



canadian CLINICAL PSYCHOLOGIST

Newsletter of the Clinical Section of the Canadian Psychological Association
Volume 20, No.1
October 2009

INSIDE THIS ISSUE:

- 2- Officers 2009-2010
- 4- Editors' Message
- 5- Summary of Minutes of Clinical Section Meetings
- 7- New Section Fellow: Dr. David Dozois
- 8- Workshop Review: Depressino in Older Adults
- 9- 2009 Invited Address: Culture in Clinical Practice
- 10- Psychologists in Multidisciplinary Settings
- 11- Bill 21: Regulating "Psychotherapists" in Quebec
- 16- Spotlight on Canadian Research
- 16- Student Corner: New Student Symposium Initiative; 2009 Ken Bowers & Travel Award & Student Grant Winners
- 21- Profiles in Clinical Psychology: People - Dr. Sherry Stewart

MESSAGE FROM THE CHAIR

Mark Lau, Ph.D., R.Psych.

As I take over as the new Chair of the Clinical Section, I would like to begin by expressing my appreciation to several members of the Executive. I would first like to thank Dr. Deborah Dobson for her contributions as a member of the Executive over the past four years, most recently as Past-Chair. It is notable that this was her second time on the Executive which serves as just one of many examples of Deb's commitment to the Clinical Section to which she has devoted many hours of her time. Some of Deb's strengths included her willingness to help out and support other members of the Executive by answering questions and offering assistance; encouraging other members of the Executive, and the membership, to articulate their ideas and opinions; and, she proved to be especially adept at forming a consensus within the Executive. In addition, she has been a strong advocate for clinical psychology within the CPA, especially around the promotion of evidence-based practices. Her spirit of collaboration and cooperation made her a great colleague and she will be missed.

I would like to thank Melissa Kehler for her efforts over the past 2 years as the Student Representative. Melissa proved to be a diligent member of the Executive. She put in many hours on a number of different projects, including the Student Grant and Student Travel Awards. She was instrumental in developing the logistics and processes necessary for the successful implementation of these awards. Melissa was a computer whiz, and took the lead in developing the survey of the Clinical Section, and collecting and collating the data. She did all of this with enthusiasm while handling the demands of a full-time graduate program in clinical psychology. Finally, Melissa brought the student perspective to the Executive's deliberations, an invaluable contribution to the Clinical Section. Thank you Deborah and Melissa!

Finally, I would like to thank Dr. Patricia Furer for her work as Secretary-Treasurer over the past two years. In addition to adeptly handling the demands of Secretary-Treasurer and always being willing to help out, Trish offered many important and valuable insights and suggestions regarding some of the bigger issues facing our Section and Clinical Psychology in general.

Fortunately, we on the Executive are pleased that we will continue to benefit from Trish's valuable contributions for at least three more years as I am pleased to welcome her as the new Chair-Elect. Trish is an Associate Professor in the Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba. She is also a Clinical Psychologist in the Anxiety Disorders Program at St. Boniface General Hospital. Dr. Margo Watt is now our Secretary-Treasurer. Dr. John Pearce has now stepped into the Past-Chair role. Dr. Andrew Ryder continues as the Member-at-Large. Jessica Dere, from Concordia University was the winner of the first election for the Student Representative. We continue to be grateful for the great work of Drs. Margo Watt and Jessey Bernstein as co-editors of *Canadian Clinical Psychologist*.

CPA 2009 Annual Convention

The Clinical Section co-sponsored three major presentations in Montreal. The Clinical Section and the Section on Adult Development and Aging co-sponsored the 2009 Master Clinician workshop presented by Dr. Philippe Cappeliez entitled *Depression in Older Adults: Assessment and Psychological Interventions* and his free public lecture, *Les reminiscences... à quoi bon? Leur rôle dans le fonctionnement psychologique des personnes âgées*. Together with the Sections on International and Cross Cultural Psychology, Counseling Psychology, and Aboriginal Psychology, we co-sponsored the nomination of Dr. Lawrence Kirmayer for his invited address, *Re-thinking Culture in Psychopathology and Clinical Practice*. We want to thank Drs. Cappeliez and Kirmayer for their important contributions to the convention and reviews of their presentations are included in this edition of the *Canadian Clinical Psychologist*.

**CLINICAL SECTION
EXECUTIVE OFFICERS 2009-2010**

NEWSLETTER EDITORS

Chair:

Mark Lau, Ph.D., R.Psych.
BC Mental Health & Addiction Services
201-601 West Broadway
Vancouver, BC V5Z 4C2
Ph: (604) 707-6358
Fax: (604) 707-6399
e-mail: mlau4@bcmhs.bc.ca

Past-Chair:

John Pearce, Ph.D., R.Psych.
Child Abuse Service
Alberta Children's Hospital
Mail to: Child Development Services
2888 Shaganappi Trail
Calgary, AB T3B 6A8
Ph: (403) 955-5853
Fax: (403) 955-5895
e-mail: John.Pearce@CalgaryHealthRegion.ca

Chair-Elect

Patricia Furer, Ph.D., C.Psych.
Department of Clinical Health Psychology &
Anxiety Disorders Program
St. Boniface General Hospital
M5-409 Tache Ave
Winnipeg, MB R2H 2A6
Ph: (204) 237-2335
Fax: (204) 237-6264
e-mail : furerp@cc.umanitoba.ca

Secretary-Treasurer:

Dr. Margo C. Watt
Department of Psychology
St. Francis Xavier University
P.O. Box 5000
Antigonish, NS B2G 2W5
Ph: (902) 867-5215
Fax: (902) 867-5189
e-mail: mwatt@stfx.ca

Member-At-Large:

Andrew Ryder, PhD, C. Psych.
Department of Psychology
Concordia University
7141 Sherbrooke W.
Montreal QC H4B 1R6
Ph: (514) 848-2424 ext. 5379
Fax: (514) 848-4523
e-mail: andrew.ryder@concordia.ca

Student Representative:

Jessica Dere
Department of Psychology (PY-148)
Concordia University
7141 Sherbrooke W.
Montreal, QC H4B 1R6
Ph.: (514) 848-2424 ext. 5285
Fax: (514) 848-4523
email: jessicadere@gmail.com

Dr. Margo C. Watt

Department of Psychology
St. Francis Xavier University
P.O. Box 5000
Antigonish, NS B2G 2W5
Ph: (902) 867-5215
Fax: (902) 867-5189
e-mail: mwatt@stfx.ca

Dr. Jessey Bernstein

Department of Psychology
McGill University
1205 Dr. Penfield Avenue
Montreal, QC H3A 1B1
Ph: (514) 398-6122
e-mail:
DrBernstein@gmail.com

In The News??

If you know of a section member who has recently published a book, article, or chapter, or who has contributed to the field in some other noteworthy manner of late, send the editors a short description and we will be happy to publish it in the Spring Newsletter.

Call for Nominations: Officers of the Clinical Section (2010-2011)



An easy and meaningful way you can show your support for the Clinical Section is to participate in the election process. For 2010-2011, the Section requires nominations for two positions (1) the position of **Chair-Elect** (a three-year term, rotating through Chair and Past Chair); and (2) the position of **Member-at-Large** (a two-year term). Continuing members of the Executive for 2010-2011 will be Dr. Trish Furer (Chair), Dr. Mark Lau (Past-Chair), Dr. Margo Watt (Secretary-Treasurer), and Jessica Dere (Student Representative).

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,
- a brief biographical statement, and
- a letter of nomination signed by at least three members or Fellows of the Clinical Section.

Deadline for receipt of nominations is March 25th, 2010. Send nominations for the Executive to:

Dr. John Pearce, Past Chair
Child Abuse Service
Child Development Centre, Alberta Children's Hospital
c/o 2888 Shaganappi Trail NW
Calgary, Alberta T3B 6A8

email: john.pearce@albertahealthservices.ca

continued from page 1

In addition to these major events, Dr. Kerry Mothersill represented the Clinical Section for the symposium entitled *Preparing for your Internship*. Finally, the Clinical Section had 114 poster submissions, four workshops, six theory reviews, 12 symposia, and six conversation sessions accepted at this year's convention.

Our plans are to continue to work with other sections to co-sponsor presentations at the 2010 Convention in Winnipeg. At this year's Section Chairs meeting in Montreal, Dr. John Pearce argued for the need for the formation of a pre-convention workshop committee. The purpose of this committee is to encourage increased co-ordination among the workshops in any one convention to increase attendance for each workshop. As a result, a committee was struck at the Section Chairs meeting with plans to meet this fall. The Clinical Section along with the Section on Women and Psychology, Psychologists in Education, and International and Cross Cultural Psychology will serve on the committee along with Karen Cohen, Kathy Lachapelle-Petrin and Peter Graf. The Clinical Section has started to plan for the 2010 Convention that will be held in Winnipeg from June 3-5. The submission deadline is November 15, 2009.

Following tradition, the Clinical Section was honored to present several awards at this year's Annual Business Meeting. This year marks the first year that the Clinical Section has awarded a Clinical Section Student Grant recognizing a student who has organized an extracurricular educational activity, including clinically-relevant lectures, round table discussions or a minimum half-day workshop. This year's inaugural grant was awarded to Jillian Filliter from Dalhousie University for her project entitled: *Diversity Awareness: Working with Diverse Populations in Clinical Practice*. A brief biography and a summary of Jillian's workshop are included in this edition. Melissa Castro Couch won the first prize for the Clinical Section Travel Award; Kathy Chan won second prize and Emma MacDonald won third. Eleanor Donegan from Concordia University was this year's winner of the Ken Bowers Award for Student Research for her poster entitled *Cognitive-behavioural therapy and applied relaxation for generalized anxiety disorder: A comparison of changes in worry, somatic anxiety, and depressive symptoms during treatment*. A brief biography and a summary of Eleanor's poster are included in this edition. The Clinical Section extends congratulations to Dr. David Dozois, who was awarded the status of Clinical Section Fellow for 2009. We have included David's biography in this edition.

Looking Ahead

Clinical Section Symposium. The Clinical Section has initiated sponsorship of a symposium of student submissions. Each year a theme for the symposium will be proposed that will be consistent with the work of the Invited Speaker. The theme for next year's convention will be addictive behaviors. Proposed presentations may include work on specific problems such as gambling or substance abuse, as well as work related to various issues or processes in addictive behaviors (e.g., cognitive

processes, treatment, relapse). The submission deadline is Nov. 1, 2009 to allow sufficient time to notify those whose submissions weren't selected so that they can submit as part of the general call for convention submissions in time for the deadline of Nov. 15.

Clinical Section Travel Award. The Clinical Section has increased the amount of the awards to \$750, \$400, and \$400 (up from \$500, \$200, and \$200).

Ken Bowers Award for Student Research. The Clinical Section has increased the amount of the Ken Bowers Student Award to \$1000, up from \$750.

Advocacy Issues. The Executive is seriously considering exploring the possibilities of some presentations/training in advocacy down the road.

- M.L.

Appel de Candidatures Membres du comité exécutif – Section clinique (2010-2011)



Votre participation au processus d'élection des membres du comité exécutif est importante pour la Section clinique. Pour l'année 2010-2011, 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) **la poste de Membre Ad Hoc** (mandat de deux années). Les trois personnes qui poursuivront leur mandat en 2010-2011 seront: Dr. Trish Furer (présidente), Dr. Mark Lau (Président sortant), Dr. Margo Watt (secrétaire-trésorier), et Jessica Dere (représentante d'étudiant(e)s).

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, (b) d'une biographie courte (c) d'une lettre d'appui signée par au moins trois membres ou Fellows de la Section clinique.

Date limite de réception des candidatures: le 25 mars 2010.

Faire parvenir les candidatures à l'attention de :

Dr. John Pearce, Président sortant
Child Abuse Service
Child Development Centre, Alberta Children's Hospital
c/o 2888 Shaganappi Trail NW,
Calgary, Alberta, CANADA
T3B 6A8

courriel: john.pearce@albertahealthservices.ca

Message from your Newsletter Editors

At the 2008 Annual General Meeting of the Clinical Section, \$5000 was set aside for special projects. In a recent survey, Clinical Section members were asked to indicate what they would like to see the Section do with this money. The most frequently suggested theme was Advocacy/Lobbying/Patient Education. This finding resonates with the view of Ronald E. Fox, a past president of the American Psychological Association (APA), who recently suggested that “the very survival of psychology as a profession may well depend on the development and implementation of a successful advocacy program” (2008; p.633). Although Dr. Fox is referring primarily to the role of psychology in the American health care market, his sentiment may equally apply to psychology in Canada’s health care, correctional, and educational systems.

According to DeLeon, Loftis, Ball, and Sullivan (2006), however, psychologists remain reluctant participants in the advocacy process. But, perhaps, this is changing. Results of the survey suggest that we may be moving from a precontemplative to preparation stage of change – poised to combine intention and behavioural action. So, what can we do? Fox (2008) offers a few suggestions: (1) develop a comprehensive database of all licensed psychologists so that the profession be able to quickly and easily mobilize its practice base; (2) develop a current information base so that members can receive targeted messages about critical professional issues; (3) increase participation in political advocacy; (4) introduce our undergraduate and graduate students to the culture of advocacy and involve them in advocacy efforts. Another thing we can do is participate in **February is Psychology Month** (see ad in this issue of the Newsletter) - plan an activity to promote the profession, give a talk, organize a workshop, generate a discussion, write a letter to the editor or your MP, volunteer with your local and national professional associations, let others know what psychology has to offer to your community. Of course, this Newsletter welcomes submissions that highlight Psychology Month and other professional activities – let us know what you are doing to promote our great profession.

Enjoy the newsletter,
Margo and Jessey

DeLeon, P. H., Loftis, C. W., Ball, V., & Sullivan, M. J. (2006). Navigating politics, policy, and procedure: A firsthand perspective of advocacy on behalf of the profession. *Professional Psychology: Research and Practice*, 37, 146–153.

Fox, R. E. (2008). Advocacy: The key to the survival and growth of professional psychology. *Professional Psychology: Research and Practice*, 39, 633-637.

Call for Nominations Clinical Section Fellows (2010-2011)

•••

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, 2010** to:

Patricia Furer, Ph.D., C.Psych.
Anxiety Disorders Program
St. Boniface General Hospital
M5 - 409 Taché Ave
Winnipeg, MB R2H 2A6
Tel: (204) 237-2335
Fax: (204) 237-6264

email : furerp@cc.umanitoba.ca

February Is Psychology Month!

The goal of national Psychology Month is to generate awareness of, and interest in, the diversity of psychology, and to share with the public how psychology contributes to the overall well-being of the community.

This February, share what we do with others: give a talk, organize a workshop, design a poster, write a letter to the editor --- celebrate our profession!

**Psychology is for
Everyone**





Section on Clinical Psychology
La Section de la psychologie clinique

**CLINICAL SECTION EXECUTIVE COMMITTEE
SPRING TELECONFERENCE MINUTES**

April 6, 2009

Present: Deborah Dobson (Past-Chair), John Pearce (Chair), Mark Lau (Chair-Elect), Patricia Furer (Secretary-Treasurer), Andrew Ryder (Member-at-Large), Melissa Kehler (Student Member).

Highlights:

- John is working on the Clinical Section Annual Report for CPA.
- Discussed lack of clarity with respect to review process and guidelines for Fact Sheets.
- Current bank balance for the Clinical Section is \$19 906.67. GICs = \$11500 (including new amount of \$6985.97). Total assets = \$31 406.67
- Current membership is 1005 with 367 student members.
- Student-Related Issues:
 - Melissa has updated information about the Ken Bowers award and the Travel awards on our website. Information on the Ken Bowers (but unfortunately not about the Travel Awards) was also included in the acceptance letters sent out to student members by CPA for successful conference submissions. Information on both awards has been included in the CS newsletter. Melissa has also composed an email to be sent out on the new listserv system that CPA has developed. Mark will be sending out requests for applications to all the directors of Clinical Training. Discussed need to increase clarity with respect to student eligibility for these awards.
 - Ms. Jillian Filliter, winner of this year's Educational Activity Grant for Students, is arranging a workshop for April 2009.
 - Eligibility of student representative for student awards: Student Reps are eligible for the Ken Bowers award but not for the Travel awards (because the Section already funds the Student Rep). If the Student Rep wishes to apply for the Educational Activity Student Grant, he or she would then withdraw from the adjudication process for this award.
- Information on this process for electing a new Section Student Representative will be sent out on the listserv and in the Section newsletter.
- Trish Furer has accepted the nomination for Chair-Elect for the Clinical Section.
- Margo Watt has accepted the nomination for Secretary-Treasurer.
- A nomination has been received for 2009 Section Fellow.
- Overall, the section website seems to be functioning adequately.
- We all agreed that the last edition of the Section Newsletter was great.
- Nigel Flear has sent us information about the new listserv format. The listserv is now accessed through the Clinical Management System. A positive aspect of the new system is that messages can be posted in both French and English versions.
- The updated document about Empirically Supported Treatments is now posted on our website and will be included in the newsletter so that the membership can review it.
- The membership survey about possible Clinical Section-sponsored projects has been sent out. Melissa will work on collating responses for discussion at the ABM in Montreal.
- Andrew has drafted a proposal for the Early Career Scientist-Practitioner Award. We will present this proposal at the ABM in Montreal.
- 2009 Conference updates: The Clinical Section is co-sponsoring a preconvention workshop with Psychologists in Education and Developmental Psychology. Dr. Richard Tremblay et al.'s workshop is entitled: "Development and Prevention of Aggressive Behavior from Early Childhood to Adulthood". Dr. Philippe Cappeliez will be giving a Master Clinician workshop and a Public Lecture. Dr. Laurence Kirmayer is a CPA Invited speaker. Presentation on "Securing an internship" (Dr. Kerry Mothersill et al.) has been organized.
- The Clinical Section ABM will be on Thursday June 11, 8-8:55 am. We will meet briefly prior to the ABM. Breakfast meeting for the executive 8-9 am Friday June 12.

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



Section on Clinical Psychology
La Section de la psychologie clinique

CLINICAL SECTION
ANNUAL BUSINESS MEETING
SUMMARY OF MINUTES

June 11, 2009; Montreal, QC

Members present: David Clarke, Jessica Dere, Deborah Dobson, Keith Dobson, David Dozois, Patricia Furer, Melissa Kehler, Mark Lau, Kerry Mothersill, John Pearce, Christine Purdon, Bob Robinson, Andrew Ryder, Pamela Seeds, Margo Watt.

HIGHLIGHTS

- The Executive Committee for 2008-2009 included: John Pearce (Chair), Deborah Dobson (Past-Chair), Mark Lau (Chair-Elect), Patricia Furer (Secretary-Treasurer), Andrew Ryder (Member-at-Large) and Melissa Kehler (Student Member). The executive had two teleconference meetings (Fall 2008, and Spring 2009) and two in-person meetings (June 2008 in Halifax and January 2009 in Calgary), as well as regular email correspondence and phone contact throughout the year.
- The Clinical Section continues its advocacy for the profession and support of students, and has continued its involvement with CPA Board including representatives to the Professional Affairs Committee (Dr. Mark Lau) and the Prescription Privilege Task Force (Dr. Kerry Mothersill).
- The Section continues to strive to improve communication with its membership in a number of ways including the enhanced electronic newsletter, and continues to be involved in management of media requests.
- Approximately 275 people responded to the 2009 on-line membership survey providing valuable information on the composition, needs, and interests of our members. A handout summarizing the results of the survey was circulated. Results highlighted the need for the Section to assume a more active role in advocacy.
- **FINANCIAL ISSUES**
 - The 2008-2009 year-end financial statement indicated a total of \$18,938.93 in the checking account and \$11,500.00 in GICs. The total assets of the Clinical Section are \$30,438.93.
 - Total income for 2008-2009 is projected to be \$12,125.00 with total expenses of \$19,100.00. This includes new funding for the Student Representative's conference travel costs (\$1000, up from \$800), Student Travel Awards (\$1550, up from \$900, Ken Bowers Student Award (\$1000, up from \$750), Special Grant for Advocacy Issues (\$5000), and Early Career Scientist-Practitioner Award (\$1000) (see below).
- **2009 CPA CONVENTION**
 - Dr. Pearce highlighted the Public Lecture and Master Clinician workshop provided by Dr. Philippe Cappeliez. The Clinical Section co-sponsored the CPA Invited Speaker, Dr. Laurence Kirmayer, as well as a number of other presentations and activities in the regular conference program. Dr. Kerry Mothersill represented the Clinical Section in *Preparing for your Internship*.
 - Appreciation was expressed to the 23 individuals from across Canada who reviewed this year's conference submissions. The 2009 Ken Bowers Award for Student Research was awarded to Ms. Eleanor Donegan of Concordia University; the Clinical Section Student Grant was awarded to Jillian Filliter from Dalhousie University; Travel Award recipients were Melissa Castro Couch (Wisconsin, USA), Kathy Chan (Richmond, BC), and Emma MacDonald (Antigonish, NS).
 - Dr. David Dozois (Associate Professor of Psychology at the University of Western Ontario) was awarded the status of Fellow in recognition of his important contributions to clinical psychology and the Clinical Section.
- **Other news**
 - **Membership** is up almost 10% over last year. As of May 1, 2009, the clinical section has 1047 members including 387 students.
 - The new **listserv** allows only executive members to post notices; however, it is now possible to post in both English and French.
 - There are 42 **Fact Sheets** on the CPA website authored by clinical section members.
 - The **Early Career Scientist-Practitioner Award** is a new initiative which is intended to recognize a candidate within ten years of graduating who has demonstrated outstanding performance in either research or practice, solid proficiency in the other, and/or an integration of the two.
 - **Dr. Patricia Furer** (St. Boniface General Hospital) was elected by acclamation as Chair-Elect of the Clinical Section Executive for 2009-2010. **Dr. Margo Watt** (St. Francis Xavier University) was elected by acclamation as Secretary-Treasurer of the Clinical Section Executive for 2009-2011. Congratulations were extended to **Ms. Jessica Dere** (Concordia University), the inaugural winner of the first election for student representative.
 - Sincere appreciation and gratitude was extended to **Dr. Deborah Dobson** and **Ms. Melissa Kehler** for their considerable contribution to the Executive (most recently as Past-Chair and Student Representative, respectively).
 - Members were encouraged to propose speakers/topics for the **71st Annual CPA Convention** which is to be held in Winnipeg, June 3-5, 2010.

-Submitted by Margo C. Watt, Ph.D., C. Psych.
Secretary-Treasurer

**Welcome to our New Section Fellow --
Dr. David Dozois**

Submitted by John Pearce, Ph.D., R.Psych.
Past-Chair, CPA Clinical Section

Profiling the newest Clinical Section Fellow is a daunting task: How do you condense a 48 page *Curriculum Vitae* into a few paragraphs?

It was with great pleasure that the Clinical Section elected Dr. David Dozois as its 2009 Fellow. A graduate of the Clinical Psychology Program at the University of Calgary, David headed east to London, Ontario to assume a faculty position in the Department of Psychology at the University of Western Ontario in 1999. Fortunately for the University and its students, he has stayed there and now is an Associate Professor in the Psychology Department, as well as holding a cross-appointment in the Department of Psychiatry in the Faculty of Medicine and Dentistry.

David is an internationally recognized research scientist in the area of depression and anxiety and the role of cognition in the onset, maintenance, amelioration, relapse, and recurrence of these disorders. To describe his academic career as stellar doesn't do it justice. David's academic and scholarly talents were acknowledged early on in his career, with his being the recipient of the Psychologists' Association of Alberta Student Research Award in 1997 and the Canadian Psychological Association Certificate of Academic Excellence for his doctoral dissertation in 2000, among other accolades and scholarships. Once he became a full-fledged member of academia ten years ago, David's career really took off. He has co-edited four books, written 29 book chapters, published 52 papers in refereed journals and 70 in refereed conference proceedings, and has 47 technical reports and book reviews to his credit. He has given over 200 presentations and workshops throughout North America and Europe and is the recipient of numerous research grants and awards.

David has demonstrated a strong commitment to teaching and education at both the undergraduate and graduate level. His evaluations as an instructor are always excellent and he has successfully mentored students who are now making their own contributions to our profession. Furthermore, David is an active clinician specializing in the provision of cognitive therapy for individuals with depression and anxiety. He received specialized extramural training and supervision at the Beck Institute for Cognitive Therapy and Research after completing a pre-doctoral internship in clinical psychology at the Queen Elizabeth II Health Sciences Centre in Halifax.

In addition to these scholarly and clinical pursuits, David has made an immense contribution to the advancement of psychology as a profession. Like his academic talents, this commitment was evident when David was a graduate student. From 1995 to 1997 he chaired the CPA Student Section and was a member of the CPA Professional Affairs Committee. He was the Clinical Section's Secretary-Treasurer (2001-2003), Chair-Elect (2003-2004), Chair (2004-2005), and Past-Chair (2005-2006). David has been a member of the CPA Board of Directors since 2005, and currently is the Chair of the CPA Scientific Affairs Committee and Director-Science portfolio. He has served as a strong advocate for Canadian Psychology at the national level and has worked tirelessly on our behalf.

David Dozois is an accomplished psychologist whose talents range across a broad array of domains. He has successfully melded research, scholarship, clinical practice, education and training, and advocacy for psychology in a way that is truly exceptional. As well, David's friends and colleagues describe him as a generous and amiable person who, alongside his prodigious achievements, has been able to strike a healthy balance between his professional and personal life. The Clinical Section is delighted to bestow the award of Fellow upon such a deserving individual. ψ



***Dr. David Dozois, 2009 recipient of the Clinical Section
Fellow Award, with freshly-minted Chair Mark Lau.***

Master Clinician Workshop Review:

Depression in Older Adults: Assessment and Psychological Interventions

Dr. Philippe Cappeliez

School of Psychology, University of Ottawa

Reviewed by John Pearce, PhD, R. Psych.
Past-Chair, CPA Clinical Section

The Clinical Section and the CPA Section on Adult Development and Aging were pleased to co-sponsor an invited Master Clinician Workshop at last June's annual convention in Montreal. Our speaker, Dr. Philippe Cappeliez, is a professor in the School of Psychology at the University of Ottawa and a noted expert in clinical geropsychology. His two hour talk was entitled *Depression in Older Adults: Assessment and Psychological Interventions*.

Dr. Cappeliez began with a review of the difficulties identifying depression in older individuals. They do not necessarily present the typical DSM symptoms and the clinical manifestations may differ from those exhibited by young and middle-aged adults. For example, older adults show less crying, fewer expressions of culpability, guilt, and suicidal ideas, and are less likely to acknowledge depression. They are more likely to present with somatic complaints, apathy, anhedonia, cognitive dysfunction, and delusional ideas than younger individuals. Dr. Cappeliez also reported that depressive symptoms such as fatigue, sleep problems, reduced interest in sex, and apathy are often normalized as correlates of aging, thereby compounding the difficulty of accurately diagnosing depression in this population.

A number of risk factors are associated with depression in the elderly. Individual risk factors include gender (women are more likely to develop major depression), unmarried status, lower SES and education, social isolation, previous depressive episodes in adulthood, and neuroticism. Situational risk factors include loss/death of a spouse and physical illness, especially cardiovascular disease.

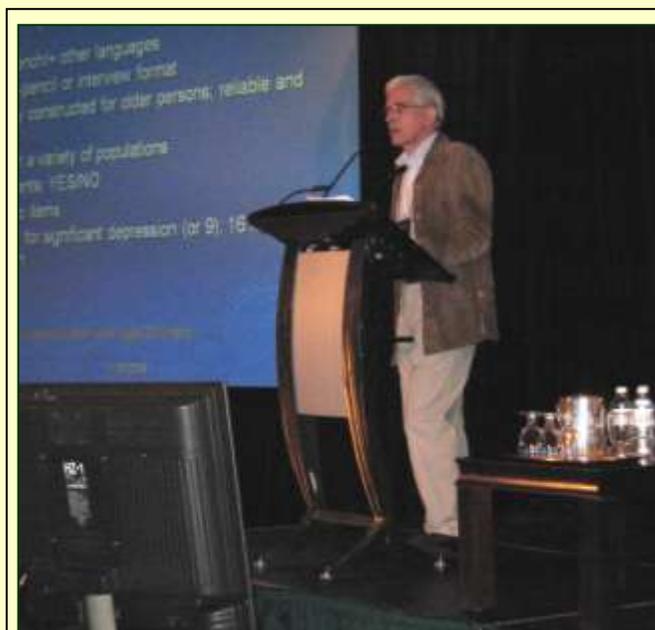
Dr. Cappeliez expanded upon the reciprocal relationship between medical illness and depression: depression amplifies the perception of pain and persistent pain worsens depression; depression intensifies physical symptoms and downgrades subjective health; depression leads to non-compliance with prescribed medications, exercise, diet, and health-related behaviors; and illnesses produce disability or functional impairment, which in turn may lead to depression.

After describing the advantages and disadvantage of several instruments for screening and evaluating severity of depressive symptoms in older adults (eg., Geriatric Depression Scale, Cornell Scale for Depression in Dementia), Dr. Cappeliez reviewed the domains that should be covered when assessing older adults for

depression. He referred the audience to Canada's first national evidence-based guidelines for older adults' mental health, developed and published by the Canadian Coalition for Seniors' Mental Health www.ccsmh.ca. This valuable website covers topics such as screening and assessment, treatment options, and psychotherapies and psychosocial interventions.

Dr. Cappeliez ended the workshop with a discussion of psychotherapy for older adults diagnosed with depression. There are a number of myths about aging and psychotherapy. For example, growing old is all about losses, older people don't want psychotherapy but prefer medications, and concrete interventions are best for older adults. And yet he made a convincing case for the efficacies of psychotherapies, with large effect sizes for cognitive-behavior therapy and reminiscence therapy. Dr. Cappeliez reminded us that clinicians must take into account the environmental context in which evidence based therapies are delivered to older adults with depression, such as enlisting social support for these individuals with the aim of increasing their meaningful integration into social networks. Thus a multidisciplinary and multifaceted approach is often required.

Dr. Cappeliez left us with an important message: Older adults can benefit from psychological services and there is a need for more training in clinical geropsychology in our academic and internship programs. On behalf of the Clinical Section and the Section on Adult Development and Aging, I want to extend my appreciation to Dr. Cappeliez for providing a thorough and comprehensive overview of this important, yet often neglected, area of clinical practice. Ψ



Dr. Philippe Cappeliez, giving his Master Clinician Workshop at the 2009 CPA convention.

**Invited Address:
Re-thinking Culture
in Psychopathology and Clinical Practice
(Dr. Laurence Kirmayer)**

Reviewed by Andrew Ryder, PhD, C. Psych.
Member-At-Large, CPA Clinical Section

Dr. Laurence Kirmayer is James McGill Professor of Psychiatry at McGill University and Director of the Cultural Consultation Service at the Jewish General Hospital in Montreal. He is a leading figure in the interdisciplinary field of cultural psychiatry, which has traditionally brought together psychiatry and anthropology as well as allied disciplines in medicine, social science, and the humanities. His invited address at the CPA convention was sponsored by the Clinical, International/Cross-cultural, Counseling, and Aboriginal Sections.

In his invited address, *Re-thinking Culture in Psychopathology and Clinical Practice*, Dr. Kirmayer argued that over the past several years, cultural psychiatry has undergone a transformation, shifting its focus from stereotyped and exoticized “others” to core issues of psychopathology and clinical practice. He began by posing four questions: (1) What does culture mean at the level of the individual, family, community, society, and the international arena? (2) Is cultural diversity disappearing in the face of globalization? (3) What roles does culture play in the development of psychopathology and the processes of healing and psychotherapy? (4) How can mental health services best respond to cultural diversity in the context of different societies and health care systems?

In response to these questions, Dr. Kirmayer presented evidence from both quantitative and ethnographic sources, combined with philosophical reflection. He concluded that: (1) Cultures are extended systems of shared knowledge and social practice; their boundaries and distinctiveness depend in part on processes of conflict and contestation; (2) Globalization fosters a multiplicity of cultural influences on each individual and community, creating new hybrid cultural forms and both effacing and accentuating differences between groups; (3) Culture involves processes of the discursive and interactional construction of brain, self, and society that influence psychopathology, illness experience, coping and healing; (4) A variety of models of mental health service, including cultural consultation, can respond to the diversity found in multicultural societies.

Beyond improving the effectiveness of health services, cultural psychology and psychiatry can contribute to building pluralistic societies. While clinical, counseling, cultural, and cross-cultural psychologies all could potentially contribute to this ongoing discussion,

contributions by psychologists to cultural psychiatry have so far been less prominent than those made by anthropologists or other social scientists. Dr. Kirmayer concluded with a call for greater involvement by psychologists accompanied by the parallel expectation that cultural psychiatry will increasingly open itself to psychological theory, research and clinical practice. ψ



**Mises en Candidatures
Fellows de Section clinique
(2010-2011)**

•••

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 2010** à l'attention de:

Patricia Furer, Ph.D., C.Psych.
Anxiety Disorders Program
St. Boniface General Hospital
M5 - 409 Taché Ave
Winnipeg, MB R2H 2A6
Tel: (204) 237-2335
Fax: (204) 237-6264

Courriel : furerp@cc.umanitoba.ca

**Psychologists Working in Multidisciplinary Settings:
Can We Promote the Integration of Research into
Clinical Practice?**

by Julie A. Eichstedt, Ph.D., C.Psych.
and Kerry A. Collins, Ph.D., C.Psych.

Child and Adolescent Mental Health Care Program
London Health Sciences Centre, London, Ontario

Clinical research aims to improve patient care by determining which treatments are effective for which patient populations and factors that contribute to treatment outcomes. However, the extant literature suggests that there is a gap between clinical research and practice, with interventions used in mental health settings not typically based on evidence of its efficacy (Hoagwood and Olin, 2002). There are many barriers to the use of research-informed mental health practices within hospital settings, including clinician's attitudes toward the adoption of evidence-based treatments (EBTs), the institutional context (e.g., institution's requirements for EBTs), consumer demand, financial factors, the availability of treatment manuals, and the availability of appropriate training and ongoing supervision in EBTs (e.g., see Aarons, 2004; Salloum, Sulkowski, Sirrine & Storch, 2009; Torrey et al., 2001). Moreover, clinicians typically have their own theories and models that inform their interventions, with perceptions that research is the domain of academics (i.e., not relevant to actual clinical practice). On a practical level, clinicians additionally lack the time needed to keep abreast of new clinical developments, as well as the skills needed to conduct appropriate literature reviews and critically evaluate the research they read.

In light of these barriers, we believe that clinical psychologists' training as scientist-practitioners places them in the unique position to support the integration of research into clinical practice within the multidisciplinary community or hospital setting. There is also an exciting evidence-based movement being adopted within psychology (Hunsley, 2007) that promotes the professional psychologist taking on the role of active disseminator. Change is possible and would be ideal if strategies were implemented across levels, from the top-down (institutional level) to the clinician level of service-delivery. However, it remains unclear how a psychologist can actively encourage the day-to-day integration of research into clinical practice. Research has suggested that education alone is insufficient to produce change in clinicians' practices (e.g., for a review, see Barwick et al., 2008), and providers' attitudes towards EBTs are related to organizational support for EBTs (Jensen-Doss, Hawley, Lopez, & Osterberg, 2009; Zazzali et al., 2008).

As a starting point for change, we have been actively involved in the Research Committee of the Child and Adolescent Mental Health Care Program at London Health Sciences Centre. The aim of this committee is to

promote the integration of research into clinical practice, with committee membership representing all service areas (e.g., inpatient, outpatient) and disciplines (e.g., nurses, dietician, social workers). Committee members vary in their research knowledge, training, and experience, which allows more experienced members to provide mentoring to staff with less research experience in a collaborative atmosphere. The research committee has endeavored to promote EBTs in several ways to date: 1) by encouraging staff participation in clinically-relevant research projects; 2) conducting a survey of staff learning needs related to research and addressing gaps; and 3) increasing staff access to research on EBTs.

An initial mandate identified by the committee was to encourage staff to engage in clinical research. However, there were various barriers that rendered this goal unrealistic. Many clinical staff lacked the necessary research training and background to be able to engage in independent clinical research projects. Moreover, with the high clinical caseload, few staff had the time necessary to devote to such endeavors. In an attempt to address the above barriers, the committee adopted a "graduate school research lab" model. Specifically, a group research project was agreed upon and undertaken by the committee, with each member of the committee sharing the responsibilities for this research. At each stage of the project, more experienced researchers were able to model relevant methods and processes, from how to conduct a literature review and critically evaluate empirical articles, to how to design a research study, to the process of preparing a submission for research ethics and applying for grants, etc. Committee members were also involved to varying degrees in the process of data collection, analyses, and poster and/or manuscript preparation. To ensure the project was feasible and relevant to clinicians, the project selected was related to the evaluation of outcomes and factors affecting outcomes from a CBT group being offered within the program.

In addition to the group research project, committee members and interested staff were encouraged to discuss research ideas and initiatives at meetings. From the latter discussions, a secondary project emerged examining screening measures for substance use among youth. A literature review was again conducted and representatives from the committee attended a webinar hosted by the Centre for Addiction and Mental Health (CAMH) in Toronto on screening for substance use among youth. The committee has since been piloting one of the recommended screening measures in all program areas and collecting data on rates of substance use among our patients. This information will be used to determine whether further assessment and treatment of substance use problems is warranted, with the eventual goal of improving clinical services.

A second major initiative involved conducting a web-based survey of staff learning needs related to research and addressing the identified gaps. Survey results indicated that the primary educational needs of staff included information regarding how to perform literature searches and available library services, how to measure client change, and program evaluation methods. Speakers from outside and within the

research committee then gave presentations on these and other related topics. Research related materials were placed in a shared folder accessible to all staff, containing evidence-based manualized treatments developed by program staff (e.g., CBT group programs for anxiety, OCD, depression). Instruments developed or publicly available (e.g., CY-BOCS) to measure client change were also made available, in addition to articles and resources pertinent to clinical service delivery. In addition to these clinical resources, materials for clinicians wishing to engage in program evaluation or clinical research were provided, including resources on how to prepare submissions for the research ethics board, information on data screening and analyses, examples of posters and manuscripts, etc.

A third initiative was to establish a central Real Simple Syndication (RSS) webpage through library services that would be available to all staff. The library will conduct regular literature searches related to the types of mental health problems and issues typically seen within the Centre (e.g., assessment and treatment of childhood/adolescent mood and anxiety disorders, eating disorders, psychosis, etc.). The results of these literature searches will then be made available on a central webpage, along with the tables of contents from relevant journals. Training on the use of this resource will be provided to all staff by library services and staff will be shown how to customize their webpage to accommodate their particular needs and interests.

The research committee has been successful in meeting the research needs identified by staff and creating a collegial atmosphere of research support at our setting. The larger question as to whether our initiatives have or will evoke changes in clinician's attitudes and practice remains to be seen. Although our efforts may not overcome all barriers, our hope is that little by little, we are laying the foundation for increased evidence-based care by making research accessible to all clinicians and demonstrating the applicability of research to clinical practice. As psychologists, we are in the unique position to increase patient access to evidence-based interventions and possibly achieve system change from within the hospital setting. ψ

References

- Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The Evidence-based practice attitude scale (EBPAS). *Mental Health Services Research, 6*(2), 61-74.
- Barwick, M. A., Boydell, K. M., Stasiulis, E., Ferguson, H. B., Blase, K., and Fixsen, D. (2008). Research utilization among children's mental health providers. *Implementation Science, 3*(19).
- Hoagwood, K., & Olin, S. (2002). The blueprint for change report: Research on child and adolescent mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(7), 760-767

- Hunsley, J. (2007). Addressing key challenges in evidence-based practice in psychology. *Professional Psychology: Research and Practice, 38*, 113-121.
- Jensen-Doss, A., Hawley, K. M., Lopez, M., & Osterberg, L. D. (2009). Using evidence-based treatments: The experiences of youth providers working under a mandate. *Professional Psychology: Research and Practice, 40* (4), 417-424.
- Salloum, A., Sulkowski, M. L., SIRRINE, E., and Storch, E. A. (2009). Overcoming barriers to using empirically supported therapies to treat childhood anxiety disorders in social work practice. *Child and Adolescent Social Work Journal, 26*, 259-273.
- Torrey, W. C., Drake, R. E., Dixon, L., Burns, B. J., Flynn, L., Rush, A. J., Clark, R. E., and Klatzker, D. (2001). Implementing evidence-based practices for persons with severe mental illnesses. *Psychiatric Services, 52*(1), 45-50.
- Zazzali, J. L., Sherbourne, C., Hoagwood, K. E., Green, D., Bigley, M. F., & Sexton, T. L. (2008). The adoption and implementation of an evidence based practice in child and family mental health services organizations: A pilot study of functional family therapy in New York State. *Administration and Policy in Mental Health and Mental Health Services Research. Special Issue: Improving mental health services, 35*, 38-49.

A Look at Bill 21 and How it Impacts the Practice of Psychotherapy in Quebec

By Martin Drapeau, M.Ps., Ph.D., C.Psych
Vice President of the Order of Psychologists of Quebec;
Associate Professor of Counselling Psychology and
Psychiatry, McGill University;
Adjunct Professor of Clinical Psychology, University of
Sherbrooke

On March 24, 2009, the Honourable Kathleen Weil submitted Bill 21, previously known as Bill 50, to the National Assembly of Quebec. A parliamentary commission allowed representatives from a variety of professional bodies including professional colleges (known as *Orders* in Quebec), unions, and employer associations to ask questions, make recommendations and express support or disagreement with the project. The Order of Psychologists of Quebec (Ordre des Psychologues de Québec; OPQ) presented its position paper on the evening of June 11, 2009 (available at www.assnat.qc.ca/fra/travaux/Debats/banquevideo/ci/codeprofessions.html). Seven days later, Bill 21 was unanimously adopted by the National Assembly.

While it remains to be fully implemented, the passing of Bill 21 is an important milestone both for psychologists and other mental health professionals in Quebec. It is also a significant event for Quebecers as this bill establishes more stringent safeguards governing the provision of mental health services. Indeed, the Bill amends the Professional Code of Quebec and

redefines the scope of practice for professionals in the mental health and human relations fields, including psychologists, social workers, marital and family therapists, guidance counsellors, and psychoeducators. More importantly, the Bill also decrees that certain interventions in the mental health and human relations sector have potential for harm, and therefore need to be activities reserved to members of certain professional orders. These include the assessment of mental disorders, the assessment of neuropsychological disorders, the assessment of mental retardation, and assessments for child custody and adoption, to name only a few, which are reserved activities that are either exclusive to psychologists or are shared with other professionals. Rather than providing a detailed description of all the activities covered by Bill 21, this text will focus on another reserved activity that is perhaps of greater interest to those reading this newsletter: psychotherapy.

Psychotherapy

Before Bill 21, the title of *psychotherapist* and the practice of psychotherapy were not protected in Quebec, as is the case in most North American jurisdictions. Thus, any individual wanting to offer psychotherapeutic services could do so without obtaining a license and adhering to any professional standards. No training or qualifications were required by law. Consequently, individuals relying on the services of these psychotherapists had no recourse if they were dissatisfied with, or harmed by the services rendered. Bill 21 changes this by protecting and reserving for specific groups of professionals both the title (psychotherapist) and the activity (i.e. the delivery of psychotherapeutic services).

In order for this to be meaningful, the Bill first had to define what psychotherapy is. Following recommendations from a group of independent experts (see www.opq.gouv.qc.ca/fileadmin/docs/PDF/Rapport-sante/Rapport-Sante-ment.pdf), psychotherapy was defined as *a psychological treatment for a mental disorder, for behavioural disturbances or for any other problem leading to psychological distress or suffering and which aims to promote significant changes in the client's cognitive, emotional or behavioural functioning, in their interpersonal relationships, personality, or overall health*. This treatment is more complex than assisting with everyday problems, or providing advice or support. It is also to be distinguished from other types of interventions which are not affected by this bill including for example mentoring, helping relationships, family mediation, psychosocial rehabilitation, psychiatric rehabilitation, and counselling, which were each defined by the experts.

The training required to practice psychotherapy

Under Bill 21, licensed psychologists and physicians can practice psychotherapy without restriction. The provision of psychotherapy is undeniably a fundamental activity of psychologists in Quebec as in other Canadian provinces, and university programs provide the training necessary

for the practice of psychotherapy. While general practitioners in medicine receive less training in psychotherapy, there are numerous surveillance mechanisms in Quebec that enable regulatory bodies such as the College of Physicians of Quebec to closely monitor their activities. Both psychologists and physicians need to practice within the limits of their competence, and must abide by their respective codes of ethics.

Individuals who are neither psychologists nor physicians and who wish to practice psychotherapy and use the title “psychotherapist” can also do so if they meet certain standards and obtain a special *psychotherapist* permit delivered by the Order of Psychologists of Quebec. They need to hold a Masters level university degree in the mental health and human relations sector. They also need to belong to a professional college in the mental health and human relations field, either the Order of Guidance Counsellors and Psychoeducators, the Order of Social Workers, including Marital and Family Therapists, the Order of Occupational Therapists, or the Order of Nurses of Quebec. Furthermore, these professionals must also complete the following coursework:

- 270 hours on the four recognized theoretical models of intervention (psychodynamic, cognitive-behavioural, humanistic, systemic and communication theories), of which 45 hours are dedicated to the study of each of the models and 90 hours are dedicated to in-depth knowledge in one of the chosen models.
- 90 hours on the common factors in psychotherapy, including suggestion, the therapeutic frame, client expectations, the therapeutic alliance and communication skills.
- 90 hours on critical tools, including quantitative research methods and statistics as well as qualitative research approaches, namely epistemological, hermeneutic, and phenomenological models, among others.
- 180 hours on the classification of mental disorders, psychopathology, and developmental disorders. Trainees must demonstrate an understanding through the different intervention models of the major classification systems namely the DSM-IV and the ICD-10 as well as of life stages and the major issues associated with each of the stages.
- 45 hours on the link between biology and psychotherapy, including the relationship between somatopsychic and psychosomatic perspectives, the relevance and the limits of psychotherapeutic treatment, general knowledge of the anatomy and physiology of the central nervous system, as well as of psychotropic medication.
- 45 hours on the legal and organizational aspects of the practice of psychotherapy, the law and organizational resources.
- 45 hours on the ethical and legal dimensions of professional practice, including the duties and obligations of the psychotherapist towards the client, the public and the profession.

Finally, these professionals need to complete a period of practical learning with rigorous supervision in the form of a supervised practice based on at least one of the theoretical

models of intervention. This training must include a minimum of 300 hours of direct client contact, with a minimum of 10 clients with at least 10 hours of psychotherapy per client, an additional 100 hours of individual supervision, and another 200 hours of other activities related to the practice of psychotherapy. Both the course work and the practical training need to be delivered by professionals who meet a number of specific criteria and are accredited by the Order of Psychologists. To maintain their license, all psychotherapists will need to complete a minimum of 90 hours of continuing education every 5 years.

Recognizing Acquired Rights (Grandfather Clause)

Through a formal recognition of their acquired rights (referred to as a *grandfather clause*), individuals who currently practice psychotherapy as it is defined in Bill 21 will be able to continue practicing under the title of *psychotherapist* if they meet the criteria outlined below. However, they must henceforth abide by the rules and regulations governing licensed psychotherapists and pursue mandatory continuing education credits. The grandfather clause is a temporary measure and individuals will need to exercise their acquired rights within a predetermined timeframe that remains to be determined. In order to take advantage of the grandfather clause, practitioners must:

- Have a Bachelor's degree in a mental health or human relations discipline or domain;
- Demonstrate that they have provided at least 600 hours of psychotherapy grounded in one of the four recognized therapeutic models in the past three years;
- Establish that they have completed at least 90 hours of training in one of the four recognized therapeutic models in the five years preceding the request for grandfathering;
- Prove that they have received at least 50 hours of individual supervision for at least 200 hours of psychotherapy at any point in their practice of psychotherapy. In the event that the applicant does not have proof of this supervision, the applicant must provide a sworn statement testifying that they have met this criterion.

Some members of the Order of Guidance Counsellors and Psychoeducators of Quebec and members of the the Canadian Psychoanalytic Society, of the Quebec Association of Psychoanalytic Psychotherapists, or of the Quebec Society of Professional Psychotherapists may also benefit from the grandfather clause.

The title of Psychotherapist

Psychologists and physicians may use the title "psychotherapist" if they choose to, but are not obliged to do so. All other professionals must include the term "psychotherapist" after their first professional title. For example, members of the public will know that a "nurse psychotherapist" is a nurse who practices psychotherapy. Psychotherapists who are not a member of a licensing body but obtain their permit through the *grand-father*

clause will be obliged to identify their degree along with the title of *psychotherapist*. For example, someone who holds a Master's degree in anthropology will have to advertise him or herself as "Master's in anthropology, psychotherapist".

Protecting the Public

Psychotherapists who are eligible for admission to one of the orders specified by the bill will be required to become members of that order. Each order will supervise the practice of psychotherapy by its members. In situations where disciplinary or professional investigations become necessary, an expert psychologist will be called upon to assess the psychotherapeutic work. The Order of Psychologists of Quebec will continue to monitor the psychotherapeutic practices of its members and, when the law is enacted, will also monitor the practice of psychotherapists who possess the criteria specified by the law but are ineligible to become members of a professional order. Any prosecution for the illegal practice of psychotherapy or usurpation of the title of psychotherapist will be instituted by the Order of Psychologists.

An interdisciplinary advisory board on the practice of psychotherapy will also be established. This board will be chaired by a member of the Order of Psychologists of Quebec. The mandate of this board will be to provide feedback and make recommendations to the Office of Quebec Professions with regards to draft regulations related to Bill 21. This advisory board will also decide on any other issue related to the practice of psychology as deemed appropriate or requested by the Office of Professions of Quebec.

Final Comments

The passing of Bill 21 is the result of a decade of hard work from the Order of Psychologists of Quebec, which was able to count on a solid consensus with other regulatory bodies. When faced with some opposition from the Association of Psychiatrists of Quebec who felt psychologists and other professionals do not have the training required to assess mental disorders, which is also one of the activities that the Bill reserves to psychologists, psychologists relied on and presented empirical evidence demonstrating that such a position is contrary to research findings. This ability to draw from both a rigorous clinical training and a solid training in research, combined with the support of other organisations, was certainly one of the key factors in having the legislator pass the Bill.

While it remains to be fully implemented, Bill 21 provides a framework for the practice of psychotherapy by making it a protected activity. It introduces a definition of psychotherapy, protects certain activities including psychotherapy, and restricts the use of the title "psychotherapist" to psychologists, physicians and members of specific professional orders. This legislation also decrees that the Order of Psychologists of Quebec be responsible for licensing psychotherapists. There is no doubt that this bill will help protect the public while making psychotherapy services more accessible to those in need. ψ



**COMMUNITY SUPPORT
PROGRAM
PSYCHOLOGISTS, PSYCHOLOGICAL
ASSOCIATES (Behaviour Analysts)
(Part-Time/Full-Time—Permanent &
Term Positions)**

St. Amant is fully accredited and offers outreach to individuals with intellectual and developmental disabilities. We are presently inviting applications for the following positions in our dynamic Community Support Program, working with a positive, flexible and supportive team and environment.

Behaviour Analysts/Psychologists: The successful applicants must possess a M.A. or Ph.D. in Psychology with training in applied behaviour analysis and be registered or able to be registered with the Psychological Association of Manitoba (PAM). Consideration may be given to candidates whose degrees are in progress if they have suitable experience. Responsibilities include behavioural assessments, development and implementation of treatment programs, conducting cognitive testing and adaptive assessments.

A valid MB driver's license is required for these positions. Interested applicants are invited to submit their resume and a covering letter to:

St. Amant Human Resource Services
440 River Rd. Winnipeg, Manitoba R2M
3Z9
Fax: 254-3768
e-mail: employment@stamant.mb.ca
www.stamant.mb.ca

Job Advertisements

RYERSON
UNIVERSITY

Psych
@ Ryerson

JOIN CANADA'S FASTEST GROWING
DEPARTMENT of
Psychology

The Department of Psychology at Ryerson University (www.ryerson.ca/psychology) invites applications for the following **2 tenure-stream appointments** at the Assistant Professor rank: (1) **Developmental** (all areas open, but the areas of adolescence, gender, life-span, and social-emotional are of particular interest) and (2) **Clinical** with a critical research link to the new Ryerson University Institute for Stress, Health, and Intervention, for which the department has recently received significant funding from the Ontario Ministry of Research and Innovation (areas of particular interest include addictive behavior, eating disorders, mood disorders, and primary care intervention).

Both positions will commence August 1, 2010, subject to budgetary approval. Candidates for both positions will hold a PhD with postdoctoral training in Psychology preferred; candidates for the clinical position must hold a PhD in clinical psychology from a CPA / APA accredited program and be eligible for registration with the College of Psychologists of Ontario.

The successful candidates for both positions will have the ability to contribute to both the undergraduate (BA) and graduate programs (MA / PhD). They should hold a strong research profile and evidence of an emerging scholarly record, evidence of high-quality teaching and student training, as well as capacity for collegial service. Applicants should submit a letter of application, a curriculum vitae, 3 recent research publications, results of teaching surveys (or equivalent evidence such as a teaching dossier), and the names of 3 individuals who could be contacted for reference letters. Only those candidates selected for the short-list of consideration will be contacted for letters.

The Psychology Department has undergone extraordinary growth and diversification over the past 5 years with 19 new tenured or tenure-track faculty hires, 3 new degrees, 2 new certificates, and a new research laboratory center devoted to science, health, and discovery. We are housed in the Faculty of Arts, an integral and thriving contributor to the education of approximately 25,000 students. Ryerson University is located in the cosmopolitan core of Canada's largest city, which is noted for its ethnic diversity and multiculturalism.

Please note that applications by fax or e-mail will not be accepted. Confidential inquiries can be directed to the Chair (boudreau@psych.ryerson.ca). Review of applications will begin **November 30, 2009** and will continue until the position is filled. Applications should be sent to:

Chair, Department Appointments Committee
Department of Psychology, Ryerson University
350 Victoria Street, Toronto, Ontario, Canada, M5B 2K3

These positions fall under the Ryerson Faculty Association (www.ryerson.ca/~rfa) jurisdiction. For details on the Ryerson Faculty Association Collective Agreement and the University's RFA Benefits Summary, please visit www.ryerson.ca/hr/working/docs/rfa_collective_agreement_09.pdf and www.ryerson.ca/hr/working/etoolkit/benefits/rfa/ respectively.

Ryerson University has an employment equity program and encourages applications from all qualified individuals, including Aboriginal peoples, persons with disabilities, members of visible minorities and women. Members of designated groups are encouraged to self-identify. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.

SCIENCE | HEALTH | DISCOVERY

RESEARCH CO-ORDINATOR

RESEARCH LABORATORY ON PSYCHOLOGICAL TRAUMA

We are seeking a responsible, organized, motivated individual who will provide leadership in managing a CIHR funded project exploring blocking of memory reconsolidation as a treatment for Posttraumatic Stress Disorder with the team of Dr. Alain Brunet. The position is for a one year renewable contract to begin January 2010. Responsibilities will include management of the project (e.g., interaction with the ethics committee, participant recruitment, data collection, clinical interviews, and data entry).

HIRING CRITERIA

- ✓ An M.A. or M.Sc or higher in clinical psychology or equivalent
- ✓ Experience conducting clinical research
- ✓ Excellent interpersonal skills
- ✓ Proficient in English and French

BENEFITS

- ✓ Flexible hours up to 25 hours a week
- ✓ Salary will be in accordance with Douglas Hospital University Institute in Mental Health standards
- ✓ Opportunities to present research at conferences and help in manuscript preparation are also available

TO APPLY

Applicants should submit cover letter, transcripts, a letter of reference, and their curriculum vitae to:

Andrea R. Ashbaugh, Ph.D., Post-doctoral fellow
 Dept. Psychiatry, McGill University
 Centre de recherche de l'institut universitaire en santé mentale Douglas
 Pavillon Perry (E-4114)
 6875, boul. LaSalle
 Montréal (Québec), Canada H4H 1R3
andrea.ashbaugh@douglas.mcgill.ca
 [\(514\)761-6131 x.4341](tel:(514)761-6131)

Douglas
INSTITUT UNIVERSITAIRE EN
 SANTÉ MENTALE MENTAL HEALTH
 UNIVERSITY INSTITUTE



Postdoctoral Fellowship Opportunity in Pediatric Pain

A postdoctoral fellowship opportunity is available on Dr. Christine Chambers' Pediatric Psychology Research Team, which is part of the Centre for Pediatric Pain Research at the IWK Health Centre and Dalhousie University, Halifax, Nova Scotia, Canada. This two-year postdoctoral fellowship position has a flexible start date but would be expected to begin sometime in 2010.

The postdoctoral fellow will receive experience and training in conducting research in pediatric pain, including grant and manuscript writing, data analysis, and mentoring and supervising students. The major research areas of focus are family factors in pediatric pain, pain assessment in young children, and the role of sleep disturbances in pediatric chronic pain. The fellow would have the opportunity to develop and complete their own independent projects and to collaborate with other faculty members in the Centre for Pediatric Pain Research. Supervised clinical activities related to pain and/or other areas in pediatric psychology may also be available. This position will help prepare the fellow for a clinician-scientist or academic career in pediatric pain.

More information about our research team is available at:

<http://pedpsych.psychology.dal.ca/>.

Preference will be given to applicants with doctoral training in clinical psychology from a CPA or APA accredited program, although applicants with PhDs from other disciplines will be considered.

Degree requirements must be complete



**Depression and anxiety in inflammatory bowel disease:
A review of comorbidity and management.**

2009 Inflamm Bow Dis (in press)

Graff, L.A.¹, Walker, J.R.¹ & Bernstein, C.N.²

Departments of ¹Clinical Health Psychology and ²Internal Medicine, University of Manitoba

Summary This review assessed the last decade of research on the relationship between inflammatory bowel disease (IBD) and psychiatric disorders. The early clinical literature was plagued with methodological shortcomings including reliance on case studies, psychiatric referral sample, noncontrolled studies and weak measurement of IBD or psychiatric disorders leading to inaccurate conclusions regarding IBD as a psychosomatic illness. Recent studies that met more rigorous design standards were reviewed, and synthesized to address questions of base rates of psychiatric illness in IBD, and depression and anxiety as risk factors for disease onset or disease relapse. The review concluded that anxiety and depression occur at a higher level than expected in IBD and there is evidence that the course of the disease is worse for depressed patients. The second part of the review provided more specific guidance on clinical management of comorbid anxiety or depression for the IBD patient in the specialist or family practice clinic, including information on screening and treatment, the latter describing both pharmacological and psychological options.

This review is the first of its kind in this body of literature to pull together both the empirical data on psychiatric and IBD issues and the practical clinical management of IBD patients who have a comorbid anxiety or depressive disorder, particularly incorporating not just medication but also psychological considerations for treatment.

Keep sending us your picks for recent Canadian-authored publications in the field. Books, chapters, articles are all appropriate!

Message From the Student Representative

I am very happy to be contributing to my first newsletter as Student Representative of the Clinical Section. To begin, I would like to express my appreciation to Melissa Kehler, our previous student representative, for her hard work in this position over the past two years. I hope that you are all having a great start to the new semester, and are looking forward to the year ahead.

I really enjoyed the conference in my hometown of Montréal this summer, and I hope that all those who attended did as well. I am also looking forward to the 2010 conference to be held in Winnipeg in June, and hope to see many of you there. Please remember to submit your abstracts by November 15th. Students whose abstracts are accepted by the Clinical Section are eligible to apply for two awards: the **Ken Bowers Research Award** and the **Clinical Section Travel Awards**. You can read the abstracts of the awardees of the 2009 Travel Awards in this edition of the newsletter, and you can find more information about both awards at www.cpa.ca/sections/clinical/newsandevents/. I am very pleased to announce that for 2010, the amounts for both of these awards have been increased, providing even greater funding opportunities for student members. The recipient of the Ken Bowers Research Award will now receive \$1000; the first place recipient of the Travel Award will receive \$750, and two second place recipients will each receive \$400.

I am also pleased to say that the **Clinical Section Student Grant** will continue for a second year, providing student members the opportunity to apply for funding support for an extracurricular educational activity. Please see descriptions of the Student Grant and of last year's winning event below.

I am also particularly happy to announce the introduction of a new initiative for student members of the Clinical Section. This year, the Clinical Section is sponsoring a **student symposium** to be held at the 2010 convention, providing a forum for student members to present their research in a symposium format alongside other student researchers. I am very excited about this new symposium, and expect that it will be a popular draw at next summer's convention. The theme for this year's student symposium is addictive behaviors, and we welcome submissions from student members whose work relates to this general topic. Please see below for more details about the symposium, and feel free to email me if you have any questions about this or any other matter relating to the Clinical Section. All the best for the upcoming year.

Jessica Dere
jessicadere@gmail.com

2009 Ken Bowers Student Research Award: Eleanor Donegan



Summary of Research:
**Cognitive-Behavioral Therapy and Applied Relaxation
 for Generalized Anxiety Disorder:
 A Comparison of Changes in Worry, Somatic Anxiety,
 and Depressive Symptoms During Treatment**

Eleanor Donegan,¹ Michel J. Dugas,^{1,2} and Kathryn A. Sexton¹
 Concordia University¹ & Hôpital du Sacré-Coeur de
 Montréal², Québec

Generalized anxiety disorder (GAD) is a chronic and debilitating disorder characterized by excessive worry and somatic symptoms of anxiety (e.g., fatigue, restlessness, muscle tension) (DSM-IV-TR; APA, 2000). GAD is also often associated with symptoms of depression (Wittchen et al., 1994). Although efficacious treatments have been developed (e.g., Öst & Breitholtz, 2000; Roemer & Orsillo, 2007), little is known about the nature of GAD symptom change during treatment. In this study, our main analysis involved an examination of the nature of changes in worry, somatic anxiety, and feelings of depression in 54 individuals who received either a GAD-specific cognitive-behavioral therapy (CBT) or applied relaxation (AR). Given that CBT and AR differ in the symptoms they target, in their treatment rationales, and in the techniques administered, we conducted exploratory analyses to determine whether CBT and AR would also differ in the extent of change they produced in GAD and associated symptoms and in the sequence of symptom changes that occurred during treatment. The results indicate that both treatments produced significant decreases in worry and somatic anxiety, but the extent to which changes in worry predicted changes in somatic anxiety (and the reverse) differed in CBT and AR. A description of the study results are provided in detail in a manuscript that is currently in preparation. Ψ

Eleanor Donegan completed her undergraduate degree in psychology at the University of British Columbia and is currently a Master's student at Concordia University in Montréal, working under the supervision of Dr. Michel Dugas. Her research has focused on the nature and predictors of change in GAD and associated symptoms during empirically-based psychological treatments. Her work has been funded to date by graduate fellowships from the Social Sciences and Humanities Research Council of Canada (SSHRC) and by the Fonds de la recherche en santé du Québec (FRSQ).

2009 Clinical Section Student Grant: Event Summary

On April 17, 2009, a workshop entitled “**Diversity Awareness: Working with Diverse Populations in Clinical Practice**” was held at Dalhousie University in Halifax, NS. Funding for this event was provided through the first CPA Clinical Section Student Grant. This grant was created to provide support for Clinical Section student members organizing extracurricular educational activities for themselves and their fellow students.

A large group of Dalhousie University Clinical Psychology PhD students worked together to host the workshop, including Jillian Filliter, Heather Fulton, Laura Goodman, Kate Kalousek, Megan McLarnon, Chris Mushquash, Melanie Noel, Janine Olthuis, Brigitte Sabourin, and Nicolle Vincent. The event was a true group effort, with Dalhousie University faculty members and staff also providing valuable support.

After much planning, the workshop was a great success! Graduate students from Dalhousie, Mount Saint Vincent, Saint Mary’s, and Acadia Universities were in attendance, as were faculty members from Dalhousie University. The workshop’s approximately 40 attendees heard from four excellent speakers. Joan Glode, MSW, a registered social worker and the Executive Director of Mi’kmaw Family and Children’s Services of Nova Scotia, spoke about the First Nations population of Nova Scotia. Sheila MacNeil, PhD, a registered psychologist who practices at Dalhousie

Counseling and Psychological Services, talked about awareness of the diversity of sexual orientations and gender identities and creating a positive, safe space for all individuals in clinical practice. Jolaine States, PsyD, a registered psychologist in private practice in Truro, Nova Scotia, spoke about the African Nova Scotian population. Dr. States previously taught a course on diversity issues at Mount Saint Vincent University. Jason Chatman, PhD, a registered psychologist who practices at the Adolescent Centre for Treatment at the IWK Health Centre, presented on working with minority, at-risk youth. Dr. Chatman previously taught a course on diversity issues at Dalhousie University.

By all accounts, the workshop was very informative and enjoyable. The graduate students who organized this event would like to express their sincere gratitude to the CPA Clinical Section for enabling them to host such a valuable workshop, to the speakers for their insightful presentations, and to Dalhousie University Psychology Department faculty members and staff for giving so generously of their time. Ψ

Jillian Filliter the 2009 Clinical Section Student Grant recipient, is a third year student in the Clinical Psychology PhD program at Dalhousie University. She is supervised by Dr. Shannon Johnson and conducts research examining cognitive functioning in individuals with autism spectrum disorder. Jillian is an honorary Killam scholar and the recipient of a doctoral level NSERC Alexander Graham Bell Canada Graduate Scholarship.



The Canadian Clinical Psychologist: What do You Want to Read About?

Clinical section members – many from our student contingent! -- have been generously contributing ideas and written pieces to this publication in increasing numbers. These contributions have strengthened it considerably. Below are just two topics included in a few recent newsletters. What would you like to read about next? Send us your ideas, workshop reviews, research summaries, new book publications, and articles relevant to Canadian clinicians, and there is a good chance you will see it appear!

Spring Newsletter 2010 – February is Psychology Month!

After years of dedicated effort, psychologists were rewarded in 2005 with the declaration that February is Psychology Month with the motto *Psychology is For Everyone*. This is an annual national campaign to raise awareness of the role psychology plays in our everyday lives, in our communities, and in our workplace. For the past couple of years, the Spring issues of the *Canadian Clinical Psychologist* (Spring 2008 and 2009) have featured the efforts of Clinical Section members and their organizations across the country in promoting our diverse and far-reaching profession to the general public. Again, in 2010, we will be showcasing these efforts and we invite your contribution. For more information on Psychology Month, please visit www.cpa.ca/psychologymonth.

Spring Newsletter 2010 – What Types of Everyday Work do Canadian Clinical Psychologists do?

We would like to begin to profile of the variety of work clinical psychologists are doing across the country. We hope to profile members who work in various settings – private practice, mental health service units, healthcare organizations, hospitals, schools, universities, industries, legal systems, medical systems, counseling centers, governmental agencies, and military services. We welcome your suggestions and submissions.

Spring Newsletter 2010 - Profiles in Clinical Psychology: People

Something else you will want to check out in the Spring 2010 issue of the *Canadian Clinical Psychologist* is our profile of the work of another Canadian clinical psychologist. In past issues, we have profiled Dr. Pat McGrath, Dr. David Zuroff, Dr. Gord Asmundson, Dr. Robert Hare and, in this issue, Dr. Sherry Stewart. We welcome your suggestions of people who have made a significant contribution to the field of Clinical Psychology.

Clinical Section Student Grant

Established in 2008, the Clinical Section Student Grant was designed to help Clinical Section students extend their educational experience through organizing extracurricular educational activities (e.g., workshops, lectures, round tables). The Clinical Section Student Grant, a maximum value of up to \$2000, or two awards of \$1000 each, will provide further support for student members of the Clinical Section and will be awarded annually to a student to help organize an extracurricular educational activity.

In the Fall of each year, the Student Grant will be awarded to one or multiple submissions, depending on the number of applications received and the amount requested. To be eligible, the proposed activity must be relevant to clinical psychology and must be consistent with the Clinical Section's commitment to evidence-based practice. The activity must be held at a university or hospital, and applications from students must have the support of both the Chair of the Psychology Department and the Director of Clinical Training of the student's program. The activities supported by this Clinical Section Student Grant are encouraged to also be financially supported by other sources, such as a university, hospital, or community organization. If the activity is a workshop, it must be a minimum of one half-day in length.

Applicants, who must be student members of the Clinical Section of CPA (and must, therefore, also be a student member of CPA), 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 their department. 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 **December 15th, 2009**. Further information and details about this grant, including the application form, can be found on the Section website (www.cpa.ca/sections/clinical/newsandevents/) or by emailing Jessica Dere at jessicadere@gmail.com.

Call for Clinical Section Student Symposium Submissions

For the first time this year, the CPA Clinical section is pleased to be sponsoring a student symposium at the CPA Annual convention. Submissions from students are invited for the symposium to be held at the 71st Annual CPA Convention, which will take place in Winnipeg from June 3rd to 5th, 2010. To qualify, a student must be first author of a proposed presentation, and must be a student member of the Clinical Section, and therefore a student member of CPA, by the time of the convention.

Each year, the student symposium will have a theme that is relevant to the work of the section's Invited Speaker. This year, we are looking for student presentations on the topic of addictive behaviors. Proposed presentations may include work on specific problems such as gambling or substance abuse, as well as work related to various issues or processes in addictive behaviors (e.g., cognitive processes, treatment, relapse).

The steps for making a submission are as follows:

- 1) Please create a submission abstract according to the CPA guidelines: 250 characters for the title, 1400 characters for the text (not including name or affiliation). For more information, please visit: <http://www.cpa.ca/convention/callforsubmissions/>
- 2) Email your submission to the Clinical Section Student Representative, Jessica Dere, at jessicadere@gmail.com by Sunday, November 1st, 2009.
- 3) Applicants will be notified by Monday, November 9th, 2009. This will allow students whose submissions are not selected for the symposium to submit their abstracts to the general call for submissions before the CPA deadline of Sunday, November 15th 2009. Presentations selected for the symposium will be submitted by the Clinical Section Student Representative, who will chair the student symposium.

Please email Jessica Dere, student representative for the clinical Section, at the above address with any questions

Congratulations to the 2009 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 CPA conference. The peer-review evaluation process used in the adjudication of this award also offers a valuable opportunity for communication between student members. Thank you to all of the students who were involved in the peer-review process this year. First prize, with a value of \$500, went to Melissa Castro Couch from Ponce School of Medicine in Wisconsin. 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 East and West regions. This year, second prizes were awarded to Emma MacDonald from St. Francis Xavier University in Nova Scotia and to Kathy Chan from the University of Regina in Saskatchewan. The winners' abstracts appear below. Applications for the 2010 Student Travel Awards will be available in the spring, for students planning to attend the 2010 CPA conference in Winnipeg.

★ **1st Prize** ★
★ **Melissa Castro Couch, Glendale, WI** ★

Psychological Tests as Predictors of Fear Conditioning and Extinction in Healthy Humans

Castro-Couch, M. & Quirk, Q.J.
Ponce School of Medicine

Patients with PTSD show augmented fear learning and deficient extinction memory. Using tasks that rely on the same prefrontal regions implicated in fear expression and extinction, we sought to determine if psychological tests could predict fear learning and extinction. 19 healthy adults were administered the State-Trait Anxiety Inventory, Wisconsin Card Sorting Test, a counting Stroop (MSIT) and Emotional Stroop (EST). Subjects were trained to associate a coloured light with an electrical shock. Subjects were later trained to extinguish this association and tested the next day to assess recall of extinction, as measured by skin conductance responses. Longer response latencies to threat words in the EST were associated with enhanced fear conditioning ($r=0.75$; $p \leq 0.001$) but less fear during renewal ($r=-0.50$; $p=0.029$). These correlations were greater for female subjects ($r_1=0.81$; $r_2=-0.91$) than male subjects ($r_1=0.58$; $r_2=-0.25$). Women's state anxiety scores also correlated with greater conditioning ($r=0.69$; $p=0.06$) and less fear recall ($r=-0.85$; $p=0.009$). Regression analysis confirmed that EST performance and State Anxiety are strong predictors of fear acquisition ($R=0.89$; $p=0.019$) and its contextual renewal ($R=0.90$; $p=0.018$), particularly in women. Our findings suggest that simple psychological tests could function as cost-effective screening tools for at risk populations.

★ **2nd Prize (West):** ★
★ **Kathy Chan, Regina, SK** ★

Prenatal and postnatal depression in first-time mothers and fathers

Chan, K., Sevigny, P.R., & Loutzenhiser, L.
University of Regina

This investigation examines depression in first-time parents. First, we assessed changes in self-reported depressive symptoms across the transition to parenthood. In Study 1, the Beck Depression Inventory (BDI-II) was used to measure prenatal and postnatal depressive symptoms for 72 mother-father pairs. A repeated-measures ANOVA found a main effect for sex, $F(1, 71) = 54.93$, $p < .001$, with mothers scoring higher than fathers. A significant sex-by-time interaction was also found, $F(1, 71) = 20.09$, $p < .001$, suggesting that while mothers' depressive symptoms decrease, fathers' symptoms increase postnatally. Since the BDI-II is typically used with clinical samples, we wanted to determine if our findings would replicate using a measure designed for use in general populations. Study 2 data ($n = 94$ couples) replicated the main effect for sex and sex-by-time interaction found in Study 1 using the Center for Epidemiologic Studies Depression Scale (CES-D). Second, given the increasing interest in paternal postpartum depression, we examined the frequency of fathers reporting scores that exceed clinical cutoffs. Consistent with previous research (Goodman, 2004), approximately 13% of fathers reported depressive symptoms in the clinical range using the CES-D. Using the BDI-II however, 6% of fathers scored in the clinical range. Implications and future research directions will be discussed.

★ **2nd Prize (East):** ★
★ **Emma MacDonald, Antigonish, NS** ★

How Sex, Threat-Expectancy, and Implicit Cognitions Affect Responding to Acute Pain

MacDonald, E.M. & Watt, M.C.
St. Francis Xavier University

This study investigated how sex, threat-expectancy, and implicit cognitions affect individual responses to acute pain. Leventhal's (1982) parallel processing model suggests that the extent to which pain is perceived as personally threatening will influence whether affective (vs. sensory) pain-related schema are activated. Research shows that females (vs. males) are more apt to focus on affective (vs. sensory) components of pain (Fillingim, 2003) and have more history with pain (Rollman et al., 2004). These findings suggest that females may hold more implicit associations between pain and threat in memory. Undergraduate students were randomly assigned to a threat or no threat condition, administered the Extrinsic Affective Simon Task (EAST; De Houwer, 2003), a series of pain-related measures and the cold-pressor task. Preliminary findings reveal a significant interaction between sex and threat condition for pain threshold ($F(1,35) = 4.16$, $p = .05$, partial $\eta^2 = .11$) with females indicating significantly lower thresholds in the threat condition. Females also tended to endorse more sensory descriptors in the threat condition ($F(1,35) = 3.32$, $p = .08$, partial $\eta^2 = .09$). Findings suggest that threat has a greater negative impact on women's (vs. men's) experience with acute pain. Results will be discussed in terms of the role of learning experiences and implicit cognitions on pain responding.

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 \$1000.00, and the student is invited to describe her/his work in the fall edition of the Clinical Section newsletter, *The Canadian Clinical Psychologist*. The award will be presented at the Annual Business Meeting of the Section, during the 2010 convention.

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 Winnipeg, June 3-5, 2010
2. Submit an APA-formatted manuscript describing your research*
3. Be prepared to attend the Clinical Section business meeting at the Winnipeg convention, where the award will be presented
4. Be a student member of the Clinical Section at the time of presentation of your paper at the conference**

*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, 2010**. Submissions in either English or French should be sent by e-mail to Dr. Patricia Furer. (Furerp@cc.umanitoba.ca). If you have any questions about the submission process, please contact Dr. Furer 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 you are not a CPA member go to <http://www.cpa.ca/sections/clinical/membership/> and be sure to indicate Clinical Section membership on your invoice.

Students can apply for both the Ken Bowers and the Student Travel Award, 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 2010, un certificat et une bourse de 1000\$ 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 Winnipeg, le 3-5 Juin, 2010
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 Winnipeg quand le prix sera décerné
4. être membre de la section quand vous présentez votre document

Veillez 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^{er} mai, 2010**. Les demandes peuvent être formulées en français ou en anglais et doivent être envoyées par courriel à **Dr. Patricia Furer** (Furerp@cc.umanitoba.ca). Si vous avez des questions au sujet du processus de soumission, n'hésitez pas à contacter le Dr. Furer par courriel.

Si vous désirez devenir membre de la SCP vous pouvez vous abonner à <http://www.cpa.ca/sections/clinical/membership/>, 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 telephone au 1-888-472-0657.

Profiles in Clinical Psychology: People Dr Sherry Stewart

By Janine Olthuis and Brigitte Sabourin

It is common practice at Dalhousie University for a student just beginning their work with Sherry to pass through various stages of awe before settling on a deep-seated admiration for Sherry and her commitment to and passion for research. Since presenting her undergraduate thesis and publishing her first paper, Sherry has been an active member of her research community and has had a positive and pervasive impact on the field of addictive behaviors. She has made important contributions to our understanding of the relationship between alcohol and anxiety, and to personality and motivational factors associated with addictive behaviors, including gambling and smoking. As an up-and-coming researcher, Sherry was awarded an Early Career Psychologist Award in 1996 and a President's New Researcher Award in 1998 from the Canadian Psychological Association as well as a Young Investigators Award from the Anxiety Disorders Associations of America in 1999.

Sherry's research excellence in the field of addictive behaviors is well-documented. Her work on the reinforcing effects of various substances of abuse in the laboratory have helped to identify groups at high risk for abuse of certain addictive substances and to elucidate underlying mechanisms accounting for this increased risk. Sherry has also extended her survey and lab-based research into the clinical realm through the development and evaluation of motivation-matched interventions in addictions treatment and prevention. In recognition of her expertise in research, Sherry has recently been appointed to the Board of Directors of the Canadian Centre on Substance Abuse and elected Fellow of the Canadian Academy of Health Sciences. Her research also extends into a variety of other areas – it is a comical struggle for first year graduate students in Sherry's Psychopathology course to attempt to find a presentation topic in which Sherry has not published!

Over her career, Sherry's research program has generated over \$10 million in research funding and over 160 peer-reviewed manuscripts, as well as numerous book chapters, abstracts, and conference presentations, with a few treatment manuals and books thrown in for good measure. She was also one of the founders and is currently director of the Centre for Addictions Research at

Dalhousie (CARD). Sherry's collaborators can be found across Canada and the U.S., as well as internationally.

Her productivity and breadth, through which she has made numerous important contributions to the field, was noted in a recent American Psychological Association publication which recognized her as the 12th most productive clinical psychology researcher in North America, in terms of peer-reviewed journal articles, and 19th in terms of her total publications.

Sherry has always taken her responsibility to the wider research community seriously as well. Sherry is an Editor, Associate Editor, and ad-hoc reviewer for a number of top journals, as well as a reviewer for several prominent granting agencies. She has served, and continues to serve on numerous committees at Dalhousie University and in organizations

such as the Canadian Psychological Association, the Association for Behavioral and Cognitive Therapies, and the Foundation for Alcohol Research, to name just a few. As impressive is Sherry's commitment to go above and beyond in extending her research findings and expertise to the general public. For instance, in 2008 Sherry and her colleague, Dr. Margo Watt, compiled their research on anxiety sensitivity and published a self-help book entitled, *Overcoming the Fear of Fear: How to Reduce Anxiety Sensitivity*. Sherry and several of her colleagues also recently held a CIHR Cafe Scientifique to discuss the "addictive personality" with members of the public. There was so much interest in their discussion that the local restaurant where the event was held was filled to bursting!



Photo credit: Danny Abriel

Dalhousie University is where Sherry first began university life, as an undergraduate student. After completing her doctoral studies at McGill University, under the mentorship of Dr. Robert Pihl, she decided to come back home to Halifax. One of the reasons might very well have been to be closer to her family. It does not take long for one close to her to see how important Sherry's family is to her, especially her daughter Laila, whom students and colleagues come to know and adore soon after meeting Sherry.

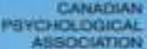
As a full professor in the psychology department here at Dalhousie, Sherry's influence rarely goes unnoticed. She is often supervising up to seven or eight graduate students at once, either as dissertation supervisor, or supervisor of one of the three comprehensive research projects that are part of the doctoral program here (not to mention several honours and independent research undergraduate students). She is also Director of Clinical Training, a post she has held on a few different occasions during her career here. Despite her busy schedule, she remains incredibly accessible to all of her students. There is a standing joke among us that it almost

seems like we get a reply to our e-mails even before we press the "send" button. Past and present students cannot say enough good things about Sherry's supervisory style. Some recent quotes from graduate students: "Other students said I was lucky to get to work with Dr. Stewart" and "Never judgmental, she encourages excellence as a scholar, a clinician, and a person." Sherry can be described as fun, positive, encouraging, and humble. Yes, humble, despite her long list of accomplishments. As an example, she frequently uses her own struggles and embarrassing moments to help make her students feel comfortable and "normal." Also, Sherry loves to celebrate her students' successes and to just celebrate with her students. It would be a difficult thing to count the number of parties held at her house over the years! Yes, lucky is definitely a word that most students would use to describe the opportunity to work with Sherry. In the words of one of her students, "Given her excellence as a researcher, teacher, and mentor, there are few individuals as inspiring." Ψ

Janine Olthuis and Brigitte Sabourin are graduate students in Sherry Stewart's lab. Janine is beginning her second year of the Clinical Psychology PhD program, and has recently been awarded a Nova Scotia Health Research Foundation Student Research Award to study catastrophizing among women with high anxiety sensitivity. Her research interests include anxiety and its treatment and alcohol use among adolescents and athletes. Brigitte is beginning her fourth year of study, and has recently been awarded a CIHR Canadian Graduate Scholarship to study a brief CBT intervention for anxiety sensitivity that includes an interoceptive exposure component comprised of running. Her research and clinical interests include anxiety, addictions, and health behaviours.

Call for Submissions: Deadline Nov 15

See: www.cpa.ca/convention/



JUNE 3-5 JUIN 2010



WINNIPEG

DELTA WINNIPEG – WINNIPEG CONVENTION CENTRE