



# canadian CLINICAL PSYCHOLOGIST

Newsletter of the Clinical Section of the Canadian Psychological Association  
Volume 15, No. 2 April, 2005

## Inside...

Clinical Section Officers 2004-2005	2
Submissions invited	2
Clinical Section List Serve	3
Clinical Practice Guidelines: Developments in the UK	5
Executive Committee Meeting	10
Our Thanks!	11
Report from the CCPPP	12
Information about Montreal	15
CPA Convention 2004	16

### Chair's Message

David J. A. Dozois, Ph.D.

In my final column as Chair of the Section on Clinical Psychology, I would like to highlight the results of the membership survey, discuss what the executive committee has been doing over this past year, and outline some future directions for the Section.

Conference planning has historically been a primary responsibility of the executive committee. Each year, this involves reviewing the general submissions (with the help of external peer reviewers) and organizing a number of Section-sponsored events, including a pre-convention workshop, a public lecture, keynote addresses, the master clinician presentation, mini-workshops, invited symposia, conversation sessions, the annual business meeting and the social reception. Aside from organizing these convention activities, and running the day-to-day operations of the Section, the executive also coordinates a number of special projects.

The Section has made a number of important accomplishments over the years, including the definition of clinical psychology, *"The Clinical Psychologist in Canada"* brochure, the creation of fact sheets, the taskforce on empirically supported treatments, a number of important policy documents, and various advocacy initiatives. At our fall 2004 teleconference, the executive committee discussed the idea of surveying the membership to evaluate not only where we have been, but where we are planning to go as a Section over the next few years.

In December, 2004, a survey was distributed to the membership through the listserve. In this survey, we asked

members a number of questions regarding the priorities of the Section, the quality of the services we provide (e.g., newsletter, fact sheets), suggestions for improvement, what the Section can specifically do for its membership and for the profession, and the importance of advocacy efforts.

I would like to thank all of you who took the time to respond to this survey. The information you provided has been very informative and will help to guide the future direction of the Section. Although there is always room for growth and improvement, the members indicated that they were pleased with the quality of our website, listserve, newsletter, pre-convention workshops, and fact sheets. A number of valuable suggestions were also made for improving each of these areas. For example, a number of names and topics were provided for future pre-convention workshops. Ideas for making the website more user-friendly and salient (e.g., having more downloadable material, improving and updating the links) were also provided. The majority of respondents (71%) indicated that they would like the newsletter to be in electronic format. The executive committee is in favour of moving in this direction as we would be able to use the monies, currently allocated to the development of the newsletter, to support other projects.

Members were also asked what the Section can specifically do for them and for the profession as a whole. The main themes that emerged from this question were increased advocacy and taking a more proactive stance on evidence-based practice. Advocacy was not only ranked highly in terms of the overall priorities of the Section, but the vast majority of respondents (83%) indicated that they

*Continued on page 3*

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## Submissions Invited

This newsletter, the *Canadian Clinical Psychologist/ Psychologue Clinicien Canadien* invites submissions from Section members and students.

Brief articles, conference or symposia overviews, and opinion pieces, are all welcome. The thoughts and views of contributors belong strictly to the author(s), and do not necessarily reflect the position of the Section, the Canadian Psychological Association, or any of its officers or directors.

Please send your submission, in English or French, directly to the editors, preferably either on disk or via e-mail attachment to either of the editors.

The newsletter is published twice per year. Submission deadlines are as follows: September 15<sup>th</sup> (October issue) and March 15<sup>th</sup> (April issue).

### Editors:

Deborah & Keith Dobson  
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**Chairs Message** *Continued from page 1*

would be willing to support an increase in membership fees to underwrite the costs of such new initiatives. The executive committee met in January to discuss the results of the membership survey and we will be working over the upcoming months to develop an action plan based on this feedback.

Below are some of the other activities that the executive committee has been working on over the past number of months:

- The executive committee has been involved in promoting Psychology Month. Although this year marked the inauguration of February as Psychology Month, it appears as though there has already been an excellent response to this CPA/CPAP directed initiative.

- I encourage everyone to check the following web page for information about the various activities that have taken place nation wide: <http://www.cpa.ca/PsychologyMonth>.

- With the help of past executive members and Section Fellows, we have also responded to a number of requests for media contacts covering a broad range of topics.

- We have also sponsored a presentation for the general public on depression. Dr. Keith Dobson's lecture, "Psychological treatments are more effective than medication in the treatment of depression" will take place from 7-9 pm on June 8<sup>th</sup> at the conference in Montréal. CPA head office is working with us on promoting this public lecture and also intends to provide another public lecture to be offered in French.

- The executive committee has nominated two psychologists to the CPA board of directors (designated Practitioner and Scientist seats).

- Based on nominations from the membership, we have also invited one of our members to become a Fellow of the Section. The formal announcement will be made at the annual business meeting.

- Dr. Catherine Lee (Chair-Elect), in consultation with external peer reviewers, is currently reviewing submissions for the Ken Bowers Student Research Award. The award winner will be announced at the annual business meeting.

- We have also nominated Dr. Patrick McGrath for an award through the Canadian Health Services Research Foundation. This award acknowledges an individual, team or organization that has made significant contributions to the advancement of health services research in Canada.

- We have recently updated our web page to provide links to information on evidence-based practice.

- We are also beginning to connect more regularly with the Canadian Council of Professional Psychology Programs to coordinate our efforts regarding the teaching and training of clinical psychology in Canada.

Again, I would like to thank the membership for your valuable input. We are taking seriously the feedback that you provided and are developing action items to move on some of these ideas. In particular, we will be focusing on enhancing the dissemination of evidence-based practice and related advocacy efforts.

Please note that the membership survey was only one mechanism for voicing your opinions. We welcome suggestions at any time. If you have any thoughts regarding the direction of the Section, please feel free to contact me ([ddoizois@uwo.ca](mailto:ddoizois@uwo.ca)) or our incoming Chair, Dr. Catherine Lee ([cmlee@uottawa.ca](mailto:cmlee@uottawa.ca)).

Finally, I would like to take this opportunity to thank the members of the executive (Mike Coons, our student representative, and Drs. David Hodgins, Catherine Lee, Kerry Mothersill, and Adam Radomsky) who have worked so diligently over this past year. I would also like to thank Dr. David Hart who has managed our web page for a number of years now and Drs. Keith and Deborah Dobson who have edited our newsletter.

- David Dozois

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## Section List Serve

The CPA Section on Clinical Psychology initiated its list server to inform members about important news and events, and to disseminate information generated from the Executive of the Section. We intend to operate the list server for Section news in the best interests of our members, and your email addresses will be protected and kept completely confidential. If you have not already received information through the list server, go to <http://lists.cpa.ca/mailman/listinfo/cpa>. The Executive Committee of the Section on Clinical Psychology anticipates that the list server will be an effective means of communicating with its members and we hope that you will take this opportunity to join the list. We would again like to acknowledge CPA for its generous support in providing this service at no cost to the section.



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## CLINICAL PRACTICE GUIDELINES: DEVELOPMENTS IN THE UK

**John Hunsley**  
**University of Ottawa**

Clinical practice guidelines, based on the best available empirical evidence, are now a common way in which empirical evidence is used to assist clinicians in making assessment and treatment decisions. Many health professions, such as physicians, nurses, and psychiatrists, have developed expert review panels to translate the knowledge gained from research into concrete guidelines intended to inform clinical practice. Psychiatric associations in both Canada and the United States have developed well over a dozen practice guidelines for conditions such as dementia, mood disorders, eating disorders, and schizophrenia. The goal of this paper is to alert Canadian clinical psychologists to some recent British initiatives that are directly relevant to the evidence-based provision of psychological services.

With a system of publicly funded health care, policy-makers in the United Kingdom have been at the forefront of efforts to promote evidence-based health care. The UK National Health Service (NHS) has been actively involved in efforts to translate research evidence into recommendations and priorities for health care services. Compared to the limited attention accorded mental health issues in most countries, the inclusion of mental health services in these translational efforts is especially noteworthy. For example, a multi-disciplinary guideline development group led by the British Psychological Society developed listings of effective treatments and factors shown to affect treatment outcome.

The intent of the report was to indicate which of the main therapies available in the health care system were most appropriate for specific adult patients (UK Department of Health, 2001). Their principal recommendations were as follows:

- Psychotherapy should be routinely considered as an option when assessing mental health problems in patients.
- Patients adjusting to difficult life events, illnesses, disabilities, or losses may benefit from brief therapies, including counselling.
- Posttraumatic stress symptoms may be helped by psychotherapy, with most evidence supporting the use of Cognitive Behaviour Therapy. The routine use of debriefing techniques following traumatic events is not recommended.
- A number of brief, structured therapies may be used for the treatment of depression, including Cognitive Behaviour Therapy, Interpersonal Therapy, and Psychodynamic Therapy.

- Patients with anxiety disorders are likely to benefit are likely to benefit from Cognitive Behaviour Therapy.
- Psychological intervention should be considered for somatic complaints having a psychological component. The strongest evidence is for the use of Cognitive Behaviour Therapy in treating chronic pain and chronic fatigue.
- The best evidence for treating bulimia nervosa is for Cognitive Behaviour Therapy, Interpersonal Therapy, and family therapy for adolescents. There is little evidence regarding the best treatment for anorexia nervosa.
- Structured psychological therapies delivered by skilled clinicians can contribute to the longer-term treatment of personality disorders.

Because of a commitment to the translation of scientific evidence into the provision of health care services, the NHS in England and Wales developed the National Institute for Clinical Excellence (NICE) to guide health care professionals and patients in making decisions about health care treatment options. Independent from the NHS, NICE conducts extensive consultations with stakeholder organizations (both professional and consumer groups) in developing their evidence-based clinical guidelines. These guidelines are periodically reviewed and updated to ensure their accuracy and completeness. Presently there are clinical guidelines for assessment and treatment services for approximately 40 conditions (including diabetes, head injuries, and ulcers), with a comparable number of guidelines under development. There are currently guidelines for the assessment and treatment of many conditions for which psychologists may be involved. These include *anxiety, depression, eating disorders, epilepsy, infertility, hypertension, multiple sclerosis, schizophrenia, self-harm, and violence*. Relevant guidelines in development include those for *ADHD, bipolar disorder, dementia, depression in children, obesity, and OCD*.

To develop guidelines related to these conditions, NICE draws upon the expertise of the National Collaborating Centre for Mental Health, which is a joint venture between the British Psychological Society and the Royal College of Psychiatrists that also involves consumer groups and other professional organizations (e.g., those representing occupational therapists, nurses, pharmacists, and general medical practitioners). By involving a wide range of stakeholders the intent is ensure that the guidelines are comprehensive and professionally viable. As such, NICE serves as an exemplary model that could be adopted by health care systems in other countries, including Canada.

*Continued on page 6*

Continued from Page 5

The NICE guideline for the management of depression is a good illustration of what is involved in an evidence-based clinical practice guideline. First, a decision tree is used to assist clinicians in when determining whether to implement this guideline (i.e., *are the symptoms primarily related to depression or anxiety?*). Next, a stepped care model is presented in order to address service issues at the level of both primary and specialty care. The model incorporates the involvement of common primary care practitioners (i.e., nurses and general medical practitioners), primary care mental health professionals, and specialty mental health care. Then details on how to implement the evidence-based steps recommended in the model are presented. Of course, for the NICE model to truly have an impact on services for depressed patients there needs to be support at the organizational level in the NHS (Whitty & Gilbody, 2005). Initial steps supporting organizational change have been taken in the NHS, with the introduction of 1,000 graduate-level primary mental health workers into the system.

What are the implications of such clinical practice guidelines for psychologists? Here are the bottom-line NICE recommendations on the treatments options for depression and anxiety (National Institute for Clinical Excellence, 2004a, 2004b). For depression: a) antidepressants are not recommended as the first treatment of mild depression because the risk-benefit ratio is poor; b) in the treatment of mild to moderate depression patients should be offered brief Cognitive Behaviour Therapy; c) when antidepressants are prescribed for moderate or severe depression it should be a SSRI; d) patients with severe depression should be offered a combination of Cognitive Behaviour Therapy and antidepressants. For anxiety disorders, patients should be informed about treatment options and be encouraged to choose from: a) Cognitive Behaviour Therapy (which has the greatest long term efficacy); b) medication such as an SSRI for anxiety disorders (which has slightly lower long-term efficacy); or c) self-help materials using cognitive behavioural principles (which has some supporting evidence, but the least amount of evidence for long-term efficacy of the three approaches).

Of course it is possible to argue with some of these recommendations. For example, in the treatment of depression, there is growing evidence for the efficacy of Interpersonal Therapy, not just Cognitive Behaviour Therapy. Nevertheless, what is noteworthy in these guidelines is that psychological treatments are being promoted as the best options available for the treatment of certain conditions. Whereas other national psychological associations have only just begun considering the promotion of evidence-based practice, the British Psychological Society has taken a key role in shaping future of the health care system in the UK.

Completed clinical practice guidelines can be found at:

<http://www.nice.org.uk/page.aspx?o=guidelines.completed>

Very recent guidelines exist for depression:

<http://www.nice.org.uk/pdf/CG023quickrefguide.pdf>

As well as anxiety disorders:

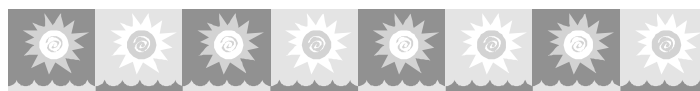
<http://www.nice.org.uk/pdf/CG022quickrefguide.pdf>

Clinical practice guidelines in preparation can be found at:

<http://www.nice.org.uk/page.aspx?o=guidelines.inprogress>

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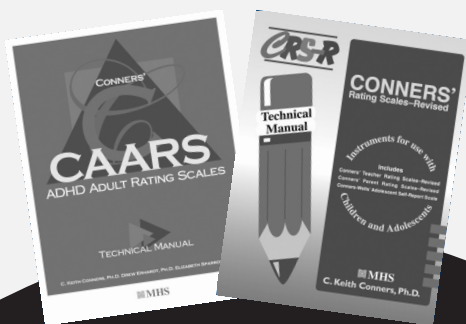
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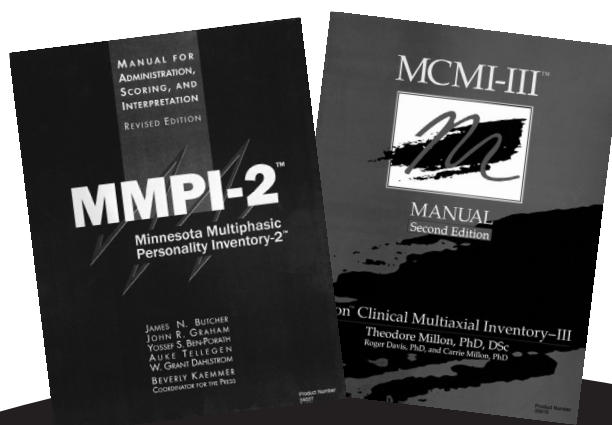
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**Minutes**  
**Executive Committee Mid-Winter Meeting**  
 Saturday January 29, 2005

Room 524, Vanier building  
 University of Ottawa

David Dozois (Chair)  
 Catherine Lee (Chair Elect)  
 David Hodgins (Past Chair)  
 Kerry Mothersill (Secretary-Treasurer)  
 Adam Radomsky (Member-at-Large)  
 Michael Coons (Student Member)

Report from the Chair

David expressed thanks to the members of the executive committee for their work over the past several months.

**Treasurer's Report**

Kerry reported that there were 131 student and 323 regular members in the Section. Additional information concerning late CPA registrants will likely increase these numbers. The current bank balance is \$9134.07 and total assets are \$13,193.05. The expenses since September 17, 2004 were reviewed.

**CPA 2005 Conference (June 9-11)**

**Submissions and Review Process (Catherine)** Catherine reported that 170 submissions were received online. These included 11 theory review sessions, 7 symposia, 8 workshops, 9 conversation sessions and 135 posters. Submissions were rejected on the basis of poor scientific merit or inadequate detail to evaluate the submission for 7% of abstracts (7 posters, 2 conversation sessions, and 1 theory review). In addition 25.7-34.2% of the oral submissions were rejected as oral presentations but invited to present in poster format.

The reviewers for the Clinical section submissions were: Stéphane Bouchard, Marion Ehrenberg, Jean Grenier, John Hunsley, Charlotte Johnston, Adam Radomsky, Elke Reissing, Elisa Romano, Doug Symons, and Kristin Von Ranson. Thanks were expressed to the reviewers for their assistance. Catherine reported that notices of acceptance should be sent out by CPA in the near future.

The committee discussed feedback from reviewers, possible ways to streamline the process and issues that require clarification.

**Ken Bowers Award Submissions, Letters of Invitation (Catherine)** Catherine identified high rating scores for student submissions. A list was sent to CPA for the CPA student award. Students will receive a reminder concern-

ing the Ken Bowers Award in the notification messages sent by CPA, in addition, Catherine will send out a call via the list serve for submissions to the Ken Bowers award.

**Clinical Section Sponsored Presentations (David D.)**

An honorarium will be sent to Dr. Dobson following his keynote presentation. David D. will investigate the costs of holding a reception following the Master Clinician presentation. Catherine indicated that the Convention advertisement in Psynopsis did not include a number of presentations that the Clinical Section is sponsoring. In the future, the Section Review Coordinator will advise CPA as to what to list in Psynopsis. David D. will compile a list on sponsored activities to be sent to the members on the list serve.

**Section Program Introduction of Speakers (David D.)**

The following members of the executive will introduce the speakers: Adam (Zindel Segal, Shelia Woody), David H. (Janet Polivy), David D. (Keith Dobson, Master Clinician and Public Lecture), Catherine (Sophie Bergeron, Rick Morris)

**Advertising for Pre-convention Workshop (David D./Adam)**

David D. will prepare an electronic advertisement for the pre-convention Workshop and David H. and Adam will distribute this information to local institutions and organizations in Montreal.

**Public Lecture (David D.)**

David D. will contact CPA about advertising the Public lecture and advise the executive if further action is required. Photographer for Presentations (David D.) Kerry will take pictures of the award presentations and public lecture.

**Section Action Activities**

**Section Elections – Possible Nominations (David H.)**

**Call for Fellows (Catherine)**

**Role of executive descriptions revisions (David D.)** The executive agreed to forward any modifications to their respective job descriptions to David D. Michael will draft a job description for the Student Member.

**Media requests from Head office (David D.)**

A discussion was held regarding ways of evaluating requests from journalists and how best to respond in a professional manner. Section Fellows in addition to past ex-

Executive members will be asked to serve as consultants for media requests. Kerry will ask Gene Flesatti if he would consider presenting a workshop on dealing with the media next year at the convention in Calgary.

## Section Projects

### List Serve update (Kerry)

No difficulties in running the list serve were indicated. No one has asked for their name to be removed. There have been no complaints from CPA re: the job ads.

### Fact Sheet Update (Adam)

No fact sheets are pending at the present time. David H. will contact Susan Graham to send the excel list for fact sheets to Adam. Adam will construct a memo for the list serve requesting ideas. New fact sheets will be advertised on the list serve.

Letters to Members who have not renewed for 2004 (David H.)

Kerry will send copy of the letter and the list of lapsed members to David H.

### Web Site Status (David H.)

David reviewed the information on the website and arranged with David Hart for modification. David D. added a number of links on evidence-based practice. David H. will check with David Hart as to the number of hits the website receives. The executive reviewed the various sections of the website. The Fellowships and Research Funding sections will be eliminated. The Clinical Interest Site links were reviewed. It was agreed that only Evidence Based Practice Guideline sites would be listed. The possibility of the Newsletter Editor becoming a member of the Executive Committee was discussed. Expanding the role of Newsletter Editor to cover all aspects of communications (including the Website) was also discussed.

### *Psynopsis* submissions (David D.)

David wrote several updates about the Clinical Section activities in *Psynopsis*.

### Spring Newsletter

David H. will continue to prepare summaries for the Newsletter and website.

Summary of Clinical Section Sponsored Presentations at Convention 2005 (David D.)

### Strategic Planning

### Membership Survey Results (David D.)

Results of the survey were reviewed. Forty-two responses

were received. David D. will summarize the results of the survey in his Report from The Chair message. A general discussion was held concerning ways in which CPA could be more helpful in advocacy initiatives. David D. will write a letter to CPA clarifying methods in which the public lecture by Keith Dobson could be promoted as an advocacy effort.

### Psychology Month

The Clinical Section will continue to support the Psychology Month initiative. David will inquire if CPA was planning to follow up on asking for information re initiatives.

### Clinical Section Fees

It was agreed that fees would not be increased this year, although results of the survey showed considerable support for an increase.

### New Initiatives

Executive committee members will suggest areas for future strategic initiatives (e.g. Task Force on Evidence Based Psychological Assessments).

### New Business

Ideas for the Conference Review process (Catherine). Catherine will draft a letter to CPA and forward it to the executive for review.

Health Services Research Advancement Award (David D.)

Nominations discussed

## Our Thanks!

Warm thanks are extended on behalf of the CPA Clinical Section to the following people, who reviewed abstracts for the 2005 CPA Convention:

- Stéphane Bouchard
- Narion Ehrenberg
- Jean Grenier
- John Hunsley
- Charlotte Johnston
- Adam Radomsky
- Elke Reissing
- Elisa Romano
- Doug Symons
- Kristin von Ranson

- Catherine Lee, Chair-Elect



## **Report from the Canadian Council of Professional Psychology Programs (CCPPP)**

**Laurene Wilson**

**President-Elect, CCPPP**

The CCPPP met in January for its mid-winter meeting in Winnipeg, enjoying this city's warm hospitality and unexpectedly warm climate (only a few degrees below zero!) Information about the CCPPP is available at [CCPPP.ca](http://CCPPP.ca). Our organization welcomes academic and internship training programs in all areas of professional psychology. We are aware that there may be many programs not presently in our membership who could be. We have been extending invitations of membership to programs as we become aware of them. If you are aware of a program not in our membership that could be, please inform a member of the executive. Information about joining is available on the website in both French and English.

If you are involved in training and plan to attend the Canadian Psychological Association conference in Montreal in June, we ask you to consider attending the CCPPP pre-convention workshop on June 8 at the Hotel Fairmont. This year, Dr. Ian Nicholson (London Health Sciences Centre) and Dr. Bob Robinson (Calgary Health Region) will co-facilitate the workshop entitled "Sales, promotion and justification: The costs and benefits of internship training in Canada". This workshop will focus on the costs and benefits of training at the internship level, and is hoped to serve as a foundation for advocacy towards additional, needed training positions in Canada. The workshop is not revenue generating, but only cost-recovery and partially subsidized by CCPPP (e.g., registration fees \$58.85 for students, \$69.55 for CCPPP members, and \$85.60 for non-members), and it is an excellent forum for collaborating with training directors, supervisors and students in professional psychology programs.

The CCPPP continues work on several important initiatives. Acting on motions from 2003 and 2004 AGMs of CCPPP, the executive has been working on a draft Memorandum of Agreement concerning CPA-only accreditation. Some training programs in Canada hold both CPA and APA accreditation. Both have been sought for many reasons historically, including the later development of CPA's process and the sense that accreditation by both provides additional credibility or status over just one. At this time, some programs wish to continue to seek and hold joint accreditation. However, other programs in Canada now believe that evidence does not support the need for accreditation by both organizations and that the additional costs are not justified. For example, students from programs accredited by CPA only, who wish to seek internships and employment in the U.S. do not apparently experience difficulties in doing so (except Florida, which requires APA accreditation for licensure). Articles expressing different opinions have appeared in *Psynopsis* in recent years. These are linked to our website at [ccppp.ca/en/cpa-only.html](http://ccppp.ca/en/cpa-only.html). We will be continuing to work on this initiative through liaising with APA who recently

conducted some surveys of its own, and acquiring feedback from members on the draft Memorandum.

Another important initiative concerns funding for internships in Quebec, as few students in this province have been remunerated for their full-year predoctoral internship. There are issues of fairness in the treatment of these students, as well as concerns about the inability of these programs to be accredited by CPA (because remuneration is a fundamental accreditation requirement). CCPPP's member-at-large Dr. Paul Veilleux has taken the lead for our organization on this initiative, as a training director, resident of Quebec and member of local training directors and students committee cooperating on this area of concern.

The CCPPP also continues to attend to urgent matters of advocacy, such as recent internship closings in Ontario. Our President, Dr. Valerie Holms and member-at-large Dr. Ed Johnson prepared letters expressing concern and detailing the value of psychology and internship training. These letters went to hospital administrators and the Ontario Ministry of Health. If you become aware of issues pertaining to professional psychology training in which you require our support, please contact someone on the executive. Contact information is available on the website.

New additions to the website this year include: French translations of CCPPP guidelines for letters of recommendation to internship; documentation of the CCPPP movement towards CPA-only accreditation; posting the CCPPP membership directory; listing past CCPPP training award winners; and a link to "Match Made on Earth", a resource for students seeking internship.

In addition to our liaison activities with sections within CPA and other Canadian bodies (e.g., CPA Board; CPAP; CRHSPP), our organization liaises with three predominantly American organizations: the Council of Chairs of Training Committees (CCTC); Association of Psychology Postdoctoral and Internship Centers (APPIC); and Council of University Directors of Clinical Psychology (CUDCP). These organizations have many common areas of interest and concern in professional psychology training (e.g., supply of sufficient numbers of internship positions in North America; diversity). Through the CCTC we learned of a seemingly landmark development in competencies evaluation. The Association of Directors of Psychology Training Clinics (ADPTC) has developed a practicum competencies training document posted at [www.adptc.org](http://www.adptc.org) for use by training programs, feedback and additional development. It is well formulated, detailed and appears consistent with the competencies outlined in Canada's Mutual Recognition Agreement. It takes the competencies to levels appropriately expected at practicum training levels. The CCTC anticipates other organizations will proceed with stepping up the competencies for more advanced levels of professional training and at the practitioner level, as well.

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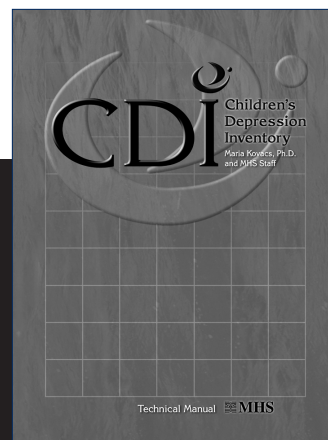
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## Anxiety Disorders Association of Canada Association Canadienne des Troubles Anxieux

**ADAC/ACTA**  
**P.O. Box 461, Station D**  
**Scarborough, Ontario M1R 5B8**  
**[www.anxietycanada.ca](http://www.anxietycanada.ca)**

### **“Reaching out to people with anxiety disorders; making a difference that matters”**

The Anxiety Disorders Association of Canada/ Association Canadienne des Troubles Anxieux is presenting its 2005 Conference, related to the assessment and treatment of anxiety disorders. This conference will focus on the issue of making effective treatments for anxiety disorders more accessible to Canadians. On the main conference day the conference starts with a very exciting presentation on Primary prevention in the schools: Implementation of the Friends Program in British Columbia by Lynn Miller, PhD. The Friends program is designed to be used as a program for prevention of anxiety and depression when delivered as part of the regular classroom program in the school system. As the day goes on we will have updates on the epidemiology of anxiety disorders and treatment of generalized anxiety disorder, obsessive compulsive disorder and social phobia. There will also be a symposium on increasing the availability of effective treatments. This program will be of wide interest to clinicians, students, and researchers.

The 2005 ADAC/ ACTA Conference will be held at the Hilton Markham Suite Hotel, located at the corner of Warden Avenue and Highway 7, in Markham. Easily accessible from the Highway 407 (exit at Warden North) or Highway 404 North (exit at Highway 7 East). Details about the conference can be found at <http://www.anxietycanada.ca>. For information in regards to logistics, please contact: Francine Johnston, Tel: (905) 827-3772, Fax: 905-847-9226, E-Mail: [rojlogistics@cogeco.ca](mailto:rojlogistics@cogeco.ca)



## **2005 CPA Summer Institute**

**Whistler, British Columbia**

**August 10, 11, and 12, 2005**

**The 2005 CPA Continuing Education Summer Institute will be held on August 10, 11, and 12 in Whistler, British Columbia.**

We will be offering 9 workshops over the course of 3 days which will cover a variety of topics on clinical assessment and intervention, forensic psychology, and psychopharmacology in areas relevant to child and adult practitioners. A roster of speakers and learning objectives for each of the 9 workshops, along with registration instructions, is found on the links below. CPA members will receive an email link to the workshop flyers in March.

**For more details, please contact CPA's Workshop Coordinator, Raymonde Lemire at [workshops@cpa.ca](mailto:workshops@cpa.ca) or Dr. Karen Cohen at [kcohen@cpa.ca](mailto:kcohen@cpa.ca)**

Or go to <http://www.cpa.ca/SummerInstitute/>



## CPA Convention 2005- MONTREAL NIGHTLIFE INFORMATION

Montreal loves its night life as it offers something for everyone. Whether you're a connoisseur, a party goer, or just want to meet new people, you'll find it here. Montreal's night life finishes at 3am, but you'll find plenty of after hours clubs in the city if you're not ready to call it a night. The legal drinking age is 18.

The Montreal night life can be categorized into areas, each with its own character.

### CRESCENT STREET, BISHOP STREET, STE-CATHERINE STREET WEST

This is the most famous area and comprises of restaurants, clubs, cafes and boutiques, all of which are steps from each other. The Crescent strip hosts many festivals and events throughout the year offering live entertainment and street shows. Currently, the hot spots of the strip are Club Vatican, Newtown and Le Boom. Additionally there are many great Irish-style pubs to go along with the always packed dance clubs. You'll also find many clubs that cater to meeting new people and lots of European style strip clubs.

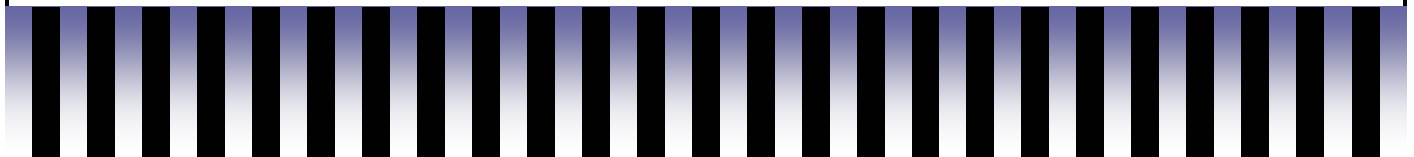
### LE PLATEAU MONT-ROYAL

The Plateau is the trendiest area in what many feel is the hippest neighborhood in Canada. It is filled with every kind of bar to suit any style, many catering to those looking for the newest and trendiest spots. Keep on the look out for the new buzz that will quickly become the place to be. Typically, there will be large crowds of people fighting to get in to these clubs and those on "The List" will cruise past the velvet rope.

### THE LATIN QUARTER

The Latin Quarter offers a little something for everyone. This area is known for its laid back attitude and francophone influence. There are many bars specializing in locally brewed beers and lots of clubs catering to international flavor. During the summer months this area gets completely transformed as it hosts the largest Jazz festival in the world featuring hundreds of shows and live entertainment. Millions of people frequent this event and partake in a culture fest unlike any other. You'll also find the world famous and largest Just for Laughs comedy festival here every July.

Montreal by night is an adventure waiting to happen. Internationally reputed to have the best nightlife in the world, no traveler leaves unfulfilled. With its hundreds of night clubs, whether it be jazz or blues, classic, R&B, house, fusion, rock or dance, you'll find it here. Relax with a martini and a cigar or share a pint with the gang, there is something to suit every need. Its' erotic industry is also world renowned. Montreal is a safe and exciting city that pleases all.



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## CPA CONVENTION 2005 Montréal, Québec

### CLINICAL SECTION-SPONSORED EVENTS\*

#### WEDNESDAY JUNE 8, 2005

**Pre-convention workshop:** Dr. Zindel V. Segal – “Mindfulness-Based Cognitive Therapy and Prevention of Relapse in Major Depression” (8:30 AM - 5:00 PM)

CPA Clinical Section Members	\$133.75
CPA/OPQ Members	\$155.15
CPA Clinical Section Student Members	\$ 69.55
CPA/OPQ Student Affiliates	\$ 80.25
Non-members	\$171.20

(Fees include GST and refreshments at two breaks, but do not include lunch)

Pre-registration and pre-payment is required. There will be no onsite registration. Space is limited. Early registration is strongly recommended.

**Public Lecture:** Dr. Keith S. Dobson -- “Psychological treatments are more effective than medication in the treatment of depression” (Mackenzie Room, 7:00 – 9:00 PM)

#### THURSDAY JUNE 9, 2005

11:00 - 12:55 **Symposium** (Room: Chaudière)

Drs. Adam Radomsky, Sheila Woody, Kieron O’Conner, Laura Summerfield, & Christine Purdon: “New Advances in OCD Research”

1:00-2:50 **Clinical Section Posters** (Room: Hochelaga 1-2-3)

3:00-4:50 **Clinical Section Posters** (Room: Hochelaga 1-2-3)

#### FRIDAY JUNE 10, 2005

9:00 – 10:00 **Section Business Meeting** (Room: MacKenzie) \*\*Please note the new time\*\*

11:00 – 12:30 **Master Clinician Series** (Room: Duluth)

Dr. Keith S. Dobson “Behavioral Activation and Cognitive Therapy Approaches to Depression: An Introduction and Demonstration”

12:30 – 1:30 **Clinical Section Reception** (Room: Duluth) Join us for a Clinical Section reception following Dr. Dobson’s master clinician presentation (Section Members and Student Affiliates only).

1:30 – 3:30 **Workshop** (Room: Betsimis)

Dr. Sheila Woody: “An Evidence-Based Approach to Treatment Planning”

2:00 – 3:00 **Conversation Session** (Room: MacKenzie)

Dr. Kerry Mothersill: “Your Predoctoral Internship: How to Prepare and Receive Excellent Training”

3:00 – 4:00 **Conversation Session** (Room: Duluth)

Dr. Rick Morris (College of Psychologists of Ontario): “Privacy Legislations and Professional Practice”

4:00 – 5:00 **Clinical Section: CPA Invited Speaker** (Room: Duluth)

Dr. Janet Polivy: “False Hope, Obesity, and Eating Disorders: The Effects of Unrealistic Expectations about Dieting”

#### SATURDAY JUNE 11, 2004

9:00 – 11:00 **Workshop** (Room: Hochelaga 6)

Dr. Sophie Bergeron: “Sexual Disorders Involving Pain”

\*Note: Many other non section-sponsored clinical activities will also be held during the conference.

For further information about registration, go to: <http://www.cpa.ca/convention.htm>. For night life activities, see please see page 15.

