



PHHC Newsletter

Hospital Psychology

Winter 2015

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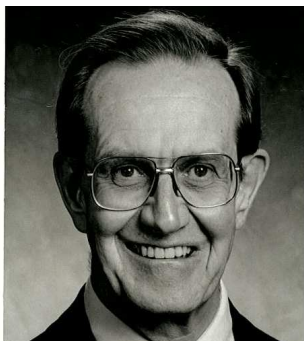
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Message from the Chair: Dr. Bob Martin's Legacy

Bob McIlwraith, Ph.D.



Robert Miller Martin passed away in Winnipeg December 5, 2014 at the age of 88. Those who knew Bob Martin remember him as erudite, humble, a true gentleman, and a wise mentor who was very generous with his time. Bob is also remembered for his many contributions to Psychology in Canada and internationally. His contributions to hospital psychology are probably of particular interest to the readers of this Newsletter. Bob was a visionary builder of hospital psychology, and his legacy is the Department of Clinical Health Psychology in Manitoba.

Dr Martin was recruited from Denver in 1969 to the position of Chief Psychologist at a complex of hospitals that would soon amalgamate into Winnipeg's Health Sciences Centre. He had been the internship director at the University of Colorado Medical School, and was recruited especially to set up a clinical psychology internship in Winnipeg. (The PhD program in Clinical Psychology at the University of Manitoba had started a few years earlier).

As a psychologist in a medical school, Bob had observed a

few recurrent and vexing problems, and when he was offered the job in Winnipeg, he had a few requests. Bob asked that the psychologists be appointed to the medical staff of the hospitals, that the psychology interns have the same contract as medical interns and residents, and that a separate academic department of Psychology be established within the Faculty of Medicine.

His first two requests were agreed to right away:

1. Psychologists hold medical staff privileges within the Winnipeg Regional Health Authority and its constituent hospitals and healthcare facilities. Psychologists are not "allied health" in this model. Psychologists operate outpatient clinics to which patients are referred directly, and open hospital charts on their patients. Psychologists also consult to all other clinical programs in the Winnipeg Regional Health Authority, inpatient and outpatient, when requested.

2. Psychology Residents belong to the Professional Association of Residents and Interns of Manitoba (PARIM) which negotiates salary, working conditions and benefits on behalf of all residents in the teaching hospitals. Psychology residents have the same salary and benefits as medical residents and participate in the governance and social events of PARIM. This relationship creates an early understanding of what psychologists do and what their

medical colleagues do, as well as facilitating inter-professional networking and collaboration after graduation.

3. Bob's third request – a separate department – was not considered to be possible at the time. Bob accepted the job anyway and soon established Canada's first accredited psychology internship here in Winnipeg. For many years, Psychology was organized as the Section of Behavioural Science in the Department of Psychiatry, within which the psychologists all held academic appointments in the Faculty of Medicine. Bob didn't give up on his third goal, however, and twenty-five years later, under the leadership of Bob's successor, John Arnett, the goal of a separate academic department of Clinical Health Psychology was achieved in 1995.

Psychologists now hold academic appointments in the Department of Clinical Health Psychology of the Faculty of Medicine at the appropriate rank (from Assistant Professor to Full Professor), teach students of all healthcare professions, and conduct research. Most psychologists hold Geographic Full-Time (GFT) positions that enable them to do private practice on-site with negligible overhead charge, over and above their time commitment to their public practice and university duties. The GFT model is the predominant employment arrangement for medical staff in teaching hospitals—the GFT group also includes



over 500 physicians.

In 2000, leveraged by being a department within the Faculty of Medicine, Clinical Health Psychology also became an autonomous clinical program of the Winnipeg Regional Health Authority, with responsibility for its own budget, hiring, and clinical service delivery across all Winnipeg hospitals and healthcare facilities. Again paralleling other clinical departments in the medical school (e.g. Surgery, Internal Medicine, Psychiatry, Paediatrics, Women's Health, Pathology, Family Medicine, etc) the Head of the university department is also responsible for managing all the clinical services in that specialty within the Winnipeg Regional Health Authority and its hospitals and facilities. As the Head of the Faculty of Medicine's Department of Clinical Health Psychology, I am therefore also the medical director of the Clinical Health Psychology Program of the WRHA. This dual-role model for department heads / medical directors is intended to create synergies between the academic and clinical missions, rather than competition and conflict between them.

Because Clinical Health Psychology is a regional program, patients benefit from

greater and more direct access to psychological services across the healthcare system rather than fragmented services restricted only to patients of certain clinical programs (and not available to others). Our combined clinical program / academic department structure facilitates clinical innovation, professional accountability, collegial support and peer consultation, and enhances opportunities to collaborate with other departments on research and inter-professional education.

Our system is not perfect, of course, but it is different from many other organizational structures for psychologists. In many, if not most, healthcare organizations in Canada psychologists work under a de-centralized "program management" structure, where they are hired by various clinical programs (e.g. Psychiatry, Paediatrics, Rehab, Neurosurgery, etc) and report to the program manager, who is generally not a psychologist. Psychologists typically are included in some kind of "allied health" portfolio, along with virtually all other health professionals except doctors and nurses. In many such organizations, there is a designated Psychology Professional Practice Leader (PPL)

who is responsible for standards of practice, professional and inter-professional issues but typically does not control the budget for psychologist positions, and may or may not be involved in – or even consulted about – hiring of psychologists by programs.

The de-centralized program management model that many hospital psychologists work under is not the necessary or only conceivable way that psychologists can be organized. The Manitoba model, for which Dr Martin deserves the credit, is one example of an alternative. I hope to see other new organizational models and structures emerge over the next few years from the creative efforts of the members of our Section.

Bob Martin's example reminds us of the importance of having a vision of how things could be, the importance of having the gumption to ask for what you want, and the importance of persistence in pursuing your long-term vision.

Call For Nominations:

Call for nominees for Psychologists in Hospitals and Healthcare Centres Section Award of Excellence

The Psychologists in Hospitals and Healthcare Centres (PHHC) Section is seeking nominations for the Section Award, to be bestowed annually upon a psychologist who has made significant contributions to psychology in hospitals and healthcare centres. Through his or her efforts on a clinical or administrative level, the recipient of this award will have participated in the advancement of the role and the place of psychology in health-care settings in Canada. Please forward nominations to Dr. Kerry Mothersill, Past-Chair at kerry.mothersill@albertahealthservices.ca by March 15th, 2015. Nominations should include a letter indicating the contributions of the nominee, two supporting letters from Section members, and a copy of the nominee's CV. Please note that, as per the policies and procedures of the Awards committee, candidates who are nominated but who do not receive the award in a given year will automatically be considered for the award the following year.

Call for nominees for Psychologists in Hospitals and Healthcare Centres Student Award

Each year the Section of Psychologists in Hospitals and Healthcare Centres will recognize student members' contributions to research conducted in hospitals and healthcare centres, by awarding a Student Award. To be eligible, student members of the Section should notify the Student Representative (Larahiseler@gmail.com) by April 1, 2015 that they wish to have their Paper or Poster presentation at the CPA Convention reviewed by the student award selection committee. Submissions will be evaluated based on their relevance to the Section's mission, originality, clarity and potential impact of the research on wellbeing of Canadians and hospital service delivery.

Call for Nominations for the Positions of Chair-Elect and Member-at-Large, Executive Committee Section of Psychologists in Hospitals and Healthcare Centres

The Psychologists in Hospitals and Healthcare Centres (PHHC) Section is seeking nominations for the positions of Chair-Elect and Member-at-Large on the Executive Committee of the Section. The Chair-Elect holds a 3 year term (Chair-Elect, Chair, and Past-Chair years) and the Member-at-Large has a 2 year term. Visit the Section's Bylaws at <http://www.cpa.ca/aboutcpa/cpasections/Hospitals/> or contact Dr. Kerry Mothersill for more information about the roles. Nominations should include a letter indicating the contributions of the nominee to the role of psychologists in Hospitals and Health Centres, two supporting letters from Section members, and a copy of the nominee's CV. Please forward nominations to Dr. Kerry Mothersill, Past-Chair at kerry.mothersill@albertahealthservices.ca by March 15th, 2015.

See you at the convention!

Dr. Deanne C. Simms, C. Psych., R. Psych.

As the second largest Section of the CPA, the Psychologists in Hospitals and Health Centres Section is pleased to offer a wide range of interesting and relevant material to our members at the convention this year. This will include sessions and activities across a number of dates and locations throughout the convention. In particular, the Section is pleased to announce our section-sponsored Pre-Convention Workshop entitled “Leadership in Hospital Psychology: A Call to Serve.”

The workshop will be held from 9:00am – 1:00 pm on Wednesday, June 3rd, 2015 at the Westin Hotel in Ottawa, Ontario. The half-day workshop will address a need that has been identified amongst clinician researchers, Psychology leaders in hospitals, and students who wish to contribute to overall visioning and development of Psychology. Specifically, the workshop addresses the need to consider Leadership and to mobilize psychologists to think systemically and in “big picture” fashion so that we may influence policies, and directions of practice. The workshop will be interactive, calling upon the experiences of participants with the aim of stimulating and provoking thought amongst silent and active leaders and with a view to creating opportunities for transformational change within our establishments. Following lunch, Professional Practice Leaders/ Chiefs of Psychology are invited to remain for a 2hr break out group discussion (1:00-3:00 p.m. in the same room).

The Workshop will be presented by Dr. Margaret O’Byrne and Dr. Vicky Veitch Wolfe. Dr. O’Byrne is a Professional Chief of Psychology at Douglas Mental Health University Institute, and has a private practice. She has worked as an executive director for a community organization in the field of mental health and has worked in community, university and institutional settings in clinical, administrative and academic contexts. Her clinical focus has been youth, borderline mental disability, and autism spectrum disorders. Dr. O’Byrne is keenly interested in Phenomenology/hermeneutics with a focus on identity and marginality. Her current focus is on Leadership and disparity in mental health issues. Dr. Vicky Veitch Wolfe is the Psychology Professional Practice Chief at IWK Health Centre in Halifax, Nova Scotia. Her clinical interests include assessment and treatment of children, youth and families who have experienced serious negative life events, trauma, and/or maltreatment. Her research interests include the impact of negative life events, trauma, and maltreatment on children and youth. She has held several major grants investigating the impact of forms of trauma and has a series of related publications on these topics.

Stay tuned to learn more about the other exciting symposia, section-sponsored posters and meetings organized by the Section.

We look forward to seeing you in Ottawa soon!



Research Update From PHHC Section Student Award Winner

At the 2014 Annual CPA Convention in Vancouver, BC, Ms. Chantalle Fuchs was presented with the Psychologists in Hospitals and Health Centres Section Student Member Award for her research pertaining to the development and evaluation of a psychoeducational resource to facilitate social support for cancer survivors. Ms. Fuchs and her colleagues at the University of Regina were kind enough to share an update regarding the current status of the interesting and important work they have underway.

Innovations in Psycho-Oncology: Delivering Cognitive Behavioural Therapy via the Internet

Nicole M. Alberts, M.A., Chantalle M. Fuchs, B.A., (Hons), Heather D. Hadjistavropoulos, Ph.D., & Dale A. Dirkse, M.A.

The Internet has been increasingly used to deliver evidence-based psychological interventions to people experiencing mental health difficulties. In 2010, the Online Therapy Unit was developed at the University of Regina in order to increase access to internet-delivered cognitive behavioural therapy (ICBT) programs. Working in collaboration with researchers at the eCentre Clinic (www.ecentreclinic.org), we recently began examining the use of ICBT among cancer survivors. Several interesting and interconnected lines of research have developed out of this area.

First, the Wellbeing After Cancer Course was developed. The course is a modified version of the Wellbeing Course (Titov et al., 2013, 2014) developed at the eCentre Clinic. It targets symptoms of depression and anxiety among cancer survivors. The original Wellbeing Course is an 8 week transdiagnostic internet-delivered intervention, comprised of 5 lessons, homework assignments, regular automatic emails and weekly support via e-mail and telephone from a trained therapist. Minor modifications and additions were made to some of the content in order to increase its

relevance to cancer survivors (e.g., addition of a fear of cancer recurrence resource).

A recent feasibility trial of the Wellbeing After Cancer Course provided preliminary support for its acceptability and effectiveness (Alberts, Hadjistavropoulos, Dear, & Titov, submitted). Participants significantly improved on measures of depression and anxiety, with changes maintained at 3-month follow-up. Many survivors also expressed a desire for more information regarding social support within the context of their recovery. In response to this need, we developed a psychoeducational resource around the topic of social support and sought feedback on it from survivors and their family members. The resource was found to be highly acceptable, and following minor modifications, it was added to the Course.

Although findings thus far have been encouraging, the wide spread delivery of ICBT across Canada faces challenges including the limited number of therapists trained in ICBT, geographical limitations on practice due to licensure, and additional demands on therapists' time. Technician-assisted

ICBT is one avenue that may assist in overcoming these challenges and one that has demonstrated promising results, with effect sizes comparable to therapist-assisted ICBT (Titov et al., 2010). Responsibilities of a technician include answering basic client questions, encouraging clients to stay on pace, and referring clients to course materials for therapeutic guidance. In 2015, we plan to conduct a large randomized controlled trial of the Wellbeing After Cancer Course involving survivors from across Canada. Our focus will be on further examining the efficacy of the Course as well as the impact of types of support provided (e.g., therapist support vs. technician support). Should this trial produce results consistent with those previously reported, the next challenge will be to identify and engage in strategies for promoting implementation of the Course into wider cancer care. In doing so, it is hoped that the burden of psychological distress can be reduced in cancer survivors in order to further assist them in achieving and maintaining optimal wellbeing. Additional information about this research and other projects within the Online Therapy Unit can be found at <https://www.onlinetherapyuser.ca>.

Short Snappers: Online techniques to enhance community engagement at the IWK

PsychologyRounds and Psychology For You: Providing psychological resources to the community

The Izaak Walton Killam (IWK) Health Centre is a pediatric tertiary care facility located in Halifax, Nova Scotia serving the three Maritime Provinces. Given the breadth of our catchment area and the importance of providing access to evidence-based information to those in our community, two free public service initiatives were started by IWK Psychology in 2006.

Psychology for You is a public lecture series that is hosted monthly at the main hospital centre in Halifax and delivered via videoconferencing to various sites across Nova Sco-

tia, New Brunswick, and Prince Edward Island. The content (with audience questions removed) is also recorded for later availability online thus making this content easily, and freely accessible to a wide audience. Sample topics of presentations include selective mutism, attentional difficulties, and bullying (see www.youtube.com (IWK Health Centre channel; keyword: Psychology for you)

PsychologyRounds is a newsletter written for the public to provide information about the IWK psychology discipline, as well as resources on a variety of psychologically relevant topics. Previous newsletters have included articles on eating disorders, toilet training, and nonverbal learning disabilities.

Special editions of the newsletter have also focused on specific topic areas such as school refusal, sleep, and Autism Spectrum Disorders. The newsletter is disseminated online via the IWK website:

(<http://www.iwk.nshealth.ca/childrens-health/iwk-psychology-newsletter>), and in paper copy to community partners throughout the Maritime Provinces.

These initiatives have provided a valuable service to the populations we serve. They have also increased the visibility of psychology generally, and showcased some of the important work being done by psychologists at the IWK.

Student Column: Preparing training psychologists for advocacy and work in health settings: a few ideas from a graduate student

Ms. Fanie Collardeau



Despite its newness compared to other medical professions, our discipline has achieved increased recognition. Indeed, while the Canadian Psychological Association (CPA) was created in 1939, there are currently more than 12, 000 registered clinical psychologists and the CPA launches campaigns to educate the general public on mental health issues. Yet, even though our profession has grown and learned to advocate for our patients, we have encountered more challenges when it comes to advocating for our profession in hospital settings and more generally for our rightful place in inter-professional conversations.

It may be that, part of our weaknesses in advocating for ourselves comes from the same characteristics that strengthen us as practitioners. During our graduate training, we are made aware of the necessity for self-improvement, humbleness, and flexibility in our clinical work. As we focus on our client's strength, many of us struggle with accepting praise for our work. Furthermore, we learn how to hear a client's set of unique circumstances and to adapt our theoretical models to accommodate the idiosyncrasies of individual cases. Psychologists thrive at working in "the grey area" where no factor has a definite and irremediable influence, where trajectories are uncertain with any client holding the

potentiality to surprise us. While this is an asset in our work with clients, it can have deleterious effects in our work with policy makers. The latter are looking for numbers, economic costs and distinct, easily interpretable outcomes at a population level; we are immersed in specific risk factors, uncertainties of environmental conditions, daily surprises for both our patients' recoveries and relapses. Policy makers looking at the usefulness of our programs and units do not take our fine-grained analyses as better descriptions of true circumstances. When psychologists speak for the profession, a shift is required in the way we present information and assert ourselves. We can adopt a more humble stance with clients and a more assertive and directive stance with policy makers, while we might find it hard to accept praise reporting our clients' satisfaction with our work to policy makers is useful.

When it comes to advocating for our rightful place at the table in inter-professional discussions, trainees should gain more experience through their graduate programs and internships. Speaking with several graduate students, it turns out that quite a number of them feel unprepared for this aspect of multidisciplinary work even after their internships or practica. Feeling confident in one's advocacy skills is an important skill and this comfort may be built through increased exposure to other professions and mentorship from later-stage psychologists. For example, having courses with medical students on statistics, pharmacology or health related issues could help creating informal exchanges earlier on between the two professions. Furthermore, having seasoned psychologists come into graduate programs to speak about the inter-professional difficulties or misunderstandings they might have experienced will not only increase the awareness of training psychologists but it will also provide them

with additional confidence and tools to work in multidisciplinary teams. Along the same lines, having the possibility to seek out a mentor who has strong advocacy and leadership skills and who works in a hospital setting during our internship or through CPA, in addition to our clinical supervisor, would be very valuable. We need increased exposure to registered clinical psychologists' as we go through our graduate programs.

Both in our practicum/internships and in our graduate programs, greater incentive to participate in interdisciplinary workshops, discussing the different management structures of health centers and power dynamics generated by those institutional structures, or identifying some concepts within our domain that could be helpful to other health professionals could provide the building blocks for both trainee's confidence in advocacy and more general tools to be used by all psychologists. As an example, one concept that psychologists are very familiar with which could be helpful to other professions would be countertransference. Countertransference effects might not be discussed to the same extent in medical or nursing programs, even though some clients might elicit countertransference reactions in other team members. Being aware of the strengths we bring to the table and how concepts we have developed for working with clients can enhance the work of other professions might improve our position at the table in general, as we share our expertise with other professions.

Graduates students are willing and eager to represent the profession, but we need the help of current professionals to develop and hone our advocacy skills throughout our training.

Member Profile — Dr. Vicky Veitch Wolfe



Dr. Vicky Veitch Wolfe is the Professional Practice Chief of Psychology at the IWK Health Centre in Nova Scotia. As one of the founding members of the Section of Psychologists in Hospitals and Health Centres, Vicky played an instrumental role in arranging the first meeting of the section at the 2012 CPA Convention in Halifax. Dr. Wolfe currently sits on the Leadership and Mentorship Executive Committee of the PHHC.

Originally from “the South,” Vicky earned a Bachelor’s degree from Auburn University in Alabama, a Master’s from Southern Illinois University, and a Ph.D. at West Virginia University. Following Internship at the Medical University of South Carolina she moved to Canada to complete her Postdoctoral training at the University of Western Ontario in London, Ontario. It was at the MUSC National Traumatic Stress Treatment and Research Centre that Vicky developed what became lifelong interests in the areas of child maltreatment and childhood Posttraumatic Stress Disorder.

Fortunately Vicky saw fit to remain in Canada and has contributed to Canadian Psychology throughout her career. For almost two decades, she worked at the London Health Sciences Centre where she embodied the Scientist-Practitioner model as a clinician, researcher, teacher, and supervisor. Not only is Dr. Wolfe a leader in the field of child trauma, she has been prolific in a variety of other clinical research areas (most re-

cently prevention of adolescent depression). Vicky has held several major grants investigating the impact of child sexual abuse and other forms of trauma and maltreatment. One of her proudest accomplishments was being tapped as a CPA Fellow in 2003.

The IWK Health Centre is a leading pediatric teaching hospital in Atlantic Canada, with strong comprehensive psychological services in the Child Health and Mental Health and Addictions Programs. Since 2007, Dr. Wolfe has been instrumental in the recruitment and retention of over 60 psychologists. As Professional Practice Chief, she has been a strong advocate for the role of Psychology within a multi-disciplinary program management model. Vicky is a warm and open leader who enthusiastically supports staff’s professional development. She is dedicated to finding ways to enhance the role of IWK Psychologists in leadership, inter-professional practice, program development, evaluation, and research within the organization. Vicky is hopeful that involvement with the PHHC section will be helpful in supporting PPCs across the country in consultation and collaboration.



IWK Health Centre in Halifax, Nova Scotia

Student Chair Submission: A Student Perspective: Not Criminally Responsible - Clarifying Misconceptions and Unique Challenges Psychologists Face Working in Forensic Mental Health

Ms. Lara Hiseler

Not Criminally Responsible due to Mental Disorder (NCR-MD) is a term that has garnered much media attention recently, namely with high profile Canadian legal cases such as R v Vincent Li, 2009 and R v Luka Magnotta, 2012. As a student who works with individuals found NCR-MD, I have found that this population can be profoundly misunderstood, as well as instill strong visceral reactions in the public, factors which are both likely associated with tendencies toward sensationalization in the media. Psychologists working with this population in forensic hospitals experience unique challenges in their work.

Background of NCR-MD

NCR-MD is a legal defense previously known as "Not Guilty By Reason of Insanity." It is informed by Section 16 of the Criminal Code of Canada: "No person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong." According to Canadian law, people are assumed to be criminally responsible for a crime unless the NCR-MD defense is raised by the defendant. The burden of proof then lies on the defendant to prove that he or she was suffering from a mental disorder that impaired reality at the time of the crime; that he or she could not appreciate what he or she was doing or that the criminal act was wrong at the time of committing the offence. While mental disorder may seem like broad criteria, it is important to distinguish that simply having any mental disorder is not sufficient to qualify for such a defense. Mental disorders that impair reality, such as psychotic illnesses like schizophrenia, are primarily the main inclusion criteria. The decision of whether someone should be found NCR-MD is a complex multi-step process involving psychiatric and psychological assessments. NCR-MD is ultimately a legal decision that

accompanies a guilty verdict and is given by a judge after considering all the evidence. If one is found NCR-MD, he/she serves one's sentence in forensic hospital setting, rather than prison.

After sentencing, NCR-MD individuals become under the legal responsibility of provincially run Review Boards. These boards provide each person with a Disposition Order that outlines the terms of the sentence. This often includes whether the individual will be housed in maximum, medium, or minimum security hospital setting, which is informed by the individual's level of acuity and management concerns. Individuals found NCR-MD are also required to undergo a risk assessment at least annually, which helps inform the board's decision regarding privileges granted and ensures that the individual is housed in the least onerous and least restrictive setting (as required by the law). As individuals embark on their journey of recovery, they can progress gradually through the system, which allows for greater autonomy and less restrictions as deemed appropriate by the hospital and Review Board. Some NCR-MD clients ultimately experience an Absolute Discharge from the review board, and the individual would then be able to live in the community and be seen for mental health services through general adult psychiatric services.

Role of a Psychologist in Forensic Hospital Mental Health – What is Unique and Challenging?

I recently completed an accredited pre-doctoral internship in a forensic hospital. I conducted court-ordered assessments, and worked across minimum/medium security, and outpatient services. NCR-MD clients in this setting are at least 18 years of age and older and have experienced numerous mental health challenges, such as psychotic, personality, and concurrent disorders, as well as a myriad of psychosocial stressors, such as family and interpersonal discord, housing difficulties, and

ongoing legal matters. Clinical/forensic psychologists have many responsibilities in a hospital setting that are consistent with clinical psychologists, such as engaging in intervention [group and individual], assessment [intellectual, personality, social-emotional], consultation, research, program evaluation and development, supervision, and advocacy. When I reflect over my learning experiences, I recognize and appreciate that there are unique roles and challenges forensic psychologists face within a hospital setting:

- 1.) Balancing the focus of recovery while simultaneously respecting limits of sentencing. Therapy in this setting is primarily a dual-rehabilitation focus targeting recovery and management of mental illness, as well as addressing criminogenic needs, which are empirically supported, individualized factors that influence a person's risk for recidivism. Despite some clients who demonstrate a positive recovery trajectory, they remain on a Disposition Order, and many clients perceive the order as "holding them back." It is often a frustrating experience to wait for yearly hearings in order to know whether there will be legal progress. If the decision is such that a person must remain in hospital for another year or the person did not receive the outcome as hoped, this is often upsetting and contributes to decompensation, relapse, and stagnation of recovery. It can be a challenging endeavor to determine how is best to help clients experience increased autonomy within the legal constraints that they have been given. This can be further complicated if your client is a Dual-Status Offender, in which he or she is also simultaneously being processed for (or simultaneously serving) a sentence for a crime that he or she was deemed Criminally Responsible.

- 2.) Ethical Considerations. Psychologists also conduct risk assessments, which include a battery of empirically supported measures which help inform the decision

about an individual's risk for recidivism. Risk assessment evaluates risk for violence at the current point in time and projects probability of recidivism at different times in the future, both taking into account numerous criteria, such as professional supervision and support. There are always potential ethical concerns that can arise within risk assessment. For example, if you are engaging with your client in ongoing therapy, it would not be appropriate for you to also perform the client's annual risk assessment. The goals of these two relationships with the client are different and it is optimal for all if these roles do not overlap in the same psychologist. However, this does require the client to work with two different psy-

chologists, and this can be challenging for some clients who are used to disclosure with their therapist, but are not used to disclosure with the assessor. Both psychologists work hard to collaborate and ensure person-centered care during this time, especially since being interviewed for a risk assessment can trigger uncomfortable emotions, such as being asked to recollect an index offence.

Psychologists wear many hats in the forensic hospital setting, some of which are unique to the forensic world and pose unique challenges. Despite the challenges, working with adults found NCR-MD in a forensic hospital setting is vibrant, public service work that is intellectually stimulating and richly satisfying. It is particu-

larly satisfying to be able to advocate not only for the necessity of forensic psychologists in a hospital setting, but also for your clients, so that they may be better understood on their road to recovery. I believe it is important as a psychologist-in-training to engage in advocacy and practice compassion for these individuals, who are often marginalized within their communities.



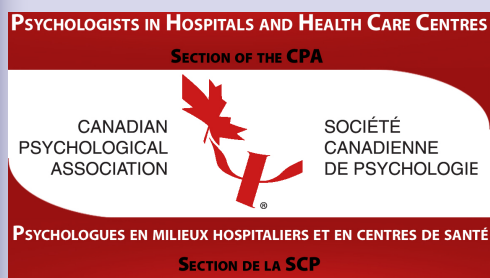
Ontario Shores Centre for Mental Health Sciences

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Parkwood Institute at St. Joseph's Health Care London

<http://www.cpa.ca/aboutcpa/cpasections/Hospitals/>

Newsletter Contributions Welcome – Instructions to Authors

We welcome submissions from section members to our newsletter. We are interested in hearing from our members to share knowledge, successes and challenges of the hospital based psychologist.

We have developed some recurring columns, but are open to other ideas. The following columns are available for contributions:

- 1) Open submissions: 500-1000 word column outlining a specific issue; historical review of a department; or any other topic of interest to the section.
- 2) Leading Practices: 500-1500 words Reports of psychological services that are considered leading practices, ei-

ther as a result of recognition by accrediting bodies such as the Canadian Council on Health Services Accreditation (CCHSA: "Accreditation Canada") or similar organizations, or through outcome data that demonstrate the effectiveness of an innovation or an exemplary service model.

- 3) Recommended reading: 100-150 word summary of any article, book, website, journal, etc that would be of interest to the section.

- 4) Cross country check up: 500-750 word article outlining an issue or experience that may apply across the country .

- 5) Student focus: 250-1000 word sub-

mission from a student member.

- 6) Short snappers: 150-175 words describing a new initiative, a promising practice, a summary of a research study, etc.

- 7) Member profile: 250 word biography including picture of a member.

- 8) Other areas: announcements, job postings, clinical practice guidelines, management structure.

Please send submissions to:

Dr. Deanne Simms
deanne.simms@iwk.nshealth.ca