient in terms of content and time, with due regard to quality.
  - f. Graduate programs in professional psychology maintain relevance with respect to current and emerging trends.
3. Core Curriculum and Specialization:
  - a. Specialties and subspecialties within professional psychology should be recognized.
  - b. A core curriculum in psychology as a discipline should be included across all areas of specialization in professional psychology.
  - c. There should be a core curriculum in each of the different specialties within professional psychology.
  - d. Organized educational opportunities for the development of proficiencies within specialties should be encouraged to complement general practice.
4. Upgrading, Continuing Education, and Respecialization:
  - a. Opportunities for upgrading to and beyond the doctoral level should be encouraged and expanded.
  - b. Programs should take account of the special characteristics of individual learners.

- c. There should be modular components within degree programs to facilitate training of professional psychologists that may or may not be degree targeted.
- d. Continuing education in all areas of professional psychology is endorsed.

5. Coordination and Collaboration:
  - a. There should be greater coordination and collaboration among professional regulatory and collegial bodies, government and training programs with respect to the requirements for professional practice.
  - b. There should be reciprocal recognition of practice credentials across jurisdiction in Canada.
  - c. There should be greater coordination and collaboration between academic and internship training programs in professional psychology.

**B. Funding Group Principles**

1. We recognize an expanding and changing marketplace for the application of psychological knowledge. Training, practice, and professional attitudes must keep pace with these challenges and opportunities.
2. We believe these values to be essential:
  - a. Psychology is a business as well as a profession, both from the perspective of science and the perspective of practice.
  - b. Psychologists respond to the consumer's needs effectively and accountably according to the evolving standards of our profession, and according to sound business and management practices.
  - c. Psychologists can expect a profit as a function of their individual and collective performance. The concept of profit does not preclude the provision of not-for-profit services.
  - d. Psychologists explore the full range of options for funding of their training and services to meet their consumers' needs.
  - e. Psychologists develop strategic alliances to enhance market accessibility.
  - f. Psychologists practice their profession in an atmosphere of collegiality and mutual respect.
3. The core knowledge and skill set in good business practice in Psychology comprises the following. Every Psychologist should these skills:
  - a. Business and management practices, including organizational development and programme evaluation
  - b. Developing entrepreneurial skills
  - c. Monitoring and adopting best practices
  - d. Developing strategic alliances
  - e. Marketing professional services, including market analysis, developing service programmes, and identifying funding/payment methods and sources
  - f. Maintaining visibility and networking
  - g. Selling and negotiating

## h. Business Ethics

**C. Advocacy Group Principles**

## 1. Whereas:

- (a) professional psychology is guided by psychology's commitment to serving the public interest through the efficient, ethical, and accountable delivery of effective services;
- (b) and whereas psychologists reflect compassion grounded in psychology's unique body of knowledge and set of skills;
- (c) and whereas effective advocacy requires a belief in the capacity for change, as well as confidence, courage, integrity, optimism, professional pride, and respect;
- (d) and whereas advocacy is informed by evolving social changes, including economic and political factors, as they affect both the delivery of psychological services and the quality of life of the community at large;

## Therefore:

1. Advocacy for the profession is guided by the public interest and is an integral component for fulfilling psychology's responsibility to society.
  2. Advocacy must encourage and be responsive to public input.
  3. Professional psychology values both basic and applied research, as well as engages in and utilizes multiple research methodologies (e.g., needs assessment, program development/evaluation) in the development and implementation of its advocacy objectives.
  4. Effective advocacy requires broad-based knowledge of as well as empirically grounded belief and confidence in the unique past, current, and potential future contributions of psychology.
  5. The acquisition and enhancement of effective advocacy skills is an important component of professional development and continuing education.
  6. Psychologists must be aware of the opportunities and risks inherent in the use of advanced technology as they apply to advocacy.
2. Whereas:
- a) Psychology is only as strong and credible as its members;
  - b) and whereas advocacy can only be effective when delivered on behalf of competent psychologists;
  - c) Advocacy for professional psychology is legitimized by the competence and effectiveness of psychologists.

## Therefore:

1. Advocacy is also addressed to the profession itself to ensure: (i) that the current practices of psychologists reflect contemporary knowledge and skills; and (ii) that such practices are supported by appropriate regulatory standards; and (iii) that there

are adequate opportunities for continuing education/competence to attain such knowledge and skills and to meet such standards; and (iv) that individual psychologists are sufficiently informed about internally and externally focussed advocacy issues.

**D. Training Group Action Plan**

## 1. Marketplace:

- a. Survey on a five year cycle characteristics of applicants, persons who are offered places in current doctoral programs primarily in psychology, and those who accept.  
Who: Board of Directors of CPA.  
Timeline: August 1996.  
Measure: Entry level statistics.
- b. Survey on a five year cycle persons obtaining their doctorate in professional psychology with respect to their occupation immediately, and two years postdoctoral.  
Who: Board of Directors of CPA;  
Statscan.  
Timeline: August 1996.  
Measure: Greater satisfaction with specific aspects of training on the part of newly trained Professional Psychologists with their training.
- c. Survey on a five year cycle all professional psychologists with respect to occupational characteristics.  
Who: Board of Directors of CPA;  
Statscan.  
Timeline: August 1996.  
Measure: Wide distribution.
- d. Survey on a two year cycle those advertising for psychologists with respect to the advertised job requirements, their criteria for employment, and what criteria were hard to meet.  
Who: Board of Directors of CPA.  
Timeline: August, 1996.  
Measure: Report accepted.
- e. Survey on a two year cycle, using a procedure such as the Delphi strategy, experts on the cutting edge of professional psychology with respect to their identification of current and predictions of future trends.  
Who: Board of Directors of CPA.  
Timeline: August, 1996.  
Measure: Receipt of report.
- f. CPA promulgate the results of the surveys to University Departments and Bodies responsible for establishing Training standards, to the membership of CPA and students.  
Who: CPA Committee on Education and Training.  
Timeline: August, 1996.  
Measure: Wide dissemination of the report.
- g. Encourage psychology training programs to include a business/management/advocacy component in their programs.  
Who: CCDP and other relevant groups.  
Timeline: 2 years.

- Measure: Data on the availability of these components, provided to and disseminated by CPA CE Committee.
- h. Encourage continuing education in business/management/advocacy.  
Who: CPA C&E, CPAP, CCDP and other relevant constituencies  
Timeline: 2 years.  
Measure: Report by CPA CE Committee.
- i. CPA shall establish a program to identify undergraduate minority students of excellence to graduate training programs in professional psychology and promote the establishment of fellowships for their funding.  
Who: CPA E&T, CCDP, CCPPP  
Timeline: 1-2 years.  
Measure: Student diversity statistics in professional psychology.
2. Models of Training:
- a) Creation of examples of doctoral programmes in professional psychology with the potential for accreditation that vary in emphasis on practice and training.  
Three generic models:  
1. Greater emphasis on research  
2. Balance between research and practice  
3. Strongest emphasis on practice (e.g., Psy.D.)
- b) Identify prototypic examples; encourage development of both those in place or in the process of development as study settings.
- c) Generate an action plan to achieve an innovative program(s) for each of the generic models and to monitor the progress of the program(s) in achieving the goals of the model.  
Who: CPA E & T, CCPPP and CCDP to set up a working group for #1  
Timeline: 1 year for a report; 5 years for completion of study.  
Measure: Feedback, assess quality as evaluated by faculty, students, and supervisors in practical settings. Reports back to constituencies.
- d) Conduct a survey: Determine the broad range; what methodologies fit into a broad concept.  
Objective: generation of a non-exhaustive but illustrative list of the range of research methodological methodologies we would like to endorse. Disseminate the information concerning acceptable methodologies.
- e) Ensure that the broad range of research methodologies is reflected in the accreditation criteria.  
Who: CPA Scientific Affairs Committee in collaboration with CCDP, other relevant academic Departments and CPPQ  
Timeline: 1 year.  
Measure: 1. A report
2. Follow-up study of the types of theses being conducted.
- f) Programmes should look at requirements to ensure that these can be completed within 4 years post-baccalaureate, not including internship.
- g) Programmes should adjust their requirements such that normally the student will not do the internship until all other doctoral requirements are completed. Acceptance of internship is binding on the student and the doctoral programme to go on the internship whether the dissertation done or not.  
Who: CCPPP, CCDP, and other academic Departments and Accreditation Panel.  
Timeline: 5 years.  
Measure: Comparative data examining average length of time to complete in Canadian doctoral programmes.
3. Core Curriculum and Specialization:
- a) CPA, including the relevant CPA Sections, CPAP, CRHSPP, and CASP should convene a national conference on core curriculum and speciality requirements in professional psychology in order to act upon the principles endorsed at the Mississauga Conference on Professional Psychology.
- b) The conference should formulate an action plan for the implementation of its recommendations by the CPA Accreditation Panel, CPAP (in particular, the regulatory bodies), CCPPP, CRHSPP, and CASP.
- c) Efforts should be made to communicate and consult with other parallel international organizations.  
Who: CPA, CPA Sections, CPAP, CRHSPP, CASP.  
Timeline: 2 years for the conference, implementation by the following 2 years.  
Measure: The conference, establishment of additional accredited areas of specialization in professional psychology, recognition by regulatory bodies of specialities in professional psychology. Review of professional psychology training programs with reference to core and speciality training requirements.
4. Upgrading, Continuing Education, and Respecialization:
- a) Develop and support innovative programs to enable persons with a masters degree to upgrade to the doctoral level in larger numbers that is currently the case.  
Who: Task force comprising key people from CCPPP/CCDP/CPA E&T/CPAQ/CPAP  
Timeline: Written proposal in 1-2 years, implementation in 3 years.



Measure: Assessment of draft model, number of students, and number of programs.

- b) Survey of current state of affairs to find out what is going on in respecialization and generation of recommendations.

Who: People who have experience in respecialization identified by CPA board.

Timeline: 2 years.

Measure: Written report submitted to E&T, accepted by CPA board.

- c) Generate sets of speciality criteria at the doctoral or postdoctoral level as appropriate to each speciality.

- d) Survey directors of professional psychology programs, universities, and work settings, including programs not represented at CCPPP about training which they offer or could offer in specialties and subspecialties within professional psychology.

Who: CCPPP, CPAP, CRHSPP, and CPA ET Committee and Sections

Timeline: Within the next 2 years.

Measure: Report to constituent groups.

- e) Continue to promulgate and encourage continuing education through recommendations (re: mandatory continuing education) and alternative models of delivery.

Who: CPA Continuing education Committee, CPAP, CRHSPP, and provincial associations.

Timeline: 1 year.

Measure: Written report and increased participation as documented by provincial associations.

##### 5. Coordination and Collaboration:

- a) CPA and CPAP should develop a model for assisting provincial associations in working with government, regulatory bodies, universities, and training programs concerning the requirements for professional practice.

Who: CPA and CPAP

Timeline: June, 1995.

Measure: The model.

- b) The leadership of national and provincial associations should establish regular personal communication and consultation with relevant governmental ministries in their respective jurisdictions to promote this coordination and collaboration.

Who: Relevant association leadership

Timeline: 1 year.

Measure: Annual reports by leadership to their respective associations.

- c) Review practice credentials and develop a plan to remove obstacles to reciprocal recognition at the doctoral level across jurisdictions.

Who: CPAP

Timeline: 2 years.

Measure: The plan. Reciprocal recognition across Canadian jurisdictions by the year 2000.

- d) Foster greater collaboration and coordination between academic and internship training programs in all specialty areas of professional psychology.

Who: CCPPP

Timeline: 3 years.

Measure: Expanded scope and membership of CCPPP.

##### E. Funding Group Action Plan

1. University training programmes and Pre-doctoral internship programmes shall incorporate coursework and supervised experience in the core skill set of good business practice in Psychology.
2. Registration Boards should incorporate within their examination procedures for registration as a Psychologist a requirement for demonstration that the applicant possesses the core knowledge and skill set in good business practice in Psychology. Examiners and supervisors of temporary registrants will require training in these functions.
3. Professional organization, at least once annually, shall offer continuing education programs applied to private and public sectors on the core knowledge and skill set in good business practice in Psychology.
4. CPA/Accreditation Panel/CCDP/CCPPP/Regulatory Boards should endorse the principle and practice of training students in a range of contemporary practice settings, for example, private practice settings.
5. CPA/CPAP/CRHSPP should develop a kit for building a business plan, including sample balance sheets and cash flow projections, applicable to public and private practice settings. The kit should make full use of existing and emerging technologies. The groups will seek commercial co-sponsorship for the development and distribution of the kits.
6. CPA/CPA Sections/CRHSPP/CPAP/CCPPP/CCDP and other relevant training departments should develop and make available to prospective and beginning graduate students a professional orientation kit containing information on Psychology as a science, profession and business.
7. The CPA Committee on Ethics should review its Code of Ethics with a view toward addressing issues of business ethics.
8. Psychologists and psychological organizations at the national, provincial, and local levels must develop coordinated strategic alliances with consumer groups. This demands individual and collective initiative and continuing communications.
9. Psychologists at the national, provincial, and local levels should actively seek to serve on institutional, community, agency, and other organizational boards beyond Psychology to forge strategic alliances to enhance market accessibility.
10. Psychologists should seek, and their colleagues should encourage and respect them for seeking, positions of responsibility and influence within institutions, organizations, and the wider community.

to broaden the professional sphere of influence of Psychology.

11. Psychologists should take advantage of opportunities to contribute to the development of corporate mission statements and objectives, and to enhance morale and productivity through the celebration of successes and participation in team-building.

#### Evaluation

1. CPA/CRHSPP/CPAP should coordinate a survey of Psychologists in practice settings to determine their current gross and net income. The survey should be repeated at five-year intervals.
2. CCPPP/CCDP should coordinate a survey of training programmes to determine which are offering training in the core knowledge and skill set in good business practices in Psychology. The survey should be repeated at five-year intervals.
3. CPAP should survey its member organizations at determine their examination procedures and continuing education practices around the core knowledge and skill set in good business practices in Psychology.
4. CPA should publish the results of these surveys in Synopsis or its equivalent.

#### F. Advocacy Group Action Plan

##### 1. Internal Advocacy Plan

###### a) Archival resource base/research

Goal: Permanent census of advocacy activities.

Implementation: Each national and provincial organization will create a master list of all advocacy efforts for at least the last five years, including the name of the project, the nature of the program, the target or goal, strategic alliances, outcome and effectiveness of efforts (what worked and what didn't). Such a list should be categorized: political lobbying, public information/service, marketing. These lists will be collated and archived nationally and disseminated to all participants.

Responsibility: NPPC

Timeline: 1995, and annually thereafter

###### b) Goal: Establish advocacy resource service.

Implementation: Graduated steps: Could include index, phone service, computerized database.

Responsibility: To be determined by NPPC

Timeline: 1995

##### 2. Advocacy skill development

###### a) Goal: To develop model program for advocacy skill development.

Implementation: To create curriculum modules (including a manual) to promote and train advocacy skills.

Responsibility: (I) CPA (through Public Information and Education and Training committees); or (II) CPA/CPAP taskforce

Timeline: two years for development; completion by 1996

##### 3. External Advocacy Plan

###### a) Communications

Goal: To serve the public through public information.

Implementation: To provide timely dissemination of research findings

Responsibility: CPA Public Information and Publication committees

Timeline: immediate

###### b) Goal: (I) to increase psychology's visibility and credibility (II) to increase the utilization of psychological services

Implementation: (I) Develop a model plan encompassing advertising, marketing, special products (e.g., problem focussed materials for target populations) and other means to achieve the goal, including financing. Implementation to occur at local, provincial and national level.

(II) Establish a national director of communications for professional psychology to ensure a sustained communications capacity. Responsibility: NPPC to decide procedure/process for generating master plan, and for determining where to anchor communications director.

Timeline: (I) model plan - 1995

(II) communications director - 1996

##### 4. Political Advocacy

###### a) Goal: To acquire the capacity to implement Legislative and public policy objectives

Implementation: (I) Establish a political action network in each province, anchored in each provincial association.

(II) To aggregate of the provincial networks will constitute the national network to be mobilized when federal, interprovincial, and international issues are involved.

(III) Establish a political affairs officer to manage the national network, as well as to assist in the identification and development of issues pertinent to psychology, and the implementation of targets of opportunity to be identified by the NPPC legislative review.

Responsibility: (I) all provincial associations regarding political action networks

(II) NPCC to determine where coordination of national network and the political affairs officer is to be anchored.

Timeline: (I) political action networks - 1995

(II) political affairs officer - 1995

##### 5. Strategic Alliances

###### a) Strategic alliances are an integral component to the achievement of the communications and political plans.

Goal: To establish strategic partnerships with organizations & groups in the consumer, corporate, public, and professional sectors, to enhance psychology's capacity to achieve its advocacy objectives and enhance its service to the public.

Implementation: (i) All provincial and national psychology bodies will create and maintain strategic alliances.

(ii) These bodies will also maintain alliances already established and effective (e.g., HEAL).

(iii) Provincially-based HEAL equivalents with active psychology participation will be established.

Responsibility: All provincial and national psychological bodies

Timeline: (i) ad hoc alliances to be established as required at any time

(ii) long-term and ongoing alliances to be developed immediately

#### 6. Financing of Advocacy

a) Goal: A proposal for financing regarding Advocacy Action Plan

Implementation: Develop a business plan and a proposal for financing which would enable achievement of the Advocacy Action Plan.

Responsibility: NPPC

Timeline: 1995

## Networking

*Do you have a project you are working on that you would like to discuss with interested colleagues? Maybe you have run into some interesting clinical experiences which have raised questions. Use this*

*section of the newsletter to interact with fellow psychologists across the nation. Write the Editor and network!*

## People

*Something special happened to you or a colleague? Let the rest of us know. Inform the Editor and post the*

*news here.*

## Events

*Let the Editor a note about events planned or past that your clinical colleagues would enjoy reading about here. Keep us informed.*

posters and presentations at the Conference in Penticton, B.C. cover a wide range of topics and should be interesting to the members of the Section. Posters focus on adult and child issues and examples of the topics covered include sexual abuse, physical abuse, substance abuse, eating disorders, schizophrenia, and suicide. Symposia focus on the effects of psychosocial trauma, legal and ethical issues, and the marketing of clinical psychology. Theory review and workshop presentations during the Convention deal with a variety of clinical and professional issues.

### PENTICTON 1994 CPA CONVENTION

Invited Speaker 1994 CPA. The Clinical Section took initiative to collaborate with the Developmental section and the Family Section to arrange a nomination for one of the two CPA Invited Speakers. Dr. James Garbarino. The title of his address: Violence and its impact on children and the family.

Pre-Convention Workshop: "Addressing the cross-cultural challenge and psychologists' need for cross-cultural competency", Arthur W. Blue, Ph.D. & Donald M. Taylor, Ph.D.

The Clinical Section has collaborated with the Canadian Council of Professional Psychology Programs (CCPPP) and the Counselling Section of CPA to sponsor this pre-convention workshop. Preview of Clinical Program at CPA Convention. The Clinical Psychology

Clinical Conversation Hour: Entry Level Requirements for Independent Practice. Given the recent changes in the Ontario legislation which provide for registration of Psychological Associates, the fact that many practitioners across the nation have Master's level qualifications, and the pressure by many to have not only the Ph.D. but post-doctoral residency as the requirement for entry to the profession, this promises to be a fascinating conversation. Perhaps we need more than one hour?

## Clinical Section Business

Let the Editor know of planned workshops and conferences. The advertising is free to members!

### Election Results

Rhona Steinberg, as Past-President and Elections Chair, announces that Allan Wilson is elected to the office of Chair-Elect by acclamation, and that Debbie Dobson has been elected to the position of Secretary-Treasurer by acclamation. We obtained brief biographical descriptions of our two new officers for those of you who do not yet know them.

Allan Wilson is a valley person, Ottawa variety (Carleton Place, actually), who did his undergraduate psychology at Waterloo. After going east to Acadia for his master's in Clinical and Community Psychology he went west to the University of Saskatchewan for his Ph.D. and south to Houston for his pre-doctoral Internship at the Baylor College of Medicine. Maintaining this zest for variety, his employment record includes work with the University of Saskatchewan Counselling Service, the Saskatoon City Hospital Department of Psychiatry, Camp Hill Medical Centre in Halifax, and the Nova Scotia Hospital in Dartmouth where he is currently staff psychologist and coordinator of training. He has just been appointed Assistant Professor in the Dalhousie Psychology Department where he will serve as coordinator of field placements. Training and supervision constitute a major interest for Allan. He has been significantly involved in professional associations. He was Vice-President of the Saskatchewan Psychological Association, he is currently Past-President of the Association of Psychologists of Nova Scotia (with all that that office entails), represents Nova Scotia on CPAP and CRHSP, and has served as Secretary-Treasurer for the Clinical Section for the last two years.

Deborah Dobson is currently the Director of Training, Division of Psychology, as well as Psychologist, Day Program, Department of Psychiatry, Foothills Hospital, Calgary. In addition she has Adjunct Assistant Professor appointments in both the Departments of Psychology and Psychiatry, University of Calgary. Current research interests include social skills in schizophrenia, stress in medical students, and program evaluation. She is co-author of Professional Psychology in Canada. Dr Dobson received her Ph.D. in Clinical Psychology from the University of Western Ontario in 1984.

### Section 26: Clinical Psychology Membership List 1994 Revised to 31/03/94

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Hart, Dr. David S.

Liddell, Marie Andree

Student Members:

Latour, Marie Andree

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Smith, Phillip Bruce

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Hayes, Dr. Charles J.A.

Pretty, Dr. Grace

Sarwar, Kaiseruddin

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Byrne, Dr. Joseph M.

Danquah, Dr. A. Samuel

Genest, Dr. G.E. Myles

Howes, Dr. Janice

Pye, Carol

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Wiser, Dr. Barry John

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Dewolfe, Nadine

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Harvey, Natasha

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Doody, Kenneth

Roxborough, Charlene

Theriault, Leo

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Gavin, Dr. James

Kelly, Peter

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Lolselle, Francois

Morel, M. Gilles

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 Shepel, Dr. Lawrence

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 Cook, John Roy  
 Craig, Dr. Kenneth D.  
 Foreman, Michael E.  
 Hadjistavropoulos, Thomas  
 Kelly, Cellina  
 Lustig, Dr. Stephen  
 Runtz, Marsha  
 Schmidt, Dr. James P.  
 Stein, Leonard M.  
 Uhlemann, Dr. Max R.  
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 Welch, Dr. Steven John

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 Hazen, Andrea

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 Conway, Dr. John B.  
 Goff, Laurie  
 Mezey, Justine  
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Nieuwenhuls, James  
 Rach-Longman, Katharina

Amundson, Dr. Jon  
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 Brink, Harvey  
 Calderwood, Maria  
 Demjen, Stefan  
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 Egger, Lorri  
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 Henderson, Elizabeth  
 Howard, L. Wayne  
 King, Dr. Michael  
 Mahoney, Dr. Anne  
 Mash, Dr. Eric J.  
 Mendelson, Dr. Roslyn  
 Muir, Douglas  
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 Van Mastrigt, Dr. Robert  
 Wilkie, Colleen F.

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 Cox, Dr. David Neil  
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 Koch, William  
 McMillan, Marcia  
 Samson, Deborah C.  
 Spellacy, Dr. Frank J.  
 Steinberg, Dr. Rhona H.  
 Wapshall, Dr. Terrance  
 Weiser, Judy

Daylen, Judith  
Hemphill, James  
Roche, Diane  
Thordarson, Dana

Gearing-Small, Margaret  
Olley, Maureen  
Roman, Diane  
Van Uchelen, Colleen

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Student Members: 69  

---

Total Members: 316

**YUKON: (0)**

Hutsul, Joanne

**NWT: (1)**

Leblanc, Manon

**OTHER: (5)**

Chan, Dr. David W. - Hong Kong  
Kumchy, Dr. C. I. Gayle - USA  
Morin, Charles - USA

**Student Members:**

Eisen, Lisa - USA  
Muller, Robert - USA

**FELLOWS:**

1991 Dr. Harvey Brooker  
Dr. Ken Craig  
Dr. Charles Hayes  
Dr. Jean Pettifore  
Dr. Pierre Ritchie

1992 Dr. Anna-Beth Doyle  
Dr. John Goodman  
Dr. Richard Steffy

1993 Dr. Kleth Dobson  
Dr. Andree Liddell  
Dr. Robert Robinson

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

**NEWSLETTER SCHEDULE**

The SECTION 26 NEWSLETTER will circulate three times per year: November, February, and May.

**COMMENT?**

Applaud or complain, write, fax or email the editor.

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