



canadian CLINICAL PSYCHOLOGIST

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Newsletter of the Clinical Section of the Canadian Psychological Association
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Chair's Message

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

Clinical Section Executive 2006-2007

I am delighted to welcome the new members of this year's Clinical Section Executive: Dr. John Pearce of the Alberta Children's Hospital (Secretary/Treasurer), Dr. Andrew Ryder of Concordia University (Member at Large), and Dr. Deborah Dobson of the Calgary Health Region (Chair Elect). Although Dr. Dobson is new to the Executive, she is no stranger to the Clinical Section, having served for many years producing the Clinical Section Newsletter.

Welcome back also to the returning members of the Executive, who include Dr. Catherine Lee of the University of Ottawa (Past Chair), Andrea Ashbaugh of Concordia University (Student Representative) and myself of the University of Waterloo. Finally, welcome back to our newsletter editors, Dr. Margo Watt of St. Francis Xavier University and Dr. Jessey Bernstein of Concordia University.

I would like to extend many thanks to the outgoing members of the Executive: Dr. David Dozois (former Past Chair), Dr. Kerry Mothersill (former Secretary/Treasurer) and Dr. Adam Radomsky (former Member At Large). It was an enormous pleasure working with these committed and energetic individuals.

Convention

The Calgary convention was a great success, with strong attendance at the conference in general, as well as at the Clinical Section events. A common refrain amongst attendees was that the calibre of the presentations was high, comparing favourably with that of specialty conferences.

As always, there was a strong student contingent presenting interesting work, and their enthusiasm created a vibrant atmosphere. It is exciting to see where the next generation of academics and clinicians are taking the field of clinical psychology. Plans for the Ottawa convention

include workshops and presentations on clinical problems across the lifespan and student-centered presentations on careers in psychology. The Clinical Section sponsored events will be advertised in the Spring edition of the newsletter.

A call for submissions for the 2007 annual convention in Ottawa can be found on page 20. I would like to encourage everyone to attend the conference, and even better, come and present your innovations in understanding and treating mental illness and in training clinical psychologists. Please keep in mind that presentations can include research presentations (symposia or posters), clinical workshops, conversation sessions, and theory review papers. The more submissions by people like you, the better the quality of the conference – and, the more worthwhile attendance will be!

Honours and Awards

A rewarding part of section activities is the recognition of excellence of our members. Details of the *Ken Bowers Award for Student Research* can be found on page 13. This year the award went to Irena Milosevic of Concordia University (see p. 15). The announcement of *Fellow status awards* can be found on page 17. We were delighted to award Fellow status to Dr. David Zuroff of McGill University, and Dr. Steven Taylor of the University of British Columbia. This year, we are pleased to announce the addition of student travel awards – many thanks to Andrea Ashbaugh for spearheading this initiative! Please see page 12 for the description of these new awards.

Psychology Works

The fact sheets prepared by members of the clinical section can be found <http://www.cpa.ca/factsheets/main.htm>. These pdf files can be downloaded for distribution to students, clients, and the general public. If there is another topic about which you would like to see a fact sheet, please let us know by contacting one of the members of the Executive (see the website for contact

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information).

Clinical Section Website and List Serve

The Clinical Section website was established to provide information on the activities of the Executive, as well as contact information, information on awards and Fellow nominations, and the fact sheets. The List Serve (clinical@lists.cpa.ca) is intended to update members on Section business, and post job advertisements. If you have ideas about other information or features that you would like to see on the website, or have ideas about other uses of the list serve, please let us know by contacting a member of the Executive.

A Reflection on Our Profession

The practice of clinical psychology is challenging but also rewarding. What makes it unique from other mental health professions is its reliance on the synthesis of fairly diverse elements. In conducting clinical work, a strong knowledge of relevant theory and research is required for assessment and the development of a case conceptualization and treatment plan. General and specialized clinical skills are required to conduct assessment and to implement treatment. Sophisticated interpersonal skills are then required to bring the therapist's working model to the client, applying theory, research and technique in a way that is uniquely compelling for each individual. The theory and research on which the assessment, case conceptualization and clinical skills are based are informed by such clinical work, and so the cycle continues.

As a clinician, the work of assessment and therapy is intellectually difficult, and the reward is in watching a client reclaim her/his life. When therapy is successful, the profession of Psychology gains credibility and importance, and therefore has an impact on society. As a clinical supervisor, it is challenging to help trainees develop their ability to synthesize theory, research, clinical skills and interpersonal skills. The reward is in watching their confidence and mastery grow, and in the subsequent satisfaction of knowing that the next generation of psychologists will benefit people as individuals and society as a whole. As a researcher, the task of developing studies that address clinically relevant issues, yet are rigorous enough in their design so as to yield clinically meaningful data, is complex. The reward is in successfully applying empirical discoveries to clinical problems. The ability to account for our success in treatment through research further enhances our credibility as a profession and the impact we can have on mental health care policy.

As clinical psychologists, we have the option of being involved in research, clinical practice or clinical training, or in any combination of the three. Although we are all clinical psychologists, our careers may look quite different. Whatever we choose, our work in one domain benefits from the important work that is being conducted in the others. However, in our focus on one domain we can sometimes lose sight of the interdependence and importance of the work of clinical psychologists who are focusing on other domains. We will continue to grow as a profession to the extent that we can appreciate and benefit from the many and varied activities of our colleagues.

Clinical psychology is truly coming into its own, and its unique and important contributions are being acknowledged at the highest levels. For example, in the UK, cognitive-behaviour therapy (CBT) is now a mandated form of treatment – see http://www.strategy.gov.uk/downloads/files/mh_layard.pdf. In what is perhaps an even stronger endorsement of the role of clinical psychology in society, Coronation Street (the highest rated soap opera on British television) featured an ongoing storyline that followed a main character as she underwent a successful course of CBT for panic disorder!

We are a strong profession, and the whole of clinical psychology is much greater than the sum of its research, clinical practice and clinical training parts. I am proud to be a clinical psychologist, and look forward to working towards the advancement of our profession in my capacity as the Chair of the Clinical Section of CPA.





Section on Clinical Psychology La Section de la psychologie clinique

Summary of Minutes of Spring Teleconference Meeting

April 10, 2006

Present:

Catherine Lee, (Chair); David Dozois, (Past-Chair); Christine Purdon, (Chair-Elect); Adam Radomsky, (Member-at-Large); Kerry Mothersill, (Secretary-Treasurer); Andrea Ashbaugh (Student Member)

Highlights:

- The “Join Us” ad that was supposed to have been printed in the last issues of Psynopsis was not included by John Service and was replaced by a column from the Chair.
- One CPA Professional Affairs teleconference meeting was held. It was proposed that a new CPA journal with an applied focus be introduced. The Clinical Section executive felt that there wasn’t a large demand for a new journal of this type.
- The Convention Committee has experienced scheduling difficulties for this year’s convention.
- A table in the exhibit hall will be available to present the Fact Sheets, if the Section provides them. CPA will approach exhibitors for donations (e.g. books) that can be given to students. CPA did not want the sections to contact the exhibitors directly.
- The cost of the Mid-Winter meeting was \$4336.56. The budgeted amount for the meeting was \$3500.00
- Andrea recruited 3 students to write for the Newsletter. She contacted the student representative from the University of Calgary to help out with the pre-convention Workshop. Andrea sent out a request for award ideas to the student member list serve. Andrea will present a proposal at the next meeting.
- Clinical Section Student Research Ken Bowers Award Submissions: The 6 submissions were evaluated by three raters. Irena Milosevic from Concordia University has won the award for 2006. Christine suggested modifications to streamline and improve the process.
- Details of advertising and registration for the pre-convention workshop were discussed.
- Advertising for the public lecture was discussed.
- The following nominations have been received: Deb Dobson (Chair-Elect), Andrew Ryder (Member-at-Large) and John Pearce (Secretary-Treasurer).
- Charlotte Johnson will receive Fellow Status this year. David Zuroff and Steve Taylor will receive Fellow status when they attend the conference in 2007. In future Calls for Fellows we will indicate that the award will be presented in person at the conference.
- Adam has coordinated the modification of the Fact Sheets to a pamphlet format. He has been in contact with CPA to reorganize how the Fact Sheets are presented on the web page. Corrections to the French versions have been sent to CPA. The costs for the Fact Sheet work are under budget, about two-thirds of the budgeted \$2000.00.
- Catherine has been in contact with the new editors and the next issue of the newsletter will be sent out soon. A discussion was held concerning ways in which connection among the editors and the Executive be enhanced. The editors will be invited to participate at an appropriate time during the Fall and Spring teleconference meetings. Margo will be invited to the Executive Breakfast Meeting on June 8.
- Kerry will forward the membership list for 2005 and 2006 to David, who will send out the reminder letters.
- Newsletter advertising rates will be kept at \$150 per page.
- Catherine will discuss the following issues at the Meeting of Section Chairs and with the CPA Board: convention scheduling, Psynopsis editorial policy and reorganization of the CPA web site.
- The following items will be discussed at the ABM: Email voting (Catherine will circulate a proposal to the Executive), process for awarding travel grants to students, and awarding fellow status in person. The new executive committee will meet Thursday evening. Christine will advise the new executive of the meeting time and place.
- Catherine will contact John Service regarding the mechanism for transmitting website updates.



Section on Clinical Psychology La Section de la psychologie clinique

Summary of Minutes of Annual Business Meeting

June 8, 2006

Calgary, Alberta

Present:

Laurene Wilson, Adam Radomsky, David Dozois, Kerry Mothersill, Catherine Lee, Christine Purdon, Deb Dobson, Keith Dobson, Andrea Ashbaugh, John Pearce, Thomas Hadjistavropoulos, Allan Wilson, David Hodgins, Andrew Ryder, Irena Milosevic, Melissa McGonnell, Chris Wuerscher, Pierre Ritchie.

Highlights:

- The Executive Committee included David Dozois (past-chair), Christine Purdon (chair-elect), Kerry Mothersill (secretary-treasurer), Adam Radomsky (member-at-large), Andrea Ashbaugh (student representative) and Catherine Lee (chair). The Executive had two in-person meetings and two teleconferences, as well as regular email correspondence throughout the year. The Section maintains a healthy membership with 481 regular members and 215 student members (total of 696) which represents sustained growth over recent years.
- At the 2006 convention, in addition to 3 poster sessions and 5 symposia, the Section sponsored: (1) a CPA-invited presentation by Charlotte Johnston on families with children with ADHD; (2) a pre-convention workshop by Stanley J. Rachman and Adam Radomsky on treatment of obsessions; (3) a master-clinician workshop by Michel Dugas on exposure-based treatments; (4) a co-sponsored keynote presentation by Gordon Asmundson on health anxiety; (5) a workshop by Joel Goldberg and Don Addington on evidence based practice in the assessment and treatment of schizophrenia; (6) a workshop lead by Kerry Mothersill on the internship process; and (7) a public lecture by Michel Dugas on effective psychological treatments for anxiety.
- In recognition of her important contribution to Canadian clinical psychology, the Section awarded Fellow status to Charlotte Johnston. David Zuroff and Steve Taylor have been selected as section Fellows and will receive their awards at the convention in Ottawa 2007.
- The *Canadian Clinical Psychologist* was published under the editorship of outgoing editors Deborah and Keith Dobson and incoming editors Margo Watt and Jessey Bernstein. The Section website was maintained by David Hart. The clinical list serve continues to be used judiciously for section business and for announcements of employment opportunities.
- The 2005-2006 year-end financial statement indicated \$15,930.09 in the checking account and \$4161.04 in GICS, with total assets of \$20,091.13. The proposed budget for the 2006-2007 was reviewed. Membership dues were expected to be \$9,500.00. Total income was projected to be \$15,076.00 with total expenses of \$13,750.00.
- The student representative, Andrea Ashbaugh focused on ways to increase student involvement in the clinical section and CPA in general. This was achieved via the introduction of the student column in the newsletter and by discussions regarding the augmentation of student support by the section.
- An augmentation of the Clinical Section Ken Bowers Award from \$500 to \$750 was approved as well as new travel awards of one first place award of \$500 and two second place prizes of \$200.
- There were 90,000 hits on the Fact Sheet web page of the CPA site over the past year. The development and promotion of psychology fact sheets was coordinated this year by Adam Radomsky. Fact Sheets were reformatted in pamphlet format. It was noted that additional efforts were needed to advertise the Fact Sheets. Several require revisions and updating. Martin Provencher prepared a new Fact Sheet on Bipolar Disorder. The Section is grateful to Francois Rousseau for reformatting and making corrections to the Fact Sheets.
- Deborah Dobson was elected as Chair-Elect; John Pearce was elected Secretary Treasurer and Andrew Ryder as Member at Large. Andrea Ashbaugh was re-elected as Student Member via an electronic ballot.
- The Clinical Section Ken Bowers Student Research Award was presented to Irena Milosevic from Concordia University for her paper entitled *The Role of Safety Behaviour in the Treatment of Specific Phobia*.
- Procedures for nominating Fellows were discussed. A motion for one person to serve as the key nominator who would obtain two additional letters of recommendation was carried. It was also approved that the Clinical Section would present the award when the recipients were present at the ABM.
- We discussed ideas for presentations at next year's conference.



Section on Clinical Psychology La Section de la psychologie clinique

Summary of Minutes of Executive Meeting

June 8, 2006

Present:

Catherine Lee, Andrea Ashbaugh, Andrew Ryder, John Pearce, Deb Dobson, Christine Purdon

Highlights:

Convention planning:

- We discussed potential keynote speakers and agreed to accept the invitation of the Chair of the Cross-Cultural Section to co-sponsor Thomas Achenbach. Christine will follow up on this.

- We discussed potential presenters for: pre-convention workshop, master-clinician workshop (Clinical Section sponsored keynote), public lecture, as well as for a panel discussion on careers in psychology, workshops and symposia. We discussed potential nominees for the CPA Humanitarian award.

Mid-winter meeting:

- The mid-winter meeting has been tentatively scheduled for January 27th in Montreal.
- John Pearce agreed to give a colloquium at Concordia University on January 26th.

Call for Nominations

Officers of the Clinical Section

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

For 2007-2008, 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 **Student Member** (a one-year term). Continuing members of the Executive for 2007-2008 will be Dr. Deborah Dobson (Chair), Dr. John Pearce (Secretary-Treasurer), Dr. Andrew Ryder (Member-at-large), and Dr. Christine Purdon (Past-Chair).

Although there is no requirement for the following, the Section does support equitable geographical representation and gender balance on the executive.

Nominations shall include:

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

Deadline for receipt of nominations is March 25th, 2007.

Send nominations for the Executive to:

Dr. Catherine Lee, Past Chair
School of Psychology, University of Ottawa
11, Marie Curie
Ottawa, Ontario, CANADA K1N 6N5
Email: Catherine.Lee@uottawa.ca

Appel De Candidatures

Membre du comité exécutif - Section clinique

Votre participation au processus d'élection des membres du comité exécutif est importante pour la Section clinique.

Pour l'année 2006-2007, la Section clinique doit combler deux postes : (1) la poste de président(e) élu(e) qui est un mandat de trois ans qui comprend une année comme président(e) élu(e), une année comme président(e), et une année comme président(e) sortant(e); et (2) une poste de membre étudiant(e) (mandat d'un an). Les quatre personnes qui poursuivront leur mandat en 2007-2008 sont: Dr. Deborah Dobson (Présidente), Dr. Christine Purdon (Présidente sortante), Dr. John Pearce (Secrétaire-trésorier), et Dr. Andrew Ryder (Membre).

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

Les candidatures doivent être accompagnées:

- d'une confirmation de la candidate ou du candidat acceptant de siéger au bureau de direction selon le poste assigné, et
- d'une lettre d'appui signée par au moins deux membres ou Fellow de la Section clinique.

Date limite de réception des candidatures: le 25 mars 2007.
Faire parvenir les candidatures à l'attention de :

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**CPA Clinical Section Fellow Award
Dr. Charlotte Johnston**

Adam S. Radomsky, PhD
Concordia University, Montreal, Quebec



Fellow Status is awarded by the Clinical Section of CPA to those who have made outstanding contributions to the development, maintenance and growth of excellence in the science or profession of clinical psychology. Dr. Johnston is a Full Professor at the University of British Columbia. She is an internationally recognized authority on Attention Deficit Hyperactivity Disorder (ADHD) and has made numerous scientific contributions addressing the family context of ADHD. Her publication record is outstanding, and she has consistently published her research in the premier journals in the field. Dr. Johnston's research program is currently funded by the Canadian Institutes of Health Research (CIHR), Social Sciences and Humanities Research Council (SSHRC), and the UBC Department of Psychology. Over the past 10 years she has received well over \$1.2 million in funding for her research on parental attributions for child behaviour and on closely related topics such as perceptions of social competence for children with conduct problems. This is a clear testament to the quality of Dr. Johnston's research and to her efforts to develop a greater understanding of the family and social cognitive context of ADHD and related disorders.

During her career the quality of her research has also been consistently recognized within the University of British Columbia: she has been the recipient of both the Sir Izaak Walton Killam Faculty Research Fellowship and the Sir Izaak Walton Killam Senior Faculty Research Prize. These accomplishments speak volumes about the importance and relevance of her research program.

Not surprisingly, Dr. Johnston is frequently sought out by editorial boards and grant review boards for her exceptional knowledge and skill. She has reviewed manuscript submissions and grant proposal for approximately two dozen journals and granting agencies during her career.

More than an outstanding professional contributor, Dr. Johnston is personable, too, and was listed as one of the "Popular Profs" in the 2003 MacLean's Guide to Canadian Universities! At the community level, she has given numerous community presentations on ADHD and how to manage difficult child behaviours; she has also served for many years on the professional advisory committee of ChADD Canada, an organization that helps families facing the challenge of having a child with ADHD.

Despite her heavy research commitments, Dr. Johnston has been very actively involved in a number of administrative capacities in her career, including membership on conference committees for the World Congress of Behavioral and Cognitive Therapies, the International Conference on Child and Adolescent Mental Health, the Association for Advancement of Behavior Therapy, and the APA Society of Clinical Child and Adolescent Psychology (Division 53). Within Canada, she was on the Executive of the Clinical Psychology section of CPA, served on the CPA Nominations Committee, was a member of the Clinical Psychology section Task Force on Empirically Supported Treatments, and served on a committee for the College of Psychologists of British Columbia. Within the university, Dr. Johnston served for many years as the Director of the UBC Clinical Psychology program, a program which is accredited by both CPA and APA.

Dr. Johnston is deeply committed to advancing and improving the science of psychology but, equally important, she is committed to conducting research that has the potential to significantly influence the lives of those dealing with ADHD. She is a fine example of all that is worthwhile in the discipline and the profession of psychology. She truly cares about training scientist-practitioners and she truly cares about the quality of psychological services available to children and families. Charlotte is a wonderful colleague who demonstrates profound knowledge of clinical psychology and respect for people, be they colleagues, students, clients, or research participants. We are proud to name Charlotte Johnston a Fellow of the Clinical section of the Canadian Psychological Association.



Dr. Adam S. Radomsky is an Associate Professor of Psychology at Concordia University. He received his Ph.D. from the University of British Columbia and joined the faculty of Concordia University in 2001. He has published many articles on anxiety disorders and related topics. He is widely recognized for his work on OCD and panic disorder and is a frequent speaker on these topics at professional meetings. Dr. Radomsky also is a member of L'Ordre des psychologues du Québec <<http://www.ordrepsy.qc.ca/>> . He specializes in Cognitive Behavioural Therapy (CBT) for adult anxiety disorders.

The Canadian Coalition for Seniors' Mental Health

The Canadian Coalition for Seniors' Mental Health (CCSMH) recently completed four New National Guidelines for Seniors' Mental Health on:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression
- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood & Behavior Symptoms)

The psychology community was well-represented in the development of these new, national, multidisciplinary guidelines. The Long Term Care guideline working group was co-led by Psychologist Dr. Maggie Gibson and Psychiatrist Dr. David Conn.

The Prevention of Suicide working group was co-led by Psychologist Dr. Marnin Heisel, Psychiatrist Dr. Adrian Grek and Nurse/Psychologist Dr. Sharon Moore.

Psychologists Dr. Venera Bruto and Dr. Philippe Cappeliez served on the Delirium and Depression working groups, respectively, and psychology doctoral candidate Ljiljana Mihic served on the Long Term Care team.

The CCSMH has now turned its attention to dissemination and uptake of the guidelines. Thousands of stakeholders within the seniors' mental health community across Canada received an email launch and the link to the guidelines approximately 2 weeks ago. To date the guidelines have been downloaded over 2500 times from many disciplines within Canada and Internationally. The direct link to the guidelines is <http://www.ccsmh.ca/en/guidelinesUsers.cfm>.

The CCSMH was established in April of 2002, in response to concerns raised by healthcare professionals and government representatives over inadequate awareness of seniors' mental health and the quality of care provided to people over age 65. The mission of the CCSMH is to promote the mental health of seniors by connecting people, ideas and resources.

A truly national organization, the CCSMH has over 750 individual members and 85 institutional representatives from health and seniors organizations coast-to-coast. The Canadian Psychological Association is a steering committee member of the CCSMH.

More information on the CCSMH, including how to become a member, is available on the on the CCSMH website www.ccsmh.ca.

Recent Developments in Mental Health Care for Older Adults: The Canadian Coalition for Seniors' Mental Health National Guidelines Project

Marnin J. Heisel, Ph.D., C.Psych.
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Canadian population demographics are shifting. By the year 2021, nearly one-fifth of Canadians will be over the age of 65 (Health Canada, 1999). Approximately 20% of older adults live with mental health problems, and as many as 80-90% of older long-term care residents suffer from some form of mental illness or cognitive impairment (Drance, 2005; MacCourt, 2005; Rovner et al., 1990). Until recently, few evidence-based practice guidelines existed addressing the prevention, assessment, treatment, and management of major mental health problems affecting older adults. The aging of the population, together with a lack of consistency in the provision of care, evidenced a need for interdisciplinary guidelines to enhance the knowledge base regarding effective mental

health treatment practices for older adults. The Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines Project was initiated to help support the development of evidence-based recommendations in key areas of seniors' mental health.

The CCSMH was initially established in April of 2002 responding to concerns raised by healthcare professionals and government representatives regarding limitations in both the knowledge and quality of mental healthcare for adults 65 years and older. The CCSMH comprises an interdisciplinary body of healthcare providers, researchers, policy experts, and advocates, whose mission is to help promote the mental health of seniors by connecting people, ideas, and resources. A truly national organization, the CCSMH has over 850 individual members and 85 institutional representatives from health and aging organizations coast to coast; the Canadian Psychological Association is represented on the CCSMH steering committee.

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In January of 2005, the CCSMH was awarded funding by the Public Health Agency of Canada, Population Health Fund, to lead and facilitate the development of evidence-based recommendations for best-practice National Guidelines in four key areas affecting the mental health of older adults:

1. Assessment of **Suicide Risk & Prevention of Suicide**
2. Assessment and Treatment of **Depression**
3. Assessment and Treatment of **Mental Health Issues in Long-Term Care Homes** (focusing on mood and behavioural symptoms)
4. Assessment and Treatment of **Delirium**

Between April of 2005 and February of 2006, working groups were established for the four identified areas. The working groups were charged with evaluating existing treatment guidelines and reviewing the literature on these problem areas, and formulating a new set of guidelines summarizing current knowledge and providing consensual recommendations. The CCSMH guidelines were intended to be evidence-based, broad in scope, reflect a continuum of settings for late-life mental healthcare, and be clear, concise, readable, and practical.

The National Guidelines Project Objectives aimed to:

- Facilitate the collaboration of leaders in the field of mental health and aging so as to review existing Canadian and International treatment guidelines and original literature on the mental health of older adults;
- Facilitate a process of partnership among identified leaders and stakeholders to create a set of evidence-based treatment guidelines;
- Disseminate draft guidelines to attendees at the September of 2005 CCSMH Best Practices Conference in Ottawa, providing an opportunity for review, analysis, and revision of recommendations prior to dissemination;
- Disseminate the completed guidelines to professionals and stakeholders across Canada.

A group of leaders in the field of mental health and aging issues was assembled to help form the CCSMH Guideline Development Groups. Members of the CCSMH Steering Committee selected Co-leads for the Guideline Development Groups, after soliciting recommendations from organizations and individuals. After the Co-leads were selected, Guideline Development Group members and consultants were chosen using a similar process, including suggestions from the Co-leads. One of the goals in selecting group members was to attempt to create inter-disciplinary working groups with diverse provincial representation from across the country. Psychology was well-

represented in the Guideline Development Groups: the Suicide Prevention group was co-led by Psychologist Dr. Marnin Heisel, Nurse/Psychologist Dr. Sharon Moore, and Psychiatrist Dr. Adrian Grek; Psychologist Dr. Philippe Cappeliez served on the Treatment of Depression working group; Psychologist Dr. Maggie Gibson co-led the Long-Term Care working group along with Psychiatrist Dr. David Conn and aided by working group member and psychology doctoral candidate Ljiljana Mihic; Psychologist Dr. Venera Bruto served on the Delirium working group. Target audiences for the CCSMH guidelines include interdisciplinary healthcare teams and administrators, researchers, students/trainees, advocates, and policy-makers whose work focuses on older adults. The CCSMH guidelines may further assist in the planning and evaluation of healthcare service delivery models, human resource plans, accreditation standards, training and education requirements, research needs, and funding decisions.

Creation of the four CCSMH guidelines took place within one year's time. The Guideline Development Groups initially met in Toronto in May of 2005 for a two-day planning workshop; the completed guidelines were printed in May of 2006. Dissemination of the CCSMH Guidelines was initiated in June of 2006. Initial electronic launch of the Guidelines' announcement reached approximately 5000 individuals. Within two months, approximately 4500 paper copies of the Guidelines were distributed across Canada to key stakeholders in long-term care facilities, hospitals, government, community services, and educational institutions. As of early September of 2006, the guidelines had been downloaded over 6200 times from the CCSMH website (www.ccsmh.ca) from individuals from across Canada and around the world from the U.S.A., Brazil, Australia, New Zealand, Singapore, Taiwan, Japan, South Africa, Portugal, Belgium, Scotland, Switzerland, and Israel. Nurses, Administrators, and Social Workers have downloaded the guidelines most frequently; Psychologists and Psychiatrists combined have downloaded approximately 700 copies, to date. Several organizations have officially endorsed the guidelines and many have provided electronic links and supports for the Guidelines on their websites. The Canadian Journal of Geriatrics will be publishing a supplement on the Guidelines in the Fall of 2006, and numerous other activities to support dissemination, implementation, uptake and evaluation of the Guidelines are planned, including workshops and presentations at the annual meetings of the Canadian Psychological Association, Ontario Psychological Association, Canadian Psychiatric Association, Canadian Academy of Geriatric Psychiatry, Canadian Association on Gerontology, and the Canadian Association for Suicide Prevention.

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Interested readers are referred to the CCSMH Website (www.ccsmh.ca) for a complete list of acknowledgments including financial supporters, and for details regarding the guideline development process, search strategies, references, and for downloadable .pdf versions of the guidelines. Over fifty individuals were involved in the development of the four National Guideline documents and the CCSMH is grateful for the dedication of the team. For complete lists of development group members please refer to the full text guidelines. The CCSMH National Guidelines steering committee includes (in alphabetical order): Dr. Diane Buchanan, Dr. David Conn, Dr. Maggie Gibson, Dr. Adrian Grek, Dr. Marnin Heisel, Dr. David Hogan, Ms. Faith Malach, Dr. Laura McCabe, Ms. Jennifer Mokry, Dr. Sharon Moore, Dr. Marie-France Tourigny-Rivard, and Ms. Kimberly Wilson.

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Why did the Psychologists Cross the Road? To Promote Physical Activity through an Annual Charitable Fun Run

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In June 2005, Dr. Karen Cohen, Associate Executive Director of the Canadian Psychological Association (CPA), took the initiative to resurrect the annual Fun Run to the delight of the participants at the Montréal Convention. The Fun Run originated at the Toronto Convention in 1997 and it was initially held as a 'President's Run'. Each year, the route is designed to incorporate some of the scenic highlights of the convention's host city and allows participants to discover, on foot, a different facet of the city. Whether it be the animated streets around Toronto's City Hall, the inspiring river valley trail system of Edmonton or the charm of old Montréal, there is always something to see. This convivial event is also a great opportunity to foster a healthy lifestyle by being physically active. Dr. Cohen's commitment to revive this activity was motivated by two commendable objectives.

First, the Fun Run is a wonderful way to showcase CPA's commitment to health by raising the profile of Psychology as a key player in promoting physical activity as part of a healthy lifestyle. Indeed, the physiological benefits of exercise are well documented (see Public Health Agency of Canada, 2006), but there is also growing evidence to support the psychosocial benefits of physical activity as well. Research consistently demonstrates that there are positive effects of exercise on mental health in both clinical and non-clinical populations. As such, regular exercisers have been shown to have lower levels of stress, anxiety, depression and fatigue in comparison to non-exercisers (see review in Biddle, Fox, & Boutcher, 2000). More recently, case reports and empirical studies suggest that physical exercise is likely a viable treatment alternative and/or treatment adjunct for a variety of anxiety and mood disorders, including panic disorder (Broocks et al., 1998; Dratcu, 2001) and mild-to-moderate major depressive disorder (Dunn, Trivedi, Kampert, Clark, & Chabbliss, 2005; Lawlor & Hopker, 2001). Given these findings, the Fun Run is also great platform to advocate the importance of physical activity in the prevention and management of mental illness.

Second, the new format of the run now includes a fundraising component for community organizations and activities that make use of the scientific knowledge and the clinical expertise of Psychology as a discipline. Given that the CPA subsidizes the Fun Run, all proceeds raised by the

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event are donated to the selected charity. These funds are primarily raised through registration fees for the run. In return, registered participants receive a free, trendy water bottle and a stylish T-shirt bearing the CPA Fun Run logo. (The hotel also generously offers a free breakfast to Fun Run participants immediately following the event.) This year's run also raised additional money through the sales of T-shirts and through personal donations by CPA members attending the convention.

Last year, the Fun Run raised a total of \$400 for the Autism Society of Canada. This national non-profit organization was created by a group of parents dedicated to providing a collective voice to the autism community across Canada. This year, the Stephen Lewis Foundation was selected to receive the proceeds of the Calgary Fun Run which coincided with Stephen Lewis receiving the CPA's 2006 Humanitarian Award. A donation of \$1000, on the behalf of CPA, was made to support this foundation's efforts to ease the pain and suffering of people affected by HIV/AIDS in Africa. Contrary to the CPA Foundation, which supports Psychological activities, this new initiative of the Fun Run, as mentioned by Dr. Cohen, allows CPA members to fundraise in an altruistic way in order to give back to others in our community.

Despite the fact that the number of participants is steadily increasing, this event remains a missed opportunity for the majority of those attending the convention. The Fun Run, however, caters to everyone's fitness level by offering either a five-kilometer route or a longer eight-kilometer circuit. The event, which is traditionally held on the Friday morning of the convention, can be walked, jogged, or run depending on each individual's comfort level. In fact, participants of the run comprise a diverse group of CPA members, including psychologists, researchers, graduate students and CPA employees.

Finally, and perhaps most importantly, the Fun Run is actually a *fun* event! Past participants would all agree that it represents one of the highlights of the convention. As pointed out by Juanita Mureika, psychologist and dedicated Fun Run enthusiast, the event is "just a nice way to begin the day, and a nice break from the *head work* in the middle of the convention". Ms. Mureika further believes that the Fun Run is "a (much needed) chance to get out of the hotel and meet people you wouldn't meet ordinarily at the meetings." Indeed, the Fun Run is a great social venue to chat informally with fellow psychology colleagues across the country.

For all of the reasons mentioned above, the upcoming Fun Run at the Ottawa convention promises to be an exciting event that takes you along the famous Rideau Canal and through the Byward Market of our Nation's Capital. We hope to see you all there with your sneakers on...

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Marie-josée Lefavre and Danielle Poulos are graduate students studying under the supervision of Dr. Margo Watt. Marie-josée is a Ph.D. candidate in Clinical Psychology who works in the area of pediatric health psychology with specific interests in health behaviours and anxiety disorders. Danielle is a M.Sc. candidate in Kinesiology who is interested in the social interaction effects of exercise on negative mood.

More Reasons Why Students of the Clinical Section Should Participate at Annual Canadian Psychological Association Conferences!

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There is no denying that attending conferences can help prepare for a career in clinical psychology. Attending conferences, including the annual Canadian Psychological Association conference, provides students with an opportunity to present and share their research and to see firsthand the research of other colleagues. Being exposed to new research that one might not have the opportunity to see elsewhere can help students to refine their own. Conferences also offer workshops presented by researchers from across the country, giving students the opportunity to sharpen their clinical skills. There is also the opportunity to meet and interact with other students and professionals beyond those who work in their university. Networking and meeting with potential colleagues can be a powerful tool towards attaining that coveted position, whether it be in a university, hospital, or other setting. Given the size of Canada, attending national conferences may be one of the few activities that allows students to learn, share, and interact with renowned researchers and clinicians from across the country.

Despite these many opportunities, attending conferences in Canada can pose a significant economic challenge to students, particularly those traveling across this vast country. The Canadian Psychological Association and the Clinical Section have always been dedicated to enabling students to attend the conference by making it as affordable as possible by offering significantly discounted fees and by providing bursaries and scholarships. This year, the clinical section has made changes to its scholarship support in the hopes of helping more students attend the conference, and hopefully to encourage increased interaction with both students and professionals from across the country.

Previously, the main form of student support provided by the Clinical Section was the prestigious Clinical Section Ken Bowers Student Research Award (see next page). This award was established in 1996 in honour of Dr. Kenneth Bowers, who was a professor at the University of Waterloo, and who made significant contributions to the field of clinical psychology in Canada and internationally. To be eligible for the award, Clinical Section student members must be first author on a poster or presentation accepted to the CPA conference and must submit a 10 page APA-formatted manuscript describing the research. The research papers are evaluated based on a number of criteria, including the quality of the research, by reviewers selected by the Clinical Section executive committee. One award is given each year to the student whose submission for the award is deemed to be the most meritorious. To further recognize the importance and prestige of this award, at this year's annual business meeting members of the Clinical Section voted to increase the value of this award from \$500 to \$750.

In addition to increasing the value of the Clinical Section Ken Bowers Student Research Award, Clinical Section members also voted to introduce a series of new travel awards. These awards are aimed not only at recognizing student excellence, but also at increasing the number of students receiving funding for the conference, and promoting the exchange of ideas among fellow student members of the Clinical Section. The new Clinical Section Travel Awards will include three scholarships, one worth \$500, which will be awarded to the top clinical poster, and two worth \$200, one each awarded to the best clinical poster from each of the two regions in Canada (East, West, or Central) other than the region where the conference is being held. It is hoped that this initiative will help students who live far away from the conference city to attend the conference. Additionally, in order to support as many students as possible, although students will be eligible to apply to both the Clinical Section Ken Bowers Student Research Award and the Clinical Section Travel Awards, any given student will only be able to receive one of these awards per year.

The new Clinical Section Travel Awards will be unique from other awards as the winner will be determined by fellow Clinical Section students rather than by clinical section members. This award will provide students the opportunity to put their critical thinking skills to the test! Applicants to the award will evaluate the research of fellow applicants based on a number of criteria including statistical methods, research design, and quality of presentation. Students who have posters or presentations accepted at the conference will submit their intention to apply to this award approximately one month prior to the conference.

One week before the conference, all applicants for the award will receive a list of posters and/or presentations that they will be required to evaluate at the conference (e.g., the posters of fellow applicants), along with a simple evaluation form. Of course, applicants will not be evaluating their own research! In order to remain eligible for the award, the applicant will simply be required to return their completed evaluation forms. The poster or presentation receiving the highest overall ranking will be awarded the \$500 scholarship, and the next highest ranked posters from each of the two non-conference regions will receive the \$200 scholarships. All winning abstracts will be published in the fall edition of *The Canadian Clinical Psychologist*. Though this award may seem a little unconventional, it was carefully designed to encourage students to meet and interact with fellow students! As more details about the award, including when and how to submit an application, become available clinical section students will be updated via the List Serve.

Myself along with other executive members of the Clinical Section hope that these awards will provide students with additional incentive and opportunity to attend CPA conferences and to promote interest in the excellent research that is being conducted by students across Canada.

KEN BOWERS STUDENT RESEARCH AWARD

The Ken Bowers Student Research Award was established to honour 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 \$500.00, and the student is invited to describe her/his work in the fall edition of the Clinical Section newsletter, *The Canadian Clinical Psychologist*.

To be eligible you must:

be a student who is first author of a presentation that has been accepted in the Clinical Section at the CPA annual convention in Ottawa, June, 2007

submit an APA-formatted manuscript describing your research*

be prepared to attend the Clinical Section business meeting at the Ottawa convention, where the award will be presented

be a member of the Clinical Section at the time of submission of your paper**

*The manuscript must include a title page and abstract page, and must be no more than 10 pages, double-spaced with 2cm margins and 12 point font. Figures, tables and references are not included in the page count. Manuscripts that do not conform to these criteria will not be reviewed. The **deadline** for submission of applications is **March 16, 2007**. Submissions in either English or French should be sent by email to Dr. Deborah Dobson at deborah.dobson@calgaryhealthregion.ca. If you have any questions about the submission process, please contact Dr. Dobson by email

**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/clinical/membership/index.html> and be sure to indicate Clinical Section membership on your invoice.

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 2007, un certificat et une bourse de 500\$ seront remis à l'étudiant(e) ayant soumis la communication la plus méritoire.

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

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

*Veuillez suivre les consignes de présentation : le manuscrit doit être à double interligne, avec des marges d'au moins 2 cms, un font 12, avec une page titre, un résumé et un maximum de 10 autres 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 16 mars, 2007. Les demandes peuvent être formulées en français ou en anglais et doivent être envoyées par courriel à Dr. Deborah Dobson (deborah.dobson@calgaryhealthregion.ca). Si vous avez des questions au sujet du processus de soumission, n'hésitez pas à contacter le Dr. Dobson par courriel.

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

Workshop Review: Cognitive-Behaviour Therapy for Obsessions

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On June 7, 2006, at this year's annual Canadian Psychological Association conference in Calgary, Alberta, Drs. Stanley Rachman and Adam Radomsky presented a workshop entitled "Cognitive-behaviour therapy for obsessions." Dr. Rachman is professor emeritus at the University of British Columbia, and Dr. Radomsky is an associate professor at Concordia University in Montreal, Quebec. Both researchers are world renowned experts in the cognitive-behavioural treatment of obsessive-compulsive disorder (OCD). Dr. Rachman has written several books for both professionals and consumers on the topic of OCD and Dr. Radomsky is a member of the Obsessive-compulsive Cognitions Working Group, an international team of researchers committed to extending our understanding of and improving our treatments for OCD.

It has been increasingly recognized that some individuals with OCD do not perform overt rituals, but rather may perform cognitive rituals or have no rituals at all (Rachman, 2003). Because the unique characteristics of "pure obsessionals" make helping these individuals using traditional treatments for OCD, such as exposure and response prevention, challenging, Drs. Rachman and Radomsky presented new cognitive-behavioural strategies to treat obsessions. Their workshop focused on both the rationale for these strategies and how these strategies are used in treatment.

Though some empirical research was presented at the beginning, the main focus of the workshop was to aid clinicians in the treatment of individuals with obsessions. The numerous questions from the audience regarding specific cases were used to highlight specific strategies designed to target obsessions. In addition, video-taped role plays were used to explicitly demonstrate some strategies. Finally, audience members were also given an opportunity to put these new strategies to use through group exercises.

Drs. Rachman and Radomsky began the workshop by reviewing the specific characteristics of obsessions. They also discussed previous treatment strategies for obsessions that have proven to be less than effective, such as thought stopping or repeated exposure to the unwanted thoughts. Drs. Rachman and Radomsky suggest that recent advances in understanding the role of cognition in OCD may offer more effective avenues of treatment. Current theories suggest that OCD, and obsessions in particular, are characterized by catastrophic misinterpretations of the significance of one's thought (Rachman, 1997). These misinterpretations of one's thoughts often fall into three categories, aptly labeled "mad"

(e.g., It means I'm crazy), "bad" (e.g., It means I'm a wicked person), or "dangerous" (e.g., It means I'm a dangerous person). They suggest that cognitive treatments aimed at evaluating these misinterpretations are more effective than aiming to simply reduce anxiety through exposure. The remaining part of the workshop focused on presenting specific strategies to assess and treat obsessions. Importantly, all the strategies proposed by Drs. Rachman and Radomsky aim to either identify or evaluate these misinterpretations.

When assessing obsessions Drs. Rachman and Radomsky recommend using multiple methods of assessment, including a semi-structured interview and questionnaires that assess a range of OC symptoms, such as the Vancouver Obsessional Compulsive Inventory (Thordarson et al., 2004), and measures that assess the interpretation of thoughts, such as the Thought Action Fusion Scale (Shafran, Thordarson & Rachman, 1996) and the Personal Significance Scale (PSS; Rachman 2003). Several of these measures, including a semi-structured interview to assess obsessions, were provided in the workshop material. The importance of rapport with clients with obsessions was emphasized by Drs. Rachman and Radomsky since many individuals with obsessions conceal their obsessions because of the way they interpret the significance of their thoughts.

The goal of therapy, according to Drs. Rachman and Radomsky, is to help the individual to evaluate and examine the interpretation of his/her thoughts. Each stage of treatment is designed to elucidate and reevaluate how the client interprets their obsessions.

The initial stage of their treatment is didactic. Through psychoeducation clients learn that many people, including those without OCD, have similar obsessions. Through the collaborative development of a model of their obsessions, clients also learn how the interpretation of their thoughts can influence their emotions, behaviour, and frequency of obsessions.

Subsequent stages of therapy focus on helping the client evaluate their interpretations of their thoughts through a variety of tactics. All strategies have the aim of helping the individual develop specific hypothesis based upon their interpretations of their thoughts and to test these out. Exercises range from surveys of friends and family to behavioural experiments. For example in the "redefinition as 'noise'" exercise, clients are asked to see what happens when they think about their thoughts as meaning something terrible versus as just being noise. The goal of this exercise is to help the client learn that the way one interprets a thought can impact the degree of anxiety provoked by the thought and the frequency of the thought.

One important distinction between the traditional strategies and those endorsed by Drs. Radomsky and Rachman,

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including the behavioural strategies, is the didactic emphasis of all exercises. The goal of these exercises is for the client to learn something new, not necessarily to reduce anxiety. For example, traditional behavioural exposure may encourage an individual with thought action fusion (TAF; e.g., the belief that thinking about a thought makes it more likely to occur or is as bad as actually doing the act contained in the thought) to not perform their mental ritual in order for the anxiety in response to the TAF thought to reduce. In contrast, Drs. Radomsky and Rachman suggest that the goal of such an exercise is not to reduce anxiety but rather to discover whether the consequences of not performing the mental ritual will occur as predicted.

The final stages of treatment focus on relapse prevention. Drs. Radomsky and Rachman endorse helping the client become their own therapist by holding "self-sessions," which contain all elements of a session with the therapist, including setting an agenda, reviewing how things have been, completing the PSS, and scheduling their own session. They also use more traditional relapse prevention techniques such as distinguishing between a lapse and relapse, and being aware of potential triggers for their obsessions.

Drs. Rachman and Radomsky closed the workshop by once again briefly highlighting recent research on the role of cognition in OCD, including an ongoing clinical trial of this new cognitive-behavioural treatment of obsessions at University of British Columbia. For individuals unfamiliar with recent advances in the treatment of OCD, particularly on the role of cognition in OCD, this workshop provided excellent hands-on tools that can be used to help clients with obsessions. I look forward to hearing about the outcome of these recent clinical trials for this promising new cognitive-behavioural treatment for obsessions.

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Ken Bowers Student Research Award: Poster Summary

The Role of Safety Behaviour in the Treatment of Specific Phobia



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Safety behaviour consists of actions intended to avert or cope with a perceived threat, including overt actions, thoughts, and/or the use of comforting or protective objects (Salkovskis, Clark, & Gelder, 1996). Current models of anxiety emphasize that this form of behaviour contributes to anxiety maintenance, as it may prevent threat disconfirmation (e.g., Salkovskis, 1991; Salkovskis et al., 1999). However, competing theories suggest that safety behaviour may not necessarily be detrimental to treatment effectiveness. Rachman (1983) proposed that pairing safety signals (conditions indicating a feared outcome will not occur) with feared stimuli could be used as incentive in exposure treatment to increase motivation and facilitate long-term declines in anxiety. The present study aimed to further investigate the role of safety behaviour in the treatment of anxiety disorders using a paradigm of exposure therapy for snake fear, whereby participants use either safety gear or do not use any safety gear during exposure to a snake. It was hypothesized that post-treatment, when both groups approached the snake without any safety aids, those who used them during treatment would report lower levels of subjective fear than those who did not, although they may not be able to approach the snake as closely. It was further hypothesized that the safety behaviour group would report greater cognitive change than the control group post-treatment.

Fifty-four highly snake-fearful Concordia University students (mean age = 26.35, $SD = 8.76$) were randomly assigned to the safety behaviour (SB) ($n = 28$) or control condition ($n = 26$). All participants completed pre-treatment outcome measures without any safety gear. The measures included the Fear of Snakes Questionnaire (adapted from the Fear of Spiders Questionnaire, FSQ; Szymanski & O'Donahue, 1995), the distance of closest approach to the snake (Behavioural Approach Test, BAT), the Subjective Units of Distress Scale (SUDS; Wolpe, 1958), the Agoraphobic Cognitions Questionnaire for Snake Phobia (ACQ-S; Radomsky, Teachman, Baker, & Rachman, 1996), and the Body Sensations Questionnaire (BSQ; Chambless, Caputo, Bright, & Gallagher, 1984). Participants in the SB group were then offered a selection of 12 safety items, such as gloves and

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goggles, to use during treatment. Control participants were not shown or offered safety gear. Treatment consisted of 45 minutes of gradual in-vivo systematic desensitization to a live ribbon snake. The distance of approach to the snake and subjective reports of fear (SUDS) were measured at 5-minute intervals during the exposure session. Immediately following treatment, the outcome measures were administered (BAT distance, SUDS, ACQ-S, BSQ). After a 10-minute delay, all participants then completed the measures (FSQ, BAT distance, SUDS, ACQ-S, BSQ) without any safety gear.

To assess treatment effectiveness, a 2 x 2 (condition x time) repeated measures ANOVA was conducted on each of the outcome measures at pre- and post-treatment. Significant changes were observed for all fear indices (all F 's > 30.34, p 's < .0001) across both groups, with reduced levels of fear at post-treatment. To examine between-participant effects, 2 x 3 (condition x time) repeated measures ANOVA's were conducted on the BAT and SUDS measures, and a 2 x 2 (condition x time) ANOVA was conducted on the FSQ. No significant between-participants effects or interactions were found (all F 's(1, 52) < 2.84, $n.s.$). Due to significant pre-treatment differences, the ACQ-S and BSQ were analysed with 2 x 2 (condition x time) repeated measures ANCOVA's, co-varying the pre-treatment values. There was a marginal condition x time interaction on the ACQ-S ($F(1, 50) = 2.92$, $p = .09$), whereby participants in the SB group reported fewer agoraphobic cognitions than controls immediately after treatment, with this difference diminishing post-treatment. There were no significant group effects or interactions for the BSQ ($F(1, 50)$'s < 1.67, $n.s.$).

The distance of approach and SUDS ratings during treatment were analyzed with 2 x 9 (condition x time) repeated measures ANOVA's, revealing a significant main effect of time for the BAT distance measure ($F(8, 416) = 50.64$, $p < .0001$), whereby participants' distance from the snake decreased with time in the exposure session. Moreover, a marginal main effect of condition was observed ($F(1, 52) = 2.74$, $p = .10$), whereby participants using safety gear were consistently able to approach the snake more closely than controls. A significant main effect of time also emerged on the SUDS measure ($F(8, 400) = 9.16$, $p < .0001$), with lower reported distress ratings as exposure therapy progressed; no significant between-participants differences were found for SUDS ratings ($F(1, 50) = .02$, $n.s.$).

This study demonstrated treatment gains in exposure therapy for snake fear with and without the use of safety aids, supporting the hypothesis that safety behaviour may not necessarily be detrimental to treatment effectiveness. Group differences at post-treatment were not evident on any outcome measures; however, the SB group tended to endorse fewer negative cognitions than the control group immediately after treatment. This difference was no longer evident post-treatment, but importantly, SB participants reported cognitive change equivalent to controls, supporting

the notion that use of safety behaviour may promote adaptive cognitive change. During treatment, both groups experienced comparable levels of subjective fear, whereas there was a trend for participants in the SB group to approach the snake more closely than controls. Because SUDS ratings are highly subjective and characterized by greater variance than the BAT, the BAT may be a more accurate index of fear, suggesting that the use of safety behaviour helped to decrease initial anxiety during exposure without detracting from post-treatment gains.

These findings have important implications for the way in which cognitive-behavioural therapy is conducted. Clinicians are frequently devoted to eliminating safety behaviour during exposure-based treatments for anxiety disorders, whereas these results suggest that this may not always be necessary; indeed, they imply potential for improvements in dropout and refusal rates. Permitting the use of safety behaviour to reduce initial anxiety during exposure may enable resistant patients to comply more readily with treatment protocols and complete them. To further clarify this issue, future investigations must systematically control for use of covert safety behaviour (thoughts), test clinical populations, and pursue long-term follow-ups. The use of safety behaviour in the treatment of clinical phobics may be particularly important, as they would have greater difficulty with treatment compliance. Continued investigation in this domain will help to refine current treatments for anxiety disorders, and it may call into question the notion that the use of safety behaviour during exposure categorically hinders fear reduction.

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Call for Nominations

Section Fellows

In accordance with the by-laws for CPA sections, the Clinical section calls for nominations from its members for Fellows in Clinical Psychology. Criteria for fellowship are outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology. Some examples are: (1) creation and documentation of innovative programs; (2) service to professional organizations at the national, provincial or local level; (3) leadership on clinical issues that relate to broad social issues; and (4) service outside one's own place of work. Note that clinical contributions should be given equal weight compared to research contributions. In order for nominees to be considered for Fellow status by the executive council, nominations must be endorsed by at least three members or Fellows of the Section, and supportive evidence of the nominee's contribution to clinical psychology must accompany the nomination.

Nominations should be forwarded by March 16, 2007 to:

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Mises en Candidature

Fellows de Section

Conformément aux procédures régissant les sections de la SCP, la section clinique invite ses membres à présenter des candidats pour le statut de Fellow en psychologie clinique. Les critères de sélection sont la contribution exceptionnelle au développement, au maintien et à l'accroissement de l'excellence dans la pratique scientifique ou professionnelle de la psychologie clinique. En guise d'exemples: (1) création et évaluation de programmes novateurs; (2) services rendus aux organismes professionnels de niveau national, provincial ou régional; (3) leadership dans l'établissement de rapports entre la psychologie clinique et les problèmes sociaux de plus grande envergure; et (4) services rendus à la communauté en dehors de son propre milieu de travail. À ces fins, les contributions cliniques et les contributions en recherche seront considérées comme étant équivalentes. Les dossiers des candidats seront examinés par le comité exécutif. Les mises en candidature doivent être appuyées par au moins trois membres ou Fellow de la Section et la contribution du candidat à la psychologie clinique doit y être documentée.

Les mises en candidature devront être postées au plus tard le 16 mars 2007 à l'attention de :

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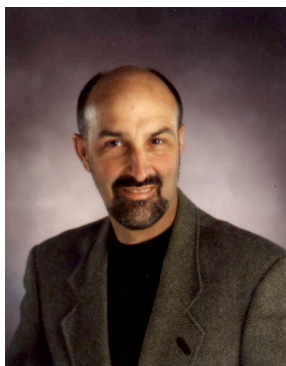
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Profiles in Clinical Psychology

Dr. David A. Clark: A Distinguished Canadian Psychologist

Anna G. Campbell, B.A. (Hons)
Brendan D. Guyitt, B.A. (Hons)
Department of Psychology
University of New Brunswick, Fredericton, NB



Dr. David A. Clark was born in Fredericton, New Brunswick. He received his Bachelor of Science degree from Houghton College in Houghton, New York in 1975 and completed a Masters of Arts degree at the New School for Social Research in New York City. Dr. Clark then moved to England, where he received a Masters of Philosophy degree in clinical psychology and a Ph.D. at the Institute of Psychiatry, University of London. Following this, he completed postdoctoral clinical training in cognitive therapy at Aaron T. Beck's Centre for Cognitive Therapy in Philadelphia. In 1984, Dr. Clark returned to his native New Brunswick, where he worked for several years as a clinical psychologist at hospitals in both Saint John and Fredericton.

Dr. Clark joined the Department of Psychology at the University of New Brunswick in 1988, and was appointed Professor in 1994. Throughout his career at UNB, Dr. Clark has made significant contributions to the psychology department. He was instrumental in developing the Ph.D. program in clinical psychology and served as the program's Director of Clinical Training for eight years. He then chaired the accreditation team that led to the successful accreditation of the UNB doctoral program by both the Canadian Psychological Association and the American Psychological Association. Dr. Clark's commitment to advancing the clinical psychology program continues today. Currently, he is spearheading the establishment of an on-campus clinical teaching institute where students will have the opportunity to receive training in psychological assessment and interventions.

Dr. Clark is internationally recognized as an authority on the

nature and treatment of obsessive compulsive disorder (OCD). For over a decade, he has been conducting innovative research on unwanted intrusive thoughts and the effects of intentional mental control. He is the author of *Cognitive-Behavioural Therapy for OCD* (2004), a comprehensive review of cognitive behavioral theory and research on OCD and treatment manual. Along with Dr. Aaron T. Beck, Dr. Clark also developed the *Clark-Beck Obsessive Compulsive Inventory* (2002), a self-report measure of OCD symptomatology, published by The Psychology Corporation. Recently, he and colleague Dr. Christine Purdon co-authored *Overcoming Obsessive Thoughts* (2005), a self-help book which presents systematic exercises based on their own research as well as studies conducted by other experts in the field. Dr. Clark's empirically-based strategies for treating OCD are invaluable for practicing clinicians as well as individuals who suffer from this often debilitating disorder.

In his quest to further elucidate the cognitive factors involved in OCD, Dr. Clark has brought together leading researchers from all over the world. He is a founding member of the Obsessive Compulsive Cognitions Working Group (OCCWG), an international group of researchers dedicated to the study of cognitive aspects of OCD. As a leading member of this group, Dr. Clark has been involved in the construction of two standardized measures of dysfunctional cognitive beliefs in OCD, *The Obsessive Beliefs Questionnaire* and the *Interpretations of Intrusions Inventory*. Dr. Clark is also the lead researcher of an international research project on the cross-cultural aspects of unwanted intrusive thoughts. He, along with researchers from the United States, Australia, Italy, Turkey, and Greece, are investigating the nature of intrusive thoughts in university students across this group of culturally diverse countries.

Although perhaps best known for his work on OCD, Dr. Clark has also been highly influential in enhancing knowledge of the cognitive factors involved in depression. Following his postdoctoral training at the Beck Institute; he began a collaborative research and writing relationship with Dr. Aaron T. Beck, the institute's creator and founder of cognitive therapy. Among their many works is the seminal book, *Scientific Foundations of Cognitive Theory and Therapy of Depression* (1999). This book remains a critical reference for both researchers and practitioners dealing with depression as it synthesizes decades of research on the construct and evaluates Dr. Beck's cognitive theory of depression. In this book, they clearly delineate the evolution of cognitive therapy and the synthesis between experimental cognitive research and the clinical realm, while highlighting important areas for future depression research. At present, Drs. Clark and Beck are working on a companion volume entitled *Cognitive Therapy of Anxiety: Science and Practice*, which will be published by the Guilford Press.

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Dr. Clark has continued his work in depression by researching such topics as assessment and symptom differentiation, sociotropic and autonomous personality vulnerability, accessibility of negative cognitions, and the contrast between anxious and depressive intrusive thoughts. In collaboration with his associates at the Centre for Cognitive Therapy, Dr. Clark has begun to explore alternative approaches to the assessment of cognitive vulnerability to depression. The intent of this research is to create more valid self-report measures of depression. Dr. Clark also continues to expand his own program of depression research at UNB. He and UNB researcher Dr. Gil Robinson have established a clinical neuroscience laboratory where they study the cognitive and psychophysiological correlates of depression vulnerability. Currently, they are investigating if high risk, never-depressed university students exhibit a psychophysiological and information-processing profile similar to those who report clinical depression.

In addition to his focus on depression and anxiety, Dr. Clark has written extensively on other aspects of cognitive therapy such as case conceptualization, assessment, and the limitations and future of the therapy. His influential work has helped to facilitate the paradigmatic shift from the behavioural therapies that existed 25 years ago to the primarily cognitive and cognitive-behavioural therapies that currently predominate. He is a founding fellow of the Academy of Cognitive Therapy, a non-profit organization founded by internationally recognized experts in the field of cognitive therapy. The mandate of this pioneering organization is to encourage the growth of cognitive therapy and to identify, train and certify professionals in the use of cognitive therapy.

Dr. Clark's commitment to advancing the understanding, assessment and treatment of anxiety and depression is evident through his extensive dissemination of his research and clinical knowledge. He is an author of six books on the assessment and treatment of anxiety disorders and depression and had edited two others. He has 65 refereed journal publications and over 30 other scholarly publications such as chapters, book reviews, newsletter articles, and fact sheets for organizations such as the Canadian Psychology Association. Dr. Clark frequently shares the findings of his influential research at national and international conferences. A testament to his clinical expertise, Dr. Clark is often called upon to conduct seminars, colloquia and workshops at conferences, universities, and various other scholastic and health-related organizations. He has presented many public lectures in communities across New Brunswick and also has a part-time private practice.

Throughout his distinguished career, Dr. Clark has received countless grants, awards, and honours. He was recently named a UNB University Research Scholar and has been the recipient of two University Merit Awards. He

has been included in *Canada Who's Who*, a comprehensive reference of information on influential Canadians. Dr. Clark is also a Fellow of both the Canadian Psychological Association and the Association's Clinical Section.

Today, as a model example of a scientist-practitioner, Dr. Clark continues to conduct innovative research and to impart his clinically-relevant findings to other professionals and students. His influential work on the cognitive basis of anxiety, depression, and other emotional disorders has advanced empirically-based cognitive behavioural treatments for these disorders. His scientific approach to integrating research and theory with clinical practice has earned him a reputation as one of the world's leading experts on cognitive theory and treatment. Given these monumental contributions, Dr. Clark certainly deserves recognition as a distinguished Canadian psychologist.



Anna Campbell and Brendan Guyitt are Ph.D. students studying under the supervision of Dr. David A. Clark in the Clinical Psychology program at the University of New Brunswick. Anna is interested in compulsive checking, with a specific focus on the metacognitive factors involved in the maintenance of repeated checking. Brendan's research has focused on personality vulnerability in depression and the role of dismissal criteria and negative thought appraisal in OCD.



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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 are hoping to invite students to compose the articles. We welcome suggestions of people to profile and, of course, welcome offers for submissions. -JB & MW

**CPA CALL FOR SUBMISSIONS
FOR 2007 CONVENTION**

The Convention Committee invites submission to the CPA 68th Annual Convention to be held in Ottawa, Ontario, Thursday, June 7 to Saturday, June 9, 2007. Further information concerning registration and accommodation will be available soon. ALL PRESENTERS (CPA MEMBERS, NON-MEMBERS, CPA STUDENT MEMBERS AND STUDENT NON-MEMBERS) MUST REGISTER FOR THE CONVENTION.

If you wish to make a submission, read all instructions (see link below) and fill in the required information.

Your complete submission must be submitted by NOVEMBER 15th, 2006. Late submissions will not be considered.

**DEMANDE DE COMMUNICATIONS
POUR LE CONGRÈS DE LA SCP 2007**

Le Comité du Congrès vous invite à lui présenter des propositions pour le 68e Congrès annuel de la SCP qui aura lieu à Ottawa (Ontario) du jeudi 7 juin au samedi 9 juin 2007. D'autres renseignements concernant l'inscription et l'hébergement seront disponibles bientôt. TOUS LES PRÉSENTATEURS (MEMBRES, NON MEMBRES, ÉTUDIANTS AFFILIÉ ET ÉTUDIANTS NON-AFFILIÉS) DOIVENT S'INSCRIRE AU CONGRÈS.

Lisez les directives de présentation des résumés et fournissez les renseignements requis (voir le lien en-dessous).

Votre formulaire de proposition dûment rempli doit être soumis AVANT la date limite du 15 NOVEMBRE 2006. Les communications envoyées

**Must be received by NOVEMBER 15th, 2006.
Les envois doivent nous parvenir avant le 15 NOVEMBRE 2006.**

**Canadian Psychological Association/Société canadienne de psychologie
Congrès 2007 Convention**

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See <http://64.26.141.136:8080/submit/intro.html> for on-line submission