



Canadian CLINICAL PSYCHOLOGIST

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MESSAGE FROM THE CHAIR

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

What's New

The Clinical Section Executive has been busy since the publication of our Fall 2008 newsletter. We met for our mid-winter meeting in Calgary on January 31. Following what has become somewhat of a tradition, we provided a symposium to the local university the day prior to our meeting. Dr. Mark Lau, the Section's Chair Elect, gave a well-attended symposium at the University of Calgary entitled *Mindfulness-Based Cognitive Therapy for the Prevention of Depressive Relapse*. Dr. Trish Furer, our Secretary-Treasurer, has prepared a summary of the Executive meeting and the major topics we discussed. The summary is included in this edition of the *Canadian Clinical Psychologist*

There are a few issues I would like to highlight here. There have been ongoing problems with our listserv and those of several other sections wherein some section members have not received postings. We immediately brought this to the attention of CPA head office and we apologize for any inconvenience that this might have created for you. CPA is now in the final stages of developing and implementing a new communications system for sections and their members. Information about the system and its use will be forthcoming.

In 1998 the Clinical Section sponsored the development of *Empirically Supported Treatment Task Force Recommendations*. Given that 10 years have passed and there have been significant developments in this area, the Executive thought that this important document merited an update. One of the original task force members, Dr. John Hunsley from the University of Ottawa agreed to spearhead the review. We are pleased to tell you that Dr. Hunsley's draft update, *Follow Up on the CPA Section on Clinical Psychology Empirically Supported Treatment Task Force (1998) Recommendations* can now be found on the following website: www.cpa.ca/sections/clinical/publications/ and

in this current edition of the newsletter. Please send feedback to Dr. Deb Dobson at deborah.dobson@albertahealthservices.ca The Clinical Section Executive extends its appreciation to Dr. Hunsley for his willingness to take on this important endeavor and to the members of the initial task force – Drs. Keith Dobson, Charlotte Johnston and Sam Mikail. We look forward to your feedback.

The online review process of the Fact Sheets is proceeding. You may recall Dr. Karen Cohen's article in the October 2008 edition of the newsletter that described the review process. We understand that the CPA head office will solicit feedback about the success of the review process and we anticipate this topic will be discussed at the Section Chairs meeting in Montreal.

2009 CPA Annual Convention in Montreal, June 11-13

We had approximately 160 clinical conference submissions this year and consistent with previous years, the majority of these were poster submissions. The early registration deadline for the 2009 convention at the Queen Elizabeth Hotel in downtown Montreal is May 14, 2009. To register, go to <http://www.cpa.ca/convention/>

The Clinical Section is co-sponsoring a number of exciting presentations at this year's convention:

Pre-convention Workshop (all day, June 10): *Development and prevention of aggressive behaviour from early childhood to adulthood* presented by Dr. Richard Tremblay, University of Montreal and five of his colleagues. This workshop is co-sponsored by the Sections on Clinical Psychology, Developmental Psychology and Psychologists in Education.

Dr. Philippe Cappeliez from the University of Ottawa is our CPA Invited Speaker this year. His presentation, *Depression in older adults: Assessment and psychological interventions* will be offered on June 11 from 3:00-4:55pm. We wish to thank the Section on Adult Development and Aging for co-sponsoring Dr. Cappeliez's

**CLINICAL SECTION
EXECUTIVE OFFICERS 200-2009**

Chair:

John Pearce, PhD, R.Psych.
Child Abuse Service
Alberta Children's Hospital
1820 Richmond Road SW
Calgary AB T2T 5C7
Ph: (403) 943-7886
Fax: (403) 943-7245

e-mail : John.Pearce@CalgaryHealthRegion.ca

Past-Chair:

Deborah Dobson, PhD, R. Psych.
Outpatient Mental Health Program
3rd Floor, 520 - 13 Avenue S.W.
Calgary AB T2R 0X7
Ph: (403) 943-2461
Fax: (403) 943-2441

e-mail: Deborah.Dobson@CalgaryHealthRegion.ca

Chair-Elect

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

Secretary-Treasurer:

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

Member-At-Large:

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

e-mail: andrew.ryder@concordia.ca

<http://psychology.concordia.ca/Faculty/Ryder.html>

Student Representative:

Melissa Kehler, MA
Department of Psychology
University of Regina
3737 Wascana Parkway
Regina SK S4S 0A2
Ph : (306) 585-5369
Fax : (306) 585-5429
e-mail : kehler2m@uregina.ca

NEWSLETTER EDITORS

Dr. Margo C. Watt

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

Dr. Jessey Bernstein

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

**Thanks to Volunteer Reviewers of the 2009
Convention Submissions**

Dr. Mark Lau, the Chair-Elect of the Clinical Section, was responsible for this year's review of the clinical submissions to the 2009 convention. He and the other members of the Executive wish to thank the following individuals who volunteered their time to review the many submissions. We appreciate the time and diligence they devoted to this important task:

Dave Aboussafy
Carolyn Abramowitz
Barb Backs-Dermott
Karen Brozina
Sandra Clark
Kate Corcoran
Deb Dobson
Anna-Beth Doyle
Mark Ellenbogen
Nicole Fairbrother
Susan Graham
Lance Hawley

Peter Hoaken
David Hodgins
Kevin Jones
Lorne Korman
Stewart Longman
Randi McCabe
Tanner Mellings
John Pearce
Alberta Pos
Adam Radomsky
Steve Swallow

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invited address. Dr. Cappeliez has also agreed to do a free public lecture (June 11, 7:00-9:00pm) entitled *Les reminiscences... à quoi bon? Leur rôle dans le fonctionnement psychologique des personnes âgées*. Please let me know (john.pearce@calgaryhealthregion.ca) if you are able to help with advertising.

Dr. Laurence Kirmayer, a Montreal-based psychiatrist, is another CPA Invited Speaker whose talk, *Rethinking culture in psychopathology and clinical practice*, is co-sponsored by the Sections of International and Cross Cultural Psychology, Counseling Psychology, Aboriginal Psychology, and the Clinical Section. Dr. Kirmayer's presentation has been scheduled for June 12, 2:30-3:25pm.

Along with representatives of the Students in Psychology Section and the Canadian Council of Professional Psychology Programs (CCPPP), Dr. Kerry Mothersill will represent the Clinical Section in a session entitled *Preparing for your predoctoral internship* on June 12, 10:30am-12:25pm.

The Clinical Section's *Annual Business Meeting* will be held on June 11, 8:00-8:55am. As well as regular business items, we will be announcing the 2009 winner of the Ken Bowers Award and the new Clinical Section Fellow.

Adult and child Clinical Section posters will be available for review on June 12, 2:30-4:25pm. Student affiliates will be involved in the poster sessions for the third year for the Student Travel Awards. There are other Clinical Section presentations that should appeal to many of our members and to those of other sections. Thursday's menu includes, among others, *L'acceptation des pensées et émotions en thérapie cognitive et comportementale*, and *Eating disorders during childhood and adolescence: A consideration of comorbidity, personality, and interpersonal relationships*. Participants can attend sessions on Friday on *Cognitive behavioral treatment for death anxiety and SSRIs and placebos: What to make of it all*. The convention wraps up on Saturday with sessions as diverse as *Introduction à la thérapie comportementale dialectique (DBT): principes généraux et adaptation à une clientèle d'adolescents suicidaires et leur familles*, *Burn the couch: Alternatives to traditional psychotherapy for clinical psychology*, and *Emerging research in personality and psychopathology*.

Of course, there are speakers of international repute who will appeal to Clinical Section members. Dr. Matthew Sanders from Australia will give this year's Honorary CPA Presidential Address on Friday: *Adoption of a public health perspective in the delivery of evidence-based parenting intervention: Benefits and challenges*. On Thursday Dr. Sanders will participate in a symposium, *Evidence-based psychological services for children and youth*, along with our Canadian contingent, Drs. Bonnie Leadbeater, Catherine Lee and Ian Manion. Speaking on Friday is Dr. David Barlow from the US whose presentation is entitled *Towards a unified transdiagnostic treatment for emotional disorders*.

On behalf of Executive and membership of the Clinical Section, I want to convey our sincere appreciation to the other Sections and CCPPP with whom we have worked to co-sponsor this wide array of presentations as well as their willingness to share resources. This collaboration has significantly expanded the number and variety of

conference presentations at this year's convention. The other members of the Executive and I are looking forward to seeing many of you in Montreal!

Looking Ahead

Survey of Clinical Section membership: We are currently conducting a survey of the Section's membership. Its impetus was a motion passed at the Clinical Section's 2008 Annual Business Meeting in Halifax where \$5000.00 was allocated for new projects. As well as gathering updated demographic data about the membership, we really want to know how you would like us to spend your membership fees in ways that meet your needs and our profession's. We encourage you to complete the survey as we plan to present the results and project proposals at the 2009 Annual Business meeting.

Clinical Section's involvement with the Mental Health Commission of Canada (MHCC): Deb Dobson offered a comprehensive review of the MHCC and the Clinical Section's possible participation in the Commission's deliberations in the October 2007 and 2008 editions of the *Canadian Clinical Psychologist*. I reported in the last edition of our newsletter that the Clinical Section would play a significant role in the development and implementation of a survey designed to evaluate the extent of stigmatizing attitudes to mental illness among mental health professionals. While we remain optimistic that the Clinical Section may still be able to play such a role in the future, its involvement may not be as timely as we first anticipated. We would encourage those of you interested in the MHCC and the Clinical Section's potential involvement to attend a session given by Dr. Karen Cohen, Executive Director of CPA, on June 13, 1:00-3:25pm.

Clinical Section Executive, 2009-2010: I am pleased to announce that our current Secretary Treasurer, Dr. Trish Furer, allowed her name to stand for nomination for the position of Chair-Elect and that she has been acclaimed as Chair-Elect. Dr. Margo Watt from St. Francis Xavier University in Nova Scotia was acclaimed as Secretary Treasurer. Margo, along with Dr. Jessey Bernstein from Montreal, are the co-editors of the *Canadian Clinical Psychologist*. I wish to thank Trish and Margo for their willingness to remain involved with the Clinical Section in leadership roles. The term of our student representative, Melissa Kehler from the University of Regina, ends in June and we have had a number of nominations for the student representative position. We are currently holding an on-line election for this position and we encourage all student members to take this opportunity to vote for the candidate of their choice. We look forward to welcoming these new members to the Clinical Section Executive at the Annual Business Meeting.

New members of the Executive are always a sign that other people will be leaving. The terms of Melissa Kehler and Deb Dobson, our past-Chair, end in June. I am certain that we will acknowledge the very significant contributions of both individuals during the Annual Business Meeting. All I would like to say at this time is that Melissa and Deb worked tirelessly during their terms on the Executive, were great colleagues, and raised important and relevant issues. Thanks to Melissa and Deb for everything they've done.

-John Pearce

From your Newsletter Editors

A Light exists in Spring by Emily Dickinson

A Light exists in Spring
 Not present on the Year
 At any other period —
 When March is scarcely here.

Spring has officially arrived and none too soon for many of us. (On the other hand, perhaps, too soon for Manitobans who reside along the Red River.) In any event, the advent of spring has prompted us to consult the literature (both poetic and scientific) to determine the source of our renewed vigor and optimism.

As Emily Dickinson points out, “a light exists in spring.” Indeed, research shows that sunlight can affect mood and serotonin levels among both depressed and nondepressed people. Keller et al. (2005) do a nice job of summarizing some of the research in this area. [I refer the reader to their article for more information.] In short, research confirms that, for most of us, our mood tends to reach a low point during the winter. It is estimated that about ½ of nondepressed people manifest some degree of symptoms of seasonal affective disorder (SAD) during northern winters. SAD, of course, is a seasonally recurrent depression with typical onset during the fall or winter and remission in the spring. SAD is characterized by both typical depressive symptoms (e.g., sadness, lethargy) and atypical symptoms (e.g., longer sleep duration, carbohydrate craving). Other symptoms can include cognitive impairments in memory, learning, and visual-spatial ability.

Research shows that sunlight, both artificial and natural, can improve mood and diminish SAD symptoms for most SAD and non-SAD depressed patients. Sunlight also improves mood and vitality among nondepressed subjects. The positive effects of sunlight have been linked to serotonin which is involved in the regulation of physiologic functions, such as mating, feeding, energy balance, and sleep. Lambert et al. (2002) found that brain serotonin production in 101 healthy, non-SAD males rose or dipped as naturally occurring daily sunlight increased or decreased, respectively. Recently Praschak-Rieder et al. (2008) investigated the molecular background of seasonal changes in serotonin function and found that serotonin transporter binding potential values were significantly higher in the fall and winter compared with the spring and summer. Moreover, binding potential values showed negative correlations with average duration of daily sunshine in all brain regions such that higher values occurred at times of lesser light. Higher serotonin transporter density is associated with lower synaptic serotonin levels.

To summarize, one explanation for the “joy of spring” is that spring brings more sunlight which elevates our serotonin levels via lowering serotonin transporter density ... somehow ☺ Whatever the mechanism, the outcome is clear - we tend to feel better and think better in the spring. We don't want to argue with those findings!

Enjoy the newsletter,
 Margo and Jessey

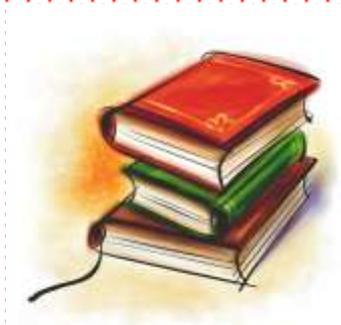
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In The News??

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





CLINICAL SECTION EXECUTIVE COMMITTEE
MIDWINTER MEETING MINUTES

January 31, 2009, Calgary, AB

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

Highlights:

- Feedback provided from Professional Affairs Committee teleconference on January 27, 2009
 - The policy statement about “The Presence of Involved Third Party Observer in Neuropsychological Assessments” will be posted on the CPA website.
 - Discussed development of practice directorate for CPA. An article addressing this issue has been drafted for Psynopsis.
- Current bank balance for the Clinical Section is \$20 367.82. Investments (GICs) as of December 2008 are at \$4527.60. Total assets are \$24 895.42. Will contribute another \$5000 to a GIC, as had been suggested by the membership at the June 2008 ABM.
- Total current members = 835. Of these, 284 are students.
 - Membership numbers fluctuate throughout the year but overall membership appears to be steadily increasing (membership in January 2008 was at 700).
- CPA 2009 Conference (Montréal, June 10-13, 2009):
 - Approx. 160 clinical conference submissions this year, the majority of these poster submissions.
 - The CS is sponsoring a pre-convention workshop by Richard Tremblay entitled “Development and Prevention of Aggressive Behaviour from Early Childhood to Adulthood.” This workshop is being co-sponsored by the Sections on Developmental Psychology and Psychologists in Education.
 - Dr. Philippe Cappeliez has agreed to do a Public Lecture as well as a Master Clinician workshop at CPA 2009 in Montreal, co-sponsored with the Section on Adult Development and Aging.
 - Dr. Laurence Kirmayer is a CPA Invited Speaker. This presentation will be co-sponsored by the Sections of Cross Cultural Psychology, Counselling, and Aboriginal Psychology.
 - The workshop on securing an internship will involve CCPPP, the Student Section, and the CS. Specific presenters TBA.
 - The ABM for our section will be held during CPA on Thursday June 11th. All are invited to attend.
- Clinical Section-Sponsored Awards:
 - Deadline for applications for Ken Bowers Award is May 1st, 2009. Proposal to increase the value of the Ken Bowers Award to \$1000 will be discussed at the 2009 ABM.
 - Student Travel awards: The current selection system will be reviewed and a revised proposal will be made at the 2009 ABM. The Executive is in agreement that the monies for the Travel Awards should also be increased.
 - Educational Activity Grant for Students: Winner of this award is Ms. Jillian Filliter of Dalhousie University for her proposal for a workshop on diversity issues (to be held in April 2009).
 - An Early Career Scientist-Practitioner award was proposed. Potential award value of \$1000. A detailed proposal will be presented to the membership at the June ABM.
- Section Executive nominations: Nominations needed for chair-elect and student representative. A notice about this was sent out on the listserv and in the CS newsletter. Deadline for nominations is March 2009.
- Section Fellows nomination: Deadline is March 15.
- The CS website is functioning smoothly at present. Need to update some of the CS information.
- Clinical Section Newsletter deadline is March 31, 2009. Discussed regular Profile feature (profile of Canadian psychologist or Psychology Program).
- Modest traffic on listserv in recent months. Noted need to have new listserv address (clinical@sections.cpa.ca) clearly posted on CS website.
- First round of revised Fact Sheets have gone online. To date, the new review process has gone smoothly.
- Revision of document on Empirically Supported Treatments. John Hunsley has spearheaded this ongoing review process. We may put the final draft in newsletter and request feedback from the membership.
- CPA Task Force on prescription privileges has had two teleconferences to date. Representatives from the Student Section, CCPPP, Psychopharmacology Section, CPAP, Northern & Rural, Health Psychology, and CS (Kerry Mothersill is our representative) are involved in this task force.
- Discussion about potential new CS-sponsored projects (\$5000 allotted at last ABM). Possible ideas include development of clinical practice guidelines; and/or web-based directory of clinical practice, areas of expertise, research interests.
- We would like to conduct an on-line survey of our membership to get a better sense of what type of work they do, and what type of initiatives they may be interested in.
- CS will again solicit information from our membership about Psychology Month activities, to be published in the Spring 2009 CS newsletter.
- Preliminary discussion about Keynote speakers, pre-convention workshops, and Master Clinician workshop for CPA 2010.
- Spring Teleconference: Monday, April 6, 2009
*Submitted by Patricia Furer, PhD., C, Psych.
Secretary-Treasurer*

**Follow-Up
on the CPA Section on Clinical Psychology
Empirically Supported Treatment
Task Force (1998) Recommendations**
February 2, 2009

Early in 1996 the Executive of the Section on Clinical Psychology of the Canadian Psychological Association (CPA) initiated a task force and charged it to develop a position paper on possible responses for Canadian psychology to the American Psychological Association's (APA) Division 12 (Clinical Psychology) initiative on empirically validated treatments (later referred to as empirically supported treatments). Dr. John Hunsley agreed to chair the task force, and Drs. Keith Dobson, Charlotte Johnston, and Sam Mikail served as task force members.

In December 1996, in conjunction with the Section on Clinical Psychology, the CPA Board of Directors agreed to sponsor a position paper from this task force. This position paper, authored by all members of the task force, was submitted to the Executive of the Section on Clinical Psychology in January 1998. Based on comments from the Executive, the task force revised the report and submitted the final report to the Executive in May 1998. The report and its recommendations were then accepted by the Executive.

The position paper was posted on the CPA website and is still available there, (www.cpa.ca/documents/empiric_p1.html). In addition, a slightly modified version of the position paper was published in *Canadian Psychology* (Hunsley, Dobson, Johnston, & Mikail, 1999a; 1999b), along with commentaries from both Canadian and American psychologists.

In the decade since the publication of the position paper, there have been substantial developments in the promotion of what is now termed evidence-based practice in psychology. In 2008, the Executive of the Clinical Psychology section decided that it would be appropriate to review the impact of the position paper. To that end, with Dr. Deborah Dobson as liaison from the Executive, the four members of the original task force were invited to review the extent to which the position paper's recommendations had been implemented. In the following pages, we provide a listing of the task force recommendations along with a summary statement of the extent to which, to the best of our knowledge, each recommendation was implemented.

Recommendation 1. *The Section on Clinical Psychology of CPA should explicitly endorse the work of the APA on empirically supported treatments.* The Section did officially endorse the work of APA Division 12's (Clinical Psychology) Task Force on Empirically Supported Treatment.

Recommendation 2. *The Section on Clinical Psychology of CPA should encourage CPA to explicitly endorse the work of the APA on empirically supported treatments and to seek representation on future Task Force committees on empirically supported treatments. CPA should also examine the possibility of sponsoring with APA future Task Force committees.* This encouragement from the Section did occur and, after its deliberations, the Board of CPA did endorse the Division 12 Task Force initiative and report. An offer of collaboration was made to APA Division 12 but, as the nature of that Division's task force was under review, no steps were taken to include CPA in future activities. The APA Division 12 has not updated its Task Force report since 1998, although it did participate in a subsequent APA Presidential Task Force on Evidence-based Practice, which was completed in 2005 (available at www.apa.org/about/president/evidence.html)

Recommendation 3. *The Section on Clinical Psychology of CPA should encourage CPA to seek to participate in the summit meetings on practice guidelines already taking place in the United States. Alternatively, CPA could be encouraged to work with other groups (such as the Canadian Register of Health Service Providers in Psychology and the Canadian Council of Professional Psychology Programs) to actively develop such guidelines in Canada with other psychological and behavioural health professions.* CRHSPP did endorse the work of the APA Division 12 Task Force. They also held several continuing education activities related to this theme. No practice guidelines were developed within CPA that dealt directly with basing services firmly on empirically supported standards. In the 2001 revision of the CPA *Practice Guidelines for Providers of Psychological Services*, no mention was made of empirically supported services. On the other hand, in concert with the Section, CPA has produced a series of *Psychology Works* fact sheets that provide summary information on a range of scientifically informed services available for a number of conditions and disorders.

Recommendation 4. *The Section on Clinical Psychology of CPA should encourage the CPA Accreditation Panel to require training in empirically supported treatments as a mandatory criterion for the accreditation of doctoral programs and internships in clinical psychology. For internships, there should be explicit recognition that the extent of such training may be limited due to the limited availability of supported treatments for some practice domains and client populations served by the internship. Additionally, the Section should encourage the CPA Accreditation Panel to survey training programs and internships on the extent to which training in empirically supported treatments is currently available.* The Section did

encourage the Accreditation Panel to consider these issues. As a result of their deliberations, the Accreditation Panel revised some aspects of the accreditation criteria. Specifically, in the 2002 revision of the CPA Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology, there are two relevant criteria.

For doctoral training programs in clinical, counselling, and school psychology:

III K. Training encompasses a range of assessment and intervention procedures and is not restricted to a single type. Although programmes may emphasize different theoretical models and skills, students need become familiar with the diversity of major assessment and intervention techniques in common use and their theoretical bases. All programmes: 1. include training in empirically-supported interventions, and 2. provide training in more than one therapeutic modality (i.e. individual, couple, family, group).

For internship training programs in clinical, counselling, and school psychology:

II B 5. Training encompasses a range of assessment and intervention procedures and is not restricted to a single type. Although doctoral and internship programmes may emphasize different theoretical models and skills, students need to become familiar with the diversity of major assessment and intervention techniques in common use and their theoretical bases. Internship programmes: i. include training in empirically-supported interventions, and ii. provide training in more than one therapeutic modality (e.g. individual, couple, family, group).

In the decade since this recommendation, as part of its regular accreditation and professional related activities, CPA may have collected data on training in empirically supported treatments in Canadian programs and internships. However, there has been no statement to date from the Accreditation Panel about the extent of training in empirically supported treatments.

In the early part of this decade, the APA Division 12 Committee on Science and Practice undertook a survey of APA accredited clinical doctoral training programs and internships in the United States and Canada. In reporting the results (Woody, Weisz, & Mclean, 2005), the Committee did not differentiate between the two countries. Overall, based on survey data and compared to similar survey data from a decade earlier, limited progress had been made in expanding educational and training opportunities in empirically supported interventions for graduate students in APA accredited clinical psychology programs.

Recommendation 5. The Section on Clinical Psychology of CPA should encourage CPA to work with other national and provincial psychological organizations (such as the Canadian Register of Health Services Providers in Psychology and the Council of Provincial Associations of Psychology) to develop and promote continuing education and training in empirically supported treatment approaches. Over the past decade, a number of CPA Sections, including the Clinical Section, have taken into account the evidence base of a psychological service in making decisions about the acceptance of workshops and presentations at the annual convention. CPA has also sponsored workshops, both at the convention and through the Continuing Education Institute, on empirically supported treatments. As mentioned previously, CRHSPP has also disseminated information about empirically supported treatments.

Recommendation 6. The Section on Clinical Psychology of CPA should encourage CPA to work with provincial regulatory bodies and the Canadian Register of Health Service Providers in Psychology to require knowledge of and training in empirically supported treatments as part of the assessment of suitability to independently provide health services to the public. Some discussion of this issue occurred in the context of developing the Mutual Recognition Agreement (MRA) among Canadian jurisdictions, but consensus was not reached. It should be noted, however, that the 2000 edition of the *Canadian Code of Ethics for Psychologists* does mention empirically supported treatments. Specifically, section II.21 states that psychologists:

“Strive to provide and/or obtain the best possible service for those needing and seeking psychological service. This may include, but is not limited to: selecting interventions that are relevant to the needs and characteristics of the client and that have reasonable theoretical or empirically-supported efficacy in light of those needs and characteristics; consulting with, or including in service delivery, persons relevant to the culture or belief systems of those served; advocating on behalf of the client; and, recommending professionals other than psychologists when appropriate.”

Similar statements are found in the *Standards of Practice* for some jurisdictions (e.g., College of Alberta Psychologists).

Recommendation 7. With regard to public policy in Canada, the Section on Clinical Psychology of CPA should encourage CPA to (i) inform federal and provincial ministries of health about the use of empirically supported treatments (ii) lobby these ministries to direct funding toward those programs that promote empirically supported approaches to specific patient problems. Efforts to inform the ministries should emphasize the complexity of treatment planning and the limitations inherent in the classification of treatments as empirically supported, but should also indicate where there are clearly preferable treatment

options based on scientific data. CPA, along with some provincial associations and regulatory bodies, presented this type of information to the Commission on the Future of Health Care in Canada (i.e., the Romanow Commission). Similar submissions have also occurred within the context of provincial reviews of health care services. At one point CPA distributed copies of the *Psychology Works* fact sheets to federal members of Parliament. These efforts have not been sustained on a regular basis. It is also unclear the extent to which, when emphasizing the need for psychological services, the need for *empirically supported* psychological services is stressed.

Recommendation 8. *Similarly, the Section on Clinical Psychology of CPA should encourage CPA, in conjunction with all interested organizations, to lobby health insurance companies regarding the use of empirically supported treatments. Efforts to inform these companies should emphasize the complexity of treatment planning and the limitations inherent in the classification of treatments as empirically supported, but should also indicate where there are clearly preferable treatment options based on scientific data.* To our knowledge, there has been no systematic effort to implement this recommendation.

Recommendation 9. *In conjunction with all interested organizations, the Section on Clinical Psychology of CPA should develop a clear statement, for the public and other stakeholders in the health care system, on the scientific context of psychological services. This statement should discuss the importance of using an evidence-based approach to service provision and should explicitly discuss the fact that scientific validation inevitably lags behind routine practice. Accordingly, there should be a statement that a treatment may be beneficial for an individual even if it is not listed as being empirically supported (i.e., the difference between a treatment being untested and being ineffective).* Some steps have been taken on this issue. For example, the CPA document “*Deciding to See a Psychologist: How to Choose One and What to Expect*” (available at www.cpa.ca/public/) contains the following statement:

“Treatments or psychotherapeutic approaches used by psychologists should be empirically-supported treatments—in other words treatments which research have proven to be effective. Common types of treatments include cognitive-behavioural therapy, interpersonal therapy, and systems therapy among others. Treatment might be offered in an individual, group, couple or family format depending on the problem and whom it affects.”

CPA has been involved in some collaborative initiatives with the Canadian Business and Economic Roundtable on Mental Health to raise awareness of mental health issues in the workplace and the effectiveness of psychological

treatments. CPA also worked with the Canadian Council on Health Service Accreditation (now Accreditation Canada) to include evidence base practice and best practice initiatives as part of their standards. It is worth noting that the Canadian Psychiatric Association has developed and disseminated clinical practice guidelines for schizophrenia, mood disorders, and anxiety disorders. A number of psychologists were active in the development of these guidelines. To date, no attempt to develop clinical practice guidelines for psychologists, based on research evidence or otherwise, has occurred.

Recommendation 10. *To ensure that psychological practitioners are cognizant of methods for enhancing practice accountability, the Section on Clinical Psychology of CPA should encourage CPA to: (i) implement an accreditation criterion requiring training in outcome evaluation for clinical training programs and (ii) sponsor continuing education workshops on outcome evaluation and other approaches to enhancing accountability.*

Although empirically supported treatments may offer the best treatment option for many people, the impact and outcome of such treatments needs to be evaluated to ensure that the treatment is delivered as intended, and that it is actually having the intended results. To date, no steps have been taken to promote training in outcome evaluations. However, as the accreditation standards do require some training in program evaluation, it is possible that some doctoral programs and internships provide opportunities for education about and implementation of outcome evaluation procedures.

Recommendation 11. *The Section on Clinical Psychology of CPA should encourage CPA to coordinate a national data base (perhaps in association with the Canadian Institute for Health Information) on treatment outcome from large treatment sites (e.g., teaching hospitals and university based clinics) in order to obtain data on actual practice effectiveness. This would augment the information gathered in efficacy research and could be used in the development of practice guidelines.* This recommendation has yet to be implemented, probably due to considerations of cost and the challenge of ensuring the involvement of a sufficient number of treatment sites.

Recommendation 12. *The Section on Clinical Psychology of CPA should encourage CPA to lobby the major national granting agencies regarding the importance of including psychological treatment efficacy and effectiveness research in their purview of fundable health and social science research. For those granting agencies that currently fund health service research, CPA should encourage the agencies to include, as possible research domains, research on (i) the effectiveness of training and supervision for dissemination of empirically supported treatments, (ii) the utilization of treatment manuals in the delivery of services, and (iii) measures of competence/proficiency in the delivery of services.* The Canadian Institutes of Health Research (CIHR) do fund efficacy studies of psychological treatments through their Clinical Trails committee. In principle, effectiveness studies are also eligible for support. To our

knowledge, however, the CPA has not directly lobbied the CIHR in this direction, nor advocated for increases to this funding base.

Summary

It is clear that many of the recommendations of the CPA Clinical Section's Empirically Supported Treatment Task Force (1998) have been implemented, at least to some extent. Partly through the efforts of the Clinical Section, CPA has taken steps, both within the association and in its involvement with other agencies, to promote the use of empirically supported treatments. Over the past decade, the lack of unanimity in the professional psychology community regarding empirically supported treatments and evidence based practice probably limited the extent to which the recommendations could have been implemented. That being said, it is also important to note that the efforts made by the Clinical Section and by CPA are best viewed as having occurred within the broader movement in health care services to promote accountability and evidence-based practices.

It is obvious that a number of recommendations were not implemented. In some cases recommendations were made that involved organizations outside of the CPA and so were beyond any direct influence of the Task Force, the Clinical Section, or CPA. Additional challenges in implementation were undoubtedly due to the decentralized federal-provincial system in Canada and the

fact that health regulations and practice are distributed widely across the country, with little central coordination or policy direction. Finally, some of the lack of activity regarding the recommendations likely reflects on the magnitude of the efforts needed to effect systemic change in Canadian health care and the limited resources organizations such as the Clinical Section or even CPA has for taking such actions. In our view, however, none of these challenges diminish the importance or relevance of the recommendations. Rather, they underscore the need for continuing efforts to develop and widely promote the scientific basis of psychological services.

**Please send any comments on this article to Dr. Deb Dobson or any other member of the Section Executive.*

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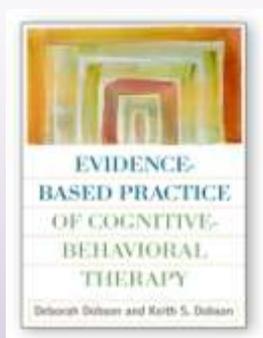
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The Book Corner

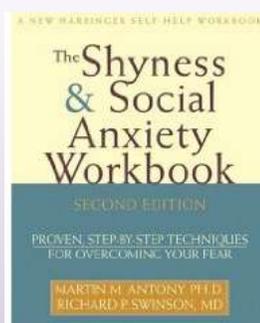
Please send the editors information about yours and your colleagues' new and forthcoming books on any topic you deem relevant to Section members! If you are interested in writing a brief review of any of the books featured in this or future newsletters, let us know.



Evidence-Based Practice of Cognitive-Behavioral Therapy

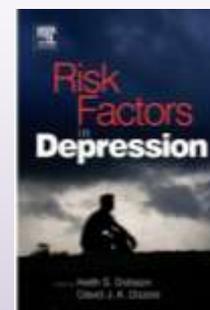
by Deborah Dobson, PhD & Keith S. Dobson, PhD

The Guilford Press
[January 2009; 1st edition]



The Shyness & Social Anxiety Workbook: Proven, Step-by-Step Techniques for Overcoming your Fear

[June 2008; 2nd revised edition]



Risk Factors for Depression

by Keith S. Dobson, PhD & David Dozois, PhD

Academic Press
[August 2008; 1st edition]

Message From the Student Representative



Hello Clinical Section Members! I trust that the past few months have treated you well. The 70th annual convention in Montréal is fast approaching and there will be some great symposia, poster sessions, workshops, etc. for us

to attend! I hope you can all make it out to the conference!

For those who are able to attend, I'd like to remind you about deadlines for section-sponsored award applications. Students whose abstracts are accepted by the Clinical Section are eligible to apply for the **Ken Bowers Research Award** and the **Clinical Section Travel Awards**. The deadline for both of these awards is **May 1, 2009**. More information on these awards, and the Travel Award application form, can be found on the section's website: www.cpa.ca/sections/clinical/newsandevents/ If you have any questions about these awards, please don't hesitate to ask me.

In the Fall 2008 newsletter we told you about the new Clinical Section Student Grant that supports the organization of an extracurricular educational activity. We received many excellent applications for this grant and choosing just one was a difficult decision. However, in the end we awarded the grant to Jillian Filliter and her colleagues from Dalhousie University for the proposed workshop entitled 'Diversity Awareness: Working with Diverse Populations in Clinical Practice,' which will be held in April, 2009. We look forward to hearing more about this workshop in the next newsletter!

As always, please contact me if you have any questions, comments, or suggestions for the Clinical Section. Best wishes for a great year!

Melissa Kehler, M.A.
Student Representative
kehler2m@uregina.ca

Ken Bowers Student Research Award

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

Le Prix Ken Bowers

Le prix Ken Bowers pour recherche effectuée par un(e) étudiant(e) seront remis à l'étudiant(e) ayant soumis la communication la plus méritoire à la Section de Psychologie Clinique au congrès annuel de la SCP. **Chaque étudiant(e) qui a une communication orale ou par affiche acceptée par la Section de psychologie clinique est invité(e) à faire une demande de bourse.** La soumission retenue est reconnue par un certificat et une bourse de 750 \$ et l'étudiant(e) est invité(e) à décrire son travail dans le numéro d'automne de la revue *The Canadian Clinical Psychologist*. Pour plus d'information, veuillez vous rendre à : www.cpa.ca/sections/clinical/newsandevents/

Clinical Section Travel Awards

The Clinical Section Travel Awards were designed to help clinical section students from across Canada to travel to the annual CPA conference. Additionally, this award was especially designed to encourage communication between Clinical Section students and to promote peer review among students. Three Travel Awards are granted each year and are valued at \$500, \$200, and \$200. The three winning submissions will also have their conference abstract published in the fall edition of *The Canadian Clinical Psychologist*. **All students who have posters or presentations accepted by the Clinical Section are invited to apply.** For more information, please go to: www.cpa.ca/sections/clinical/newsandevents/

Prix de déplacement de la Section de psychologie clinique

Les Prix de déplacement de la Section de psychologie clinique vise à aider les étudiant(e)s en psychologie clinique à travers le Canada à assister au congrès annuel de la Société canadienne de psychologie (SCP). De plus, cette série de prix vise à encourager de façon particulière les échanges entre les étudiant(e)s en psychologie clinique et à promouvoir l'analyse critique du travail d'autres étudiant(e)s. Trois Prix de déplacement de la Section de psychologie clinique seront attribués à chaque année: 500\$, 200\$, et 200\$. Le résumé de la communication des trois candidatures gagnantes sera publié dans l'édition d'automne de la revue *The Canadian Clinical Psychologist*. **Chaque étudiant(e) qui a une communication orale ou par affiche acceptée par la Section de psychologie clinique est invité(e) à faire une demande de bourse.** Pour plus d'information, veuillez vous rendre à: www.cpa.ca/sections/clinical/newsandevents/

**Election Statements
for Student Representative
for the Clinical Section—2009**

Below are the election statements of the candidates for the Clinical Section's student representative position. The vote will be conducted using Survey Monkey, the address for which was not available at the time of this publication. The address will be circulated to the appropriate membership as soon as it is available; only student Section members are eligible to vote. Please contact Melissa Kehler if you are a student member but have not received an email with the Survey address.



1. Carol Cavaliere, York University

I am writing to officially accept the nomination to serve as Student Member of the 2009-2010 Executive Committee of the CPA's Clinical Section.

As supported by those who have provided letters of nomination on my behalf, I believe that I may contribute a number of skills, and a degree of motivation and enthusiasm that will be an asset to the Committee. As a doctoral candidate at York University, I am confident that I have developed organizational and critical thinking skills, an ability to learn quickly and a sense of professionalism that will be quite well-suited to the responsibilities afforded to me as Student Member. In my academic endeavours, I consciously attempt to approach all work diligently and independently, with an awareness of ethical practice.

I am eager to work in a multidisciplinary team alongside other clinical professionals, in an attempt to gain further knowledge of the field and the contributions of the CPA as a whole. Through my experience in various clinical and academic settings, I have developed strong interpersonal, and written and oral communication skills that have cultivated my ability to relate maturely and professionally with clients, staff and colleagues. I am confident in my ability to work cooperatively to present ideas clearly in a well-organized fashion.

Additionally, I am very strongly invested in the future of the profession beyond the completion of my degree requirements and obtaining employment. I am certain that this involvement with the Clinical Section would be a remarkable opportunity that will undoubtedly heighten my identification and commitment to the profession of psychology, and I look forward to taking full advantage of it, should I be elected.



2. Jessica Dere, Concordia University

I am writing to express my willingness and desire to stand for office for the position of Student Representative on the CPA Clinical Section Executive. As a doctoral student in clinical psychology at Concordia University, I am very interested in promoting student participation in the field of clinical psychology, and believe that serving in this position would be a very valuable experience. I also feel that I have a number of relevant experiences that would help me to make a productive contribution to the Clinical Section.

Over the past three years, I have held student representative positions in several different groups. Within the Psychology Department at Concordia, I sat as a student representative on the Departmental Committee during the 2006-2007 academic year, and have been sitting as a student representative on our Clinical Steering Committee for the past two academic years (2007-present). As part of the Clinical Steering Committee, I have helped to chaperone both clinical job candidates and accreditation site visitors. Also, I recently helped to initiate and successfully organize a clinical workshop on Motivational Interviewing for the graduate students in our program, which was the first of its kind in our department. In addition, I am currently helping to organize a student-run clinical journal club for students within our program. I am also the current student representative for the International and Cross-cultural Section of CPA. In this role, I organized and submitted a symposium of cross-cultural graduate student research for this year's annual conference. I have found all of these recent experiences both fun and rewarding. I thoroughly enjoy working with other students, as well as faculty, in promoting student participation in various aspects of our field. Through these experiences, I believe that I have acquired knowledge and skills that would help me to make a valuable contribution to the Clinical Section Executive. Further, as both my research and clinical interests are in the area of culture and mental health, I am particularly committed to promoting the recognition of cultural diversity and the importance of cultural competence within our field. I hope that this is an area where I may be especially able to make a contribution.

As someone who is committed to training and working within the scientist-practitioner model, I would be excited to participate in the clinical psychology community within CPA by serving in this position. Please do not hesitate to contact me if you require further information.



3. Amanda Epp, University of Calgary

I understand that the Clinical Section of CPA requires nominations for the position of Student Member for the 2009-2010 year. I would like to express my interest in being nominated for this position.

I am currently finishing my first year PhD in Clinical Psychology, at the University of Calgary, under the supervision of Dr. Keith Dobson. Broadly speaking, my

research is focused on the complex interplay between culture and psychopathology. In particular, I am interested in culture and gender specificity in cognitive vulnerability to depression. If elected to the CPA Clinical Section, I would bring considerable experience working with teams, good communication skills (I also speak/read/write French), diverse life experiences, and a keen interest in promoting psychology.

Though not all related to psychology, I have been involved with various committees and projects in an organizational and/or leadership capacity. In particular, I have been involved with my local departmental Clinical Council as a Student Representative and Student Representative Alternate over the past two years. In addition, I have been involved with team management for my competitive women's soccer team since 2005. During my undergraduate degree at the University of Ottawa, I was the Clubs and Activities Coordinator at the International House on campus. I also co-founded and organized a yearly trip to the NWT, for Alberta Rotary Youth International Exchange Students. I was also involved with the production of an independent film, working closely with the director and producer to organize the cast and crew. While studying and travelling in South America, I helped to develop and implement an ESL curriculum for youth offenders. After high school I went on a year-long Rotary Youth International exchange to Belgium, and while there I was a Guide Leader for the duration of my stay.

I think that being the Student Member of the CPA Clinical Section would be a meaningful way of contributing to Canadian Psychology, and an excellent opportunity for learning about national aspects of Clinical Psychology. I look forward to the potential prospect of representing graduate students on the Clinical Section Executive.



4. Jillian Filliter, Dalhousie University

I am currently finishing my second year in the Clinical Psychology PhD program at Dalhousie University and am excited that I have been nominated to stand for the position of Student Member of the CPA Clinical Section Executive. I have been fortunate to have represented students in the past, serving as a student member of the Dalhousie Psychology Department's Clinical Program, Graduate Program and Ethics Committees. I enjoyed participating in these committees and valued having the opportunity to represent the perspectives of students on issues that really mattered to, and affected, them.

I am also committed to creating opportunities for my fellow students. Recently, I demonstrated this by organizing an application for a CPA Clinical Section Student Grant to support an extra-curricular workshop for psychology students at Dalhousie University and its

cooperating institutions. We were delighted to be awarded this grant and are currently working hard to prepare for the event itself, which will focus on diversity issues in clinical practice.

I believe that these past activities demonstrate my investment in the interests of my fellow students and that this is an important quality for the Student Member to possess. I am also a very motivated, hard-working individual with lots of initiative and I think that these characteristics would assist me in serving as a responsive and effective representative for clinical psychology students.

I would be sincerely honored to be elected to the position of Student Member of the CPA Clinical Section Executive. It would be a pleasure to have the opportunity to contribute to other clinical psychology students and the Clinical Section in this capacity.



5. Katie Fracalanza, Ryerson University

This letter is to confirm my willingness to run for the position of Student Representative on the Clinical Section Executive of the Canadian Psychological Association (CPA). I am interested in this position because I would like to be actively involved in building the CPA as an organization, and in working to improve communication between psychology students and the CPA.

My strong interest in clinical research will enhance what I bring to the Clinical Section Executive. I have had the opportunity to work closely with a number of celebrated members of the CPA. I have completed several research projects with Dr. Randi McCabe and Dr. Martin Antony in the area of bipolar disorder comorbidity in individuals with anxiety disorders. I have presented this work at research conventions, and I am currently submitting a manuscript of one of these projects to a peer-reviewed, scientific journal. I am working with Dr. Naomi Koerner on my Master's thesis related to improving imaginal exposure techniques for individuals with generalized anxiety disorder. Dr. Naomi Koerner and I are also working on a research project exploring intolerance of uncertainty in individuals with obsessive compulsive disorder versus generalized anxiety disorder. Lastly, I am collaborating with Dr. Martin Antony and Dr. Peter Farvolden on a project investigating the effectiveness of a Web-based intervention for depression, which we have submitted to present at a conference. I feel that my interest and involvement in clinical research will improve my ability to contribute valuable input at meetings and in writing reviews and articles for the Clinical Section Executive.

Additionally, my experience as a member of the Executive Committee for the McMaster Wish Foundation at McMaster University has fostered several skills that will help me to be an active contributor to the Clinical Section Executive. In this position I was responsible for organizing and executing

events to generate funds and awareness for local charities. I also provided ideas for events at meetings, helped to organize the account books, and arranged for the distribution of funds. My volunteer work at St. Joseph's Villa and Danielle's Place has also provided me with valuable leadership experience. Overall, these experiences will improve what I can bring to the Executive.

Thank you for considering me as a candidate to run for the Student Representative position.



6. Sarah Royal, Ryerson University

I am a first year Master's student in Clinical Psychology at Ryerson University. I am sending this letter to indicate my willingness to stand for office as the Student Member of the CPA Clinical Section Executive.

As a graduate student just beginning my academic and clinical training, I am excited about the possibility of working closely with the CPA and representing the needs and interests of clinical psychology graduate students across Canada. I am passionate about this field and would bring to the position a lot of enthusiasm, motivation, and hard work.

I have a wide range of leadership experience that I can offer to the Clinical Section Executive. I currently serve on the Clinical Area Rounds Committee, organizing clinically-relevant training sessions for graduate students, and the Open House Planning Committee at Ryerson University. I also served on the Academic Appeals Board at the University of Toronto Mississauga, evaluating appeals made by undergraduate students who were disputing academic decisions. I was heavily involved in the Red Cross Society Executive for three years at the University of Western Ontario, including one year as Co-President. In the non-academic realm, I served as an outreach Worker and Fundraising Assistant for the Peel HIV/AIDS Network and as a Research Program Coordinator for one month in Clyde River, Nunavut. I will also be completing my first practicum placement this summer in the Eating Disorders Program at Toronto General Hospital.

I am excited about this position as it is an opportunity to make connections with psychologists and other students across Canada. Thank you for considering my application. I look forward to the possibility of working with the CPA Clinical Section Executive!



7. Valerie Vorstenbosch, Ryerson University

Please consider this letter as an application for the position of Student Representative on the Canadian Psychological Association Clinical Section executive. I am currently in the second year of the Clinical Psychology Master's of Arts Program at Ryerson University in Toronto, Ontario. I will complete my MA degree this summer and then begin the Ph.D. program in September 2009.

While completing my MA, I have stood on a number of committees, all of which have prepared me well for the responsibilities that are required of the Student Representative for CPA. For example, in November 2007, I was elected as the Treasurer of the Psychology Graduate Student Association and in September 2008, I was elected as the Student Representative for the Clinical Psychology Program Committee. My responsibilities on these committees included raising awareness of students concerns, organizing social and academic activities for the students (e.g., clinical psychology practicum day), as well as assisting other committee members with their projects, if needed. The skills that I have gained while acting as a liaison between graduate students and faculty will undoubtedly transfer well to the tasks that are required of the student member (e.g., representing the interests of Canadian clinical psychology students).

The position of Student Representative for the Clinical Section executive is particularly intriguing because it will provide me with the opportunity to apply the skills that I have learned during my positions at Ryerson University to build upon the communication between Canadian psychology students and psychology professionals. I am committed to making students aware of the opportunities that are available through CPA (e.g., student awards) so that students can advance and improve the quality of their educational experience and training.

Thank you for considering my application.



Feeling Anxious as a Graduate Student in Supervision? Join the Club

Leah Shapira, M.A. and Fern Kagan, M.A.
York University

For therapists-in-training, the first therapy sessions with real clients are both exciting and anxiety provoking. The only thing scarier than being alone for the first time in a room with a client who is expecting an expert therapist is knowing that you will have to actively participate in supervision about the session afterwards, which may include your every word being evaluated by your supervisor. Although the process of supervision is an essential component of acquiring competence as a therapist, it can also be a source of anxiety for the sensitive ego of the training therapist. Learning how to manage that anxiety and use it constructively, instead of letting it drain you and leave you feeling burnt out, is an important part of the personal and professional development of the effective therapist. In this article, common sources of anxiety for graduate students in clinical supervision will be discussed, along with useful strategies to help reduce such anxiety.

In the achievement-oriented milieu of graduate school, perfectionistic tendencies are common among graduate students. The need to ‘fake good’ and present yourself in a perfect light in order to feel competent might stop you from allowing your supervisor to listen to the awkward moments from your therapy session. Learning to expose and discuss your “mistakes” in a meaningful way can alleviate fears, while the need to cover up and pretend you know everything can be anxiety provoking. If, for example, you find yourself scrambling to edit out all of your mistakes on your tape, you are missing out on valuable opportunities to grow as a therapist. Therapists in training are often surprised to find that the moments they felt were most embarrassing and awful actually weren’t so bad. Keep in mind that hiding the evidence of your blunders could be robbing you of valuable learning and an emotionally corrective supervisory experience.

What makes the supervisory experience so terrifying for students? To begin with, disclosing personal feelings is a common aspect of supervision that arouses anxiety in supervisees. Unfortunately, this can negatively impact a student’s first experience with therapy if they haven’t pursued their own personal journey of self-knowledge. Feelings of shame and self-doubt often accompany the supervisee who is grappling with “emotional baggage” and counter transference. These new feelings may not be processed or understood by the student; and may even be interpreted as anxiety. Voicing these feelings to a supervisor could create vulnerability in the supervisee and undermine their sense of competency. Graduate students may fear that having strong reactions to clients will lead their supervisor to think they are unable to handle the

therapy situation. Additionally, just realizing that you have been triggered by something in therapy that you didn’t think would affect you, for example, having feelings of counter transference towards a client who reminds you of your ex-boyfriend who you thought you had ‘gotten over,’ can be unsettling. Keeping your reactions to yourself can be the most anxiety producing choice of all because anxiety builds in the silence. However, the supervisee is in a difficult situation as research does suggest that early disclosure of personal material can undermine the supervisory alliance (Chen & Bernstein, 2000). It might be more prudent to wait until there is a level of comfort with your supervisor before you share your personal feelings.

In addition to the perils of perfectionism and self-disclosure already discussed, there are a number of other factors that can impact supervisee anxiety. Generally, the extent that a supervisory relationship is anxiety provoking for a graduate student can depend on the type of client (easy versus difficult), the maturity and experience level of both the supervisor and supervisee, the extent of structure in the supervisory relationship, and the quality of the alliance in supervision (Whittaker, 2007). The format in which supervision is provided can also either enhance or decrease anxiety. For some novice therapists, group supervision may elicit the strongest feelings of inadequacy and self-doubt. In the group context, feelings of judgment and comparison with other students can emerge, leading some to conclude that their fellow student therapists are more competent and skilled. This kind of negative framing will stop you from being able to partake in one of the richest sources of learning a new therapist has: learning from other student therapists and the feedback they receive from supervisors about their clients. Moreover, the method used to record therapy sessions for supervision purposes can also influence anxiety levels. For example, a student may feel more anxious if a supervisor is viewing them from a two-way mirror. This may have the unfortunate effect of negatively influencing a student therapist’s capacity to be fully present with their client if they are too aware that they are being watched and evaluated. On the other hand, other students might be more nervous when audio taping sessions and playing them back in supervision, where supervisors can stop and comment on specific utterances in detail.

While there are certainly negative consequences to supervisee anxiety (such as the personal toll it takes and the learning experiences it robs you of), a certain amount of anxiety is inevitable and advantageous. Perhaps one productive function of anxiety is that it enhances our capacity to turn inward and engage in self-reflection about the therapeutic process. Self-reflection can help us attend to important emotional information and hone our ability to confront our feelings. Although uncomfortable, anxiety may in fact signal growth, helping us to work towards finding our own personal identity as a therapist. Furthermore, such anxiety may help us empathize with our clients as well as gain awareness of our own neuroses. Some supervisors feel that overcoming anxiety is one of the key tasks in achieving mastery and genuineness as a therapist; learning to listen to

your authentic self and your gut more than your anxiety is an important developmental milestone. It may be that some anxiety is optimal, but too much can negatively impact the therapy and supervision experience. There is a fine line between healthy self-awareness that promotes self-reflection and the unhealthy self-consciousness that stops you from being present with clients and listening to your own intuitions.

If you find that you cannot hear what your clients are saying over the din of the self-critical voice in your head telling you that you aren't being a good therapist, it's a sign that you need to learn some new coping mechanisms. One of the key skills a therapist has to discover is the ability to put their self aside and attend to the needs of the client. How can we cope with our anxious feelings? Firstly, talking to fellow graduate students about how they cope with supervision related anxiety is a great way to normalize feelings of anxiety and fears of incompetency. Talking with peers allows us to realize that others share our insecurities about being effective therapists, and helps us to gain insight into how others deal with these common feelings. Additionally, many therapists deal with their anxiety by reading up on literature pertaining to their client's issues in order to feel more prepared and knowledgeable. Lastly, taking our own advice to clients about 'reframing' the situation can be an invaluable tool for anxiety reduction. For example, while negative feedback in the short-term may be distressing, viewing this feedback as constructive criticism and a contribution to your long-term development as a therapist can be helpful. It is important to remember that supervision itself is a learning process and that supervisees aren't expected to do everything right, otherwise, what would we need supervision for! It's interesting how quickly one forgets that it's not about being labeled either a "good" therapist or a "bad" therapist; there are many gradients in our capacities as we continue to grow as clinicians.

It is normal to feel nervous, frustrated, disappointed and even incompetent when participating in clinical supervision as a student therapist. This does not mean you have made the wrong career choice or won't be a competent therapist in the future. The good news is that this anxiety tends to abate as one gains more experience with both clients and different supervisors (Ronnestad & Skovholt, 1993). It is important to be aware of the experience of anxiety in supervision so you can find constructive ways to handle the inevitable fears that will come up. On the journey of professional and personal development that all therapists embark upon, using anxiety productively can help us grow and learn both as clinicians and individuals.

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Writing Your Thesis or Dissertation Proposal? Roadblocks and Ways to Keep on Going!

Paulette V. Hunter, M. A. & Melissa D. Kehler, M. A.
University of Regina

If you are like most students, writing a thesis or dissertation is one of the most difficult and time-consuming tasks you will face in your graduate program. As you begin to write, you may encounter some roadblocks and bumps along the way, and this may interfere with the progress of your paper or proposal. Discovering alternate routes to your end goal may be important for completing your project on time and with a minimum of stress!

Roadblocks to Productivity

Anxiety. One of the roadblocks to writing productively is anxiety. In our experience, one of the biggest sources of writing anxiety is feeling overwhelmed by the "big picture." This may surface in a question like, "How am I ever going to finish this within the next few months?" Focusing on the big picture makes it much more difficult to work effectively on one component of the project at a time. In this situation, one helpful strategy might be to consciously choose to ignore the big picture and to focus on individual sections. Sometimes, simply choosing a starting point will be enough to get you on the road to success.

Procrastination. For many students, procrastination is a detour that interferes with sitting down to write or, when boredom or fatigue creeps in, staying committed to a writing

session. Although it may seem more tempting to watch that TV re-run (or even to clean the bathroom) than to work on your project, this will only make your journey longer. There are many ways to work around a tendency to procrastinate. Removing distractions from your environment might be helpful (e.g., canceling your cable this month). Alternatively, you may wish to pair up with someone else who is at the same stage in their writing as you are, and encourage each other to keep on track. Knaus (2002) suggests using the 5-minute method as another effective way to overcome procrastination. That is, schedule the first step of the task and do it for at least 5 minutes. At the end of the 5 minutes, decide if you're going to keep on working for another 5 minutes or if you're going to stop. If you stop before you finish the task, spend 5 minutes setting up the task so the next time you decide to work on the project you will know exactly where you left off and where you want to begin. Once you start working, you may discover it's not quite as hard as you were expecting!

Perfectionism. As an extension of anxiety and procrastination, some students have a burning desire for perfection in their work from the get-go. These students might be thinking that, unless everything is perfect from the start, their whole project won't be any good. They may devote an excessive amount of time to each little aspect of the project (e.g., spending four hours thinking of the perfect title when the project isn't started), unnecessarily extending the time it takes them to complete their research proposals. One way of getting around this craving for perfection is to commit to writing a "crappy first draft". That is, give yourself permission to write improperly and in a disorganized way so long as you are starting to get your ideas on the page. The crappy first draft makes a great stepping stone for later revisions, new ideas, and different directions for your proposal.

Uncertainty. Not being able to decide on a direction for the research you want to do may be one of the most significant roadblocks to productive writing. If you are in this position, remember that there are still things you can do to keep your momentum: reading, meeting with your advisor, discussing your ideas with others, or even beginning to write may be helpful activities at this stage. We have found that just starting the writing process by reviewing the literature in related areas is an excellent way to stimulate creativity and further refine research ideas.

Time Management. One of the biggest problems with writing a thesis or dissertation is finding time for writing in your schedule. Most of us struggle to juggle the multiple daily demands thrown our way by our programs, our jobs, and our personal lives (even though we sometimes feel like we no longer have this last one!). We all know how challenging it can be to set aside the time we need to get started on our projects, or to set aside writing time on a regular basis. The secret to many a student's success is simply committing to at least 15

minutes per day of writing time: just one paragraph of work per day will result in a draft proposal by the end of the semester. Scheduling regular meetings to discuss your progress with your supervisor can also be an effective way to stay on schedule; however, make sure you allow yourself a realistic amount of time to complete the section you are going to discuss.

Bumps along the Road

Even for those who have acquired a certain level of comfort negotiating the multiple demands of graduate education, who have put aside their perfectionism and stifled the urge to procrastinate, and who have begun to write their thesis or dissertation proposal, staying motivated can pose a problem at times. There are, of course, many factors that can slow a student's progress. We have identified three additional bumps along the road and some 'detours' that may help:

Burnout. Graduate school is demanding. As students, we are constantly managing multiple demands on our time, our personal lives, and our financial resources. After time, even the most devoted student may face a period of burnout that slows his or her progress. Sometimes, taking a brief vacation from graduate studies is a realistic and helpful option, and sometimes it is not. For those who are, for one reason or another, unable to take a vacation from their studies in a time of burnout, it is important to build "mini-vacations" in on a regular basis. One way to do this is to find ways to combine work with pleasure. For example, spending an evening writing in a coffee shop sipping a favourite beverage may be a helpful change in routine. It is important to set aside time into your daily schedule for what is meaningful or important to you; for example, socializing with friends or family, exercising, or reading a book that you have always wanted to read.

Disinterest. Unfortunately, as some students work on their projects, they realize that they no longer have the same passion for their projects that they did when they began. This can be a major threat to progress. At times, it is possible to initiate a change of direction, and at other times this may be impractical. For those in this position who have decided that a change of topic is not an option, we suggest finding a way to shift your focus. Find something that is personally meaningful either in the project or in the learning that is bound to happen as a result. For example, if your current interests are closely matched to what you proposed to study, it may be possible to incorporate a new measure that better corresponds to a current area of interest. Or consider that the project will help you gain more exposure to a population of interest or an interesting body of literature. Even if this is not the case, you may be able to think of your project as a stepping stone to desired professional goals, and begin to set aside regular time for work in a current area of interest.

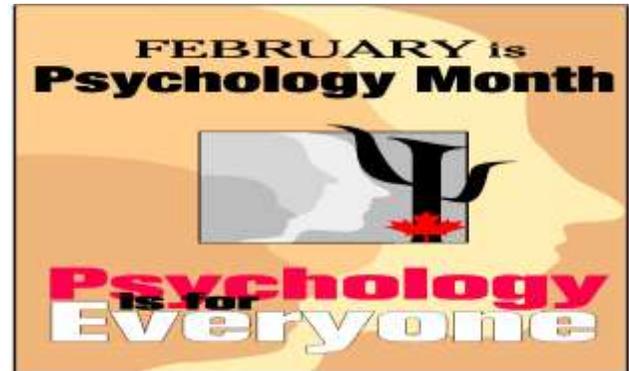
Criticism/Lack of Reinforcement. In our long careers as students, many of us become accustomed to being motivated extrinsically. We come to expect that our hard work will be rewarded by good grades, positive feedback, or scholarships.

Then, once we begin to write our thesis or dissertation proposal, we realize that not only will it be more labour-intensive than any other academic work we have done, but that it will also be subject to more criticism – at every stage! For this reason, a thesis or dissertation is something that holds much more pleasure for the more intrinsically motivated of us – for those who have spent years becoming informed and passionate about their subject of interest and who simply love the process of learning, writing, and talking about their subject. For those who are more extrinsically motivated, it may be necessary to set up your own reward system. Many students reward themselves after major milestones, such as handing in the first draft, or defending the proposal (e.g., by sharing a meal with friends at a favourite restaurant). Planning a brief vacation contingent on completing the thesis or dissertation can also be a strong motivator. During times of boredom or fatigue, even small rewards can be helpful; for example, “I am just going to review this paper, and then I’ll check my e-mail.”

Although students may experience many roadblocks to getting work done and may encounter several bumps along the way, there are a variety of strategies for navigating these hold-ups that will make writing your thesis or dissertation a more pleasurable experience and, even if it’s not an easy ride, one you’ll never forget!

Reference:

Knaus, W. (2002). *The Procrastination Workbook: Your Personalized Program for Breaking Free from the Patterns that Hold You Back*. Oakland, CA: New Harbinger Publications, Inc.



Psychology Month at the University of Regina

The University of Regina Psychology Graduate Students' Association (PGSA) hosted several events in honour of Psychology Month this year. At the request of PGSA President, Melissa Kehler, Mayor Pat Fiocco declared February, 2009 as Psychology Month in Regina. Members of the PGSA planned a variety of on-campus events and off-campus community presentations. On-campus events were open to the university population and were designed to showcase a sampling of psychology's diversity. Events included: 1) a free showing of the movie *Crash* (2004) with a facilitated discussion led by Social Psychologist, Dr. Donald Sharpe, 2) a free lunch-hour workshop on the topic of Social Science Questionnaire Development for Beginners, 3) cognitive psychology experiment demonstrations, and 4) a presentation on getting into graduate school for psychology students. Off-campus events included a workshop on Achieving Healthy Relationships, held at the Regina Community Clinic, and presentations to high school students on education and careers in psychology. All events were a great success! Special thanks to the PGSA Psychology Month organizing committee, including Paulette Hunter, Heather Eritz, Shannon Jones, Atif Shujah, Mamata Pandey, and Melissa Kehler.

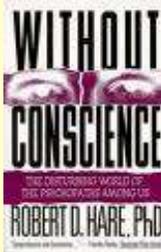
Psychology Month at the University of New Brunswick



Marcie Balch, a PhD student in Clinical Psychology at the University of New Brunswick was interviewed on CBC radio in Fredericton on February 17 regarding a study she conducted (and previously published) entitled: "Contrary to Popular Belief, Refs are People Too". This was in response to a local news item about a referee who got into a physical altercation with a parent. The link to the interview is as follows: http://cbc.ca/informationmorningfredericton/media/20090217/latestfeb17_37000.ram



Photo of Dr. Hare courtesy of Stuart McCall



Thanks to Adelle Forth, Ph.D. for this contribution on Dr. Hare. Dr. Forth is an Associate Professor of Psychology at Carleton University, Ottawa, ON.

Understanding Psychopathy: Forty Years are not Enough Profile of Robert Hare

Adelle Forth, Ph.D.

Robert Hare is one of the world's leading authorities on psychopathy. Currently, he is a Professor Emeritus in the Department of Psychology at the University of British Columbia and Honorary Professor of Psychology at Cardiff University in Wales. Dr. Hare has a B.A. and M.A. from the University of Alberta and a Ph.D. from the University of Western Ontario.

Bob's 40-plus years of studying psychopathy began when he encountered a manipulative inmate while working as a prison psychologist between his M.A. and Ph.D. studies. A book by Hervey Cleckley originally published in 1941, *The Mask of Sanity*, also played a pivotal role in his thinking about the clinical nature of psychopathy.

In 1963 when Bob joined the faculty at the University of British Columbia, psychopathy was a clinical construct without a firm empirical basis. Today it is a construct that Dr. John Monahan recently described as "perhaps the most important forensic concept of the 21st century", a transition that is due in large measure to Bob's research. Bob's early research used concepts and methodologies from learning, motivation, and psychophysiology to investigate the information-processing and emotional correlates of psychopathy. However, a limiting factor in this research was a valid and reliable way to measure psychopathy. Bob, along with students and colleagues, developed the Hare Psychopathy Checklist-Revised (PCL-R) in the 1970s to deal with this problem. The PCL-R has become the premier instrument for the assessment of psychopathy in both scientific and applied settings.

Bob's impact on the study of psychopathy is recognized around the world. He is one of the founding members of the *Society for the Scientific Study of Psychopathy*, a non-profit society developed to promote international cooperation and research on psychopathy. Had it not been for Bob's significant contributions and development of a common metric for studying psychopathy (the Hare Psychopathy Checklist) this society would not have been formed. Currently there are 120 members from 15 different countries. In recognition of the enormous impact that his work on psychopathy has had world-wide, the *Society for the Scientific Study of Psychopathy* named their lifetime achievement award after him. In 2005, he was the first recipient of the R.D. Hare Lifetime Achievement Award. He also was awarded the Distinguished Contributions to the International Advancement of Psychology Award. This honour is given to an individual who has made an enduring contribution to international cooperation and advancement of knowledge in psychology. Bob is a fitting recipient of this award; since 1985 he has given presentations or workshops on the topic of psychopathy in 27 countries.

Bob has influenced many generations of students and academic colleagues, including myself. Many of Bob's students are now senior and highly respected academic in their own right; they have worked to model themselves after Bob's example in terms of the scientific and quantitative rigor of his research and in the clarity of his writing and communications of ideas and concepts. Bob's impact is not limited to academia. Psychopathy is a personality disorder that has profound consequences for those who become involved with these people. His bestselling book "*Without Conscience: The Disturbing World of Psychopaths Among Us*" has raised awareness of psychopathy in the general public across the world (the book has been translated into 14 languages). Bob's research has also influenced policy in major criminal justice and law enforcement organizations worldwide. Bob is an invited speaker at this year's Canadian Psychological Association conference in Montreal where he will be giving a talk titled "*Psychopathy, Behavioral Genetics, Neuroscience, and Culpability*."

Bob ostensibly "retired" several years ago. However, he continues to pursue his research on psychopathy with an amazing vigour and productivity. As he himself said in a recent article "Forty years are not enough."

We Can Do It: Evidence and Interventions for Transforming Mental Health in the Workplace
4th Annual Canadian Congress for Research on Mental Health and Addiction in the Workplace -
October 28th to 30th, 2009

You're invited to the leading Canadian forum dedicated to improving the working environment and the mental health of employees. During this two and a half day congress, hundreds of researchers, business leaders, policy-makers and workers will gather to exchange information on the latest research and practical, evidence-based policies, programs and tools focusing on five main areas:

- Workplace Prevention and Promotion
- Disability Management and Return to Work
- Diagnosis and Treatment
- Stigma/Discrimination
- Policies for Workplace Mental Health and Addiction

Join us to help make connections that will transform mental health in the workplace. By focusing on best practices and best advice on helping people remain engaged and supported at work and when they return to work, we can do it!

To register as a delegate, visit *Evidence and Interventions for Transforming Mental Health in the Workplace* (www.wwrepcamh.org). Special rates are available for students and early bird registrations.

Contact secretariat@wwrepcamh.org should you have any questions about registration or submitting an abstract for consideration. See you in Toronto on October 28, 2009!

Nous Pouvons Y Arriver! Des interventions éprouvées pour améliorer la santé mentale au travail
Le 4^{ème} congrès canadien annuel pour la recherche sur la santé mentale et les toxicomanies en milieu de travail-
28 au 30 octobre 2009

Vous êtes invités au principal forum scientifique canadien dédié à améliorer l'environnement de travail et la santé mentale des travailleurs. Durant les deux journées et demie du congrès, des centaines de chercheurs, gens d'affaires, décideurs, fournisseurs de services et travailleurs vont se réunir pour partager l'information sur les plus récents travaux de recherche et sur des politiques, programmes et outils pratiques et fondés sur des preuves scientifiques autour de cinq champs:

- Prévention et promotion dans le milieu de travail
- Gestion de l'incapacité et retour au travail
- Diagnostic et traitement
- Stigmatisation et discrimination
- Politiques à l'égard de la santé mentale et des toxicomanies en milieu de travail

Rejoignez-nous pour aider à établir des liens qui aideront à reformer la façon de traiter de la santé mentale en milieu de travail. En se concentrant sur les meilleures pratiques et les meilleurs conseils sur comment aider les gens à rester engagé et soutenu au travail et lorsqu'ils retournent au travail, nous pouvons y arriver!

Pour s'inscrire comme délégué, visitez *Des interventions éprouvées pour améliorer la santé mentale au travail* (www.wwrepcamh.org). Tarif réduit pour les étudiants et pour la pré-inscription.

Contactez secretariat@wwrepcamh.org si vous avez des questions à propos de l'inscription ou la soumission d'un résumé. À vous voir à Toronto le 28 octobre, 2009!



Evidence Based Practice
In Child & Adolescent Mental Health:
Do we do it?



Are you a child/adolescent social worker, psychologist, or psychiatrist?
Do you work partly or primarily in outpatient mental health?

We are conducting a national web based survey applying theory driven approaches to predicting child and adolescent mental health clinician behaviour in the utilization of evidence based practice. This research has received approval from the IWK Health Centre Human Research Ethics Board. To participate in this 20-30-minute survey, enter the link below into your internet browser:

www.bringinghealthhome.com/gquest/REBPMH.rb

Principal Investigator, Debbie Emberly
 Email: debbie.emberly@iwk.nshealth.ca
 Phone: (902) 471-9663
 Version #2 161008



A \$2.00 donation to the Canadian Mental Health Foundation will be made for every completed survey.

XXXVth AGM OF THE CANADIAN PSYCHOANALYTIC SOCIETY

Château Laurier

Quebec City, June 5th - 7th, 2009

Keynote Speaker: René Roussillon

The Scientific Programme Committee is pleased to announce that *René Roussillon* will be the keynote speaker at the Society's 35th AGM taking place in Quebec City in 2009. He is in great demand as a speaker in Europe and we privileged to hear him speak.

Theme: Narcissistic Identification, the Languages of the Body and Affect.

Complementary Presentations: Workshops, clinical presentations and papers by distinguished analysts, including: Joyce Canfield, Charles M.T. Hanly, Lewis Kirshner, Rafael Lopez-Corvo, Monique Meloche, Rob Northey, André Renaud and Suzanne Tremblay.

Registration: Contact Francine Monette at psyanal@qc.aira.com or 514.738-6105.

Early registration rates: Discounts before May 15. Student rates available.

For further information: Mme Marie-Ange Pongis-Khandjian, scientific secretary of the Québec section: m-a.pongis-khandjian@crsfa.ulaval.ca or National Chair of the Scientific Programme Committee, Dr. William Massicotte: wjmass@sympatico.ca

LE XXXVe CONGRÈS ANNUEL DE LA SOCIÉTÉ CANADIENNE DE PSYCHANALYSE

Château Laurier

Québec, les 5, 6 et 7 juin 2009

Conférencier: René Roussillon

Au nom du programme scientifique, nous avons le plaisir de vous informer que **René Roussillon** sera le conférencier lors de la 35e réunion scientifique qui aura lieu à Québec, en 2009.

Thème: L'Identification narcissique, du langage corporel et de l'affect.

Autres présentations: Ateliers, présentations cliniques et communications par des analystes de renom dont Joyce Canfield, Charles M.T. Hanly, Lewis Kirshner, Rafael Lopez-Corvo, Monique Meloche, Rob Northey, André Renaud et Suzanne Tremblay.

Inscription: Communiquez avec Francine Monette à psyanal@qc.aira.com ou composez le 514.738.6105.

Frais d'inscription : Un rabais est offert aux personnes s'inscrivant avant le 15 mai. Frais d'admission réduits pour les étudiants.

Information supplémentaire: Mme Marie-Ange Pongis-Khandjian, secrétaire de la section Québec: m-a.pongis-khandjian@crsfa.ulaval.ca ou Dr William Massicotte, , secrétaire du comité scientifique SCP : wjmass@sympatico.ca

Early Registration
until May 14, 2009!

Regular Registration
until June 13, 2009!

