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Newsletter of the Clinical Section of the Canadian Psychological Association
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Message from the Chair

John Pearce, Ph.D., R.Psych.

As the new Chair of the Clinical Section, I want to first express my appreciation to Dr. Christine Purdon who just completed four years on the Executive. Among the many strengths that Christine brought to the Executive was her ability to quickly and incisively size up the core points embedded in complex situations and propose viable solutions. She worked diligently for the Clinical Section and was a wonderful colleague whose wit and camaraderie will be missed. Thank you Christine!

I am pleased to welcome Dr. Mark Lau, Chair Elect, to the Executive. Mark is a Research Scientist and Director, BC Cognitive Behavior Therapy Network with the BC Mental Health and Addiction Services. He is also a Clinical Associate Professor of Psychiatry at the University of British Columbia. Melissa Kehler continues as the Student Representative, Dr. Andrew Ryder is the Member-at-Large, and Trish Furer is our Secretary-Treasurer. Dr. Deb Dobson has stepped into the Past-Chair role. Thanks to all for volunteering their time to serve on the Executive. And a special thanks to Dr. Jessey Bernstein and Dr. Margo Watt for the great job they do as co-editors of *Canadian Clinical Psychologist*.

CPA 2008 Annual Convention

The Clinical Section co-sponsored several major presentations in Halifax. Dr. Sandra Byers gave this year's pre-convention workshop entitled *Working with Clients Who Have Sexual Difficulties*. She provided a comprehensive overview of this area for clinicians with a general practice. We were fortunate to co-sponsor Dr. Byers' workshop

with the Section on Women and Psychology. The Clinical Section and the Health Psychology Section co-sponsored the 2008 Master Clinician workshop that was given by Dr. Michael Vallis. *Competency in Lifestyle Interventions: Mastering Motivational Enhancement, Behaviour Modification and Emotion Management* underscored the important role psychology should play in health care in the 21st century. His free public lecture, *Winning the Battle of the Bulge: Real World Strategies for Obesity Management*, was well-attended and offered an engaging review of practical strategies based upon psychological principles and research. We want to thank Drs. Byers and Vallis for their important contributions to the convention. Reviews of their presentations are included in this edition of the *Canadian Clinical Psychologist*.

Working with the Section on Women and Psychology, we co-sponsored the nomination of Charlotte Robb for her invited address, *The Relational Revolution*. As well as these major events, the Clinical Section had 133 poster sessions, four workshops, two theory reviews, seven symposia and five conversation sessions accepted at this year's convention.

We plan to continue to work with other sections to co-sponsor presentations at the 2009 Convention. At this year's Section Chairs meeting in Halifax, Deb Dobson proposed that a pre-convention workshop committee be struck. The intent is to foster more collaboration and co-sponsorship, thereby reducing the likelihood of similar workshops or those that attract the same audience and attenuating the risk that sections might incur a financial deficit if attendance is low. The chairs accepted this proposal and the Clinical Section, along with the Section on Women and Psychology,

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Call for Nominations Officers of the Clinical Section



An easy and meaningful way you can show your support for the Clinical Section is to participate in the election process.

For 2009-2000, the Section requires nominations for two positions (1) the position of **Chair-Elect** (a three-year term, rotating through Chair and Past Chair); (2) the position of **Student Member** (a renewable one-year term). Continuing members of the Executive for 2009-2010 will be Dr. Mark Lau (Chair), Dr. Patricia Furer (Secretary-Treasurer), Dr. Andrew Ryder (Member-at-large), and Dr. John Pearce (Past-Chair).

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 statement from the nominee confirming his/her willingness to stand for office, and
- a letter of nomination signed by at least two members or Fellows of the Clinical Section.

Deadline for receipt of nominations is March 20th, 2009.
Send nominations for the Executive to:

Dr. Deborah Dobson, Past Chair
Outpatient Mental Health Program,
Sheldon Chumir Centre
6th Floor, 1213—4th Street S.W.
Calgary, AL T2R 0X7

Email: Deborah.Dobson@CalgaryHealthRegion.ca

Message from the chair, cont'd

Social Psychology and Environmental Psychology sections, will serve on the committee. The Clinical Section has started to plan for the 2009 Convention that will be held in Montreal from June 11 to 13. The submission deadline is November 15, 2008.

Following tradition, the Clinical Section was honored to present several awards at this year's Annual Business Meeting. Pamela Seeds won the first prize for the Clinical Section Travel Award, and Laura Nichols and Kathy Chan won second prize (East) and second prize (West), respectively. Esther Lau from Dalhousie University was this year's winner of the Ken Bowers Award for Student Research for her poster entitled *Neurocognitive and Psychosocial Outcomes in Patients with Obstructive Sleep Apnea Treated with Continuous Positive Airway Pressure*. A brief biography and a summary of Esther's poster are included in this edition. The Clinical Section extends congratulations to Dr. Kerry Mothersill, Cognitive Therapy Service, Outpatient Mental Health Program, Calgary Health Region and University of Calgary, who was awarded the status of Clinical Section Fellow for 2008. We've included Kerry's biography in this edition.

Looking Ahead

Fact Sheets. The CPA Board has developed new guidelines for the development and revision of Fact Sheets, including a more extensive review of Fact Sheets by CPA Sections. Dr. Karen Cohen, Executive Director of CPA, describes these changes in this edition of the *Canadian Clinical Psychologist*. A thorough evaluation and review of the changes is scheduled to occur at the 2009 CPA Convention.

Clinical Section Student Grant. The Clinical Section has initiated a new award of up to \$2000 (or two awards of \$1000) for the Section's students for 2009. This unique award recognizes a student who has organized extracurricular educational activities, including clinically-relevant lectures, round table discussions or a minimum half-day workshop. To be funded, these activities must be consistent with the Section's commitment to evidence-based practice. We wish to thank our previous Student Representative, Andrea Ashbaugh, for initiating this project and doing the groundwork, and our current Student Representative, Melissa Kehler, for all the time and energy she devoted to further developing and refining this project. You can find Melissa's detailed description of this new award in this edition.

Clinical Section's Involvement with the Mental Health Commission of Canada (MHCC). The Mental Health Commission of Canada is an important initiative in the mental health arena. As many of you already know, Dr. John Service, former Executive Director of CPA, is now the Chief Operating Officer of the MHCC. In the 2008 Spring edition of our newsletter, Deb Dobson described the importance of psychology and, in particular, the Clinical Section playing a significant role in the deliberations of the MHCC. I'm pleased to announce that the Clinical Section will be participating in the development and implementation of a survey designed to evaluate the extent of stigmatizing attitudes to mental illness among mental health professionals, along with other CPA sections and led by the CPA Professional Affairs portfolio. In her column in the October 2007 *Canadian Clinical Psychologist*, Deb persuasively argued that the MHCC represents a unique opportunity for psychologists to become involved in this debate about a national mental health strategy and to work to diminish the stigma and discrimination that many of our citizens with mental health problems confront every day. She's followed this up with a column in this issue that amplifies these themes. *-J.P.*



Message from your Co-Editors

We hope that you are all enjoying the transition into Fall. October tends to sneak up on the two of us: our heads emerge from teaching notes, clinical charts or an unfinished manuscript as we suddenly realize that there is another newsletter edition to publish! Fortunately for us, our Section executive help keep us on the ball: they consistently send us their regular pieces – the Chair’s Message, now written by John Pearce, or Trish Furer’s well-summarized Section meeting minutes – without waiting to be asked, and ahead of schedule, natch! We also appreciate that they go above and beyond by contributing additional items, such as Deb Dobson’s summary of the listserv discussion of the Canadian Mental Health Commission, or the profile that she and John Pearce co-wrote about our newest section Fellow, Dr. Kerry Mothersill. We are all better-informed thanks to our executive’s continued support of this newsletter.

We are also better-represented due to their work in listening to and giving voice to the concerns and needs of Section members in a variety of forums. Most recently, Deb and John have agreed to sit on a committee of the Canadian Mental Health Commission (CMHC) that will survey clinical psychologists regarding attitudes towards clients with mental health problems.

The CMHC has been big in the news lately. One of its major stated goals is to tackle stigma and discrimination against mental illness. Whether by coincidence or design, Canada Post has recently decided to raise awareness about this same issue.



In an effort to reduce the stigma of mental health stigma in the workplace, Canada Post has released a postage stamp of a person holding a megaphone symbolically emerging from the shadows and into the light, with the words “Mental Health/Santé Mentale” written above. A 10-cent surcharge on these stamps will go to support mental health research and patient support. The organization has also chosen to become a Platinum Plus-level sponsor of Canada’s annual Mental Illness Awareness Week (dates), which is a national campaign that endeavors to educate the public about the burdens of mental illnesses and the ways in which they are treatable. The company’s leadership and voice on this issue is commendable.

There are multiple ways for us to contribute to the reduction of the stigma of mental illness, but we have just been given two more: we can contribute to surveys conducted in relation to the CMHC, and we can spend an extra dollar on our next purchase of a booklet of stamps.

-JB & MW

P.S. from Jessey: Margo and I are aware that many of our section members write productively in their areas of expertise, and have been tossing around the idea of a “section book club” where books (co)-authored by Canadian clinical psychologists might be featured and/or reviewed. So, when better to start this feature than now, when Margo’s first book is about to be published? You can go to page 21 to see a few new and forthcoming clinical texts, and you are also heartily invited to submit yours and your colleagues’ recent or upcoming books for the future newsletters!



Appel de Candidatures

Membres du comité exécutif - Section clinique



Votre participation au processus d'élection des membres du comité exécutif est importante pour la Section clinique. Pour l'année 2009-2010, la Section clinique doit combler deux postes : (1) la poste de président(e) élu(e) qui est un mandat de trois ans qui comprend une année comme président(e) élu(e), une année comme président(e), et une année comme président(e) sortant(e); et (2) une poste de membre étudiant(e) (mandat d'un an). Les quatre personnes qui poursuivront leur mandat en 2009-2010 sont: Dr. Mark Lau (Présidente), Dr. John Pearce (Présidente sortante), Dr. Patricia Furer (Secrétaire-trésorier), et Dr. Andrew Ryder (Membre).

Bien qu'il n'existe aucune exigence formelle, la Section clinique privilégie une représentation géographique équitable et une égalité des genres dans la composition de l'exécutif.

Les candidatures doivent être accompagnées: (a) d'une confirmation de la candidate ou du candidat acceptant de siéger au bureau de direction selon le poste assigné, et (b) d'une lettre d'appui signée par au moins deux membres ou Fellow de la Section clinique.

Date limite de réception des candidatures: le 20 mars 2009.
Faire parvenir les candidatures à l'attention de:

Dr. Deborah Dobson, Présidente Sortante
Outpatient Mental Health Program,
Sheldon Chumir Centre
6th Floor, 1213—4th Street S.W.
Calgary, AL T2R 0X7



Summary of Minutes of Spring Teleconference Meeting
April 21, 2008

Present:

Deborah Dobson (Chair), Christine Purdon (Past-Chair), John Pearce (Chair-Elect), Patricia Furer (Secretary-Treasurer), Andrew Ryder (Member-at-Large), Melissa Kehler (Student Member)

Highlights:

- Clinical Section Annual Report for CPA will be circulated to the committee for review.
- Follow-up to CPA Board meeting:
 - Funding for student travel: CPA Board indicated that it would be up to the Clinical Section to determine whether to set aside funds for this.
 - Translation request: The Board agreed that they would provide French-language translations in-house. Requests to be evaluated on a case-by-case basis.
 - Scheduling conflict for CPA 2010 and the World Congress of Cognitive and Behavior Therapies. Apparently no changes can be made to the scheduling of CPA because of hotel contracts. We recognize that this will impact attendance (especially by clinical psychologists) and recruitment of keynote speakers.
 - CPA Board handled the concerns about the website problems effectively.
- CPA nominations for the Board: Dr. Lorne Sexton has been elected by acclamation as the Director-Practitioner. Dr. David Dozois has been elected by acclamation for another term as Director-Scientist.
- Dr. Kerry Mothersill has offered to serve as the Clinical Section representative on the Task Force for Prescription Privileges.
- The original authors of the 1998 Clinical Psychology Section Task Force on Empirically Supported Treatments (Drs. J. Hunsley, K. Dobson, C. Johnston, & S. Mikail) all expressed interest in being part of a committee to revisit the recommendations coming out of the original report.
- Mental Health Commission: An announcement has been placed in the newsletter soliciting ideas from our membership with respect to their initiatives.
- Current section membership is at 913 with 311 new members.
- Current bank balance for the Clinical Section is \$20 782.12. GICs come to maturity in June 2008 with a present value of \$4412.09.
- Budget issues for 2008-2009:
 - We may need an administrative assistant for the Empirically Supported Treatments Initiative.
 - We discussed funding for travel to CPA for the Clinical Section Student Rep. A proposal will be presented at the ABM in Halifax.
- The Student Travel awards have been advertised on both the Clinical Section and Student Section listservs.
- Ken Bowers Award: Information has been posted on the Clinical Section and Student listservs. The reviewers for this award are Stewart Longman and Barbara Backs Dermott. The winner for this year will be announced shortly. We will extend the deadline next year to May 1, 2009 to allow students more time to apply.
- Revisions to the Student Grant Proposal are being made.
- Mark Lau has accepted the nomination for Chair-Elect for the Clinical Section.
- A letter has been sent out to non-renewing section members. We hope to get this letter translated into French for next year.
- Communications:
 - CPA has restored the section website. The links to the old newsletters no longer function and other links have been problematic in the past week as well. These concerns will be addressed.
 - The most recent edition of the Section Newsletter was great. Thanks to Margo Watt and Jersey Bernstein for their ongoing hard work on this.
 - The archiving project is in progress. Materials are being loaded onto the new external hard drive.
 - The listserv appears to be serving its intended purpose of facilitating information sharing.
 - A request will be sent out to the Fact Sheet authors giving them the opportunity to revise/update their Fact Sheet.
- CPA 2008 Conference (Halifax, June 12-14):
 - The Clinical Section is co-sponsoring a preconvention workshop with SWAP. Dr. Sandi Byers' workshop is entitled: "Working with clients who have sexual difficulties: A workshop for psychologists with a general practice."
 - Dr. Michael Vallis's Public Lecture is entitled "Winning the battle of the bulge: Real world strategies for obesity management."
 - The ABM for our section will be held during CPA on Thursday June 12th at 5 pm in Halifax.
- The Clinical Section Executive will meet briefly prior to the ABM. (4:45 on Thursday June 12). Dinner meeting for the executive to follow the ABM.

-Submitted by Patricia Furer, PhD., C, Psych.
Secretary-Treasurer



**Summary of Minutes of the Annual Business Meeting
 June 12, 2008
 Halifax, Nova Scotia**

Members present: Jessey Bernstein, Camillia Clark, Penny Corkum, Deborah Dobson, Keith Dobson, David Dozois, Gail Eskel, Patricia Furer, Valerie Grant, Melissa Kehler, Esther Lau, Mark Lau, Catherine Lee, Kerry Mothersill, John Pearce, Christine Purdon, Adam Radomsky, Andrew Ryder, Lorne Sexton, Margo Watt, Marta Young.

Highlights:

- The Executive Committee for 2007-2008 included Deborah Dobson (Chair), Christine Purdon (Past-Chair), John Pearce (Chair-Elect), Patricia Furer (Secretary-Treasurer), Andrew Ryder (Member-at-Large) and Melissa Kehler (Student Member). The executive had two teleconference meetings (9/10/2007 and 4/21/2008) and two in-person meetings (6/7/2007 and 1/26/2008), as well as regular email correspondence and phone contact throughout the year.
- The Clinical Section has continued its advocacy for the profession and support of students and has had continued involvement with CPA Board.
- Enhanced electronic newsletter published under the editorship of Margo Watt and Jessey Bernstein.
- The Section is also encouraging a broader focus for the listserv on a trial basis to further enhance communication within our Section.
- The Section archives are now complete and all the information has been stored on an external hard drive for extra security.
- A new initiative to revisit the recommendations coming out of the 1998 Clinical Psychology Section Task Force on Empirically Supported Treatments is now underway. The original authors of this document (Drs. J. Hunsley, K. Dobson, C. Johnston, & S. Mikail) will be meeting on June 14 to begin the review.
- Financial issues:
 - Current bank balance is \$23 664.37 and we have \$4478.27 in GICs. The total assets of the Clinical Section are \$28 142.64.
 - Proposed budget for 2008-2009: includes new funding of up to \$800 towards 2008 convention expenses for the Student Representative of the Clinical Section. \$2000 has been allocated for the Clinical Section Student Grant. It was also proposed by the membership that we allocate \$5000 for a special grant for advocacy issues (eg: the Mental Health Commission of Canada).
 - Also recommended: shift additional monies to GICs.
- Current membership is 962 including 352 student members.
- 2008 CPA Convention:
 - The Clinical Section sponsored: (a) a pre-convention workshop by Dr. Sandra Byers on working with clients with sexual difficulties; (b) a public lecture on obesity management and master clinician workshop on lifestyle change intervention by Dr. Michael Vallis; and (c) an invited address by Dr. Christine Robb entitled "The Relational Revolution." The Clinical Section worked with three other Sections on co-sponsorship and nominations for speakers.
 - Appreciation was expressed to the 16 individuals who reviewed this year's conference submissions.
 - 2007 Travel Award winners: Debbie Semple (1st prize), Valerie Grant (2nd prize Central), and Jenny Horch (2nd prize West).
 - There were a modest number of applicants for the 2008 Clinical Section Travel Awards. Ideas as to how we might encourage more students to apply for these travel grants were discussed.
 - The 2008 Ken Bowers Award for Student Research has been awarded to Esther Lau from Dalhousie University for her poster entitled "Neurocognitive and psychosocial outcomes in patients with obstructive sleep apnea treated with continuous positive airway pressure."
 - In recognition of his important contributions to clinical psychology and the Clinical Section, the Section has awarded the status of Fellow to Kerry Mothersill.
 - Clinical Section Student Grant: This grant is designed to assist graduate students in extending their educational experiences through activities such as organizing workshops or lectures. The Student Grant funding can be up to \$2000. Application deadline is November 30, 2008. Adjudicators will be either members of the Clinical Section Executive or individuals appointed by the Executive.
- There are 37 Fact Sheets on the CPA website authored by Clinical Section members. All of these authors have been contacted over the last few days about whether their Fact Sheet needs updating.
 - There will be a new Fact Sheet on evidence-based intervention for bullying.
 - The CPA Board is working on developing guidelines for the development and revision of Fact Sheets. There will be a Conversation Session on June 14 about the Fact Sheets, including possible topics for new sheets. It was noted that attribution of authorship is an issue that needs to be addressed.
- The Clinical Section website, using the CPA uniform format, is now back in order and the number of broken links is being steadily reduced. Older material will be added to the website on an ongoing basis.
- Mark Lau has been nominated as Chair-Elect of the Clinical Section Executive for 2008-2009. Andrew Ryder and Melissa Kehler have agreed to continue on as Member-at-Large and Student Representative, respectively, for another term. All elected by acclamation.
- Sincere appreciation was conveyed to Christine Purdon for the wonderful job she has done during her tenure on the Executive (most recently as Past-Chair).
- Members were encouraged to propose speakers/topics for the 2009 CPA Convention in Montreal.

-Submitted by Patricia Furer, Ph.D., C. Psych.
 Secretary-Treasurer

**Welcome to our New Section Fellow—
Dr. Kerry Mothersill**

Deborah Dobson, PhD, R. Psych.
Outpatient Mental Health Program,
Sheldon Chumir Centre, Calgary Alberta
John Pearce, PhD, R. Psych.
Child Abuse Service
Alberta Children's Hospital, Calgary, Alberta

It was with great pleasure that the Clinical Section elected Dr. Kerry Mothersill as the 2008 Fellow. He is the consummate clinical psychologist who has successfully melded clinical practice, research and scholarly pursuits, teaching and supervision, and involvement in professional affairs into a career that exemplifies the scientist-practitioner model and an enviable commitment to professional psychology and the people we serve.

Kerry is the Program Facilitator at the Outpatient Mental Health Services and Coordinator of the Regional Psychological Assessment Program, Calgary Health Region, and the supervisor of the Cognitive Therapy Program. A noted expert in cognitive therapy, Kerry completed extramural fellowship training with Dr. Aaron Beck and Dr. Raymond Harrison after being awarded a doctorate in clinical psychology from the University of Western Ontario in 1980. He is a Diplomate of the American Board of Vocational Neuropsychology and a Diplomate and Senior Disability Analyst of the American Board of Disability Analysts, as well as the current Chair of the Psychology Professional Practice Committee, Calgary Health Region. He maintains an active private practice.

Kerry's strong commitment to student training and supervision is clearly exemplified in the numerous graduate students and interns he has supervised, his years of service as a site visitor for the CPA Accreditation Panel, and his involvement on the Executive Committee of the Canadian Council of Professional Psychology Programs (CCPPP), including his tenure as President of CCPPP in 1997-1998. He is an Adjunct Associate Professor in the Program in Clinical Psychology at the University of Calgary, has taught courses at both the graduate and undergraduate levels, supervised seven students who have done Honours theses under his guidance, and has served as a committee member for 27 doctoral and masters students. Kerry has been an active researcher and scholar and has published in journals such as *Journal of Personality and Social Psychology*, *Canadian Psychology*, and *Addictive Behaviors*, as well as presenting numerous papers and workshops, both nationally and internationally, and has been an ad hoc reviewer for *Journal of Consulting and Clinical Psychology*, *Behavior Therapy*, and *Canadian Psychology*, among others.

Most of us would be proud to have accomplished so much in our careers. But Kerry has further extended his skill and expertise to the advancement of psychology as a profession. A major impetus for his election as a Fellow is Kerry's extensive involvement with the Clinical Section. He was the Chair (2002-2003), Chair-Elect (2001-2002), and Past-Chair (2003-2004). He also kept our books and kept a scrupulous eye on our finances as Secretary-Treasurer from 1990-1992 and 2004-2006. He has been an oral examiner for psychologists' registration in Alberta from 1995, has been an Ethics and Practice Advisor for the College of Alberta Psychologists since 2006, and served as President of the Psychologists Association of Alberta from 1992-1993.

But there's even more. Kerry looked beyond provincial borders and became involved at a national level. He has been the Alberta representative to the Board of the Canadian Register of Health Service Providers in Psychology (CRHSP) and the provincial representative to the Council of Provincial Associations of Psychology (CPAP). Given his interest in student training, it is understandable that Kerry agreed to be the International Editor of the *APPIC Newsletter* from 1995 to 1999.

Kerry is more than a superlative psychologist. He's a devoted father of two children; his delight in being their dad is clear when his eyes light up when he talks about them. Furthermore, Kerry's reputation for working cooperatively and collaboratively with others is well-deserved and recognized by all those who know him. We couldn't ask for a better colleague and friend! The Clinical Section is honored to bestow the award of Fellow upon such an excellent nominee. Ψ



**Dr. Kerry Mothersill,
recipient of the
2008 Clinical
Section Fellow
Award, with
past-Chair Deb
Dobson.**

Canada's Mental Health Commission—
Summary of Listserv Discussion

Deborah Dobson, PhD, R. Psych
Past-Chair, Clinical Section



Last spring, I started a discussion on the Clinical Section listserv regarding the Mental Health Commission of Canada, which has been operating for just over one year. As many of you are aware, this commission is chaired by Michael Kirby, and is an independent body, operating at arm's length from all governments. There are a number of psychologists involved in its operations and committees. The Commission's goals include the development of a National Mental Health Strategy, the launch of a major 10-year anti-stigma and discrimination reduction campaign and the development of a knowledge exchange available across Canada. In February 2008, the Federal Government also allocated money to the Commission to conduct research demonstration projects on homelessness in five cities in Canada.

Clinical section members who participated in the listserv discussion emphasized the need for a national mental health strategy. One member stated "Canada should have a national strategy and we don't have to re-invent the wheel to develop one." There certainly was a consensus that psychologists must be involved: we should be at the table and we should be taking a lead role in all of these issues. It also became clear that we already are involved through participation from CPA as well as from the efforts of many individual psychologists.

There was some difference of opinion regarding which were the most important of the issues, particularly with respect to the anti-stigma campaign. While several respondents noted that stigma often leads to people delaying treatment, some felt that other concerns, such as access to treatment, should take precedence. Issues that were raised were the importance of primary prevention, access to publicly funded psychological services and evidence-based treatment. Lack of public funding for services was highlighted as a critical barrier for people with mental health problems that should be addressed by the Commission. One participant stated that "money should be spent addressing the service shortfalls in mental health."

Ambivalence regarding the medical model and terms such as "mental illness" were noted. Not surprisingly, the importance of psychological, behavioral, cognitive and interpersonal factors for mental health was mentioned. A broad and multifactorial view of mental health should be represented in the Commission's work and should include the full range of problems, not just severe and persistent mental disorders, such as schizophrenia or bipolar disorder. To quote another

participant "...normalizing the human experience of life challenges and the need to develop 'coping strategies' early in life as part of one's armamentarium of life skills is an important public service and education component of our work and that of the Commission. This is a public health issue. It is important to note that the Commission is about mental HEALTH."

Thank you all for your participation. John Pearce and I met with Karen Cohen at the conference in Halifax last June regarding ways in which the Clinical Section can be involved with CPA's work with the Commission. As a first step, we have agreed to sit on a committee (along with CPA Professional Affairs Committee, other CPA Section representatives, and the Canadian Mental Health Association's National Office) to help develop and conduct a survey of clinical psychologists (and possibly another service provider group) regarding attitudes towards clients with mental health problems. Ψ

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 organizations at the national, provincial or local level; (3) leadership on clinical issues that relate to broad social issues; and (4) service outside one's own place of work. Note that clinical contributions should be given equal weight compared to research contributions.

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 15, 2009** to:

Mark Lau, Ph.D., R.Psych.
BC Mental Health & Addiction Services
201-601 West Broadway
Vancouver, BC V5Z 4C2
Tel: (604) 707-6358
Fax: (604) 707-6399

Email: mlau4@bcmhs.bc.ca

**CPA Fact Sheets:
2008 Reviewed and Revised Procedures**

K.R. Cohen Ph.D.,
Executive Director
Canadian Psychological Association

As is well known to the membership of CPA's Clinical Psychology Section, CPA has published a series of fact sheets for some time on a diverse number of topics related to mental health, mental disorders and psychological assessment and intervention. The fact sheet initiative was born out of a conversation some years ago between Drs. Lorne Sexton and John Service, and members of CPA's Clinical section went on to author many of them.

The fact sheets are well accessed and a sterling example of knowledge transfer and public education. They are intended to provide a clear and succinct overview of a psychological disorder or condition. Over time, however, it became clear that the CPA had to refine its policies and procedures for ensuring that the fact sheets were current, covered a broad array of relevant mental health topics, and discussed a representative array of psychological knowledge and evidence-based interventions.

Accordingly, in response to membership feedback and in collaboration with section members, Head Office has established a new set of procedures for reviewing and revising fact sheets. This development has been made possible in no small measure through the leadership of CPA President Dr. Catherine Lee and the dedication and hard work of many Clinical Psychology Section members.

Facts sheets may be initiated by any section of CPA, by the Board of Directors of CPA, by CPA's Head Office or by any member of CPA. Fact sheets are typically 1 to 2 pages in length, written in either English or French and in accessible language. The topic of every fact sheet will be a mental disorder, condition or issue. Relying upon the relevant research literature, the fact sheet will describe the disorder, condition or issue, as well as the evidence-based ways in which it is assessed, diagnosed, treated and/or managed. Each fact sheet will highlight evidence-based psychological interventions and offer links to resources when possible (e.g. agencies or websites providing further information or referrals for treatment).

The foregoing description of fact sheet "how to's" will be posted on CPA's website and available through CPA's Director of Communications, Linda McPhee, at communications@cpa.ca

All proposed fact sheets or proposals for fact sheets will also be submitted to CPA's Director of Communications, Linda McPhee. Ms McPhee will provide guidance to authors about the development of a fact sheet and will do a first edit of each submission to ensure consistency in length and language among all fact sheets and to ensure that information is clear and accessible to the public.

Chairs of all CPA sections will then be notified that a proposed fact sheet will be posted on a CPA portal for section review. Sections will be invited to have one representative review the proposed fact sheet, using a rating sheet provided, and to submit their feedback to CPA Head Office within 4 weeks. After 4 weeks, all feedback received by Head Office will be sent to the author for review. In the event that there is substantive disagreement between the author and section feedback (e.g. an author disagrees with a reviewer about the indication of a particular diagnostic criteria or treatment recommendation), the fact sheet and feedback will be sent to a committee composed of CPA's Directors of Science, Practice and Education and Training. The decision of that committee will be binding. However, an author who disagrees with the committee's decision, and the ultimate content of the fact sheet, can choose not to be named as its author.

The primary author of each fact sheet will be named and acknowledged but CPA will retain corporate authorship of each fact sheet. All fact sheets will have a shelf life of 3 years at which time the primary author will be invited to update the fact sheet. After the primary author has either undertaken or deferred the need for an update, the fact sheet will once again be posted on the CPA Portal and CPA's Section Chairs will be invited to have a representative submit a review.

Head Office is hopeful that this revised procedure will allow for a fair, timely and responsive process that continues to enable CPA to provide excellent information to the public on psychological topics. Feedback from sections about the success of the revised procedure will be solicited, likely via an electronic survey after a year's time.

To see the current set of CPA's Fact Sheets, visit :

www.cpa.ca/public/yourhealthpsychologyworksheets/

**Workshop Review:
Working With Clients Who Have Sexual Difficulties
(Dr. E. Sandra Byers)**

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Mark Petter
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Dalhousie University, Halifax, Nova Scotia

On June 11, 2008 Dr. E. Sandra Byers presented this year's preconference workshop titled "Working with Clients who have Sexual Difficulties" in Halifax, Nova Scotia. Dr. Byers is a professor and chair in the Department of Psychology at the University of New Brunswick whose research and teaching interests are primarily in the area of human sexuality. She is also a licensed clinical psychologist, with a substantial portion of her private practice involving the provision of sex therapy to individuals or couples experiencing sexual difficulties. Dr. Byers has published extensively in the area of human sexuality on topics such as sexual satisfaction in long term relationships (Byers, 2005) and misperceptions of sex within heterosexual relationships (Miller & Byers, 2004). She has also co-authored several editions of *Understanding Human Sexuality* (Hyde, DeLamater, & Byers, 2006), a popular textbook in the field.

Epidemiological data suggests that sexual dysfunction is common for individuals between the ages of 18 and 59, with a point prevalence rate of 31% for men and 43% of women (Laumann, Paik, & Rosen, 1999). Importantly, the presence of sexual dysfunction is also associated with lower levels of physical and emotional satisfaction with the individual's primary partner, as well as lower general happiness. However, many graduate programs in clinical psychology offer little training in the area of sexual dysfunction, and only 22% of graduate students in clinical psychology report having dealt with sexual issues (Miller & Byers, 2006). According to Dr. Byers, this lack of training presents a problem because if the clinician does not bring up the topic of sex, clients may feel more reluctant to discuss sexual issues.

The focus of the workshop was addressing what Dr. Byers views as the requirements for practitioners wanting to work with clients with sexual difficulties: knowledge of the helping process, general therapy and interviewing skills, knowledge about human sexuality, comfort in talking about sexuality, awareness of one's own values and biases, and specific sexual therapy skills. In particular, the goals for the workshop were to help therapists with a general clinical practice clarify their personal barriers to working with sexuality issues, provide participants with an assessment model that can be used as a basis for designing effective interventions, and help participants to become more comfortable and effective in addressing clients' sexual issues. To this end, the workshop started with attendees completing the Sexual Intervention Self-Efficacy Scale (Miller & Byers, 2008), a measure of thoughts and feelings regarding a

clinician's current perceived ability to work with individuals who have sexual concerns.

Dr. Byers encouraged questions and discussion throughout the workshop and facilitated or demonstrated a number of exercises to highlight important points. The first exercise was designed to help attendees become more aware of their own biases towards sexual issues and involved small group discussion of personal experiences and backgrounds related to the discussion of, and messages about, sexuality. The exercise was used to point out one reason why clinicians may choose not to discuss sexuality with clients: their own experiences have created discomfort in talking about sex. The topic of sex may therefore be avoided, or the clinician may react differently towards clients (through verbal and non-verbal cues) when the topic is broached. At the end of this exercise, Dr. Byers underscored how knowledge of our own biases, and using behavioral rehearsal to practice discussing sexual issues with clients, are both valuable in helping clinicians become more comfortable and competent in dealing with sexual issues.

Following this exercise, models of sexual dysfunction were presented and discussed, including Masters and Johnson's sexual response cycle (Masters & Johnson, 1966) and Kaplan's sexual response model (desire, excitement, orgasm; Kaplan, 1974). Dr. Byers provided an overview of how various DSM-IV diagnoses are categorized based on where they fall within Kaplan's linear model of sexual response (e.g., hypoactive sexual desire disorders, erectile or arousal disorders, premature ejaculation or orgasmic disorders). Dr. Byers pointed out that the sexual pain disorders do not fit into any of these categories, which has led some to question whether they are more accurately classified as pain disorders (Binik et al., 2002). Dr. Byers also discussed the New View of Women's Sexual Problems (Kaschak & Tiefer, 2002), which criticizes previous models of sexual function as being androcentric and ignoring other important factors of sexual functions, such as socio-cultural, political, economic, relationship, psychological, and medical factors. Furthermore, other sexual difficulties that clients often experience, that are not included in the DSM-IV, were discussed (e.g., low sexual satisfaction, couples' frequency discrepancies).

Dr. Byers presented a comprehensive model of psychological sources of sexual difficulties, including factors such as misinformation, negative attitudes, relationship or psychological distress, anxiety, techniques and communication, and lifestyle. After a summary of many of the potential sources of sexual difficulties, both organic and psychological, Dr. Byers discussed the concept of the "sexual tipping point" (Perelman, 2005) in the treatment of sexual disorders. The sexual tipping point is a biopsychosocial approach to the treatment of sexual disorders, which acknowledges that a number of different factors influence the sexual functioning of each individual. Using this approach, it is up to the clinician to determine the most predominant factor contributing to a client's sexual disorder, while not ignoring other factors.

In order to determine the sources of sexual difficulties, and potential points of intervention, Dr. Byers advocated a thorough

assessment. For couples, Dr. Byers recommended seeing the couple together first to get a common understanding of their concerns, followed by individual assessments. The assessment process can include specific measures, such as the Marital Satisfaction Inventory-Revised (Snyder, 1997), as well as a comprehensive interview. Dr. Byers demonstrated an assessment interview and provided workshop attendees with an outline of pertinent assessment questions.

Depending on the assessment results, intervention may take many different forms. For example, education would be provided in the case of misinformation, cognitive restructuring would be employed to target negative attitudes, and sensate focus would be recommended for anxiety. Annon's (1976) PLISSIT model for working with clients with sexual difficulties was presented. This model proposes that the level of intervention provided should progressively increase, depending on the effectiveness of the implementation of earlier interventions in the model. The levels include: Permission from the therapist for the client to do what they are already doing, provision of Limited Information on correct anatomical or physiological information to restore clients' sexual functioning, provide Specific Suggestions in the form of practical hints, experiments, or exercises tailored to the individual case, or Intensive Therapy, the longer-term intervention for the limited number of complex cases whose problems are not addressed by earlier levels of intervention.

To close her presentation, Dr. Byers provided an overview of a sex therapy intervention. According to Dr. Byers, sex therapy starts with defining clear ground rules for the exercises, such as stopping the exercise for the day if anxiety increases, trying the exercise at least 3 times between sessions, and not engaging in sex during the intervention period. The recommended exercises start with self-exploration then progress from self-pleasuring, to mutual pleasuring, to intercourse (if desired).

Overall, Dr. Byers' workshop on working with clients with sexual difficulties was engaging, informative, and an excellent overview for the general practitioner. Ψ



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**Dr. E. Sandra Byers,
2008 CPA pre-
conference
workshop presenter,
co-sponsored by the
Clinical and the
Women and
Psychology Sections.**

Master-Clinician Workshop Review:

**Competency in Lifestyle Interventions:
Mastering Motivational Enhancement, Behavior
Modification, and Emotion Management
(Dr. Michael Vallis)**

John Pearce, PhD
Child Abuse Service
Alberta Children's Hospital, Calgary, Alberta

The Clinical Section, in conjunction with the Health Psychology Section, co-sponsored Dr. Michael Vallis who gave this year's Master Clinician Workshop at the 2008 CPA convention in Halifax. A recognized expert in health psychology and, in particular, diabetes and obesity management, Dr. Vallis gave an engaging and informative presentation that underscored the seminal role psychology should play in health care in the 21st century.

Dr. Vallis opened the workshop by recounting some alarming statistics about the increased incidence of diabetes. The World Health organization has declared Type 2 diabetes an epidemic, predicting an estimated 300 million cases in 2025, a huge increase from the 175 million estimated in 2000. In Dr. Vallis's words, "diabetes is the fastest growing disease on the planet." The pivotal role of behavior change, including social support and emotional well-being, in diabetes management is unequivocal. For example, adherence to a low-fat diet and regular participation in physical activity is associated with a significantly lower incidence of diabetes at a 3-year follow-up compared to placebo or drug regimens. Despite this evidence, he sounded a note of caution. Psychological services work well for many clients who actively participate in such programs and who are provided with regular follow-up. But what about those individuals who are not yet ready to change or do not have access to psychological services? After these preliminary remarks, he reviewed three critical skill sets necessary for facilitating behavior change, including interventions for those individuals who have not made an unequivocal commitment to change: motivational enhancement, behavior modification, and emotion management.

A first step in the motivational enhancement phase is assessing a client's behavioral intention using four straightforward questions: Do you think this is a problem? Are you distressed by the problem? Are you interested in change? Are you ready to change now? The psychologist should shift to motivational enhancement if the client answers "no" to any of these questions. Indeed, motivational enhancement is a central task and Dr. Vallis adeptly highlighted the notion that motivation is a two-step process with the following example. Eighty percent of annual treadmill sales by the Home Shopping Network occurs in January but of these, only 15% are being used in June. Negative feelings, such as guilt associated with excessive eating over the December holidays, serve as powerful, yet short-term motivators to change behavior. But as behavior change occurs, people start to feel better, which in turn decreases the guilt and

its consequent motivation, leading to the new behavior stopping. Negative feelings or crises may get behavior started, but positive sources of motivation (e.g., better health, increased feelings of control over one's life, higher self-esteem) are necessary for their continuation over the long-term. Furthermore, such behavior change is a long process. On average, it takes 2 to 5 years to make these behaviors part of one's lifestyle.

A key task in maintaining motivation is helping clients understand the reasons for their problematic behaviors. We need to ask them why they do what they do and assist them to evaluate the seriousness of the problem, the degree of personal responsibility they are willing to assume for their behaviors, and the extent to which they believe they have control of their behaviors. Another central question that clients must confront is why they want to change. Psychologists can help them through this process by introducing the concept of "decisional balance" – that all behaviors, including ones that place an individual's health at risk, have advantages and disadvantages, and that there are advantages and disadvantages to ignoring the health behavior. Clients need to process and analyze these competing forces, and then identify specific factors that may impede the adoption and maintenance of health behaviors.

Behavior modification, the second major component, includes setting goals that are specific, measurable, achievable, relevant, and timely. Dr. Vallis noted that the number of people who are unhealthy who do not do anything to change is very small; most try but eventually revert to their old patterns of behavior. Identifying broad goals such as "I want to be healthy" may quickly discourage clients from adhering to a diet or exercise program because such an outcome is not readily forthcoming or apparent. Behavior shaping helps ensure that the behavior is doable and specific and that both the client's and psychologist's expectations regarding the pace of change are realistic. The number of behaviors to be changed should be reasonable (no more than two) and we must be prepared to accept clients' inadequate approximations; in other words, "start slow and build."

Stimulus control is another set of interventions utilized in the behavior modification component. Helping individuals to identify the events, situations and people that affect the unhealthy behavior and to take control of these variables, such as limiting their availability and developing alternatives, are key tasks. Reinforcement management is another standard technique whereby clients identify positive reinforcers that they can administer contingent upon specific behaviors.

The third component, emotion management, includes commonly-used stress management techniques such as physical discharge, physical calming, emotional expression and seeking social support.

As well as describing specific interventions, Dr. Vallis's workshop clearly demonstrated the invaluable assistance clinical and health psychologists can offer individuals suffering from serious health problems. At the beginning of his workshop he

commented that health advanced in the 19th century due to the improvement in public hygiene and in the 20th century due to medicine. He predicted that health will be advanced in the 21st century as a result of further progress and refinements in behavior change and advocated strongly that psychology needs to assume a more prominent role in this arena.

The Clinical Section extends its appreciation to Dr. Vallis for his excellent presentation and to the Health Psychology Section for co-sponsoring the workshop. Ψ



Dr. Michael Vallis gave the Master Clinician Workshop at the 2008 CPA conference in Halifax, and was co-sponsored by the Clinical and Health Psychology Sections.

**Student Corner:
A New Grant for Students of the Clinical Section**

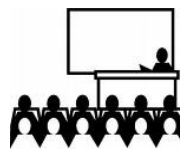
Melissa Kehler, M.A
Department of Psychology
University of Regina, Regina, Saskatchewan

Greetings! I hope you are all having a great start to the semester! I really enjoyed the conference in Halifax this summer and, if you were able to attend, I hope you did as well. The 70th annual convention in Montréal in June 2009 will be another great one, so don't forget to submit your abstracts by November 15th. Students whose abstracts are accepted by the Clinical Section are eligible to apply for the Ken Bowers Research Award and the Clinical Section Travel Awards; both are great opportunities for extra funding if you are already going to the conference – just ask the awardees for the 2008 conference. The Clinical Section also has some exciting news for this year: students can now apply for a new Clinical Section Student Grant! See below for more details. As always, please contact me if you have any questions, comments, or suggestions for the Clinical Section. Best wishes for a great year! Ψ



New: Clinical Section Student Grant

The Student Grant, valued at up to \$2000 or two awards of \$1000 each, has been designed to help Clinical Section students extend their educational experience through organizing extracurricular educational activities. Educational activities can take many forms, including lectures, round table discussions, or a minimum half-day workshop. Concurrent financial support for these activities by other sources is encouraged (e.g., university, hospital, community organization). An activity is eligible for this award if it is relevant to clinical psychology and is consistent with the Section's commitment to evidence-based practice. To apply, student members will submit an application form with a description of the educational activity and its relation to clinical psychology, the logistics of the activity, as well as a proposed budget and letters of support from the Chair of the Department and the Director of Clinical Training. After the completion of the activity, Student Grant recipients will



write up a summary of the activity for the Section newsletter. Thus, this grant facilitates an extension of educational activities, experience with organization of an event, including scheduling and budgeting, and allows students to summarize the activity for dissemination to Section members. ***The deadline for this year's applications is November 30th.***

Further information on this grant can be found on the Section website (www.cpa.ca/sections/clinical/newsandevents/) or by emailing Melissa Kehler at kehler2m@uregina.ca.

Congratulations to the 2008 Student Travel Award Winners!!

The Student Travel Awards were designed to help Clinical Section student members from across Canada finance their travel to the annual conference of the Canadian Psychological Association. This award was also intended to encourage communication between Clinical Section student members and to promote peer review of presentations. Thanks to all the students who were involved in the adjudication of students' work, including posters and oral presentations!

First prize, with a value of \$500, went to Pamela Seeds from Ingersoll, Ontario. Second prizes of \$200 each were awarded to students coming from the two regions in Canada other than where the conference was held, in this case the Central and West regions. This year, second prizes were awarded to Laura Nichols from Nepean, Ontario and to Kathy Chan from Richmond, British Columbia. The winners' abstracts appear below. Applications for the 2009 Student Travel Awards will be available in the spring, for students planning to attend the 2009 CPA conference in Montréal.

2008 Student Travel Award Winner Abstracts

★ **First Prize:** ★
Pamela Seeds, Ingersoll, ON

Self-Schema Organization and Cognitive Reactivity to a Negative Mood Prime

Pamela M. Seeds & David J. A. Dozois
University of Western Ontario

This study investigated the effect of cognitive organization of the self-schema on cognitive reactivity to negative mood changes. Two hundred and three undergraduate students completed a two-hour assessment, including measures of the organization of self-referent information, depressive symptomatology, dysfunctional attitudes, and mood state, as well as a negative mood induction procedure. Participants with more tightly interconnected negative self-referent schemas and/or more diffusely interconnected positive self-referent schemas were expected to show greater reactivity to a negative mood induction (i.e., greater changes in dysfunctional attitudes) relative to individuals with less interconnected negative schemas and/or more tightly interconnected positive schemas. Analyses indicated that none of the cognitive organization variables predicted cognitive reactivity to negative mood changes. The implications of these results are discussed as they pertain to cognitive organization as a vulnerability factor for depression. As well, limitations and areas for future improvements for research into these constructs are suggested.

Second Prize (Central):
Laura Nichols, Nepean, ON



Internet Addiction, Self-Efficacy and University Adjustment

Laura Nichols & Richard Nicki
University of New Brunswick

University students are experiencing more mental health problems than at any other time in the previous three decades. Data obtained from the Center for Disease Control National University Health Risk Behavior Survey revealed that among the top ten health impediments to students' academic performance was excessive Internet/computer use. Building on the available literature and past research in our laboratory, this study investigated variables that may affect university adjustment: Internet addiction, Internet self-efficacy for self-control (ISE1), and Internet self-efficacy for competency and knowledge of the Internet (ISE2). First-year undergraduate students (N=187) from the University of New Brunswick-Fredericton completed self-report questionnaire packages. Preliminary regression analyses revealed that ISE1 significantly predicted Internet addiction, and that Internet addiction significantly predicted university adjustment.

Second Prize (West):
Kathy Chan, Richmond, BC



Mother-Father Differences in Attributions for Child Behaviour

Kathy Chan, Kailee Penner, Clarisa Markel, Charlotte Johnston
University of British Columbia

Although discrepancies between mothers and fathers in parenting practices have been associated with child behavior problems, few studies have examined whether mother-father differences in attributions for child behavior are also associated with child outcome. This study takes a first step by examining whether differences exist between mothers' and fathers' attributions of children's behaviors. Participants included mothers and fathers of 8-11 year old boys. Parents completed the Written Analogue Questionnaire (WAQ), which asked them to imagine their sons displaying inattentive, oppositional, prosocial, and impulsive behaviors, and to make attributions regarding the causes of these child behaviors. The results of a preliminary analysis (N=15 mother-father pairs, a full sample of 50 is anticipated) showed that mothers held their sons more responsible and blamed them more for their oppositional and inattentive behaviors than fathers did (Responsibility $F(3, 42) = 3.21, p = .05$; Blame $F(3, 42) = 4.28, p = .02$). In contrast, fathers blamed themselves more for their sons' behaviors than mothers did, $F(1, 42) = 5.78, p = .03$. This poster will also investigate whether these patterns vary between parents of boys with and without behavioral problems. It is hoped that these findings will serve to inform interventions for parents and children with behavior problems.

**2008 Ken Bowers Student Research Award:
Esther Lau**



**Summary of Research:
Neurocognitive Outcomes in Patients with
Obstructive Sleep Apnea Treated with Continuous
Positive Airway Pressure**

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Centre, Halifax, Nova Scotia

Introduction

Obstructive sleep apnea-hypopnea syndrome (OSA) is one of the most common sleep disorders affecting 2% of females and 4% of males in the middle-aged workforce (Partinen & Hublin, 2005). OSA is characterized by repeated episodes of upper airway obstruction during sleep, resulting in periodic breathing interruptions (apneas/hypopneas), intermittent blood gas abnormalities, vigorous respiratory efforts, night-time snoring, and restless and fragmented sleep. During the daytime, individuals with OSA experience excessive sleepiness and fatigue, decreased cognitive function and mood changes, resulting in significant negative consequences in daily life (Aloia et al., 2004; Beebe et al., 2003; Engleman et al., 2000; Fulda & Schulz, 2003).

Research in the past 20 years has highlighted different neuropsychological deficits associated with OSA, including attention, memory, executive functions, and motor abilities (for review, see Aloia et al., 2004; Engleman et al., 2000; Sateia, 2003; Verstraeten et al., 2004). Continuous positive airway pressure (CPAP) is considered as the treatment of choice for moderate to severe OSA. CPAP is found to be effective in improving oxygen saturation and reducing sleep fragmentation (Grunstein, 2005; Patel et al., 2003) as well as improving sleepiness in most patients with severe OSA (Nussbaumer et al., 2006; Patel et al., 2003). Nevertheless, the effectiveness of CPAP in reversing cognitive deficits varies across studies (Aloia et al., 2004; Jones & Harrison, 2001). In general, most studies report some improvement in attention/vigilance (Alchanatis et al., 2005; Bonnet, 1993; Douglas, 1998; Montplaisir et al., 1992; Sánchez et al., 2001; Schneider et al., 2004), executive function, and memory (Saunamäki & Jehkonen, 2007; Weaver, 2001). Several investigators have highlighted the resistance of executive dysfunction to CPAP treatment, however, and proposed that executive dysfunction may reflect an underlying

more permanent pathophysiological damage and thus be more resistant to improvement with treatment (Bédard et al., 1993; Ferini-Strambi et al., 2003; Naëgelé et al., 1998).

The present study investigated the executive functioning of individuals with OSA treated with CPAP. It is important to fully understand the effectiveness of CPAP treatment on both nighttime and daytime functions in order to optimize outcomes and to provide more precise information to other health care providers and agencies, as well as to patients and families regarding long-term prognosis. We attempted to clarify the issue of the reversibility of executive dysfunction using current concepts of attention and executive function as developed by Baddeley et al. (Baddeley, 1996a, 1996b; Baddeley & Della Sala, 1996) in the theoretical model of working memory. We hypothesized that the performance of the OSA group would be comparable to healthy age-matched controls on tests of basic storage and rehearsal components in working memory. In contrast, the OSA group would show worse performance than healthy controls on tests that demand the involvement of the central executive. We also hypothesized that the OSA group would show comparable performance to controls on basic neuropsychological testing but worse performance on tests of complex attention and executive function.

Methods

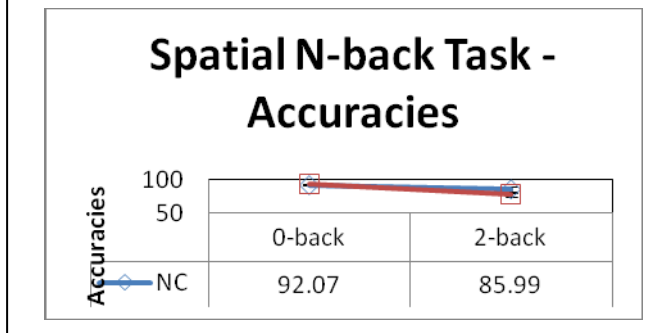
Thirty-two individuals with diagnosed moderate to severe OSA treated with CPAP for at least three months were studied. Twenty age- and education-matched healthy controls were recruited from the community. Participants completed experimental tasks of working memory, which included measures of the phonological loop (Digit Span, Verbal Memory Task), the visual-spatial sketchpad (Visual Span, Spatial Memory Task) and the central executive (N-back Tasks, Working Memory Span), and a neuropsychological battery. All participants also received an overnight sleep study using standardized procedures and scoring within eight weeks of the testing (Rechtschaffen & Kales, 1968).

Results

Patients showed significant improvements on respiratory and oxygen saturation indexes (RDI, minimum SpO₂, mean SpO₂). No between-group differences were detected on the sleep measures. The two groups also did not show significant differences on tasks of basic maintenance and processing. In contrast, there were interaction effects between Task Condition and Group on the Spatial N-back task, indicating that while the two groups did not differ on the control 0-back (simple target detection) condition, the OSA group was less accurate than the controls on the 2-back condition requiring the central executive. The OSA group also demonstrated a disproportionate reduction in performance in the dual condition on the Working Memory Span task, as indicated by a significant interaction between Task Condition and Group (Figure 1, next page).

On the neuropsychological battery, the OSA group performed worse on measures of attention and concentration (D₂ Test of Attention; Digit Symbol), and executive functions (Trail Making B, Wisconsin Card Sorting Test), and psychomotor dexterity and speed (Grooved Pegboard).

Figure 1. Interaction Effects between Task Condition and Group on Spatial N-Back Task. (NC – Normal Controls)



Discussion

This study investigated the neurocognitive outcomes of 32 patients with moderate to severe OSA treated with CPAP for at least three months. Our findings show that CPAP is effective in reducing apneas and hypopneas, and increasing oxygen saturation during sleep, in line with previous studies (Feuerstein *et al.*, 1997; Grunstein, 2005; Patel *et al.*, 2003). In terms of neurocognitive function, our data support our hypothesis that individuals with OSA treated with CPAP show “normalized” performance on basic attention tasks but enduring difficulties on tasks requiring the central executive (Spatial 2-back task, Working Memory Span task) and complex attention and executive function on neuropsychological testing. Our findings suggest that the executive difficulties in patients with OSA are multimodal (i.e., in both verbal and visual domains) and beyond the basic functioning of the storage systems of the working memory model. These findings provide support to the stance that difficulties with controlled (complex) attention and executive function in patients with OSA are more resistant to change (Bédard *et al.*, 1993; Ferini-Strambi *et al.*, 2003). While enduring executive deficits have been linked to hypoxemia, both hypoxemia and chronic sleep fragmentation can potentially contribute to disturbances of sleep and cellular and biochemical mediated brain damage, particularly the prefrontal cortex, leading to persistent executive deficits after treatment (Beebe & Gozal, 2002). Further investigations of the mechanisms of such difficulties are needed. Clinically, given the wide range of daily cognitive processes that are related to working memory (Baddeley, 2003), intervention strategies targeting any residual sleep difficulties and patients’ attention and executive function should be explored to enhance daytime performance. Ψ

Esther Y.Y. Lau recently received her PhD in clinical psychology from Dalhousie University, after completing undergraduate and Master’s degrees in psychology at the University of Hong Kong. She is the recipient of numerous scholarships and academic awards, and already has an impressive set of conference presentations and publications to her credit, with a particular focus on neuropsychology. As well as an exemplary research record, Esther’s clinical training and professional work experience range from successfully completing the Neuropsychology Track at the Vancouver Coastal Health Pre-Doctoral Internship Program to working as a clinical psychologist for the Hong Kong Police. The Clinical Section extends its congratulations to Esther and wishes her the best in her new position as Assistant Professor in the Dept of Psychology at the University of Hong Kong. - John Pearce

Retombée neurocognitives et psychosociales chez les patients souffrant d’apnée obstructive du sommeil traités avec de la pression positive continue sur les voies respiratoires

Résumé

L’apnée obstructive du sommeil (AOS) est l’un des plus communs troubles du sommeil et est caractérisée par une respiration interrompue durant la nuit, par de l’hypoxémie, par de la somnolence diurne ainsi que par des changements d’humeur et de cognition. Le traitement de choix est souvent l’application de pression positive continue sur les voies respiratoires (PPCVR), et les individus en traitement rapportent habituellement avoir un meilleur sommeil et une réduction de la sensation de fatigue, cependant les troubles cognitifs persistent ainsi que la pauvre performance au travail durant les activités diurnes. Nous avons investigué les retombées neurocognitives et psychosociales des patients souffrant d’AOS suivant le traitement de PPCVR. Trente-deux patients atteints d’AOS modérée ou sévère suivant un traitement PPCVR pendant au moins trois mois ont été soumis à une batterie de tests de mémoire vive, de tests neuropsychologiques, de tests de sommeil polysomnographique au courant de la nuit (TSPN), ainsi que des auto-rapports sur qualité du sommeil, de la somnolence diurne, d’humeur, des accomplissements fonctionnels et de la qualité de vie (QdV). Leurs performances et rapports ont été comparés à 20 sujets-contrôles avec des moyennes d’âge et d’éducation similaires. Après le traitement PPCVR, les patients démontraient une amélioration de la qualité de sommeil, mais n’étaient pas différents des sujets-contrôles dans les mesures de TSPN. Pour ce qui est des fonctions neurocognitives, les patients en traitement ont performé à des niveaux semblables aux sujets-contrôles dans les tests basiques de rétention de mémoire vive mais ont démontré une baisse significative de performance dans les tests de mémoire vive nécessitant l’exécutif central. Les patients ont aussi eu une pire performance pour les tests neuropsychologiques mesurant l’attention, le fonctionnement exécutif, et la rapidité psychomotrice. En ce qui a trait au fonctionnement psychosocial, les patients démontrent une amélioration significative des accomplissements fonctionnels et de qualité de vie suite au traitement. Ils étaient similaires aux sujets-contrôles pour ce qui est de l’humeur, des accomplissements fonctionnels et QdV, mais révèlent plus de fatigue et un niveau d’activité réduit. On a découvert que la somnolence est un prédicteur significatif d’humeur, des états affectifs, des accomplissements fonctionnels et de QdV. En conclusion, le PPCVR améliore le sommeil nocturne, la somnolence diurne, les aboutissements neurocognitifs ainsi que psychosociaux, néanmoins il persiste une lacune neurocognitive et des difficultés fonctionnelles résiduelles. Ces résultats soulignent l’importance des évaluations des aboutissements neurocognitifs et psychosociaux des protocoles diagnostiques d’AOS et requièrent des interventions ciblant ces difficultés persistantes.

-Translated by Selma Hamdani

KEN BOWERS STUDENT RESEARCH AWARD

The Ken Bowers Student Research Award was established to honor the enormous contributions of Dr. Ken Bowers (1937-1996) to the field of clinical psychology. Dr. Bowers is widely considered to have been one of the world's pre-eminent hypnosis researchers. In addition, he is renowned for his contributions to our understanding of personality, revolutionizing the trait-situation debate through his assertion of a situation-by-person interactional model. One of Dr. Bowers' last works was a highly influential paper on memory and repression that appeared in a 1996 volume of *Psychological Bulletin*. Dr. Bowers saw the philosophical foundations of inquiry as the common basis for both research and clinical practice. He was a consummate scientist-practitioner who devoted his career to the Department of Psychology at the University of Waterloo. The memory of his intellectual rigor and scholarship continues to shape UW's clinical training program.

The Ken Bowers Student Research Award is given by the Clinical Section to the student with the most meritorious submission to the Clinical Section of the CPA annual convention. **All students whose presentations have been accepted within the Clinical Section program are invited to apply.** The winning submission is recognized with a certificate and \$750.00, and the student is invited to describe her/his work in the fall edition of the Clinical Section newsletter, *The Canadian Clinical Psychologist*.

To be eligible you must:

1. Be a student who is first author of a presentation that has been accepted in the Clinical Section at the CPA annual convention in Montreal, June, 2009.
2. Submit an APA-formatted manuscript describing your research*
3. Be prepared to attend the Clinical Section business meeting at the Montreal convention, where the award will be presented
4. Be a member of the Clinical Section at the time of submission of your paper**

*The manuscript must include a title page and abstract page, and must be no more than 10 pages, double-spaced with 2cm margins and 12 point font. Figures, tables and references are not included in the page count. Manuscripts that do not conform to these criteria will not be reviewed. The **deadline** for submission of applications is **May 1, 2009**. Submissions in either English or French should be sent by e-mail to Dr. Mark Lau (mlau4@bcmhs.bc.ca). If you have any questions about the submission process, please contact Dr. Lau by e-mail.

**If you are a CPA member but not a Clinical Section member, contact membership@cpa.ca or 1-888-472-0657; if not a CPA member, go to www.cpa.ca/clinical/membership/index.html and be sure to indicate Clinical Section membership on your invoice.

Students can apply for both the Ken Bowers and the Student Travel Award (see article in this issue), but can only win one of these awards per year.

PRIX KEN BOWERS POUR RECHERCHE EFFECTUÉE PAR UN(E) ÉTUDIANT(E)

Chaque année, la Section de Psychologie Clinique évalue les communications soumises par les étudiants(e)s en vue d'une présentation au congrès annuel de la SCP. En 2009, un certificat et une bourse de 750\$ seront remis à l'étudiant(e) ayant soumis la communication la plus méritoire.

Pour être admissible, l'étudiant(e) doit :

1. être premier(ère) auteur(e) d'une communication touchant le domaine de la psychologie clinique ayant été acceptée pour le congrès à Montréal
2. soumettre un court manuscrit décrivant l'étude selon le format de l'APA*
3. être présent(e) à la réunion d'affaires de la Section Clinique du congrès à Montréal quand le prix sera décerné
4. être membre de la section quand vous soumettez votre document**

*Veuillez suivre les consignes de présentation: le manuscrit doit être à double interligne, avec des marges d'au moins 2 cms, un font 12, avec une page titre, un résumé et un maximum de 10 autre pages de texte, plus des pages de références, tableaux, et figures. Des manuscrits qui ne respectent pas ces critères ne seront pas admissibles. La date limite pour la soumission des candidatures est le 1 mai, 2009. Les demandes peuvent être formulées en français ou en anglais et doivent être envoyées par courriel à Dr. Mark Lau (mlau4@bcmhs.bc.ca). Si vous avez des questions au sujet du processus de soumission, n'hésitez pas à contacter le Dr. Lau par courriel.

**Si vous désirez devenir membre de la SCP vous pouvez vous abonner à www.cpa.ca/clinical/membership/index.html, assurez vous d'indiquer "section clinique". Si vous êtes membre de la SCP, mais pas encore membre de la section clinique, veuillez contacter la SCP par courriel au membership@cpa.ca ou par téléphone au 1-888-472-0657.

Profiles in Clinical Psychology: People Dr. Gord Asmundson

Nick Carleton
Department of Psychology
University of Regina, Regina, Saskatchewan



*We all just wanna be psyc (rock) stars
And work in fully funded labs with fifteen grads
Pubs come easy like awards we'll reap
We'll all stay current 'cause we just won't sleep
And we'll hang out with coolest bards
In the VIP with the big psyc stars
Every good researcher's Gonna wind up there
Every first year student
With their new post-er.
Oh, hey, I wanna be a psyc (rock) star.*

First, my apologies to Nickelback for the dreadful parody. To be fair, this was my first attempt while Weird Al has been doing such things for years. These same lyrics might have been produced by Dr. Gordon J. G. Asmundson – previously known to some as G-father – had he pursued his interest in music rather than cutting his hair and changing his name. Instead, Gord sacrificed his rock star future to contribute as an elite, globally influential member of the field of mental health. It would be difficult to overstate the pervasive positive impact he has had on health science. More than a leading psychologist, Gord is an archetypal mentor for new researchers and students. In these ways, he has managed to nonetheless become a psyc (rock) star.

Gord has been an active member of the research community for nearly 20 years. As a young researcher he quickly earned a reputation as the rising star in the field of anxiety disorders – among the most common and costly mental health conditions in the Western world – and related constructs of psychopathology. In 1998 he was awarded the Anxiety Disorders Association of America Early Career Award and thereafter established himself as a pioneering researcher in fear-based contributions to chronic pain. His work has helped to revolutionize models for understanding and treating this complex and growing health concern. In particular, his fear-anxiety-avoidance model and the research it prompted have delineated cognitive mechanisms that contribute significantly to the maintenance or amelioration of chronic pain. These contributions were recognized in 1999 with an early career award from the Canadian chapter of the International Association for the Study of Pain. Gord's recent work has illuminated the complex, mutually maintaining relationship between chronic pain and posttraumatic stress disorder. His theories and research led to a CIHR New

Emerging Teams grant – as well as numerous operating grants – that facilitated his leading a now growing international effort to understand and treat both conditions. His research also extends into other anxiety disorders (e.g., panic disorder, social anxiety disorder) as well as clinically significant health anxiety (e.g., hypochondriasis, disease phobia) – distinct and emerging areas wherein he is already recognized as an international leader.

Gord is currently a Full Professor in the Department of Psychology at the University of Regina. He is widely accepted as the exemplar for teaching, research, and mentorship of graduate students. Serving as tangible examples of his leadership skill, Gord's students are recognized as leaders locally, nationally, and internationally, several being CIHR Brain Star Award winners, and attribute much of their success to his mentorship and training. Most of his current students working at the Anxiety and Illness Behaviours Lab are independently funded, well published in top peer-reviewed journals, and active members of numerous health-related professional organizations (e.g., Canadian Pain Society, Canadian Psychological Association). His students regularly attend national and international conferences showcasing independent and collaborative research efforts. Furthermore, graduates from his tutelage have all gone on to become highly successful independent clinicians, researchers, and professors.

Gord's own record of awards, publications, and professional accomplishments is immense – particularly given that he is still at an early stage in his career. Highlights include millions of dollars in scholarship and research funding awards over his career, half a dozen books (my current favourite being his research methods book: "Clinical Research in Mental Health"), dozens of chapters, more than 150 peer-reviewed publications, as well as hundreds of conferences presentations and abstracts to diverse national and international audiences. Gord's publication record, while impressive, pales in comparison to the impact his work has had on researchers, clinicians, trainees, and patients. Mindful of his professional community obligations, Gord works collaboratively with local, national, and international colleagues, serves as Editor, Associate Editor, and editorial board member for several leading journals, and as an ad hoc reviewer for dozens more. In addition, Gord served as the CIHR delegate to the University of Regina for years and continues to sit on one of the CIHR peer-review committees. These accomplishments attest to his leadership in, and dedication to, mental health.

On a personal note, Gord is a constant positive influence on everyone he encounters. His sharp intellect, integrity, and idealism are complemented by a keen sense of humour, a relaxed demeanour, and charismatic presence. For those who are unfamiliar with the G-joker, just find him early on during a conference and ask when the demonstration will occur – he will gleefully get you involved. Gord provides a model of a balanced life that puts family and friends first. It is the balance in his life to which he credits his success.

Gord is an impressive, innovative psychologist, a distinguished leader, and the archetypal mentor. His contributions to health

research have changed the landscape of mental health and his career is just beginning. In my opinion, Dr. Gordon J. G. Asmundson embodies all of the qualities Canadians have come to associate with the best in psychology. And who knows, with more time and a little support – okay, a lot of support – he may yet rise to the top of the rock star world as well, using his psychology skills to speak to the hearts and minds of the masses. I'm sure Capitol Music Group is waiting by the phone – but in the meantime, he'll have to be happy with being a psyc (rock) star. Ψ



Nick Carleton is currently pursuing his doctorate in Psychology and working with Dr. Asmundson studying chronic pain and posttraumatic stress disorder. As a research assistant in the Anxiety and Illness Behaviors Lab, he is actively involved in and piloting several investigations in pain, anxiety, and trauma. His research interests include cognitive-behavioural models and treatments for anxiety, chronic pain, fear, and PTSD. Nick has recently been awarded a CIHR Canadian Graduate Scholarship to study biological and psychological correlates of trauma and pain.



Department of Psychology St. Francis Xavier University Tenure Track Position



The Department of Psychology at St. Francis Xavier University is seeking applications for a tenure track position in Clinical Psychology. The appointment will be made at the rank of Assistant Professor or at the Associate level, depending on qualifications. Candidates will have a demonstrated ability and potential for excellence in teaching. Consideration will be given to candidates with a completed Ph.D. and an active research programme and/or clinical practice. A summary of teaching experience, a statement of teaching philosophy and interests, and an outline of current and future plans for research and/or practice should accompany the letter of application. A curriculum vitae, letter of application, and three letters of recommendation should be sent to Dr. Edward Pencer, Chair, Department of Psychology, St. Francis Xavier University, P.O. Box 5000, Antigonish, NS, B2G 2W5. Phone 902-867-3928, Fax 902-867-5189, e-mail epencer@stfx.ca. This position is subject to budgetary approval. All qualified candidates are encouraged to apply; however, priority will be given to Canadian citizens and permanent residents. St. Francis Xavier University is committed to employment equity. Consideration of applications will begin in October 2008 and continue until the position is filled.



Clinician (Saskatoon, SK)

Human Solutions™ is seeking a qualified Registered Psychologist, Counsellor, or Social Worker for a full time staff position in Saskatoon. You will provide clinical counselling and support to our customers across a number of industries such as higher education, natural resources, and medical services.

As a member of Human Solutions™ professional community, you will receive extensive administrative support, opportunities to meet and consult with colleagues, and professionally trained staff booking your appointments from our national client services centre.

Human Solutions™ has been an industry-leading EFAP provider since 1979. In addition, we provide an array of organizational development services which place the core counselling component within a program that promotes overall employee and organizational health.

Responsibilities will include counselling, proactive mental health care, trauma intervention, case management, professional consultation, and workshop presentations.

Salary is negotiable, based on experience and education, along with an attractive benefits package.

Closing Date: Competition for this position is effective now and will remain open until a suitable candidate is located.

Please submit your resume with cover letter to: Careers

Human Solutions™

Fax: 604.689.9442

Email: careers@humansolutions.ca

Coordinator, Employee Health Assessments (Alberta South)

Human Solutions™ is looking for a psychologist with leadership and organizational skills to coordinate Employee Health Assessment Services from our Calgary office.

Human Solutions™ is a Canadian-based, international professional services company providing a full range of employee support and organization health and wellness services.

In this key role you will oversee our Employee Health Assessment program in Southern AB. A combination of clinical, interpersonal, and assessment skills are necessary to excel in meeting our customers' needs. Your flair for problem-solving will allow you to collaborate with customers to provide the best solutions possible for their needs. Working closely with our occupational health team and other providers, you will ensure that all assessment and post-assessment services honour our commitment to excellence in delivering psychological services.

Additional responsibilities include providing counseling to clients through our Employee and Family Assistance Program. You will also deliver workshops and train workshop speakers within the area of Employee Health Assessment.

Human Solutions™ offers the opportunity to work with a wide range of clients in a collaborative and supportive work environment. As part of a team of mental health professionals you will have access to consultations with experts in various fields. Administrative support will be provided.

Qualifications:

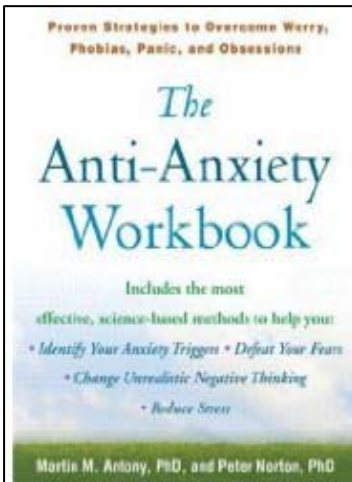
Minimum of a Masters Degree and formal training and experience in psychological assessment is required. Provisional psychologists close to completing the registration process will be considered. Management experience is desirable but not essential. Exceptional customer service is a must. Training will be provided for the right candidate.

This is a maternity leave position that will end Mar. 1, 2009. There will be opportunities to continue in a related position.

Please send an e-mail accompanied by your updated resume and letter of interest to careers@humansolutions.ca

We thank all applicants for their interest.

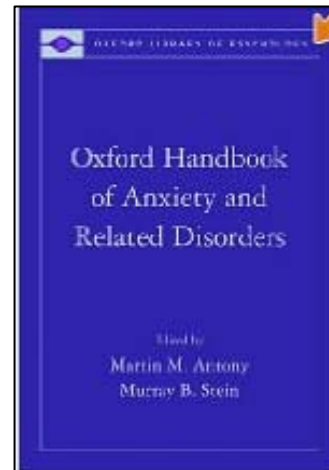
The Clinician's Book Corner: New and Forthcoming Tomes



The Anti-Anxiety Workbook: Proven Strategies to Overcome Worry, Phobias, Panic, and Obsessions

by Martin M. Antony, PhD and Peter J. Norton, PhD

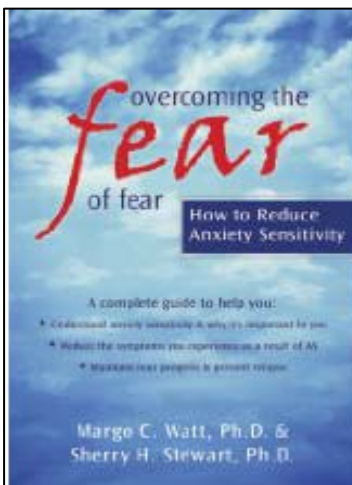
The Guilford Press
[Feb. 2009]



Oxford Handbook of Anxiety and Related Disorders

Edited by Martin M. Antony, PhD and Murray B. Stein, MD

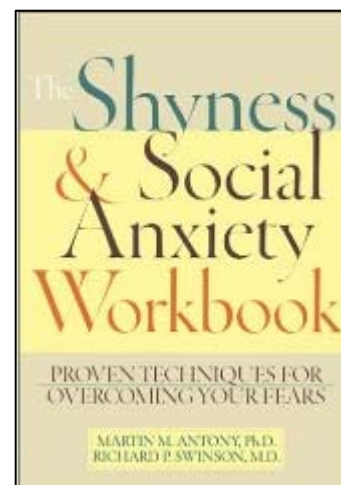
Oxford University Press
[2008]



Overcoming the Fear of Fear: How to Reduce Anxiety Sensitivity

by Margo C. Watt, PhD and Sherry H. Stewart, PhD

New Harbinger Press
[Dec. 2008]



The Shyness and Social Anxiety Workbook

by Martin M. Antony, PhD and Richard P. Swinson, MD

New Harbinger Press
[2008]

Do you like this new feature? If so, help us find books to present in future editions by sending us information about yours and your colleagues' new and forthcoming books on any topic you deem relevant to Section members.

If you are interested in writing a brief review of any of the books featured in this or future newsletters, let the section newsletter editors know.

Margo Watt: mwatt@stfx.ca
Jessey Bernstein: Drbernstein@gmail.com



CPA CALL FOR SUBMISSIONS FOR 2009 CONVENTION

The Convention Committee invites proposals for presentations at the CPA 70th Annual Convention in Montréal. Submissions are welcome from CPA members, non-members, CPA student members, and student non-members. To submit your presentation for consideration, click the link below to enter our online submission system.

All Presenters selected by the Convention committee must still register to attend the convention and pay the standard attendance fees. Further information concerning registration and accommodation will be available soon.

If you wish to make a submission, go to www.cpa.ca/convention/, read all instructions and fill in the required information.

Your complete submission must be submitted by NOVEMBER 15th, 2008. Late submissions will not be considered.

DEMANDE DE COMMUNICATIONS POUR LE CONGRÈS DE LA SCP 2009

Le comité du congrès invite les propositions de communications à l'occasion du 70^e congrès annuel de la SCP à Montréal. Les propositions de membres de la SCP, de non-membres, de membres étudiants et d'étudiants non-membres de la SCP seront bien accueillies. Pour proposer une communication à évaluer, cliquez sur le lien ci-dessous pour entrer dans notre système de présentation des communications.

Tous les présentateurs sélectionnés par le comité du congrès doivent tout de même s'inscrire pour assister au congrès et payer les frais de participation ordinaires. De plus amples renseignements concernant l'inscription et l'hébergement seront disponibles sous peu.

Lisez les directives de présentation des résumés et fournissez les renseignements requis, fournies au site web www.cpa.ca/convention/

Votre communication complète doit être présentée d'ici le 15 novembre 2008. Les propositions en retard ne seront pas retenues.

Mises en Candidature Fellows de Section

...

Conformément aux procédures régissant les sections de la SCP, la section clinique invite ses membres à présenter des candidats pour le statut de Fellow en psychologie clinique.

Les critères de sélection sont la contribution exceptionnelle au développement, au maintien et à l'accroissement de l'excellence dans la pratique scientifique ou professionnelle de la psychologie clinique. En guise d'exemples : (1) création et évaluation de programmes novateurs ; (2) services rendus aux organismes professionnels de niveau national, provincial ou régional ; (3) leadership dans l'établissement de rapports entre la psychologie clinique et les problèmes sociaux de plus grande envergure ; et (4) services rendus à la communauté en dehors de son propre milieu de travail. À ces fins, les contributions cliniques et les contributions en recherche seront considérées comme étant équivalentes.

Les dossiers des candidats seront examinés par le comité exécutif. Les mises en candidature doivent être appuyées par au moins trois membres ou Fellow de la Section et la contribution du candidat à la psychologie clinique doit y être documentée.

Les mises en candidature devront être postées au plus tard **le 15 mars 2009** à l'attention de :

Mark Lau, Ph.D., R.Psych.
BC Mental Health & Addiction Services
 201-601 West Broadway
 Vancouver, BC V5Z 4C2
 Tel: (604) 707-6358
 Fax: (604) 707-6399

Courriel: mlau4@bcmhs.bc.ca

