



Canadian Clinical Psychologist

Editor: David S. Hart

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Clinical Section Newsletter

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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, its officers, directors or employees.

MESSAGE FROM THE CHAIR.

Allan R. Wilson

Just as the memories of Charlottetown begin to fade, plans are gearing-up for the International Congress in Montreal. We will be providing a scaled-down Section Program this year, due to the extensive offerings within the Congress program. The Section has accepted an invitation to sponsor an Integrated Paper Session at the Congress. Dr. Lynn Alden will chair an international panel of speakers on the topic of social phobia. I hope that you will also plan to attend our Annual Business Meeting, which is tentatively scheduled for August 16, 1996 at the Meridien Hotel.

The Section is currently compiling an Email Directory to improve the opportunities for "net"-working among our members. If you would like to be included, please send an email message to Dr. David Hart (dhart@play.psych.mun.ca). Given sufficient response, we plan to publish the Directory in an upcoming issue of the Section Newsletter.

Our talented (and computer literate) Newsletter Editor is also working on creating a HomePage on the Internet for the Clinical Section. Look for this new development in the near future!

The "Clinical Psychologist in Canada" brochure has proven to be a valuable marketing and advocacy tool. Copies of the brochure can be obtained by contacting Dr. Deborah Dobson, our Secretary-Treasurer. The Executive is developing plans to use the brochure in an advocacy initiative that will target politicians at the provincial level. In addition, plans are underway to have a french-language version of the brochure made available.

The Mississauga Conference on Professional Psychology recommended the development of an information kit on potential career options for beginning graduate students. The Clinical Section is attempting to develop partnerships with other CPA Sections and psychology organizations in order to move forward with this initiative. To date, the Family Section and the Canadian Register of Health Service Providers in Psychology (CRHSPP) have expressed interest in such a collaboration.

The Spring brings with it the opportunity for members to participate directly in the activities of the Section. Please note that this issue includes a call for nominations from the Elections Committee. You are invited to submit nominations for the positions of Chair-Elect and Secretary-Treasurer for 1996-97. In addition, there is a call for nominations for Section Fellows. This is an opportunity for members to recognize the work of our colleagues who have made a significant contribution to the development of clinical psychology in Canada. Please consider forwarding a nomination to the Awards Committee.

The Section Student Award will be offered this year to students presenting research in the area of clinical psychology at the International Congress in Montreal. Students wishing to be considered for this award are invited to submit a copy of their abstract and a more detailed summary of their paper to the Awards Committee. Materials should be sent to Dr. Keith Wilson, Department of Psychology, The Rehabilitation Center, 505 Smyth Road, Ottawa, Ontario, K1H 8M2. The deadline for submission is April 15, 1996.

Special Section

From the CPA Convention. II

There were several symposia that begged to be given wider audience. I managed to persuade some of the presenters to provide copies of their contributions for inclusion in the Canadian Clinical Psychologist. They were intended to be controversial. Write or email the Canadian Clinical Psychologist with your comments on the debate. The issues are important to our profession. Look for another symposium in the next number of CCP.

The Changing Role of the Hospital Psychologist: A Symposium

Opening remarks by the Chair, Barry Ledwidge.

Canadian hospitals are undergoing drastic changes in the way they are organized, in the way they operate, and in the way they are funded. These changes include:

Downsizing:

- Hospitals are getting smaller;
- hospitals are amalgamating with each other in the interests of efficiency
- hospital budgets are shrinking and more and more care is occurring in the community, where it is cheaper

Program Management:

Program Management is an organizational structure for hospitals in which budgets are taken away from Departments and instead are vested in Patient Programs

Patient Focused Care:

- Patient Focused Care attempts to eliminate all caregiver "idle time" and attempts to reduce so-called "non value added" work activity
- Patient Focused Care attempts to replace specialists with generalist caregivers
- Patient Focused Care attempts to increase workforce flexibility by multi-tasking and cross training of staff

Continuous Quality Improvement:

- CQI replaces what used to be called Quality Assurance
- In CQI the Customer determines quality, not the Provider

These changes represent a threat to Psychology as a discipline:

- Downsizing means fewer hospital jobs - for all professions, including Psychology
- Program Management means the end to Departments of Psychology in hospitals
- Patient Focused Care means the replacement of psychologists with cheaper help (psychologists are the highest paid professionals, after physicians)
- Continuous Quality Improvement means that psychologists don't decide if the service they offer is good enough, the Customer does (the Customer could be a physician, could be a patient).

The question arises: "How can Psychology save its butt in these new 'lean and mean' Canadian hospitals?"

Using the cognitive technique of reframing, every threat can be reconstrued as an opportunity and during the next two hours five Psychology Department Directors from five Canadian Hospitals in five different provinces will reframe these threats to hospital psychologists into opportunities for hospital psychologists.

The participants in the symposium were:

John Arnett, Health Sciences Centre (Winnipeg)
 Michael King, Calgary General Hospital
 Barry Ledwidge, Riverview Hospital (Vancouver)
 Murray Schwartz, Victoria General hospital (Halifax)
 Brian Shaw, Toronto Hospital and Hospital for Sick Children

The Role of the Psychologist in a Mental Hospital Barry Ledwidge, Ph.D.

Unlike the other four speakers, I am Director of a Psychology Department in a provincial mental hospital - the only provincial mental hospital in British Columbia. Riverview Hospital has 800 beds of which 550 are for patients under 65 years of age and 250 are for patients over 65. Most of the Adult patients suffer from either Schizophrenia or Bipolar Disorder; most of the Geriatric patients suffer from either Dementia of some sort or Major Depression. Our hospital is in the throes of enormous changes:

We are simultaneously:

Downsizing:

- The hospital has gone from 1300 beds in 1987 to 800 beds now and is due to hit 320 by the year 2001

Designing a replacement hospital:

- On July 1, 2001 a brand new hospital will open up on our site and right now we are doing the functional planning: planning the staffing mix, the physical environment and the support services needed for each Program in the new hospital

Switching to Program Management:

- Sometime in 1996 all hospital Departments, including the Department of Psychology, will disappear; all Department Managers, including me, will be laid off and all budgets will be vested in Patient Programs, headed up by two-person teams consisting of a physician and another clinician.

Introducing Continuous Quality Improvement:

- Riverview Hospital has replaced Quality Assurance with Continuous Quality Improvement.
- The differences between QA and CQI are that in CQI:
 - the product, i.e., the psychological assessment or the psychological treatment, is not the focus, the process, i.e., the linkage between the Service Provider and the Customer is and

- The judge of the quality of service is not the Service Provider but the Customer implementing a Charter of Patients Rights
- Patients will now have a right to a second opinion, to change caregivers, and a lot of other things.
- Implementing Psychosocial Rehabilitation hospital-wide
- The Medical Model is being replaced with a Bio-Psychosocial approach to treatment in which the patient is seen not simply as a person suffering from a disease that needs to be medicated but also as a person lacking certain skills that are necessary to live independently - skills that can be taught.

Some of these changes are clearly good for Psychology - the introduction of Psychosocial Rehabilitation, for example. Other changes, e.g., the introduction of Program Management, on the surface at least, look like they are bad for Psychology at Riverview. But as I mentioned in my opening remarks, almost any threat can be reconstrued as an opportunity. In the case of Program Management, one opportunity lies in the increased demand for program evaluation services because once the budgets are vested in the Patient Programs, decisions about increases or decreases in the annual budgets of these Patient Programs will be at least partly based on how well a Program can demonstrate to the Hospital Management that it is meeting its own Goals and Objectives. Program Evaluation at Riverview is done entirely by psychologists. We won this right by demonstrating leadership in the area of research consultation. During the past three years while the bed count has been dropping and the number of staff has been falling proportionately, the number of staff doing program evaluation full-time has increased from 1.0 FTE's to 2.5 FTE's - all of them psychologists. My expectation is that the number of Program Evaluators at Riverview will continue to increase even as the Hospital gets smaller - at least in the short term.

But I don't want to talk about Program Management at Riverview what I want to talk about with the few minutes I have here is how to use Continuous Quality Improvement (which have become "buzz words" in most Canadian hospitals) to save the butts of hospital psychologists.

First I will describe a CQI Project that the Psychology Department undertook at Riverview and then I will show you how this new management fad can be used to our advantage in a hospital that is in the process of becoming "leaner and meaner".

The Project

In February 1991, the Canadian Council on Health Facilities Accreditation (CCHFA) extended an invitation to national organizations of health care professions to develop quality standards for their professions. Five professions responded: Dietetics, Occupational Therapy, Pharmacy, Physiotherapy and Psychology. The Canadian Psychological Association coordinated the Task Force which developed the model for Psychology. It was published in March of 1993, under the title, Total Quality Management for Psychology Services in

Health Care Facilities. The Task Force recommends six steps in moving a psychology service toward a Total Quality Management system. The first three are:

- 1) Review the Service's principal functions.
- 2) Describe these functions in terms of the CQI model: Who are the Customers for our services?, and What are the linkages between Providers, (i.e., psychologists) and Customers?
- 3) Establish service and performance expectations: What do Providers and Customers expect of one another?

The two most important principal functions of our Department are assessment and treatment.

According to the Canadian Psychological Association, the next step (after defining the Department's Principal Functions) in moving a Psychology Department toward a CQI system is to decide who are the customers for each of our Principal Functions.

With respect to the assessment function, the ward treatment team is, from a CQI perspective, the Customer because it is the team, through the attending physician, who requests the assessment, receives the report and uses it in treatment planning. In the case of the assessment function, the patient is not a Customer. In the case of the treatment function, the team and the patient are customers.

Our CQI Project consisted of the third step in the Canadian Psychological Association's CQI process, viz., finding out what our Customers expect of us.

We found out what the ward teams expect from us by designing a form that describes all of the services that the Psychology Department offers to the ward teams

On the form for each ward we listed the average number of hours per month that the psychologist on that ward spent on each of the listed activities. A research assistant took these forms to ward rounds on each ward (we used a research assistant rather than the ward psychologist to minimize the effects of acquiescence and social desirability in the ward team's responses). Each ward team member was asked to indicate for each activity listed whether they would like to see an increase, a decrease, or no change at all to the current allocation of time to each of the listed activities. They were also instructed to keep in mind that we were unable at the present time to increase the total number of hours spent on the ward, but that it might be possible to change the amount of time we spend in the different activities. (for example, if the team wanted more time spent on behavioural assessments, we could do this by reducing the time spent in less valued activity). The team members were also encouraged to comment on any area of psychological services that they felt could be improved upon.

We did this on 29 wards across five hospital Programs. Our sample size was 225 staff members from Nursing, Medicine, Rehabilitation, Social Work, Clinical Nutrition, Pharmacy and Pastoral Care.

I won't tell you what the results are because they are irrelevant to the point of this presentation. Suffice it to say that the teams' highest priorities were behavioural assessment and providing education to staff.

For the second part of the project, we set out to determine the expectations of our other treatment customers, i.e., the patients' expectations of us. To this end, we organized four Patient Focus Groups in four different hospital Programs. Ten to fifteen patients were invited to each of the focus groups, and a facilitator was hired to lead the focus groups.

Again I won't present the findings in any detail because they are irrelevant to the point I want to make. But I will say that I was surprised with how useful these sessions turned out to be for the Department. The patients had a lot of suggestions about how psychologists could be helpful to them, e.g., giving them information about the nature of the disorders they suffer from (textbook stuff) or helping them deal with the lost years.

Conclusions

Now that you've seen the results some of you may be saying to yourselves: "So what?"

Well, I'll tell you so what.

There are three benefits of such CQI activity for a Hospital Department under seige:

1. **Knowledgeable Clientele**
Referring agents find out what hospital psychologists can do uniquely well. This is especially important at a time when they the hospital may be thinking of replacing you with lower-priced help.
2. **Satisfied Customers**
Asking your Customers how you are doing and fixing things they don't like is a smart strategy during tough economic times. I notice that my Toyota dealer has started mailing me a satisfaction questionnaire each time I get my car serviced.
3. **High Profile**
Making the Psychology Department high profile is very important during a period of functional programming for a restructured or downsized hospital. With Program Management the budgets are vested in Patient Programs and the Programs can choose to invest in psychologists but they will do so only if they are convinced that they will get value for their money.

How I Learned to Stop Worrying and Love Public Sector Health Care Reform

Michael C. King
Community Acute Care Services Sector
Calgary Regional Health Authority

For psychologists in publicly funded health care settings, the bogeyman is coming? but in many different forms. In the United States, he bears the name "managed care", wears suits made of forms completed in triplicate, and surrounds himself with MBA's and cost-accountants. In Canada, he bears the name "program management" (same thing, different country). We're not sure what he's wearing, or whether he's clothed at all. But he hangs out with the same buddies.

This is not another dirge for the disappearance of the good old days in hospital psychology. Psychologists who work in publicly-funded health care organizations must understand that these changes are not happening only in their own facilities or their own back yards. They are country-wide, pervasive, and unlikely to go away. Tidal forces are at work here, shifts in the plate tectonics of health care policy that it is useless to resist. The strategy of hunkering down in our old systems and models of practice while waiting for business-as-usual to return is simply not going to work. Worse, we can do our profession greater harm by resisting these changes since we may take ourselves out of any possibility of shaping their direction and our role in them.

What I offer today is a plea to psychologists to realize what gains they can by working effectively within the new structures of publicly-funded health care. If we genuinely believe that psychologists ought to survive in this arena, there are several rules that should guide our actions and our strategies in the coming months and years. These are rules for the long term and require a strategic outlook for their implementation.

1. **Stay visible. Stay informed.** It is critically important in these times to remain visible within the organization and to keep oneself as centrally in the information loop as possible. This is not the time to huddle in your cave. Attend the meetings and speak up. Go to the cafeteria. Walk the halls. Ask questions. Read the memos, graffiti, and chicken entrails.
2. **Talk the talk.** Hard times are hard on the language but fortune favours those who understand it. If you don't know what multiskilling means, if you cannot tell the difference among QA, CQI, and TQM, if you are unfamiliar with all 39 flavours of program management, find out. Make yourself comfortable with these concepts and able to talk about them knowledgeably. Know what they mean for you and your colleagues.

3. **Watch your attitude.** Your mother's advice is still sound. How often have we worked to convince clients that their attitudes and self-talk were shaping their mood and behaviour? Lose the cynicism. Keep the mordant jokes to a minimum. Distance yourself from the toxic personalities that abound in these times. We have a role to play in modeling healthy behaviours in this era of upheaval.
4. **Play your trumps.** In this epoch of multiskilling and generic health and mental health care workers, psychologists have to return to the basics of what we do uniquely well. We are a health care profession, not solely a mental health care profession, but we have a long way to go to establish that idea in the public mind. We are the best at assessment. We are arguably the best at cognitive behavioural interventions. We are unquestionably the best at health-related interventions based on the emerging body of knowledge in health psychology. We are still, as a profession, among the best at research and evaluation. We would do well to hone our skills in these areas and step to the fore with those skills in health care planning. By the same token, it may be time for us to abandon those activities that we have fallen into in health care that we cannot do uniquely well. We simply cost too much to health care organizations to spend our time in such non-value-added activities.
5. **Carpe Diem.** The shiny new world of program managed, seamless, integrated, continuously quality improved health

care is beginning to look a lot like the health care world that emerged from the Crimean War. Physicians and nurses, by virtue of their numbers and their political strength, are reassuming primary leadership roles in programs, with perhaps a smattering of business advisors to help them with budgets and business plans. However, opportunities for taking leadership within programs, sectors, and regions may present themselves to psychologists. We should rid ourselves of our distaste for administration and seize those opportunities. They offer us a chance to shape the directions of programs in ways that take account of the emerging body of knowledge in health care and health promotion that psychology is generating. We need alternatives? or rather, complements? to the biomedical models of care that have traditionally held sway in publicly funded health and mental health care, but that do not shade into the murkier (and flakier) depths of untested "alternative" therapies. To assert these views, we need to assume positions of influence in health care administration.

Finally, the next few years will tell us whether there is a future for psychology in the publicly-funded health care arena. It may be that our future is elsewhere. The dismantling of the publicly-funded health care system will create opportunities in other systems. We should be prepared to move, if necessary, to where we can do the most good and have the most influence. That will likely not be a traditional solo mental health practice.

NETWORKING

Canadian Clinical Psychologist. A Mail List can be created for those who are interested in ongoing interaction with Canadian clinical colleagues.

The Clinical Section home page was not created during Christmas because those holidays seemed to disappear. Odd! Look for it via the CPA home page!
(<http://www.cycor.ca/Psych/home.html>)

Here is the current directory of member email addresses:

Arthur Blue	ablue@mail.techplus.com
John R. Cook	jcook2@UVic.CA
Larry Sun Fong	lsfong@web.apc.org
David S. Hart	dhart@play.psych.mun.ca
Paul Hewitt	phewitt@cortex.psych.ubc.ca
Leslie Langdon	leslie_langdon@cclink.metrodesk.metrotor.on.ca
Sam Mikail	SMikail@rohcg.on.ca
Wayne Nadler	wnadler@trytel.com
Rhona Steinberg	Rhona_Steinberg@sfu.ca

National Forum on Traumatic Stress.

Included with the mailing of this number of CCP is a brochure of the National Forum on Traumatic Stress. The conference is ambitiously attempting to (a) educate about the nature and prevalence of traumatic stress, (b) establish links between service providers, researchers and the consumers of traumatic stress services, and (c) form an organization which

will continue these aims. This project can contribute substantially to provision of effective responses to traumatic experience which affects our emergency workers and ordinary folk as well as the significant disasters. The conference will be great. Spread the word!

Clinical Section Business

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 by March 31, 1995 to:

Keith Wilson, Ph.D.
Psychology Department
Rehabilitation Centre
505 Smyth Road
Ottawa, K1H 8M2
Tel 613-737-7350 ext 5608
Fax 613-737-7056

Call for Nominations of Officers of Clinical Section (1996-97)

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 1995-96 the Section requires nominations for the position of the Chair-elect (a three year term, rotating through Chair and Past-Chair) and Secretary-Treasurer. Continuing members of the executive for 1995-96 will be Allan Wilson (Past-Chair), Keith Wilson (Chair), and Paul Hewitt (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 1 May, 1996.

Send nominations for the Executive to:

Sam Mikail, Ph.D.
Elections Chair, Section on Clinical Psychology
Psychology Department
The Rehabilitation Centre
505 Smyth Road
Ottawa, ON K1H 8M2

List of Fellows of the Clinical Section

Harvey Brooker
John Conway
Ken Craig
Keith Dobson
Anna Beth Doyle
John Goodman
Charles Hayes
Andrée Liddell
Jean Pettifor
Susan Pisterman
Pierre Ritchie
Robert Robinson
Richard Steffy
Janet Stoppard

List of Winners of the Annual Student Research Award

1991	Beverly Frizzell, University of Calgary
1992	Ruth Truner, Simon Fraser University
1993	Constantina Giannopoulos, Concordia University
1994	Bryan Acton, Simon Fraser University
1995	Nadine DeWolfe, Dalhousie University

List of Current Members of the Clinical Section of CPA

Below are listed the names of those who have paid their current Section dues to CPA. You can help us maintain our

membership by speaking to colleagues whose names you expect to find here but are missing. We would like them to support the Clinical Section as members.

Newfoundland

LIDDELL, MARIE ANDREE
HART, DR. DAVID S.

Nova Scotia

CORKUM, VALERIE LYNN
GENEST, DR. G.E. MYLES
HARVEY, NATASHA
COLLINS, JEAN P
HARTLEY, SUSAN
DANQUAH, DR A. SAMUEL
MACGREGOR, MICHAEL
BUTLER, GORDON S.
BILSBURY, CHRISTOPHER D.
HOWES, DR JANICE
VALLIS, MICHAEL
WETMORE, ANN ANITA
STEWART, DR. SHERRY
HILL, JAMES K
HAYES, DR. CHARLES J.A.
DEWOLFE, NADINE
REID, GRAHAM
BYRNE, DR JOSEPH M.
BRAHA, RICHARD
CHAMBERS, CHRISTINE
WILSON, DR. ALLAN R.

Prince Edward Island

SMITH, PHILIP BRUCE

New Brunswick

LANDRY-MARTIN, THERESE
MCNEIL, KEVIN
DOODY, KENNETH
BOULAY, MAURICE A.
STOPPARD, DR. JANET M.
PLOURDE, CAROLE
D'AMOURS, PIERRETTE
THERIAULT, LEO
RENAUD, ANDRE

Quebec

MORIN, CHARLES
MOREL, M. GILLES
VILLEMURE, M. JOCELYN
BEAN, PAULA
BULMAN, CATHERINE
LAMY, PIERRE
LAROUCHE, DR. LOUISE
VAN GRUNDERBEECK-MORVAL,
DR.M. KALLOS, A. VERONICA
PROSTAK, MICHELLE
KIELY, DR. MARGARET C.
BERGEY, ANNIE

BERMAN, TAMARA
GIANOPOULOS, CONSTANTINA
AL-TAI, NAZAR
VOSS, KIRSTEN
DOVER, ARLENE
BROWN, DR. ZAVIE W.
ROTHENBERG, PEARL C.
DOYLE, DR. ANNA-BETH
TREMBLAY, DR. CAROLE
KNIGHT, CHRISTINE
SCHACHTER, STEVEN
DEPOT, CHRISTIAN
MERRIOTT, LORRIE
LAUTMAN, CLAUDE J.
COSTI, TIZIANA
ELY, PETER W.

Ontario

BIENERT, PHD, HELEN
MEYERS, SUSAN
WORTHINGTON, DR. ALAN G.
ROY-CYR, DR YOLANDE
CONRAD, GRETCHEN
GREENHAM, STEPHANIE
BIALIK, ROBERT
MANION, DR. IAN G.
GOODMAN, DR. JOHN T.
MIKAIL, SAMUEL
WILSON, KEITH
PELLETIER, MARIE
CAPPELIEZ, PHILIPPE
RITCHIE, DR. PIERRE L.J.
HUNSLEY, JOHN DESMOND
LEE, CATHERINE MARY
CHISLETT, DR. LISE
HELMKAY, OWEN SCOTT
GROVES, DR. JOHN R.
WOOD, DR. JO
ERICKSON, DAVID
O'GRADY, DR. PAUL
LEBLANC, JEAN-LUC
WRIGHT, NICOLA
TENER, DR LORNA ELLEN
JACKSON, DR IRIS
KLEINPLATZ, PEGGY J.
SIDDIQUI, DR. MASUD H.
BOULAIS, DR. GILLES
DHAWAN, SONIA
MARCOTTE, GHISLAINE
BOLAND, FRED J.
MUIRHEAD, JAMES
HOLT, JULIA
ROLDYCH, DR. GERLINDE M.
SEAGRAM, BELINDA

CHIAROT, JOHN V.
LEITNER, DR KAREN
RAYKO, DONALD
CAMARGO, DR. ROBERT J.
YAFFE, MARVIN
GARBER, JOSEPH
LEVY, LYNN M
SKOWRON, CHRISTINE
MILLER, DR. HAROLD R.
DENBURG, DR SUSAN DALFEN
JOHNSTON, DR LINDA
GEMBORA, LOUISA
BELCIUG, MARIAN
KAHGEE, SYLVIA
SZEKELY, DR. EVA
SHAPIRO, SHARON
TOUKMANIAN, DR. SHAKE G.
ZIVIAN, MS. MARILYN T.
FLEMING, DR. STEPHEN J.
SINCLAIR, DR. CAROLE M.
INY, LINDA
STEIN, DR. STEVEN J.
WILLIAMS, SUSAN
SNOW, DR. W. GARY
BRICKMAN, DR. JULIE R.R.
RIDGLEY, DR JEANNE NEWTON
LANGDON, LESLIE
JOSEFOWITZ, DR. NINA
ANNIS, DR. HELEN M.
BROOKER, DR. HARVEY
MESTER, DR. FIORE B.
RAGHUNAN, B. ROY
CHURCH, MICHAEL
GOVONI, RICHARD
HYDE, DR. SUSAN
BAMBRICK, JAMES
STEFFY, DR. RICHARD A.
LANE, CHRISTOPHER
BOURDEAU, PATRICIA
RUTTAN, THOMAS
TREMBLEY, DR CAROLLE
KUMCHY, DR. C.I.GAYLE
LESONSKY, ELAINE
GIRASH, MARTIN
HENDLEY, ALICIA
LANGEWISCH, MARK W.J.
KAUFMAN, ILANA
GIRARD HACQUARD, EVELYNE
PHILLIPS, JEFFREY
TAYLOR, DR EDWARD

Manitoba

WALKER, DR. JOHN R.
NEWTON, DR. JAMES H.

MOORE, W. ALLAN
 GRAFF, LESLEY
 ADKINS, DR. M. ELIZABETH
 AMBERT, DR. GLENNA A.
 WHITE, KAREN
 HANNA, CINDY
 CAIRNS, SHARON
 WHITNEY, DR. DEBBIE
 ROMANO, ELISA
 ROWAN, VIVIENNE CAROLE
 BRODER, REBECCA
 MARTIN, DR. ROBERT M.
 FURER, PATRICIA
 ENNS, KENNETH LOEWEN
 BURDZ, MICHAEL
 FELDGAIER, DR. STEVEN
 GRAYSTON, ALANA
 BOUTET, CONNIE
 BERGER, NAOMI
 GRETZ, JAMES

Saskatchewan

HADJISTAVROPOULOS, THOMAS
 FARTHING, DR. GERALD R.
 GOFF, LAURIE
 ARNOLD, W. JAMES
 MCMULLEN, MS LINDA M.
 VON BAEYER, CARL
 CONWAY, DR. JOHN B.
 CHARTIER, MR. BRIAN M.
 CARROLL, LINDA

Alberta

SHEPEL, DR. LAWRENCE F.
 KING, DR. MICHAEL
 MOTHERSILL, DR. KERRY J.
 LONGMAN, R. STEWART
 PETTIFOR, DR. JEAN L.
 AMUNDSON, DR. JON

WALTERS, DIANE
 MASH, DR. ERIC J.
 DOZOIS, DAVID
 DOBSON, DR. KEITH STEPHEN
 KONNERT, DR. CANDACE
 MAHONEY, DR. ANNE
 SCHMALZ, BARBARA
 DOBSON, DEBORAH J.G.
 HODGINS, DAVID CARSON
 BICKLEY, DR. RICHARD S.G.
 HENDERSON, ELIZABETH
 FONG, LARRY SUN
 DE GAGNE, THEO
 ROBINSON, DR. ROBERT W.
 DEWEY, DEBORAH
 VAN MASTRIGT, DR. ROBERT L.
 BERGEN, ANNE-MARIE
 FISHER, KIRSTIE
 GRIFFITHS, DR. LYN
 ORAVEC-FUNG, CAROLYN
 KELLY, JUDITH
 MILLIGAN, MAUREEN
 CONSTABLE, DOROTHY
 HARPUR, LISA
 MARTIN, JANIS
 HAYDUK, DR. ALLAN W.
 BREAUULT, LORRAINE J.
 CAREY, DR. ROBERT T.
 JOYCE, ANTHONY
 PAGLIARO, DR. LOUIS A.
 SINHA, DR. BIRENDRA K.
 MASSON, ANDRE
 BENNETT, WAYNE

British Columbia

STEIN, LEONARD M.
 CARMICHAEL, DR. JOHN A.
 KATZ, ZENDER
 FRANSBLOW, MR. JEROME I.

MASON, TODD
 BUSH, ALICE
 TOTH, JEAN LAURA
 FOREMAN, MICHAEL E.
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Annual Section Award for Student Research

Each year, the Section on Clinical Psychology reviews papers that have been submitted by clinical students for presentation at the annual CPA convention. The most meritorious submission is recognized with a certificate and an award of \$250. With this year's International Congress, however, CPA will not be administering the conference submissions directly. Hence, if you have submitted an abstract for presentation at the Montreal Congress, and would like to be considered for the student award, you should also send a copy of your work to the Student Award Selection Committee at the address below.

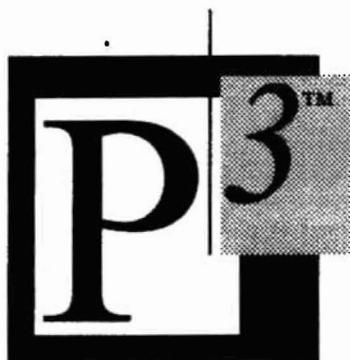
In order to be eligible, you should: (1) be the first author of a submission in the area of clinical psychology that has been accepted for presentation in Montreal; (2) submit a

brief (i.e. up to 10 pages, double-spaced) manuscript describing the project and; (3) be prepared to attend the Clinical Section Business meeting at the Montreal Congress (on August 16, 1996), where the award will be presented.

The deadline for submission of applications has been extended to May 17, 1996. Submissions may be in either English or French.

Keith Wilson, Ph.D., C. Psych.
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Newsletter Schedule

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

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