



canadian
CLINICAL PSYCHOLOGIST

Newsletter of the Clinical Section of the Canadian Psychological Association
Volume 17, No.2
April 2007

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Chair's Message

Christine Purdon, Ph.D., C. Psych.

Clinical Section Executive 2006-2007

Winter is drawing to a close and we can safely begin looking forward to the pleasures of the summer months. I am thus delighted to announce the line-up of Clinical Section sponsored events at this year's convention. The Ottawa convention this June promises to offer a diverse program that features new developments in evidence-based practice by leading Canadian clinicians and researchers.

On Wednesday, June 6th, the Clinical Section is sponsoring a Pre-Convention Workshop by **Dr. John R. Walker** on "*Anxiety During Childhood: Assessment, Treatment, and Models of Early Intervention.*" Dr. Walker is a Professor in the Department of Clinical Health Psychology in the Faculty of Medicine at the University of Manitoba, and is also the Director of the Anxiety Disorders Program at St. Boniface Hospital. He is the author of numerous publications and several books in the area of anxiety disorders. His team has received funding from the Canadian Institutes for Health Research for a pilot study on the efficacy of a prevention program for anxious Kindergarten-aged children. Dr. Walker is an experienced speaker, having given more than 22 professional workshops on treatment of anxiety and other mental health issues. Clinical Section members receive a discount registration rate, as do Student members of the Clinical Section and Student members of CPA. Please visit the CPA Convention Registration webpage for information on registration for the workshop.

This year's Public Lecture will be given by **Dr. Martin Antony**, who, I am pleased to announce, will be made a Fellow of the Clinical Section this year. His talk is entitled "*Coping With Anxiety and Fear*" and it will be held on Wednesday, June 6, from 7-9:00pm, at the Ottawa Westin. It is free and will be advertised

broadly in the community, so we hope to draw a wide audience. Dr. Antony is also giving our Master Clinician's workshop, which will be a two-hour workshop on "*Psychological Treatment of Obsessive-Compulsive Disorder.*" This workshop is featured as part of the regular conference program, so there is no extra cost to attend. Dr. Antony is an international leading expert on anxiety problems. He has authored or co-authored 20 books for anxiety sufferers and treatment providers, and has authored over 100 scientific articles and book chapters on anxiety and related topics. He is the recipient of many prestigious awards for his research in anxiety disorders, as well as for his mentorship in training others to understand and treat anxiety. Dr. Antony is a warm and engaging speaker who has given numerous talks around the world.

We are also very privileged to have **Dr. David Zuroff** as this year's Clinical Section sponsored Keynote speaker. His talk is entitled "*Three Things that Matter in the Treatment of Depression.*" Dr. Zuroff is one of Canada's pre-eminent researchers. He has published over 90 articles in peer-reviewed journals and is funded by major granting agencies. His research examines personality, interpersonal style, perfectionism and self-criticism as factors in the development and maintenance of depression. Dr. Zuroff was awarded Fellow status with the Clinical Section last year, and we will be honoured to present his award at this year's Annual Business Meeting.

Finally, the International and Cross-Cultural Section and the Clinical Sections are co-sponsoring a Keynote address by **Dr. Thomas Achenbach** entitled "*Psychopathology and Adaptive Functioning Across the Life-Span: Multi-Cultural, Multi-Informant and Multi-Taxonomic Facets*".

In addition to these featured speakers, the Clinical Section is sponsoring the following events within the regular conference program:

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Workshops:

- “Enhancing Care of Older Adults in Your Clinical Practice,” led by Maggie Gibson
- “Balancing Work and Personal Life in Academe,” led by Catherine Lee
- “I’ve Got My Clinical Psychology Ph.D...So Now What?” led by Peter Bradley

Symposia:

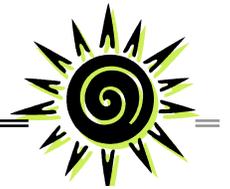
- “Beyond Trauma: The Role of Individual Differences in the Development of Post-Traumatic Stress,” convened by Steve Taylor
- “The Canadian Anxiety Disorders Treatment Guidelines Initiative: An Interactive Symposium,” convened by Richard Swinson

Over and above these featured events, the conference will feature symposia, workshops and panel discussions on a broad range of topics relevant to clinicians and researchers.

The Clinical Section Annual Business Meeting will be held on Thursday, June 7th at 5:00-5:55 pm, in the New Brunswick room. All Clinical Section members are invited to attend. This year, we will be presenting Fellow awards to Dr. Steven Taylor and Dr. David Zuroff (last year’s recipients) and to Dr. Martin Antony, this year’s recipient. We will also be presenting the Clinical Section Ken Bowers Award for Student Research. I encourage everyone to join us in celebrating the accomplishments of our members, hearing about our activities in the past year, and in sharing your ideas for the next year with us.

I am very much looking forward to the CPA Annual Convention in Ottawa this year. It looks to be a true showcase of clinical psychology in Canada.

-Christine Purdon



From your Newsletter Editors

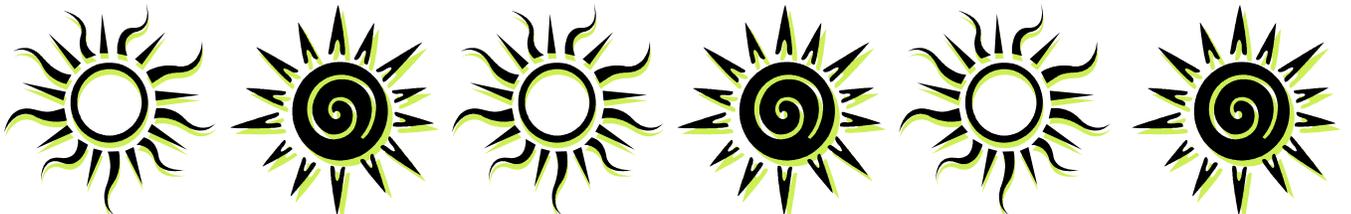
Welcome to the Spring 2007 edition of the Clinical Section Newsletter! The theme of the current edition is *Advocacy* and included in the following pages are a variety of articles which address the dissemination and promotion of clinical psychology outside of our field.

Of course, *February was Psychology Month* and we have included highlights of events and activities that took place in honor of Psychology Month (see page). Once again, we pay tribute to a Clinical Psychologist who is making a significant contribution to the field via their research, practice, or teaching in our *Profiles in Clinical Psychology*. This time, we are pleased to profile the work of Dr. John Pearce, whose career models the ideal (see page 16).

A new addition to the Spring 2007 newsletter is *News Clippings*, a section whereby we highlight psychologists who have made the news. We are hoping to make this a regular section and we encourage readers to send us news clippings, articles, and snapshots highlighting what our colleagues are doing across the country and around the world. As always, we are gladly accepting suggestions and submissions on other themes and topics, and have been pleased to incorporate some of these into this very issue.

We hope you enjoy this edition of the newsletter but, if you don’t or if you have suggestions for how we can improve the newsletter, we welcome those as well. Happy Spring and Happy Summer!

Your enthusiastic Section newsletter co-editors,
Jessey Bernstein & Margo Watt





Section on Clinical Psychology La Section de la psychologie clinique

Summary of Minutes of Fall Teleconference Meeting

September 11, 2006

Members present: Christine Purdon (Chair), Deb Dobson (Chair-Elect), John Pearce (Secretary-Treasurer), Andrea Ashbaugh (Student Member), Andrew Ryder (Member-at-Large) Catherine Lee (Past-Chair).

Highlights:

- John presented the Membership and Financial Reports. Given the section's substantial assets, a small sub-committee will consider priority expenditures for the Clinical Section and present recommendations at the midwinter meeting.
- Recent problems with the listserv were reviewed. John will contact CPA to ensure all members who wish to be on the listserv are included.
- We discussed a recent request from a Section member to use the listserv to recruit participants for research purposes. As the listserv was not designed for this purpose, a link on the Section's website was considered. Christine will draft a proposal regarding this issue.
- Biographies and photos of the Newsletter editors, Dr. Margo Watt and Dr. Jessey Bernstein will be posted, as well as the recent executive summaries. John Service and Dan Berman at CPA will be contacted by Catherine regarding broken links on the website.
- A call for nominations for Clinical Section fellows will be posted on the website, Newsletter and the listserv
- We reviewed nominations for public lecture, master clinician, pre-convention workshop, CPA keynote address, Humanitarian Award, as well as symposia and workshops
- Deb has lined up several reviewers for conference submissions including Drs. Susan Graham, Kerry Mothersill, Candace Konnert and Tavis Campbell.
- Andrea reported on plans to organize a panel on current job trends and career directions in clinical psychology for the 2007 convention.
- Advertising about Clinical Section-sponsored Convention events will appear in the Spring Newsletter and on the website.
- Nominations to the Executive have been variously posted. The Executive identified several potential nominees who might be approached to serve on the Executive.
- The executive has supported a nomination for the position of Director: Scientist-Practitioner.
- The by-laws will be reviewed to include modifications for the addition of a student member to the Executive. We agreed to examine the fit between Section by-laws, CPA model by-laws, and recent role descriptions at the mid-winter meeting.
- Andrew is inviting authors to revise their respective Fact Sheets. A major task is the dissemination of the Fact Sheets, identifying those organizations (e.g., provincial psychology associations) to which they will be sent, generating mailing lists and having them printed and mailed. The Executive endorsed hiring an individual to complete these tasks. Andrew will develop a budget for the revisions.
- The submissions for the Newsletter are ready and Christine will liaise with the editors about their status. Dr. Bernstein, who resides in Montreal, will be invited to a portion of the January 2007 Executive meeting, and she and Dr. Watt will be included in the spring teleconference Executive meeting.
- The winter Executive meeting will be held in Montreal on January 27, 2007. John is scheduled to give a colloquium at Concordia University on January 26, 2007.



Section on Clinical Psychology La Section de la psychologie clinique

Summary of Minutes of Midwinter Meeting

January 27, 2007

Montreal, Quebec

Members present: Christine Purdon (Chair), Catherine Lee (Past-Chair), Deb Dobson (Chair-Elect), John Pearce (Secretary-Treasurer), Andrea Ashbaugh (Student Member), Andrew Ryder (Member-at-Large)

Invited: Jessey Bernstein (Newsletter co-editor)

Highlights:

- Possible features in future editions of the Newsletter were discussed. "Profiles in Clinical Psychology" column can be broadened to include student Section members involved in interesting and novel projects. The Spring issue will have an advocacy theme. The Executive conveyed its appreciation to Jessey and Margo for the excellent job they've done as co-editors.
- John submitted a financial statement indicating that the section's total assets are \$19,282.65. The GICs are due to be renewed in June 2007.
- Deb submitted a Mid-Winter Meeting Report. She was of the opinion that having three ratings of poster submissions is excessive, and that one evaluation per poster is sufficient. Deb will draft a letter to the Convention Chair summarizing these findings and recommendations.
- Dr. John Walker will be giving the 2007 Clinical Section sponsored pre-convention workshop. In addition to CPA advertising we will also advertise via the listserv, and will send notices of the presentation to DCTs and CCPPP members. Catherine will take responsibility for coordinating advertising of Dr. Antony's public lecture.
- Information about the Student awards has been posted in French and English on the Student listserv. Andrea will notify university faculty about the awards and publicize them in the Newsletter and the Spring edition of Psynopsis.
- Catherine moved that all students, including the student member on the CPA Clinical Section Executive are eligible to apply for all student awards. Seconded by Andrew Ryder. Passed.
- Catherine informed the members of nominees for the executive for 2007-2008. They will be asked to submit biographical statements. Catherine will also send a call for nominations for the student representative position.
- Deb reported that we have received a nomination for Fellow status.
- John reported that the Section's listserv is now operating well and that the technical problems have been resolved. John will send a letter to Dr. John Service, Executive

Director of CPA, conveying the Section's appreciation of the efforts of Nigel Flear, CPA's Systems Administrator. John will also contact Mr. Flear and strongly advocate for timely updates of the membership list and listserv.

- Andrew noted that there are now 36 Fact Sheets, 33 of which have been translated into French; the translation of the other three is pending. Seven other Fact Sheets have been published by other organizations. Catherine suggested that we develop and maintain a spread sheet on the Fact Sheets to allow us to prepare for regular updates. Andrew will obtain information on the number of hits on the Fact Sheet website and will provide authors with this information. Andrew has contacted CPA to ensure author credit is included on all formats of the fact sheets. Mail-out of the Fact Sheets will occur in February (Psychology Month). The Executive approved a plan to continue to pay an RA for assistance on this project. Financial support of the student through this project will be described in the next annual report. Andrew will prepare a letter of appreciation for the student and her supervisor.
- Andrew will prepare a document including suggested principles for the preparation of the Fact Sheets (e.g., problem-focused, evidence-based, and consistent with CPA accreditation criteria), and procedures to resolve the possibility of duplication.
- Catherine and John have conducted an extensive review of the Clinical Section's by-laws, last done in 1991. John will circulate a draft for the Executive's review and feedback. There are some important issues, such as whether a student can hold elected office, that require clarification from CPA.
- It was the unanimous view of the Executive that Deb and John should prepare a proposal to hire a student who would complete tasks for the Executive, especially the Chair. An application for a STEP project might be a viable plan to finance this position. Deb and John will circulate the proposal to the Executive for review and feedback.
- Andrea will prepare a proposal for small grants or stipends for students who wish to conduct small-scale projects. The proposal should be consistent with the goals of the Clinical Section, such as promoting evidence-based practices. Both of these proposals will be tabled at the Spring teleconference.
- We brainstormed to generate a list of potential speakers for the 2008 convention in Halifax.
- The next budget will include a line item for funds to support projects undertaken to promote Psychology Month in 2008.



What Will You Find on the Clinical Section Website? And What Would You *Like* to Find There?

The clinical section website (<http://www.cpa.ca/clinical/index.html>) is one of the many section-specific branches of the larger CPA website.

It currently includes contact information for the clinical section executive committee and newsletter editors, as well as information about section awards. Various section-specific documents, such as annual reports, summaries of meetings, and newsletters are archived there. Useful links on advancing clinical psychology are also provided, including a brochure about the role of the clinical psychologist in Canada. Finally, a growing selection of Fact Sheets, prepared by members of the Clinical Section, give targeted advice on how psychology works to provide help for 20-plus problem areas.

We plan to update the website in the coming months and welcome your suggestions for innovations and items that you would like to see. For example, we are considering whether it would be useful to post notices for on-line studies. Please send you ideas to

3 Tenure-Track Positions, Lakehead University, Department of Psychology

Lakehead University invites applications to fill three tenure track appointments in the Department of Psychology commencing August 1, 2007. We are seeking one or two candidates with teaching and research interests in any area of Clinical Psychology (Child and/or Adult) or Clinical Neuropsychology and one or two candidates with teaching and research interests in Developmental, Social, or Community Psychology. In addition to pursuing their own research, the appointees will be expected to teach undergraduate and graduate courses in various aspects of their field, and supervise undergraduate and graduate research. The Psychology Department offers a MSc, MA and PhD Programs in Clinical Psychology and is currently undergoing CPA accreditation of the Clinical PhD program. Preference will be given to candidates with teaching, research, or supervisory interests that contribute to the scientist-practitioner model of training in Clinical Psychology. Applicants should have a PhD in Psychology at or near the time of taking up the appointment and for Clinical applicants registration or eligibility for registration with the College of Psychologists of Ontario is a requirement.

For further information, please contact Dr. Gordon Hayman, Chair, Department of Psychology, at (807) 343-8480 or Gordon.Hayman@LakeheadU.Ca. Detailed information on our programs is available on our homepage on the Lakehead University website at <http://psychology.lakeheadu.ca/>

Review of applications will begin immediately and will continue until the position is filled. Applicants should submit a curriculum vitae, a statement of their teaching and research interests (including course outlines and teaching evaluations from previously-taught courses), copies of publications, and letters from three referees to:

Laurie S. Hayes, Vice-President (Academic) and Provost
Lakehead University, 955 Oliver Road, Thunder Bay, ON P7B 5E1
email: admin@lakeheadu.ca.

A completed Confirmation of Immigration/Citizenship Status should accompany your package. This form is available on our website at <http://www.lakeheadu.ca/~humanres/forms.html>.

All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. Lakehead University is committed to employment equity, welcomes diversity in the workplace and encourages applications from all qualified applicants, including women, individuals within visible minorities, Aboriginal persons, and persons with disabilities.



Section on Clinical Psychology La Section de la psychologie clinique

Notice to Clinical Section Members Re: Amendments to By-Laws

In September 2006 the Clinical Section Executive decided to review the Section's by-laws. Although a few amendments were adopted in 2003 and 2006, the current by-laws are essentially unchanged since 1991. Given the growth and development of the Section in the last 16 years and the need to ensure our by-laws are consistent with the Model By-Laws for Sections of the CPA (Amended by the CPA Board of Directors, February 2007), the Executive undertook a comprehensive review and has proposed numerous changes.

Given the volume of the changes, many of which are minor in nature, we have prepared a summary of what we consider to be more substantive amendments. This summary has been posted on the Clinical Section's web site: www.cpa.ca/clinical/index.html (go to the Notice Board on the web site). We have also posted the complete versions of the current by-laws and the proposed version on the notice board of the web site for those of you who may wish to undertake a more detailed review.

In order to adopt the revised by-laws, our current by-laws must be amended by approval of a motion by a two-thirds majority of votes cast at the Annual General Meeting, provided that at least 60 days notice is given for such a motion. If the Section approves the amendments, we are obligated to send them to the CPA Board of Directors for its approval.

Given the vast number of changes, we intend to present the amendments as a package for approval at the Clinical Section's AGM at the CPA Annual Convention in Ottawa on Thursday, June 7, 2007, 5:00-5:55pm in the New Brunswick Room of the Westin Ottawa Hotel. Presenting each amendment separately and requiring a separate vote on each would take an inordinate amount of time at the AGM. However, in order to identify any amendments that require further discussion and a single vote, we welcome any feedback or questions. Please send your feedback to me at john.pearce@calgaryhealthregion.ca by June 4, 2007. Of course, any Section members who attend the AGM are free to raise any questions or concerns.

John Pearce, PhD, RPsych
Secretary-Treasurer
CPA Clinical Section



Ontario Psychological Association

Partnerships/Partenaires

Ottawa Academy of Psychology
l'Académie de psychologie d'Ottawa



Science Fair Awards: A Simple Way to Promote the Profession

Kerry Mothersill, Ph.D.
Outpatient Mental Health Program
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A few years ago, my son Graham, who was in Grade 6 at the time, advanced from his school's science project competition to the city-wide Calgary Youth Science Fair. His project was on the effects of distraction on memory (really, I had nothing to do with the topic!). At the Fair, awards were to be given by a number of organizations and companies in a wide range of areas, including engineering, biology, mathematics, geology, chemistry, optometry, medicine, etc. I had the opportunity to review dozens of the over 900 projects submitted by students from grades 5 to 12. Several were in the behavioural science area. It struck me that there were no awards available for projects that were psychological in nature.

After a few phone calls, I prepared a proposal and sent it to the Psychologists' Association of Alberta (PAA). The start up cost for offering an award was very reasonable as a good size trophy was about \$150.00. I proposed that the annual prize for the student be \$250.00. The combined cost for the individual plaque for the student to take home and the name plate for the larger trophy (which would be housed at the recipient's school for the year) would be about \$60.00.

The awards at the Fair are announced at a large ceremony on the last day of the event which is attended by over 900

students and their families. The names of the organizations that sponsor award are included in all of the Science Fair publications, website, newspaper, etc. In addition, the organizer of the Science Fair in Calgary indicated that the students are smart; they realize where the awards are and gear their projects accordingly. So, for about \$310 a year, (slightly more than the cost of my membership in the PAA), psychology would receive good publicity, PAA would support the development of interest in psychological research and a student (and his/her parents) would be given a thrill. The PAA Awards Committee quickly decided to approve the expenditure.

Each year now, the winner (and parents) of the PAA award for "Best project showing insight into the psychological study of behavior, emotion and/or cognition" are invited to attend the annual awards dinner held at the time of the PAA Conference. The student's award is announced and s/he is congratulated by all in attendance. I have had the privilege of sitting with the promising young student on several occasions at the awards dinner. It is certainly a significant event for them. In addition, a picture of the student receiving the award is published in the PAA newsletter.

Since the first Calgary award given in 2003, PAA has added prizes for the Science Fairs in Edmonton and Red Deer. From my experience, this has been a simple but effective way to promote the profession. Although awards are likely given in other jurisdictions, I would encourage all provincial organizations to consider adopting a similar process.

In The News

On April 5, the Honourable Tony Clement, Minister of Health, announced the appointment of **Dr. Sherry Stewart** to the Canadian Centre on Substance Abuse (CCSA) Board of Directors for a three-year term. The CCSA is Canada's national addictions agency and is supported by Health Canada through the National Anti-Drug Strategy. Established by an Act of Parliament in 1988, CCSA provides objective, evidence based information and advice aimed at reducing the health, social and economic harm associated with substance abuse and addictions. Dr.

Stewart is a Professor of Psychiatry, Psychology, and Community Health and Epidemiology at Dalhousie University. She is both a CIHR Investigator and Killam Research Professor. Dr. Stewart is a prolific researcher who has made a significant contribution to the field of substance abuse over the past 20 years. Dr. Stewart is an active member of the Canadian Psychological Association, the Anxiety Disorders Association of America, the Association for the Advancement of Behavior Therapy, the Association of Psychologists of Nova Scotia, and the American Psychological Association.

February was (and will be again!) Psychology Month

After years of effort, psychologists were rewarded in 2005 with the declaration that February would be designated Psychology Month in Canada. This past February was thus the third year in which sustained and nation-wide effort went into promoting our wide-ranging and far-reaching profession to the general public.

Advocacy being the stated theme of this newsletter edition, this seemed a good opportunity to begin to publicize the efforts of section members who are active for Psychology Month. Below are two descriptions of activities from this past February. Such accounts will continue to be published in subsequent Spring newsletter editions, so do not hesitate to send in reports of your activities. Your story may inspire another member to promote clinical psychology themselves!

(For more information about psychology month, visit www.cpa.ca/psychologymonth/)

Q&A and Lunchtime Talks:

Dr. Su Buchanan wrote in about Psychology Month activities at the **Hotel Dieu Hospital in Kingston, Ontario**. Here, a six-sided display board with brochures for the public was on display in the main lobby of the hospital for two weeks in February. In addition, a question box was placed with the display, with answers provided by psychologists working at the hospital (see photo, below).

Psychology Month posters were placed on bulletin boards around the hospital and on the doors of psychology staff members. These helped advertise free lunch hour presentations given by Drs. Kris Boksman and Susan Buchanan. Dr. Boksman's presentation was entitled, "When is a problem more than just a problem?" and Dr. Buchanan's presentation was entitled, "Childhood and Youth: What every parent should know." People were further enticed to attend by with door prizes. Although turnout was modest, awareness about psychology and psychological services in hospitals was raised.

Events are being planned for next February.

Promoting Research:

As part of Psychology Month, the **Capitol District Health Authority of Nova Scotia** paid tribute to the work of Dr. Jeannette McGlone (see below). Dr. McGlone is Staff Psychologist for the Queen Elizabeth II Health Sciences Centre, Associate Professor at Dalhousie University, and Fellow of the Canadian Psychological Association.

Mind over matter

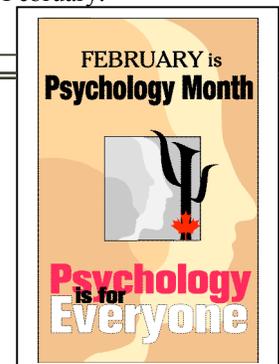
Temporal lobectomy - two words that make most people uneasy. But for some people with epilepsy, this elective surgery helps control their seizures. And despite concerns that removing part of the temporal lobe will disturb memory skills, research is showing that the benefits outweigh the costs.

Neuropsychologist **Dr. Jeannette McGlone** has been conducting research in this area for 30 years. "This research is helping surgeons and their patients decide if temporal lobectomy is right for them," explains Jeannette.

For the past 15 years, Jeannette has followed 61 Nova Scotians who had a temporal lobectomy to control seizures. She measured the effect of surgery on memory and language by having patients undergo objective tests, such as story recall. The study also asks patients and families to complete a questionnaire, sharing their opinions about the effects of surgery on patient's memory skills.

"Patient perspective is just as important as objective test results," Jeannette says. "Often, objective test results show that the patients memory ability decreases slightly, but they and their relatives both report that their memory has not changed, or has even improved. More than 60 per cent of the patients are seizure-free and say their quality of life has improved."

Jeannette hopes these results on self-report of memory will be used when the risks of surgical treatment are discussed with patients. "This comes down to patients being able to make informed decisions."



Strengthening Psychology in Public Sector Healthcare: The Experience of the Calgary Health Region

**Kerry Mothersill Michael C. King
Calgary Health Region**

We were surprised, too. As one of the initiatives involved in creating a regional Psychology Professional Practice Committee, we set about to compile the list of all Psychology staff in the Calgary Health Region. Expecting to find about ninety to one hundred Psychology staff, we watched the counter slowly click up to just short of two hundred staff, Region-wide. Psychology may be in difficult straits in public sector healthcare elsewhere, but apparently not around here.

In about 1996, the Government of Alberta determined to reorganize health care on a regional basis, creating 17 regional health authorities (since consolidated into nine) responsible for healthcare delivery around the province. Individual health and hospital boards metamorphosed into regional administrative structures. In the Calgary Health Region, this meant the amalgamation of three adult acute care hospitals, one child and adolescent acute care institution, long-term care, community clinics, and a host of other organizations into a large regional administrative structure. For Psychology, this also meant the integration of services into overarching administrative entities. A few years later, psychologists and other healthcare providers from the provincial Alberta Mental Health Board programs and clinics were taken into the administrative embrace of the regional health authorities. For psychologists, this meant the occasionally uneasy marriage of disparate administrative structures, corporate cultures, and anxieties both spoken and unspoken.

In 2003, regional administration determined that a formal review of Psychology services in the region be undertaken, as part of a larger review program for all rehabilitation and specialized clinical services. A 13-member committee comprising staff and management-level psychologists, as well as non-psychologist stakeholders, oversaw the review. Focus groups, surveys, and workload productivity assays all converged on the conclusion that psychologists were high-quality, valued contributors to programs and an essential component of multidisciplinary teams in the Region (Eaton & McElheran, 2003). Responding to the surveys and focus groups, psychologists throughout the Region communicated a wish for a strong organization to represent the profession in the Calgary Health Region, to

complement psychologists' robust commitment to their units, programs, and clinics. Interestingly, and importantly, this theme was taken up by most of the other health disciplines who were privy to the results of the Psychology Review. Healthcare providers wanted a strong affiliation with and voice for their individual professions, as well as with their programs and clinics. It appeared as though we had touched a sensitive nerve.

Partly in response to the results of the Psychology Review, regional management expressed support for the development of health discipline-specific Professional Practice Committees under the auspice is of a regional Professional Practice Council. These committees would provide a discipline-specific voice for each health discipline, to enhance the discipline's growth, development, and ability to participate effectively in the policy and planning activities of the Region. A formal survey of Psychology staff in 2005 produced overwhelming support for the development of a Psychology Professional Practice Committee (King, 2005). Respondents viewed the most important function of this body as providing a discipline-specific voice in policy and decision-making within the Region and within individual programs, units, and clinics. They also saw value for a Psychology Professional Practice Committee in enhancing professional development opportunities, raising the profile of Psychology in the Region, and enhancing professional identity among Psychology staff Region-wide.

The first regional plenary meeting of Psychology staff took place in 2006 to set in motion the plans for the election of a Psychology Professional Practice Committee. The newly-elected seven-person Committee convened for the first time in February 2007, with a shiny new set of Terms of Reference, and a newly-elected Chair, Dr. Kerry Mothersill.

The primary purposes of the Psychology Professional Practice Committee (PPC) are three-fold: 1) to lead, link, educate, and advocate for Psychology staff in the Calgary Health Region in order to promote safe, competent, and ethical practice; 2) to provide a discipline-specific voice in regional policy – and decision-making where Psychology affects or is affected by such policy or decisions; and 3) to enhance the contribution of Psychology and psychology staff in health care programs.

The Committee is charged with carrying out the following responsibilities:

- promote sound policy-making and decision-making around psychological service needs in the Region and deployment of psychological services and staff.

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- facilitate linkages among psychology staff to enhance practice, training, and professional development.
- strengthen evidence-based psychological practice.
- promote professional research, knowledge generation, and knowledge transfer in Psychology.
- enable and enhance opportunities for continuing career and professional development as well as for supervised training for students and provisional psychologists in the Region.
- promote and guide human resources planning for future psychology service needs in the Region.
- facilitate interdisciplinary practice and collaboration in the Region.

Bustling with energy and ideas, the Committee targeted the goal of creating a new sense of identity within Psychology and to developed linkages with staff who are working in relative isolation from others in the profession. Staff who have been recently hired or serve in rural areas or who are the sole providers of psychological services on a multidisciplinary team would benefit from closer ties with their colleagues. A searchable web-page database is being developed with information on the areas of practice, expertise, research and professional interests of the two hundred or so Psychology staff within the region. Psychologists and other health care providers will be able to easily locate the psychology experts who may be able to provide guidance or service concerning patients with specific needs.

With communication as a primary focus, the Psychology PPC will work with editors of the Region's publications to highlight the contributions of psychological services in the physical and mental health care areas across demographic and presenting problem spectrums. A Psychology Research Day will be established which will include keynote speakers, case presentations, research papers, posters on programs that include psychological services and awards for excellence. Psychologists and staff from other disciplines within the public and private systems will be invited along with students from Calgary area university and college programs.

A recent plenary meeting of Psychologists within the Region unveiled the goals and initiatives of the Committee, obtained feedback and fresh ideas, and created/renewed connections among staff. Over seventy psychology staff members attended the afternoon gathering, with some traveling over 150 km to be part of the action. Those in attendance recognized the data that shows that the provision of psychological services can save health care dollars and help ensure that they are spent effectively. Strengthening hospital psychology is the right thing to do. They voted to hold similar meetings twice a year.

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Introduction to the Student Column: Beyond the Therapy Room

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When considering the impact a clinical psychologist can have on society, we often think at the individual or familial level: we help reduce symptoms of depression and anxiety in individuals, we help couples and families resolve conflicts and crises. The three articles in this issue's student column remind us that our impact upon society can be much larger.

In Robin Moszkowski's review of a workshop on empirically based treatments for abused children, presented by John Pearce at Concordia University, she highlights the impact that clinical psychologists can have on policy at the regional level. She discusses the importance of disseminating clinical research findings and our knowledge about what treatments are effective for abused children to policy makers and governing agencies to ensure that these children are provided with the best care possible.

Clairneige Motzoi and Jen Czincz, who each attended UN symposiums on how the organization will meet their Millenium Development Goals, both explore the role of clinical psychologists in international politics. Jen Czincz examines the role of the psychologist in international affairs. Clairneige Motzoi discusses how the expertise of psychologists with regards to human motivation, behavior, and behavior change can help make the Millenium Development Goals a reality. Both of the exceptional women were honored with scholarships to attend a UN International Summit in Geneva this fall for their insightful ideas concerning these issues.

It's encouraging to see so many young up and coming psychologists recognizing the important role that clinical psychologists can play in improving society, not only individually, but also globally.



Workshop Review

Psychotherapy for Maltreated Children: Challenges to the Delivery and Dissemination of Evidence Based Practices

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The graduate students at Concordia University were extremely fortunate on Friday, January 26, 2007, to welcome Dr. John Pearce to our department for a clinical talk and workshop on psychotherapy for maltreated children.

Dr. Pearce is widely regarded as an expert in the treatment of abused and neglected children. He works as a staff psychologist for the Child Abuse Service at Alberta Children's Hospital and is the Coordinator of Consultation Services for the local child welfare authority in Calgary. Dr. Pearce is also an Adjunct Associate Professor in Clinical Psychology at the University of Calgary and he has written a number of books and articles on the topic of child abuse and maltreatment. As secretary-treasurer of the clinical section of the CPA, Dr. Pearce was in Montreal for CPA's annual meeting of the Clinical Section executive.

The workshop was divided into two parts. The first part focused on challenges in the delivery and dissemination of evidence-based practices (EBP) in the treatment of maltreated children. The second part provided a background on the impact of child abuse and neglect, addressing the main goals for psychotherapy with this population, and offering specific clinical techniques that can be used in treatment. Given the significant issues associated with the dissemination and implementation of EBPs in many areas in psychology, combined with the importance of bridging the gap between science and practice in order to ensure quality service, this review will focus on the first part of the workshop.

Dr. Pearce began by introducing the three different psychotherapies that have received the most empirical support for the treatment of maltreated children. Trauma-focused Cognitive-Behavioral Therapy (Deblinger & Heflin, 1996) focuses on children's internal attributions related to the abuse and associated PTSD symptoms. Individual Child and Parent Physical Abuse-focused Cognitive-Behavioral Treatment (Kolko & Swenson, 2002) helps parents to understand normal child development in order to control their anger and decrease the risk of future abuse. Finally, Parent-Child Interaction Therapy (Hembree-Kigin & McNeil, 1995) is a behavioral and interpersonal dyadic intervention aimed at decreasing child behavior problems associated with abuse and maltreatment.

Despite the availability of empirically-supported treatments, Dr. Pearce noted that most clinicians refer to themselves as eclectic. In other words, most clinicians select therapeutic strategies from a variety of theoretical approaches, most likely basing their choices on personal interest or comfort, instead of relying on EBPs. According to Dr. Pearce, clinicians are often resistant to using EBPs due to misperceptions regarding their application, including the notion that manuals are designed to be followed in a rigid and inflexible manner.

Dr. Pearce emphatically invalidated this notion in his workshop. In his view, treatment manuals do not demand blind adherence; rather, clinical judgment and training remain crucial in knowing *when and how* to deviate from them. This point resonated well with the audience and was echoed by many students and professors in the room. Dr. Pearce even went further in debunking this myth about EBPs, suggesting that indiscriminate application of manuals may even be *harmful* to clients. Fortunately, he believes that graduates of clinical psychology programs are especially well-trained in the effective use of EBPs.

In addition to obstacles in the delivery of EBPs stemming from clinicians themselves, Dr. Pearce discussed other issues that must be addressed to ensure effective delivery of these therapies to maltreated children. First, he stated that the *developmental level of the child* must be considered when using cognitive-behavioral therapies. Specifically, therapists must judge whether young children (i.e. between the ages of 5 and 8) have the cognitive capacities to use cognitive strategies. Second, he explained that maltreated children must be assessed for *comorbid conditions* (e.g. ADHD, FASD) given the associated cognitive impairments that could alter the course of treatment. Third, he noted that *family and environmental variables* (e.g. marital conflict, poverty) must be taken into account, as these factors may also interfere with effective treatment delivery. For example, in environments where children are still at risk of being abused, it may be dangerous for them to learn to openly discuss their emotions. In response to these issues, Dr. Pearce again underscored the importance of clinical judgment and flexibility in tailoring the manualized intervention to suit the needs of the particular child.

Dr. Pearce strongly advocated the delivery and dissemination of EBPs for maltreated children despite these challenges associated with them. In fact, he argued that ethical issues arise when clinicians choose to ignore the treatments shown to be most effective. By resorting to therapies that are not empirically supported, psychologists increase the possibility that “sub-standard, ineffective, or even dangerous” treatments are practiced, leading to poorer outcomes and injustices to children who have already suffered tremendously. As such, it is our duty as psychologists to be well-informed and trained in the

delivery of EBPs.

Finally, Dr. Pearce also emphasized the importance of psychologists reaching beyond their clinical role to effect positive change. He explained that people working with maltreated child populations are often woefully misinformed. For example, research suggests that children tend to do better in foster care rather than staying with their families of origin, yet there is a notion in Calgary that foster care should be a last resort. Moreover, while it is very easy for policy-makers to obtain information on child issues by surfing the internet, most of the accessible information is replete with errors and inaccurate information. Accordingly, Dr. Pearce maintains that it is vital for clinicians to disseminate accurate information regarding child development, abuse and neglect, and EBPs to policy-makers, social workers, lawyers, judges, and any other professionals working with maltreated children. He nonetheless acknowledged that it has become increasingly difficult for psychologists to take on this extra role given the extreme demands on our time. But by extending beyond their clinical role in this way, Dr. Pearce believes psychologists can make a significant contribution to the lives of maltreated children.

Taken together, Dr. Pearce provided his audience with an informative and insightful discussion regarding maltreated child populations and the issues associated with the dissemination and implementation of EBPs. The important obstacles and questions arising in this domain were clearly articulated, opening the door to constructive discussion among the graduate students of Concordia University. But at the end of the day, the message that resonated the most with this author was one of empowerment: Dr. Pearce encouraged graduate students to apply the extensive training that we receive with respect to EBPs, and disseminate them in each of our respective clinical fields. This sentiment, which pervaded Dr. Pearce’s workshop, left me feeling invigorated, energized and eager to advocate for the effective use of EBPs.

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Psychology and the United Nations: From Process to People

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Last spring, I attended a symposium at the UN headquarters in New York titled "The Architects of the Future: Reforming the UN to Meet the Millennium Development Goals." Surprisingly, I was the sole representative from psychology at a conference of over 400 young professionals, diplomats, and students from 89 countries. This fact, along with the content of the symposium, underscored for me the need to increase the visibility of psychology at the international level. Based on my voicing of this concern at the symposium, I wrote a position paper entitled "From Process to People: The Challenge of Change at the United Nations." I was awarded the Presidential Scholarship for the symposium, which involves an all-expenses paid trip to be part of a delegation at an International Summit at UN's European Headquarters in Geneva, Switzerland in the fall of 2007.

There are currently several organizations attempting to promote international psychology, such as APA Division 52 and the International Association of Applied Psychology. However, there remains a widespread lack of knowledge about the role that psychology can play at the international level, both within the field of psychology itself and with other disciplines. After recently joining organizations such as the International Society for Development and the Canadian Commission for UNESCO, I am continually questioned about what a Clinical Psychology Ph.D. student is doing participating in such agencies. I believe that psychology has an important role to play in international affairs, both on the frontlines and in the development and implementation of policies. Psychology addresses the attitudes and behavior of the individual and how this individual functions in society. Policy development on a global level addresses the operation of societies as a whole in terms of politics, economics, and international relations. As societies are composed of individuals, are psychology and international policy development not interdependent disciplines?

Interpersonal relations and organizational conflicts are highly defined procedures within the UN and contribute to the tendency for the agency to become process rather than results oriented. It is through negotiation, persuasion, and compromise that the intended influence of this great international body can be most effectively leveraged. These three elements apply to all aspects of the UN, including

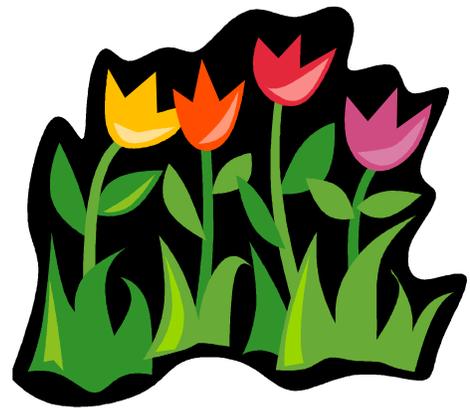
member states, governments, donors, UN employees, and potential partnerships with NGOs or private sector companies. Interpersonal organizational structure, negotiation, persuasion, and compromise are all psychological phenomena. However, no psychologists are employed at the UN for the purpose of investigating such issues.

Psychology is often based on qualitative assessments of subjective phenomena, such as attitudes and emotions. The fact that there is no obvious method to quantify a variable does not negate the necessity to consider that element. For instance, are men's attitudes and treatment towards women not essential considerations in developing means of empowering women in societies where they are repressed?

The current structure of the UN predominantly involves top-down processes, namely the imposition of policies on developing nations from the governing bodies of the agency. However, as it is the individuals and workers in these nations who are most aware of the effects of modifying societal practices, are these persons not a valuable source of input in optimizing the chances of successfully integrating change?

A focus on attitudes and culture is equally essential at a broader level, since many conflicts in the international sphere involve tensions rooted in ethnicity or religion. The attitudinal basis of these conflicts exemplify why the consideration of psychology is necessary in their resolution.

The UN claims to be the house of the people of the world, yet I have not met one person outside of the field of international policy development who has even heard of the Millennium Development Goals. It is time to return this agency to the people by focusing attention on the psychological issues that underscored the initial establishment of the organization: understanding, tolerance, and relational dynamics between both individuals and nations.



Clinical Psychology and the International Policy Process: A Review of the ATHGO 2006 Symposium

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Last July, I attended the *Alliance Toward Harnessing Global Opportunities* (ATHGO) 2006 symposium, entitled “The Architects of the Future: Making Tomorrow Better Today,” at the World Bank Headquarters in Washington, D.C. The symposium’s main objectives were to provide education on and generate discussion about the international policy and implementation process of three Millennium Development Goals (MDGs): eradicating extreme poverty and hunger (Goal 1), achieving universal primary education (Goal 2), and combating HIV/AIDS, malaria, and other diseases (Goal 6). In particular, the World Bank’s role in the implementation of these MDGs was examined.

The conference was divided into two parts: talks by economists at the World Bank and ambassadors from around the world, and a practical component where the symposium participants worked in groups on an international policy exercise resulting in a UN-format resolution on the three MDGs. My experience at the conference was positive in that it was very stimulating to participate in multi-disciplinary teams made up of political science, international development, sociology, economics, and nursing students. I found that the other students, many soon-to-be policy makers, were very interested in the psychological perspective, from both clinical and research methodology standpoints. In being trained in writing international policy, I learned that the process, despite being at times politically motivated, consistently raised the *need* for specific types of research. Moreover, multi-disciplinary research teams would indeed be most helpful in meeting that need and clinical psychologists would be very useful in such teams due to their combination of expertise in program development, knowledge of human behaviour change, and training in research methodology.

As I listened to the talks by the World Bank economists, I was pleasantly surprised to see that research by psychologists in Canada and the United States was used to inform World Bank policy on funding primary and secondary education development projects. However, because the World Bank’s main objective is to fund international development projects, most talks focused on macro-level funding decisions, despite the clear role of human behaviour at the micro-level. Repeatedly, I noticed that whether we were discussing efforts to decrease poverty, hunger, or illness, or to increase access and adherence to education, we were discussing human motivation. What would motivate an adolescent to use condoms in a developing country where HIV/AIDS is rampant? What would stop him or her from doing so? What would motivate rural inhabitants to pay back micro-credit

loans? What would motivate parents to send, and their children to go, to school in a context of poverty, family illness, and gender-related social norms? The viewpoint of clinical psychologists, whose clinical work and research often focus on how to change behaviour, would be invaluable.

Following the conference, my curiosity was most significantly piqued on the issue of motivation and HIV prevention. Thus, for the symposium’s paper competition, I wrote a paper entitled, “Combating HIV/AIDS: Promoting gender equality among youth,” in which I argued that one of the main challenges to halting the spread of HIV/AIDS has been cultural gender-related beliefs which impact sexual behavior, and that addressing such cultural gender-related beliefs is important in preventing the spread of HIV/AIDS among adolescents, a population for whom HIV/AIDS has become the principle cause of worldwide mortality (WHO, 2005). The paper was awarded the Ambassador Scholarship Award and I received a full sponsorship to participate in ATHGO’s international summit at UN Headquarters in Geneva in September 2007. I believe that the paper was noteworthy due to its focus on the cultural psychological factors that would impede condom use and its discussion of methods of increasing motivation to adhere to safe sex practices that went beyond the ABC prevention approach (i.e. Abstain, Be faithful, use Condoms) most often used and cited by UN agencies.

I look forward to going to the Geneva summit as a representative of Clinical Psychology, particularly because the resolutions written at each of the ATHGO symposia over the last few years will be consolidated and presented to the UN. It will be a great opportunity to encourage the use of multi-disciplinary teams, for policy research as well as program development, implementation, and evaluation, in which clinical psychologists could play an important role. I left the conference with the impression that professionals from other fields are very interested in the clinical psychology viewpoint on efforts to meet the MDGs.

However, there is not always a place made for clinical psychology. The system largely works without us, and it is functioning relatively well. However, we could improve international policy and related programs through our expertise in human behavior change and motivation. The issue becomes one of advocating for this role, for the sake of our profession, but most importantly for the well-being of the targeted populations. It begins with discussion and debate among us, and cooperation with professionals from other fields. If you are a student interested in attending one of ATHGO’s symposia, you can visit their website at www.athgo.org. To contact the author, email Clairneige@gmail.com.

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Profiles in Clinical Psychology

Dr. John Pearce: A Model Scientist-Practitioner

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John completed his undergraduate degree from McGill University and started his move west to do his Master's and Ph.D. degrees from the University of Manitoba. His graduate research focused upon child and relationship issues and included assessing patterns of aggression in preschool children and the role of spousal involvement in behavioral treatment of overweight women. He completed his internship year at the Health Sciences Centre in Winnipeg. During his undergraduate and graduate training years, he was the recipient of a number of honors, which was an early sign of his contributions to come.

John came further west to Calgary to work at Alberta Mental Health Services. He has worked with child abuse services since 1982. He currently is staff psychologist, Child Abuse Services, at the Alberta Children's Services as well as the Coordinator of Consultation Services for the Calgary and Area Child and Family Services Authority. John is also an Adjunct Full Professor in the Department of Psychology, University of Calgary. He has been actively involved as a sought-after primary supervisor in the Alberta Children's Hospital Pre-Doctoral Psychology Residency in Pediatric and Child Clinical Psychology, and was the recipient of the "Excellence in Training" award from the Canadian Council of Professional Psychology Programs in 2001. For ten years, John also served as the Coordinator of Training for the Alberta Children's Hospital program.

Beyond the local level of training, John has been an active contributor to numerous professional organizations, including the Clinical Section of CPA, the Canadian Council

of Professional Psychology and the College of Alberta Psychologists. He has participated in many site accreditation visits across Canada. His role as a Practice Advisor for the Psychologists' Association of Alberta is just one of the contributions within Alberta organizations John has made. This role requires experience, wisdom and common sense in addition to professional knowledge, all of which John possesses.

John has been a model for the scientist practitioner model of practice. In addition to his clinical work, supervision and professional contributions, he has many peer reviewed publications, primarily in the area of abused and neglected children. He has co-authored several books, most recently *Psychotherapy of abused and neglected children* (2nd edition) in 2007, with Dr. Terry Pezzot-Pearce. John has made significant contributions in the area of parenting assessments, including developing a consumer's guide and presenting to legal associations. He has conducted many invited addresses, workshops and presentations, ranging from Victoria, British Columbia to Halifax, Nova Scotia to Moscow, Russia. He has played a very important role in educating students, other professionals and the general public about many issues in the very important area of childhood abuse.

Deborah Dobson, Ph.D., R.Psych, works in the Cognitive Therapy Service, Outpatient Mental Health, in the Calgary Health Region. She is an adjunct associate professor in the Departments of Psychology and Psychiatry at the University of Calgary. Her interests include cognitive-behavioral therapy for adult mental health problems, community mental health, and professional training. She has known Dr. Pearce for years through their common affiliations with the Calgary Health Region and the University of Calgary. Dr. Dobson is the current Chair-Elect of the Clinical Section, and also a former co-editor of this newsletter.



Note from the Editors: The "Profiles in Clinical Psychology" is a new addition to the Clinical Newsletter that we are hoping will become a regular feature. Each issue will present a Clinical Psychologist – researcher, academic, clinician – who is making a significant contribution to the field. Indeed, we are hoping to profile individuals employed in various capacities from across the country – universities, hospitals, correctional facilities, community-based clinics, armed forces, business and industry, private practice, etc. Whenever possible, we hope to invite students to compose the articles. We welcome suggestions of people to profile and, of course, welcome offers for submissions. -JB & MW