

Implementation, evaluation, and application of an electronic practice network for mental health surveillance in Canada¹: Survey Procedures Manual

Report submitted for Expert Review²

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² The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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What is the Mental Health Surveillance Project?

The Mental Health Surveillance Project (MHSP) is an initiative to collect information about the demographic characteristics of Canadian psychology practitioners, the mental health care services they provide, and the demographic and clinical characteristics of the clients they serve. This information will be used to inform the Public Health Agency of Canada (PHAC) and the discipline of psychology about the health care practices of psychology practitioners in Canada. It is the hope of the Canadian Psychological Association (CPA) that the survey technology developed in this project will allow for ongoing data collection about psychological practice which in turn can augment what is known about the mental health needs of Canadians and the psychological services they receive.

To accomplish the goals of the project, five phases were involved:

Phase 1: Administration of Survey 1—a survey of the demographic and practice characteristics of psychology practitioners.

Phase 2: Administration of Survey 2 (two waves)—practitioners completed a survey of the demographics and mental health characteristics of two randomly selected clients.

Phase 3: Focus groups with psychology practitioners to develop the content of two additional targeted surveys (e.g., prominent issues arising in practice, services provided to specific groups of clients).

Phases 4 & 5: Development and administration of two additional targeted surveys. Based on the feedback provided in the pilot project and Survey 2, it was determined that Survey 3 would focus on psychology practitioners who provided services to children and youth. Focus group feedback also highlighted a need to capture psychological services provided to adult clients with chronic disease. Cardiovascular disease and diabetes were chosen as two examples of prevalent chronic diseases in the Canadian population.

This report highlights how these surveys were developed, the methodology employed to implement the surveys, and the way in which data derived from the surveys were analyzed and interpreted.

Preparation and implementation of Survey 1

The development of Survey 1 was summarized in the pilot report submitted to PHAC in 2008³. Briefly, the pilot project's primary investigators (Karen Cohen, John Hunsley, Rebecca Crabb, and Tim Aubry) reviewed mental health surveillance surveys conducted by the American Psychological Association (APA) and Statistics Canada's Canadian Community Health Survey (CCHS) version 1.2 to aid with the preparation of this project. Additionally, they conducted a literature review and key informant interviews to determine what kinds of information should

³ http://www.cpa.ca/cpasite/userfiles/Documents/Practice_Page/MHS_final_report.pdf

be collected to best describe the activities of psychology practitioners and the mental health services they provide to Canadians.

The pilot project provided a strong foundation from which to expand the scope of mental health surveillance in Canada to include psychological services—services that are increasingly provided in the private sector and not captured by surveillance data collected by publicly funded jurisdictions. A few very minor wording changes were made to Survey 1 questions (of the present project) to improve clarity.

The survey consisted of 21 questions and asked respondents to provide information on their personal background (i.e., gender, age), education (i.e., degree, area of psychology), and practice (e.g., type of services, theoretical orientation). See Appendix A for Survey 1 questionnaire.

The honorarium to complete each survey was increased to \$75 from the previous \$50 provided in the pilot survey in order to ensure substantial involvement and completion rates. The honorarium was set out of consideration that any part of an hour of time lost from practice represents real revenue loss for the psychologist in private practice—an hourly rate that is likely double that offered through the honorarium.

Recruitment

A recruitment email was sent to the psychology regulatory bodies across Canada in August 2009 (see Appendix B) to solicit their help in recruiting 500 psychology practitioners nationwide to participate in the project. A sample size of 500 was selected for two primary reasons. First, we were limited in funding for the project and could not accommodate the costs for additional participants. Second, the American Psychological Association (APA) has conducted similar surveys and they found that a sample size of 500 was still representative of the American psychologist population. Because there are fewer registered psychologists in Canada than there are in the United States, we decided that a sample size of 500 would be relatively adequate for this project. Additionally, regulatory bodies were used as the point of contact because they have the most comprehensive lists of registered psychologists in the country. After we sent them the recruitment email, the regulatory bodies then emailed registrants our invitation to participate in the survey.

Interested participants emailed the MHSP's Project Manager (Ashley Ronson) for more information and to confirm their willingness to participate in the survey. Nearly 1000 practitioners from across Canada responded with interest. Each interested practitioner was sent supplementary information about the project (see Appendix C). The overwhelming interest in the project allowed us to select a representative sample of the population of psychology practitioners in Canada proportional to their representation across jurisdictions. Accordingly, each regulatory body was asked to confirm their total number of registrants (see Table 1) from which we calculated what percentage of the total number of the country's psychologists practiced within each jurisdiction. The percentages were then used to approximate how many

practitioners in a sample of 500 should come from each province or territory. The approximate sample size was used only as a guide in selecting practitioners to participate in the study. When a greater number of practitioners expressed interest from a given province than the number required, participants were selected randomly (e.g., every third participant in the list was chosen to participate). However, survey invitations were sent to a greater number of participants than required to account for attrition and non-response. All invitations to participate and respective surveys were available in both official languages (i.e., English and French).

Once the project was set to begin, the survey questions were added to the database. The configuration of the response options was coded as appropriate for the question (e.g., a question was coded as a “single response radio button” when participants were only allowed to choose one response option in a given list; a question was coded as “multiple response check list” when participants were allowed to choose as many response options as applied to their circumstances). The question validation requirement was set appropriately for each question (e.g., responses could only contain whole numbers for the “age” question; the sum of the percentages given for professional time must equal 100; no blank responses allowed for most questions to eliminate the possibility of missing data).

Table 1

Calculations for a representative number of psychology practitioners in Canada

Province	Approx. number of registered practitioners in 2009	% of registered practitioners in each province	Approx. sample size	Actual number of invited participants	Actual number of survey participants	% of participants from each province
AB	2100	13.1	65	82 ^b	34	6.3
BC	1138	7.1	35	61 ^b	50	9.3
MB	225	1.4	7	23	19	3.5
NB ^a	--	--	--	4	4	0.7
NL	203	1.3	6	10	7	1.3
NS	471	3.0	15	38	30	5.6
ON	3100	19.4	95	216	170	31.6
PE	30	0.2	1	4	5	1.0
QC	8300	52.0	200-250	282	190	35.3
SK	404	2.5	13	41	29	5.4
TOTAL	15971	100	437-487	761	538	100

^aData unavailable; actual number of invited participants is based on the other eastern provinces and the number of practitioners from New Brunswick who showed an interest in participating.

^bThere was little expressed interest among practitioners from British Columbia and Alberta possibly due to difficulties in relaying the recruitment information to them

Prior to sending out all survey invitations, we invited five English-speaking and 5 French-speaking participants were invited to test Survey 1 to ensure the proper functioning of the survey system. Eight of the participants responded to the survey and reported no difficulties. When the survey was officially ready to be launched, we sent invitations to approximately 500 interested participants (see Appendix D for Survey 1 invitation). In the invitation email, we assigned each participant a username and password. Participants had access to the survey for approximately two weeks. Three hundred and sixty eight participants completed Survey 1 in the first wave of survey invitations (74% response rate). We then sent the survey invitation out again shortly after to approximately 250 more participants (while being mindful of provincial representation). The sample size increased to 464 participants at this time (approximately 38% response rate for the second wave of invitations). We then closed access to the survey temporarily because we had a sudden influx of interested participants from British Columbia and Alberta and we were concerned that we would have ended up with more than the planned 500 participants. PHAC then approved a budget transfer request to increase the total honorarium allowance and to account for payment to greater than 500 participants. This allowed us to successfully recruit an additional 74 participants from the Western provinces, thus providing more balanced provincial representation. Five hundred and thirty eight participants completed Survey 1.

Data analysis

The data was downloaded from the survey system once all participants had completed the survey. All responses to the survey questions were coded according to the Survey Codebook (see Appendix E) and downloaded to an excel file. This allowed for easier data entry into SPSS and facilitated analysis of the data output. As shown in the codebook, several survey questions were represented by multiple variables. For example, consider the question “Do you offer services to: a) children under 12 years, b) adolescents (12-17 years), c) young adults (18-25 years), d) adults (26-59 years), or e) older adults (60+ years). For this question, and others with a similar format, participants could select as many categories as applied. In the codebook, each response option was coded as a separate dichotomous variable (yes/no format). Therefore, this question was represented by five variables.

Because the majority of the variables from Survey 1 were dichotomous in nature, analysis was primarily descriptive. Frequency data were generated for all 16 variables; means and standard deviations were calculated for the four continuous variables (i.e., age, professional time, number of clients, and method of payment) and simple counts and percentages were calculated for the remaining variables. Additionally, we assessed group differences using ANOVA and chi-square analyses for continuous and categorical variables respectively. Specifically, ANOVA was used to assess any differences with continuous variables—as mentioned above—for gender (i.e., male, female, transgender), degree (i.e., Masters, Doctorate), area of psychology (i.e., clinical, counseling, neuropsychology, school, other), and type of practice (i.e., private or public). Chi-square analyses were conducted to assess any

differences for gender, degree, and type of practice for the following: degree, area of psychology, province, years of experience (reduced to two categories: less than 10 years, greater than 10 years), type of services provided (e.g., assessments, treatments, etc.), presenting problems (e.g., mood problems, anxiety problems, etc.), and consultation. A significance value of $p < .01$ was used to minimize error rates associated with multiple comparisons. See Appendix W for a summary table of all the analyses conducted.

Preparation and implementation of Survey 2

The development of Survey 2 was summarized in the pilot report submitted to PHAC in 2008, and therefore will not be reported in detail here. During the pilot project, participants completed a version of Survey 2 (see Appendix F) and provided feedback on the survey. Many participants noted that some questions could not be adequately answered for child and youth clients. We, therefore, changed the wording on some questions to improve clarity and interpretation of the questions (see Appendix F: questions 13, 14, 19.2). Other participants noted that a “not applicable” option was needed for some questions; it was thus added as an option to questions 13, 14, and 15.1. Response options were added to questions 15 (“on disability”), 19 (“education professional”), and 30 (“insurance system”) to be more inclusive of diverse experiences. We added one other question in order to acquire further information about the client treated (question 28 “In this session, who was included in the delivery of the service?”). After we incorporated feedback from the pilot project into the survey, the Project Manager, John Hunsley, and Karen Cohen met to discuss the changes and plans for Survey 2. During this meeting, we decided to add two more questions at the end of the survey:

- How long (in minutes) did you spend preparing and completing this survey? (e.g., reading case files)
- What types of issues would you like to see us address in future surveys related to the practice of psychology (e.g., diagnosis, wait times/access, interprofessional naming and collaboration, issues relevant to specific age groups or presenting problems, etc...)?

The first question was a simple check to determine exactly how much time a participant was taking to complete the real-time survey. It was felt that having this information would be helpful when planning future surveys. We initially informed participants that the survey would take approximately 45 minutes to complete. From this question, we learned that it actually took an average of 18 minutes ($SD = 8.4$) for participants to prepare for and complete the survey. Specifically, 75% of participants spent between 10-20 minutes completing the survey.

Responses to the second question provided a gauge of what additional psychological issues clients brought to psychology practitioners that we could consider for future surveys. The feedback obtained from this question shaped the focus group sessions (described in the next section).

Once the survey was in its final form, the questions were coded into the online database. The configuration of response options was set along the same guidelines as described for Survey 1. Survey 2 questions additionally required the use of skip patterns. Consider the following question for example, “Is the client receiving psychotropic medication?” A participant who answered “yes” was prompted for further details, such as “What type of medication?” and “This medication is prescribed to the client by...” However, a participant who answered “no” skipped to the next relevant question. To ensure the proper functioning of the survey, Survey 2 was tested extensively by the Project Manager, the systems administrator, and CPA’s Chief Executive Officer. When the survey was ready to go live, a sub-pool of participants was selected to be invited to the survey via bootstrapping—the procedure is described below.

Participant selection via bootstrapping

In addition to gathering information about the demographic and practice characteristics of Canadian psychology practitioners and their clients, part of the current project involved establishing the representativeness of samples recruited using real-time sampling methodology in Survey 2. Due to cost and efficiency considerations, bootstrapping was employed to determine the minimum number of participants that would be representative of the larger population of 540 respondents from Survey 1 whom we could have complete surveys 2-4. The largest, most accurate reduced sample was desired. Bootstrapping involves estimating the precision of sample statistics (e.g., means, variances, percentiles) by drawing multiple random subsets of data from a larger data set. From the complete data set of Survey 1 (540 participants) a random reduced sample of cases was selected for comparison to the larger data set on several variables. Frequencies, means, standard deviations, and confidence intervals were calculated on the following variables of interest: age, gender, degree, area of psychology, province, years of experience, and practice context (public versus private practice). Random subsamples of 125, 150, and 175 cases were drawn from the Survey 1 data set; this procedure was repeated for 30 iterations for each subsample size to ensure accuracy. The mean values and percentages of the sample statistics for each variable of interest across all 30 iterations were calculated and compared to the larger data set (see Table 2). For example, in the iterations, the mean age of the subset of data was calculated. The average of these means (average Mean age for sample of 125 = 43.64; average Mean age for sample of 150 = 43.64; average Mean age for sample of 175 = 43.68) was compared against the mean age of the larger data set (Mean age of the population = 43.58). If no significant differences were detected, then the subsample could be considered an adequate approximation of the larger data set. Based on the bootstrapping analyses, a subsample size of 150 participants was chosen for Survey 2 as the largest and most accurate reduced sample.

Recruitment

Once a subsample of 150 participants was determined to be representative of the Survey 1 sample, a recruitment email (see Appendix G) was sent to approximately 200 of the 538 participants. This number was selected to account for attrition and non-responders.

Table 2

Bootstrapping values comparing the sample data to subsample data

Variable		Population		150 sample		125 sample		175 sample	
		<i>M</i> (<i>SD</i>)	95% <i>CI</i>	<i>M</i> (<i>SD</i>)	95% <i>CI</i>	<i>M</i> (<i>SD</i>)	95% <i>CI</i>	<i>M</i> (<i>SD</i>)	95% <i>CI</i>
Age		43.6 (10.2)	42.7- 44.5	43.6 (10.29)	42.0- 45.3	43.6 (10.3)	41.8- 45.5	43.7 (10.3)	42.2- 45.2
		%		%		%		%	
Gender	Male	74.1		74.2		74.4		74.5	
	Female	25.9		25.8		25.6		25.5	
Degree	Masters	41.3		41.7		41.4		41.6	
	Doctorate	58.7		58.3		58.6		58.4	
Area of psychology	Clinical	61.3		60.6		60.4		61.8	
	Counseling	12.0		12.0		12.1		11.8	
	Neuropsychology	7.8		8.6		8.7		8.6	
	School	7.8		8.0		8.2		8.0	
	Other	11.1		10.9		10.6		10.6	
Province	BC	6.3		6.4		6.2		6.6	
	AB	9.3		8.8		8.8		8.9	
	SK	5.4		5.3		5.0		5.1	
	MB	3.5		3.6		3.8		3.6	
	ON	31.5		31.0		31.7		31.0	
	QC	35.4		35.3		35.2		35.2	
	NB	0.7		0.8		0.8		0.9	
	NS	5.7		6.4		6.0		6.3	
	PEI	0.9		1.6		1.0		1.0	
	NL	1.3		1.4		1.5		1.4	
City setting	Urban	96.3		96.8		96.8		96.6	
	Rural	3.7		3.2		3.2		3.5	
Years of experience	0-5 years	34.8		35.0		34.8		35.2	
	6-10 years	24.8		25.4		25.5		25.2	
	11-15 years	14.3		13.7		13.9		14.0	
	16-20 years	10.9		10.3		10.2		10.3	
	20+ years	15.2		15.6		15.6		15.3	
Practice context	Exclusive public	23.0		22.5		23.2		22.6	
	Primarily public	36.1		36.7		36.2		36.6	
	Equal	4.8		4.9		4.8		5.1	
	Primarily private	8.7		8.1		8.3		8.3	
	Exclusive private	27.4		27.8		27.5		27.5	

Note. CI = confidence interval

Participants were selected randomly and proportionately to the number of registrants in their province/territory of registration. As part of testing the reliability of real-time sampling, participants completed Survey 2 on two occasions; they responded to each administration of the survey regarding a different randomly selected client. The majority of participants completed the second administration of Survey 2 within two weeks of the first administration, but some participants completed both surveys one month apart because of the intervening winter holidays.

Real-time sampling

To obtain information about the clients that Canadian psychology practitioners treat, practitioners were asked to answer the web-based survey questions about a *randomly* selected client using real-time sampling methodology. This methodology allows for a more random sampling of clients treated than would occur if we were to ask practitioners to report on a client of their choosing. Real-time sampling functioned as follows:

- The survey system assigned participant ID numbers to practitioners that were selected to participate in Survey 2.
- The system chose a randomly selected time to schedule the participant to complete Survey 2 (e.g., Tuesday at 3:25 pm). The randomly selected time was based on participants' schedules as reported in Survey 1 for this purpose. We chose to specifically select a day and a time because we wanted client selection to be as random as possible.
- Participants were given 48 hours to complete Survey 2 from the time they were sent the email invitation. (continued on next page)
- In the first administration of Survey 2, participants were asked to provide their availability again; this allowed the survey system to randomly re-schedule the participants for a second administration of Survey 2. The second survey invitation was sent 14-20 days after the participants completed the first administration of Survey 2. Some participants were invited approximately 30-45 days following the first administration of Survey 2 because the invitation period coincided with the Christmas holidays (fewer participants were available or providing services to clients during this time period).

Although we made every effort to ensure participants knew they were to respond to the survey regarding a client seen at the hour they received the survey invitation, there were no guarantees that participants in fact chose to report on the client seen closest to the time of the survey invitation. Participants also may have chosen a client seen at the time they opened the survey invitation email rather than when it was officially received. Additionally, we instructed participants that they could choose a different client if they felt that the client seen closest to the time of the survey invitation might be identifiable on the basis of their psychological or demographic characteristics alone, even without any identifiers (see Appendix H for survey introduction and instructions).

To ensure maximum participation rate, participants were informed that they would only be paid if they completed both administrations of the survey. The response rate is likely to be low for this type of methodology because participants are not able to predict when they will receive their invitation; they receive the survey invitation at a random time and are asked to complete the survey within 48 hours. Approximately half of the participants missed their deadline for the first wave or chose not to complete the survey once invited. Participants were re-invited to participate up to three times. Approximately 300 participants were invited to complete the first wave of Survey 2, of which 143 successfully completed the first administration of the survey. One hundred and forty participants successfully completed both waves of Survey 2. Therefore, response rate for Survey 2 was approximately 47%.

Data analysis

The data from each wave of Survey 2 was stored separately at first. Both waves were eventually merged with the corresponding Survey 1 data (ID numbers were matched so that only the participants who completed Survey 2 were represented in the database). Similar to Survey 1, a codebook was created that allowed for easier data entry and comprehension of the data output (see Appendix I). Again, several questions were broken down into multiple variables because of the nature of the question (i.e., the question allowed for multiple responses).

The analysis of Survey 2 was more extensive than for Survey 1 because we not only had to calculate frequency and group comparison data, but the two waves of Survey 2 data needed to be compared for reliability. The project investigators held a meeting to determine which variables would be most appropriate for reliability comparison. It was determined that the following categorical variables would be used for this purpose: gender, client's language, citizenship, marital status, sexual orientation, living arrangements, education, employment status, language of service, other health service, service setting, payment method, referral source, receiving medication, ethnicity, type of service, chronic disorder presence, health status appraisal, and DSM diagnosis. Continuous variables that were used for reliability testing included: age, number of previous sessions, number of additional sessions, total number of risk factors, total number of presenting problems, total number of chronic disorders, other service professionals, and referrals. Some variables were recoded to simplify the comparison. Rather than compare the multiple categories of the following variables, total scores (e.g., count the total number of risk factors) were created instead for the client's risk factors, presenting problems, chronic disorders, other service professionals seen, number of additional DSM diagnoses, and referrals. All ethnicities except for "White" were combined into an "other" category because the sample was predominantly "White". For gender, the male-to-female and female-to-male categories were merged to form a "transgender" category. The response options for the questions on employment and student status were merged as well for simplification. If a psychology practitioner indicated that the client was diagnosed with a DSM disorder, the practitioner was asked to provide the specific diagnoses in an open-ended follow-up question. These responses were coded into four main categories based on frequency of occurrence: mood and anxiety disorders, psychotic disorders, childhood disorders, and other disorders.

All of the variables selected for reliability testing were evaluated for normality via skewness (i.e., a measure of symmetry of a frequency distribution) and kurtosis (i.e., a measure of the degree to which values cluster in the tails of a frequency distribution). If the skewness statistic is two times greater than the standard error, the variable is considered non-normal. The Kolmogorov-Smirnov (and Shapiro-Wilk) statistic can also be used as a measure of normality. If the statistic has a non-significant p-value (i.e., greater than .05), the variable is considered normal. Although this is a good measure of normality, it is easy to reach significance (non-normality) with large samples due to small deviations. When a variable is found to be non-normal, then either different statistical analyses must be applied (such as non-parametric tests) or the data can be transformed (e.g., log transformation) to become normal. When we encountered non-normal data, we decided not to transform the data but to use the equivalent non-parametric statistical analysis.

The client's age was the only continuous variable that appeared normal; all other continuous variables appeared to be non-normal based on the skewness and kurtosis criteria. The categorical variables "receiving other health service," "presence of chronic disorder," "services provided: assessment of mood, behaviour, and personality" (wave 1 only), and "services provided: CBT" were also normal. Because these are categorical variables, the non-parametric McNemar chi-square test was used for comparison because there is no related-samples parametric analysis equivalent. All Kolmogorov-Smirnov statistics for the variables tested were significant. It was thus concluded that age be analyzed with the parametric dependent t-test, while all other variables were analyzed using the equivalent non-parametric Wilcoxon signed-rank test (continuous variables) or McNemar change test (dichotomous variables). More than one-half of the variables that might have been examined for reliability could not be analyzed because they were categorical in nature with multiple response categories; therefore, no appropriate statistical analyses could be applied. See the final report for the results.

Development of two additional surveys: Focus group sessions

The next step in the project plan as proposed to the Public Health Agency of Canada was to convene focus groups with psychology practitioners following completion of the first two surveys to determine the content of two additional targeted surveys. Focus groups were held in the summer of 2010 with psychology practitioners in three major Canadian cities: Ottawa, Halifax, and Vancouver. These cities were selected for the focus groups for several reasons:

- To facilitate recruitment of psychology practitioners; we purposely selected large cities where there would be a higher concentration of practitioners available to participate in a focus group.
- Funding to convene focus groups was limited; therefore, we were limited to choosing only three locations. Additionally, the intent of a focus group is not to be representative of the entire target population (i.e., Canadian psychology practitioners), but to acquire information on additional issues that we may not have attended to in previous surveys.

- Time was also limited; the project was funded for two years only, therefore convening more focus groups was impractical given the limitations and necessity to commence the additional surveys as soon as possible.

We were also interested in knowing what types of issues or concerns Canadian psychology practitioners might encounter in their practice and that might inform the development of a sentinel type survey (i.e., a survey to collect information about emergent presenting problems or client populations).

With the focus groups, we wanted to gain feedback from various groups of practitioners, most notably from practitioners who work with child and youth clients, private practitioners, and public practitioners. We recruited practitioners who work with child and youth clients in our home city, Ottawa, which is the center of both a pediatric teaching hospital, as well as many child and school psychologists in public and private practice. The Project Manager sent a recruitment email (see Appendix J) to the Ottawa Academy of Psychology, the Ottawa Catholic School Board, the Ottawa-Carlton District School Board, and psychology practitioners listed on the Children's Hospital of Eastern Ontario (CHEO) website. Because Vancouver is a much larger city than Halifax, we decided that it would likely be easier to recruit private practitioners in Vancouver and public practitioners in Halifax. In addition, it has been our feedback that Vancouver has a higher per capita ratio of private practitioners. We acknowledge that private practitioners in Vancouver may have different clinical experiences than private practitioners elsewhere in the province, but we ultimately recruited practitioners in this city for practicality purposes. Public practitioners from Halifax were recruited using the listings of psychology practitioners on the IWK Health Network and Capital Health websites, as well as listings on the Association of Psychologists of Nova Scotia (APNS) website. A recruitment message was also sent to previous survey participants (i.e., who had completed Survey 1) who reported a Nova Scotian residence. Participants were encouraged to pass on the recruitment message to colleagues who may have been interested in participating. Lastly, private practitioners from Vancouver were recruited using a list of private practitioners available through the British Columbia Psychological Association (BCPA). Practitioners from British Columbia who had previously completed Survey 1 were also sent a recruitment message requesting their participation in the focus group. All of the recruitment groups were sent a similar message. Practitioners who were interested in participating in the focus group were sent an additional email asking them brief details about their practice (see Appendix K) so that we could ensure they met the focus groups' particular criteria (i.e., pediatric practitioner, private practitioner, or public practitioner).

The focus group in Ottawa was held with nine psychologists who work with children and youth. Four participants were in public practice (working in a hospital setting), four participants were in private practice, and one participant was a retired psychologist who had recently worked in both public and private practice. Unfortunately no practitioners from the school board responded to the focus group invitation. However, one school psychologist who responded after the focus group session was able to offer feedback on the questions that were developed for one of the new surveys (Survey 3). The focus group in Halifax was held with five

psychologists who worked in public practice (hospitals in this instance) and the focus group in Vancouver was held with five psychologists who worked in private practice. The psychologists from Halifax and Vancouver had various practice backgrounds and areas of expertise.

Structuring the focus groups

As mentioned previously, Survey 2 contained a question asking participants about what topics they thought might be useful to explore in future surveys. Psychology practitioners indicated that the notable areas to explore in future surveys, among others, were “access to services” and “issues among child and youth clients”. This information helped shape the direction of the focus groups and recruitment of psychology practitioners with specific expertise, with one focus group targeting only practitioners who provided services to children and youth clients. Additional information about mental health in childhood and adolescence was gathered from the prominent Canadian, American, and worldwide mental health websites (e.g., NIMH, NIH, CMHA, CAMH, WHO, CIHR, CIHI) to help inform the focus group questions and potential questions or response options for future surveys.

The Project Manager brainstormed questions for the focus groups within four major areas: other professional roles, specific client problems, child/youth clients, and access issues (see Appendix L for a list of the brainstormed questions). The questions that were brainstormed were reviewed by CPA’s Executive Director and the Project Manager and organized into a comprehensive flow: practice related questions, prominent issues and problems, access, and review of the previous surveys (see Appendix M for the focus group guide, including a final list of questions). Questions for the Ottawa focus group directly targeted psychology practitioners who provided services to children and youth and how we could improve Survey 2 to better reflect child, youth, and family clients. Similar questions were asked of the private and public psychology practitioners in the Halifax and Vancouver focus groups, but were stated more broadly or in the context of the nature of their work.

Focus group procedure

Focus group discussions were led by CPA’s CEO Dr. Karen Cohen because she has first-hand knowledge of psychology practice. The Project Manager was also involved in moderating the focus groups and taking notes throughout each session. Prior to participating, participants were given handouts of Survey 1 and Survey 2, as well as the project’s presentation slides from the 2010 CPA convention (detailing the results of Survey 1 and Survey 2). This allowed participants to review the materials ahead of time and come to the focus group with ideas for improvement or additions. Each focus group was provided with a catered dinner and was held in a downtown hotel (or CPA head office in the case of the Ottawa focus group). During the focus group, participants were given more information about the goals of the focus group and the overall project. Focus group participants were asked to sign a consent form which was reviewed with them as a group and signed by each participant (see Appendix N). The focus groups lasted between 2 hours and 2.5 hours in duration. Following the focus group session, participants completed Survey 1 because we wanted basic demographic information on each practitioner.

Participants were given unique ID numbers so that their information could remain anonymous and they were given an honorarium of \$75.00 for participation in the focus group. Focus group sessions were digitally recorded and transcribed verbatim. After the focus group sessions were transcribed, the transcripts were thoroughly read by the Project Manager and detailed notes were made of the key issues mentioned throughout the focus group session. Key issues were organized according to the types of questions that were asked of the participants (see Appendix M). Additionally, it was not our intent to conduct an in-depth qualitative analysis of the focus group data because we were looking for general ideas about psychological practice or mental health problems that would be feasible for a survey.

Preparation and implementation of Survey 3

The development of Survey 3 was entirely based on the feedback obtained from the Ottawa focus group, that is, from psychology practitioners who provided psychological services to children and youth. Survey 2 questions were used as a base from which to adapt questions for this particular client population. Many questions were reworded or restructured, and some new questions were added to Survey 3.

Based on the feedback obtained from the Ottawa focus group, the following wording changes were made to Survey 2 to adapt it appropriately for child and youth clients (all questions that have been modified from Survey 2 are highlighted in yellow in Appendix O). Because parents, teachers, or others are often involved in the psychological services of a child or youth client, the term “identified client” was used in the questions wherever necessary, replacing “client”. The response options for many questions were also altered to be more reflective of child and youth experiences. The questions that were changed include the client’s living arrangements (i.e., single residence, multiple residences, foster care, and group home were added in place of private residence, residential care, and institutional setting), risk factors (i.e., 11 response options were added and one was modified), presenting problems (i.e., 11 response options were added and two were removed), DSM diagnoses (i.e., participants were given the option of indicating “I do not use the DSM”), referrals (i.e., four response options were added), and method of payment for services (i.e., three response options were added and two were removed).

Two questions were reworded to increase clarity and appropriateness for the clientele that was the focus of this survey; these included work status (i.e., asking broadly whether the client had paid work in any capacity) and presence of a chronic disorder (i.e., by adding the phrase “but that is *not* the presenting problem” to the end of the question to distinguish between primary and comorbid chronic issues). Another two questions were altered in structure to gather more accurate information. In Survey 2, participants were asked to select the types of services they provided to the randomly selected client from a given list of various assessments, treatments, and consultations. This was changed for Survey 3, where participants were asked to indicate generally whether they provided an assessment, treatment, or consultation to the selected client (or any combination thereof) during the randomly selected client session. Participants then had the opportunity to indicate what types of assessment, treatment, and/or consultation

they provided to the client in an open-ended question. The other question that was altered from Survey 2 to Survey 3 was the total number of sessions previously provided to the client. Rather than ask participants to indicate in general how many sessions they had with the client, they were asked to specify how many sessions were allotted for assessment, therapy, and consultation separately.

In addition to modifying some of the existing questions from Survey 2, it was necessary to add new questions to Survey 3. Questions were added to Survey 3 regarding the identified client's family structure, school attendance (including current grade and whether the identified client was ever held back), type of school, special classes or programs, consultations with members of the school system, consultations with other parties involved with the identified client, the effects of chronic disorders on the family (if present), the family's participation in community services or support, the city setting of the identified client's residence (e.g., rural, suburb, urban), and the top three factors that challenged the psychologist participant in providing the best possible service for the selected client. Refer to the green highlighted questions in Appendix O for the complete versions of the new questions.

Recruitment

Participants were recruited to participate in Survey 3 via the master list of participants that was obtained in the initial recruitment process of Survey 1; the list contained contact information for nearly 1000 psychology practitioners across Canada. The majority of participants on the list were sent a general recruitment message (see the second part of Appendix B), but with the following additional paragraph included in the message:

The last time we communicated with you, we were looking for all types of psychologist practitioners to participate in web-based surveys of psychologists' activities. **CPA is now looking to recruit practitioners who provide services to children and/or youth.** Previous surveys have not adequately captured the nature and scope of practice for child and adolescent psychologists.

Because of the large number of Ontario practitioners who showed interest in the original project, only one-half of Ontario practitioners were sent the recruitment information. After receiving our recruitment message, over 200 participants responded with an interest in participating in Survey 3. The majority of practitioners indicated in the Eligibility Survey that their practice primarily serviced child and youth clients, although for some participants the child and youth client population was a small portion of their practice.

All practitioners who expressed an interest in participating in Survey 3 were sent an email invitation detailing more information about the project in general (see Appendix P) and inviting them to complete an Eligibility Survey. The Eligibility Survey (see Appendix Q) had two primary purposes: to gather basic demographic information on the participants who completed Survey 3 (e.g., psychology practitioner's age, degree attainment, gender, area of psychology, province,

public or private practice, etc.) and to allow us to select a random time for each participant to complete the actual survey (i.e., using real-time sampling methodology).

It was originally intended that Survey 3 utilize real-time sampling in much the same way as that used in Survey 2, but the database that housed the surveys and the coding for real-time sampling encountered technological problems at the time of survey administration. Survey invitations were therefore sent manually instead of automatically because the scheduling tool (i.e., the code that reads a participants' client availability and selects a random day and time within that availability for the participant to complete the survey) was not functioning properly. Considering we needed to meet deadlines to complete the project on schedule, there was not enough time to fix the scheduling tool when Survey 3 was due to launch. To circumvent these issues, the Project Manager inputted the participant usernames and availability into a spreadsheet.

The abridged version of Fisher and Yates' (1974) Random Numbers Table was used to randomly assign a day and time for each participant to complete the survey. Each larger column in the table has five columns of two digit numbers (hereby called a pair). The fourth larger column was chosen at random for selecting participants' random number. The second number in each pair was used to select a random day for the participants to complete the survey. For example, "33" is the first pair that appears in the first column and first row of the fourth larger column (see Appendix R for Fisher and Yates' (1974) Random Numbers Table). The second number in that pair is "3". Therefore, for the first participant, who indicated they were available Monday and Friday, they would be scheduled to receive the survey invitation on Monday (count three times, where each day counts as one: Monday-Friday-Monday). If a pair ended in "0", that number was skipped and the subsequent number was chosen. This process was completed for all participants. The fifth larger column was chosen to randomly select a time in that randomly selected day for each participant to receive their survey invitation. The same procedure was followed as outlined above, except that "0" was kept as a number that could influence the randomly selected time. For example, "60" was the first number that appears in the first column and first row of the fifth larger column. The first participant indicated that they were available to see clients (on Monday and Friday) from 9:30 to 15:30. The time "9:30" would count as the "Zero" time and was therefore selected as this participants' randomly assigned hour to receive the survey invitation. If the first number had instead been "24", then this participant would have received the survey at "13:30" (9:30 + 4 hours).

Because all invitations were sent manually, participants were grouped either into a morning group or an afternoon group based on their randomly assigned hour. This was effectuated to simplify the invitation process. For example, the aforementioned participant was randomly selected to complete the survey at 9:30 on a Monday. This participant was placed in the Monday morning survey invite group. The average time for all participants in each group was then selected as the survey invite time (e.g., $9 + 10 + 11 = 30 / 3 = 10:00$ survey invite time), albeit not as precise a random time as it would have been with real-time sampling methodology. Participants who missed their invitation deadline (i.e., the survey needed to be completed

within 48 hours) were re-invited to complete the survey the following week. One hundred and thirty-seven participants successfully completed Survey 3.

Data analysis

Data storage procedures were similar to that of the previous two surveys. A codebook was similarly created for ease of understanding the data (see Appendix S for Survey 3 codebook). Frequencies and percentages were calculated for all of the categorical variables; means and standard deviations were calculated for the corresponding continuous variables in the survey. Group differences were analyzed with one-way ANOVAs or chi-square tests depending on the variables in question. A less structured version of thematic analysis was used to organize the qualitative data from two open-ended questions in Survey 3: what type of assessment, treatment, and/or consultation was provided to the client, and the top three challenges that practitioners faced when providing service to that particular client. Although this adjusted version of qualitative analysis is less rigorous than a proper thematic analysis or grounded theory analysis, it was appropriate for the type of responses that were collected in the open-ended questions, which were frequently one-word or short sentence fragment responses. Participants' responses were organized into similar categories, such as "family challenges" for the "top challenges" question. Following the general coding of responses into broad categories, sub-categories were created to better describe the responses, such as "lack of family involvement".

Similar to the analyses conducted for Survey 2, it was of interest to determine whether there were any differences in psychological services and client characteristics between types of practitioners (e.g., Masters and Doctorate practitioners and public and private practicing psychologists). We were interested in knowing whether these groups of practitioners differed on the following variables: client's age, client's gender, school grade, number of client sessions, total number of risk factors, total number of presenting problems, each risk factor, each presenting problem, the adjusted DSM diagnosis (i.e., only practitioners who completed the evaluation for their client were included), presence of a chronic disorder, and medication. Again, the p value was set at 0.01 to adjust for multiple analyses. Additionally, it was of interest to determine whether there were any differences in psychological characteristics among clients, particularly for gender (i.e., male and female), family structure (i.e., two parent home, single parent home, or other family structure), and whether the client attended a special program (i.e., attended a special program and did not attend a special program). The comparison variables were total number of risk factors, total number of presenting problems, each listed risk factor, each listed presenting problem, the adjusted DSM diagnosis, and medication. ANOVAs were run for group differences regarding the total number of risk factors and the total number of presenting problems (see Appendix W for a summary table of all the analyses conducted).

Preparation and implementation of Survey 4

The development of Survey 4 was based on feedback obtained from the focus groups conducted in Halifax and Vancouver. Although many suggestions came out of these focus groups, it was decided that Survey 4 would focus on clients with concomitant chronic disorders and its effect on mental health. As above, Survey 2 questions were used as a base for which to adapt questions for a different client population. Many questions were reworded or restructured, and some new questions were added to Survey 4.

Before the survey questions were developed or reworked, information was gathered on prominent chronic disorders affecting Canadians and their effects on mental health. Academic journal articles, government and public institution PDF documents, and previous Statistics Canada Canadian Community Health Surveys were consulted. Following this, the Project Manager identified a large number of questions pertaining generally to how a chronic disorder impacts an individual. Questions focused around these issues:

- Relationships, work, daily functioning, family, stress
- Comorbid disorders
- Medications
- Brief history of the CD
- Links to the mental health problems
- Treatment, consultation

A meeting was then held between the Project Manager, CPA's Chief Executive Officer Dr. Karen Cohen, and project consultant Dr. John Hunsley to discuss and further refine the initial list of questions. During the meeting, several options were discussed for the direction and scope of the survey. Considering the large number of chronic conditions in existence, we felt it was futile to develop a survey that would include numerous chronic conditions and their various effects on mental health. To narrow the scope of the survey, it was decided that the fourth survey would focus on two chronic conditions only: cardiovascular disease (CVD) and diabetes. These conditions were selected because of their prevalence among Canadians as compared to many other chronic conditions.

The majority of the client demographic and client service characteristics questions from Survey 2 and Survey 3 were re-used and adapted for Survey 4. Other questions specifically pertaining to each chronic condition were created especially for Survey 4, with a particular focus on the impacts and links to mental health problems, and practice trends in dealing with a client's chronic condition (see Appendix T for Survey 4 questions). Three draft revisions to the survey questions were made to ensure adequacy and appropriateness of the questions and response options. Participants were invited to complete the survey based on one client who had either CVD or diabetes. Therefore, the online survey was organized into two smaller surveys, one with questions pertaining to CVD diagnosis and a similar survey with questions pertaining to a diabetes diagnosis.

Survey upgrades were also deployed at this time to improve the functionality of the survey system and to ensure that the “real-time” scheduling tool of the survey system would be functional for the last survey of this project. Survey 4 was tested extensively in both languages to ensure that all skip patterns, response options, and specifications were functional and logical, and that there were no mistakes, grammar or otherwise, throughout the survey.

Recruitment

Similar to the procedure with the other surveys, recruitment messages were sent to the nearly 1000 interested participants from the database. Only a very small number of psychology practitioners indicated their availability for the last survey; therefore, we had to explore other recruitment options. The recruitment message was then sent to associates of CPA, such as the Directors of accredited training programs, representatives to the Council of CPA’s Practice Directorate, members of the Canadian Council of Professional Psychology Programs, and three sections of CPA (health, clinical, and counseling psychology). Despite the additional efforts, very few psychology practitioners participated. The recruitment message (see Appendix U) was written to broadly target any psychology practitioners who had clients diagnosed with CVD or diabetes, regardless of whether their services were specialized to that client population or not. Many of the practitioners who responded with interest only had a few clients that met the survey criteria and received services infrequently. Because of these challenges, it was not practical to use real-time sampling. Therefore, participants were asked to report on the most recent client that met the criteria, seen within the past few weeks, rather than report on the randomly selected client seen the hour they received the email. Participants were given three opportunities to complete the survey; they were invited on a randomly selected day once a week for three weeks. Although participants were instructed to select the most recent client within the past few weeks that met the inclusion criteria for the study, we still opted to invite participants on a randomly selected day in case more than one client met the criteria in that time period. Ninety-two psychology practitioners completed Survey 4.

Based on our experience with Survey 4, it appears as though real-time sampling is a more valuable tool for a general client survey (such as Survey 2 and Survey 3) rather than a survey geared towards a specific group of clients (clients diagnosed with CVD or diabetes, such as with Survey 4). The real-time sampling tool is very useful in randomizing the client selected for survey responses when a given practitioner sees any number of clients that match the criteria. Real-time sampling is not an appropriate survey tool when highly specified criteria are desired; that is, the majority of practitioners may only have a few clients in their entire practice that meet the criteria. We assume that we would experience challenges in populating the pool of respondents no matter what specific condition we targeted. This would likely result because even psychologists who have specialized practices such as health or pediatric psychology will see clients with a range of health or developmental conditions—the result being that a single psychologist may not have a large cohort of clients with any specific condition. This is likely particularly true of psychologists in private practice who may be more likely to have more general practices within a specialty area than would psychologists employed by a hospital on a particular and specialized health or mental health service.

Data analysis

Data storage procedures were similar to that of the previous three surveys (see Appendix V for Survey 4 codebook). Procedures for data analysis were also similar to Survey 3. Frequencies and percentages were calculated for all of the categorical variables; means and standard deviations were calculated for the corresponding continuous variables in the survey. Group differences were analyzed with one-way ANOVAs or chi-square tests depending on the variables in question. Similar to the procedure used in Survey 3, a less structured version of thematic analysis was used to organize the qualitative data from three open-ended questions in Survey 4: the impact of the chronic condition on psychological problems, what type of assessment, treatment, and/or consultation was provided to the client, and the top three challenges that practitioners faced when providing service to that particular client. The responses received for these questions were frequently one word answers or short sentence fragments that did not warrant an in-depth qualitative analysis.

Similar to the analyses conducted for Survey 2 and 3, it was of interest to determine whether there were any differences in psychological services and client characteristics between types of practitioners (e.g., Masters and Doctorate practitioners and public and private practicing psychologists). We were interested in knowing whether these groups of practitioners differed on the following variables: total number of risk factors, total number of presenting problems, each presenting problem, total number of client sessions, the adjusted DSM diagnosis (i.e., only practitioners who completed the evaluation for their client were included), the adjusted presence of a comorbid chronic disorder (i.e., responses were recoded into two categories: “yes” and “no”), and client diagnosis (e.g., CVD or diabetes). Again, the p value was set at 0.01 to adjust for multiple analyses. Additionally, it was of interest to determine whether there were any differences in psychological characteristics between different groups of clients, particularly for gender and client diagnosis. The comparison variables were client age, total number of risk factors, total number of presenting problems, each listed presenting problem, the adjusted DSM diagnosis, the adjusted presence of a comorbid chronic disorder, suicidal thoughts, medication, other health services received, stress-related variables (i.e., work, family, relationship, financial, and social), and the adjusted relationship between psychological problems and the chronic condition (the “don’t know” category was omitted). ANOVAs were run for group differences regarding the client’s age, the total number of risk factors and the total number of presenting problems and chi square analyses were run for the remaining variables (see Appendix W for a summary table of all the analyses conducted).

APPENDIX A

Survey 1 Questionnaire

1. What is your age? _____
2. What is your gender?
 - ☐ Female
 - ☐ Male
3. Degree upon which your registration is based
 - ☐ Masters
 - ☐ Doctorate
4. Area of Psychology in which you obtained your highest degree
 - ☐ Clinical Psychology
 - ☐ Counselling Psychology
 - ☐ Clinical Neuropsychology
 - ☐ School Psychology
 - ☐ Other (please specify): _____
5. What are the first 3 digits of your workplace postal code? _____
6. Length of time for which you have been registered for the autonomous practice of Psychology
 - ☐ 0-5 years
 - ☐ 6-10 years
 - ☐ 11-15 years
 - ☐ 16-20 years
 - ☐ 20 + years
7. What percentage of your professional time is spent in : (Please ensure that your total equals 100%)
 - _____ Assessment
 - _____ Intervention
 - _____ Consultation
 - _____ Teaching
 - _____ Research
 - _____ Other

8. Is your practice activity best described as:

- ☐ Exclusively within a publicly funded institution (e.g. hospital, school, correctional facility)
- ☐ Primarily within a publicly funded institution with some part-time private practice
- ☐ Equally public and private practice
- ☐ Primarily private practice with some service within a publicly funded institution
- ☐ Exclusively private practice

9. Are you in practice:

- ☐ Full-time (35 hours or more per week)
- ☐ Half-time
- ☐ Less than half time

10. On average, how many clients do you provide mental health services to per week?

11. Type of services offered directly to clients: (check all that apply)

- ☐ Assessment which includes psychometric testing of mood, behaviour, or personality
- ☐ Assessment which includes psychometric testing of intellectual functioning
- ☐ Neuropsychological assessment
- ☐ Vocational Assessment
- ☐ Individual Therapy
- ☐ Family Therapy
- ☐ Couple Therapy
- ☐ Group Therapy
- ☐ Organizational or Program consultation
- ☐ Clinical / counseling consultation

12. Which approach best describes your theoretical orientation? (check all that apply)

- ☐ Cognitive Behavioural
- ☐ Interpersonal
- ☐ Psychodynamic
- ☐ Humanistic / Experiential
- ☐ Family Systems
- ☐ Other (please specify): _____

13. Do you offer services to: (check all that apply)

- ☐ Children under 12
- ☐ Adolescents (12 to 17)
- ☐ Young adults (18-25)
- ☐ Adults (26-59)
- ☐ Older adults (60 +)

14. Do you provide consultation to (check all that apply) :

- ☐ Health care organizations or teams
- ☐ Corporate sector
- ☐ Educational institutions
- ☐ Correctional institutions
- ☐ Legal System
- ☐ Community agencies
- ☐ Other (please specify): _____
- ☐ Do not provide consultation services

15. The types of presenting problems for which you provide services include: (check all that apply)

- ☐ Mood disorders
- ☐ Anxiety disorders
- ☐ Personality disorders
- ☐ Intrapersonal issues (e.g., self-esteem, self-confidence, anger, conduct)
- ☐ Interpersonal issues: Relationship conflicts
- ☐ Vocational issues
- ☐ Learning problems
- ☐ Cognitive functioning problems of adulthood (other than learning)
- ☐ Cognitive functioning problems of childhood (other than learning)
- ☐ Psychological and psychosocial problems of childhood
- ☐ Psychosis
- ☐ Managing health, injury, and illness
- ☐ Adjustment to life stressors (work problem, marital problem, bereavement)
- ☐ Eating disorders
- ☐ Sleep disorders
- ☐ Somatoform disorders (e.g., Chronic pain)
- ☐ Sexual abuse and trauma
- ☐ Sexual disorders
- ☐ Substance use and/or abuse disorders
- ☐ Other (please specify): _____

16. What percentage of your clients: (Please ensure that your total equals 100%)

- _____ Pay for services directly, with no extended health insurance reimbursement
- _____ Pay for services directly, all or most of which is reimbursed by extended health insurance
- _____ Receive services paid for directly by workers' compensation board (e.g. WSIB)
- _____ Receive services paid for directly by other insurer or program (e.g. motor vehicle accident insurance)
- _____ Receive services paid for directly by employer through an employee assistance program
- _____ Receive services within a publicly funded institution (e.g. hospital, school, correctional facility)
- _____ Receive pro-bono services

17. Participants in this survey are eligible for a \$75 honorarium for completing this survey. Please direct my honorarium as follows:

- ☐ To me or my practice
- ☐ To CPA Foundation
- ☐ To another charity or recipient. Please specify: _____

18. Address for honorarium cheque:

Name: _____

Address _____

City: _____

Province: _____

Postal Code: _____

19. For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients?

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

20. On a typical day, what hours do you see clients? (use the format xx:xx in 24 hour time).

Start time of first session: _____

End time of the last session: _____

21. Do you have any questions or comments about this survey? Your feedback is greatly appreciated.

APPENDIX B

Regulatory body recruitment message

Subject: CPA Practice network

Dear Regulators,

Summer is nearing its end and times are getting busier...Busier times include CPA's commencement of the following phases of the Mental Health Surveillance Project (funded by the Public Health Agency of Canada)—a project that will enable the collection of information about the practice and demographic characteristics of Canadian psychologist practitioners, as well as demographic and clinical characteristics of their clients.

This project intends to enhance what is known about the mental health services in Canada by specifically targeting the activities of psychologists. We will expand data sources for chronic disease surveillance and thereby improving the planning, coordination, and evaluation of chronic disease systems to better serve and protect the interests of Canadians.

Karen Cohen, CPA's executive director, was previously in contact with you to enlist your help with passing information about this project along to your registrants. Some provinces have already passed along our message and their help is tremendously appreciated! If you have not already done so and are interested in taking part in this initiative, please pass on our message to your registrants (see below).

Please feel free to contact me should you have any questions or concerns about my request. If you are not able to circulate this message electronically but would be willing to have us send the message by surface mail, please let me know and we will arrange to do so.

Considering that the regulatory bodies of Canada have the most comprehensive lists of registered psychologist practitioners in the country, your help is greatly needed and appreciated! As the Project Manager for this endeavour, I would very much like to help you disseminate our request. If you know of any other ways I can help get this message out to psychologists, then please let me know. I am readily available through email or phone at my coordinates below.

Thank you for your every consideration. It is truly a project that will contribute in a meaningful way to meeting the mental health needs of the Canadian public.

With much thanks and appreciation,

Ashley Ronson
Project Manager of the Mental Health Surveillance Project
practicenetwork@cpa.ca

613-237-2144 ext. 334

MESSAGE TO SEND TO COLLEGE REGISTRANTS

Greetings from CPA. You may recall some time back you received an email from CPA with a request for your participation in **CPA's development of an electronic practice network**. The intent of the network **was to enable us to collect information about the practice and demographic characteristics of Canadian psychologist practitioners as well as demographic and clinical characteristics of the clients they assess and treat**. As you may recall, this initiative has been funded by the Public Health Agency of Canada (PHAC) out of a recognition that, collecting information on the activities of psychologists is critical to understanding Canada's mental health needs and services.

The last time we communicated with you, we were looking for psychologist practitioners to participate in the piloting of a web-based survey of psychologists' activities. **CPA is pleased to have entered into another contribution agreement with PHAC that will enable us distribute the reviewed and revised survey more broadly among psychologist practitioners and will enable us to develop alternate forms of the survey – alternate forms that will target different kinds of psychological practice activity.**

We would like to recruit 500 psychologists, Canada-wide, to participate. These 500 will be asked to complete from one to 4 web-based surveys over the course of two years. The surveys will ask them questions about characteristics of their practice (e.g. area of specialty, what kinds of problems and patient groups they work with) as well as questions about the clinical and demographic characteristics of the clients with whom they work. **Each survey will take up to 45 minutes to complete and we will remunerate the psychologist participant at the rate of \$75 per survey.**

If you can spare some time to contribute to this very worthwhile project, please contact us at practicenetwork@cpa.ca to register your interest and/or to get more information. This is an important opportunity for Canadian psychology to contribute to what is known about the mental health demands and utilization of Canadians.

With many thanks and best wishes,

Ashley Ronson

APPENDIX C

Information sent to practitioners interested in participating

Subject: CPA Practice network survey

Greetings,

Thank you for your interest in participating with this innovative research project regarding the practice and demographic characteristics of Canadian psychologists and their clients. Minimal information is currently available about the mental health problems brought to Canada's largest group of regulated mental health care providers and about the services they provide. This project intends to supplement current knowledge of the mental health of Canadians by expanding data sources for chronic disease surveillance and by improving the planning, coordination, and evaluation of chronic disease systems.

In previous correspondence from CPA, you received some information about the project. This information can be reviewed on our website at

<http://www.cpa.ca/cpasite/userfiles/Documents/2009%20PRACTICE%20NETWORK.pdf>

Year 1 of this project consists of two surveys. Five hundred participants from across Canada will complete Survey 1, which asks about the practice and demographic characteristics of psychologists. Collection of Survey 2 data will commence after Survey 1 is complete. A random sub-sample of 150 psychologists will be selected to complete two waves of Survey 2 (completed a month apart). Survey 2 utilizes real-time sampling methodology to inquire about the clinical demographics and characteristics of a specific, randomly selected client. Based on the findings from these surveys, targeted content variations of the survey will be developed for Year 2 of this project (e.g., relating to specific patient groups, types of services provided, etc...). Participants will have the opportunity to complete up to 5 surveys over the next two years and will be remunerated \$75 for each completed survey. Each survey will require up to 45 minutes of your time.

Survey 1 will be available within two weeks (by mid-September at the latest).

Your willingness to participate is greatly appreciated and your contribution to the project is invaluable. Thank you again for expressing your interest, a link to the survey will arrive in your inbox soon!

Kindest regards,

Ashley Ronson

APPENDIX D

Survey 1 invitation email

Subject: CPA practice network: Survey 1 invitation

Greetings,

Thank you again for your continued interest in the Mental Health Surveillance Project. Survey 1 is available. You will receive \$75 for completing the survey. Access to the survey will remain open until October 15th, 2009.

If you are still interested in contributing to this worthwhile project, please follow the link below to complete the survey.

<http://www.cpa.ca/practicesurvey>

To access the survey, you will need your username and password:

Username: [user_id]

Password: [password]

Kindest regards,

Ashley Ronson

APPENDIX E

Survey 1 codebook

Question	Variable name	Response options	Missing values
Respondent ID	ID	(none: numerical value)	
1. What is your age?	Age	(none: numerical value)	99
2. What is your gender?	Gender	0 = Female 1 = Male	
3. Degree upon which your registration is based	Degree	0 = Masters 1 = Doctorate	
4. Area of psychology in which you obtained your highest degree	PsychArea	0 = Clinical psychology 1 = Counselling psychology 2 = Clinical neuropsychology 3 = School psychology 4 = Other	
	PsychAreaOther	(none : string value)	98
	Province	0 = BC 1 = AB 2 = SK 3 = MB 4 = ON 5 = QC 6 = NB 7 = NS 8 = PEI 9 = NL	
5. What are the first 3 digits of your workplace postal code?	Location	(none: string value)	
	UrbanRural	0 = Urban 1 = Rural	
6. Length of time for which you have been registered for the autonomous practice of psychology	YearsExp	0 = 0-5 years 1 = 6-10 years 2 = 11-15 years 3 = 16-20 years 4 = 20+ years	
7.(1) What percentage of your professional time is spent in: Assessment	TimeAssm	(none: numerical value)	
7.(2) What percentage of your professional time is	TimeIntv	(none: numerical value)	

spent in: Intervention		
7.(3) What percentage of your professional time is spent in: Consultation	TimeCons	(none: numerical value)
7.(4) What percentage of your professional time is spent in: Teaching	TimeTeac	(none: numerical value)
7.(5) What percentage of your professional time is spent in: Research	TimeRes	(none: numerical value)
7.(6) What percentage of your professional time is spent in: Other	TimeOther	(none: numerical value)
	TimeOtherArea	(none: string value)
8. Is your practice best described as	PrivPub	0 = Exclusively public 1 = Primarily public with some private 2 = Equally public and private 3 = Primarily private with some public 4 = Exclusively private
9. Are you in practice	PracHour	0 = Full time 1 = Half-time 2 = less than half time
10. On average, how many clients do you provide mental health services to per week?	AmtClient	(none: numerical value)
11.(1) Types of services offered directly to clients: Assessment of mood/behaviour	ServBeh	0 = No 1 = Yes
11. (2) Types of services offered directly to clients: Assessment of intellectual functioning	ServIntF	0 = No 1 = Yes
11.(3) Types of services offered directly to clients: Neuro psych assessment	ServNeur	0 = No 1 = Yes
11.(4) Types of services offered directly to clients: Vocational assessment	ServVoc	0 = No 1 = Yes
11. (5) Types of services	ServIndT	0 = No

offered directly to clients:		1 = Yes	
Individual therapy			
11.(6) Types of services	ServFam	0 = No	
offered directly to clients:		1 = Yes	
Family therapy			
11.(7) Types of services	ServCoup	0 = No	
offered directly to clients:		1 = Yes	
Couple therapy			
11.(8) Types of services	ServGrp	0 = No	
offered directly to clients:		1 = Yes	
Group therapy			
11. (9) Types of services	ServOrgC	0 = No	
offered directly to clients:		1 = Yes	
Organizational or programme consultation			
11.(10) Types of services	ServClinC	0 = No	
offered directly to clients:		1 = Yes	
Clinical/counseling consultation			
12.(1) Which approach best describes your theoretical orientation?— Cognitive behavioural	TheoCB	0 = No 1 = Yes	
12.(2) Which approach best describes your theoretical orientation?— Interpersonal	TheoIntp	0 = No 1 = Yes	
12.(3) Which approach best describes your theoretical orientation?— Psychodynamic	TheoPsy	0 = No 1 = Yes	
12.(4) Which approach best describes your theoretical orientation?— Humanistic/experiential	TheoHum	0 = No 1 = Yes	
12.(5) Which approach best describes your theoretical orientation?— Family systems	TheoFam	0 = No 1 = Yes	
12. (6) Which approach best describes your theoretical orientation?— Other	TheoOther	0 = No 1 = Yes	
	TheoOtherArea	(none: string value)	98

13.(1) Do you offer services to: Children under 12	Chclient	0 = No 1 = Yes	
13.(2) Do you offer services to: Adolescents (12-17)	Teenclient	0 = No 1 = Yes	
13.(3) Do you offer services to: Young adults (18-25)	YAclient	0 = No 1 = Yes	
13.(4) Do you offer services to: Adults (26-59)	Adtclient	0 = No 1 = Yes	
13.(5) Do you offer services to: Older adults (60+)	Oldclient	0 = No 1 = Yes	
14.(1) Do you provide consultation to: Health care organizations	ConHealth	0 = No 1 = Yes	
14.(2) Do you provide consultation to: Corporate sector	ConCorp	0 = No 1 = Yes	
14.(3) Do you provide consultation to: Education institutions	ConEdu	0 = No 1 = Yes	
14.(4) Do you provide consultation to: Correctional institutions	ConCorr	0 = No 1 = Yes	
14.(5) Do you provide consultation to: Legal system	ConLegal	0 = No 1 = Yes	
14.(6) Do you provide consultation to: Community agencies	ConComm	0 = No 1 = Yes	
14.(7) Do you provide consultation to: Other	ConOther	0 = No 1 = Yes	
	ConOtherArea	(none: string value)	98
14.(8) Do you provide consultation to: Do not provide consultation services	NoConsult	0 = Does not provide services	98
15.(1) The types of presenting problems for which you provide services include: Mood	ProbMood	0 = No 1 = Yes	

disorders		
15.(2) The types of presenting problems for which you provide services include: Anxiety disorders	ProbAnx	0 = No 1 = Yes
15.(3) The types of presenting problems for which you provide services include: Personality disorders	ProbPers	0 = No 1 = Yes
15.(4) The types of presenting problems for which you provide services include: Intrapersonal issues	ProbIntra	0 = No 1 = Yes
15.(5) The types of presenting problems for which you provide services include: Interpersonal issues	ProbInter	0 = No 1 = Yes
15.(6) The types of presenting problems for which you provide services include: Vocational issues	ProbVoc	0 = No 1 = Yes
15.(7) The types of presenting problems for which you provide services include: Learning problems	ProbLearn	0 = No 1 = Yes
15.(8) The types of presenting problems for which you provide services include: Cognitive functioning problems of adulthood	ProbCFAd	0 = No 1 = Yes
15.(9) The types of presenting problems for which you provide services include: Cognitive functioning problems of childhood	ProbCFch	0 = No 1 = Yes

15.(10) The types of presenting problems for which you provide services include: Psychological and psychosocial problems of childhood	ProbPPch	0 = No 1 = Yes
15.(11) The types of presenting problems for which you provide services include: Psychosis	ProbPsy	0 = No 1 = Yes
15.(12) The types of presenting problems for which you provide services include: Managing health, injury, illness	ProbHII	0 = No 1 = Yes
15.(13) The types of presenting problems for which you provide services include: Adjustment to life stressors	ProbAdj	0 = No 1 = Yes
15.(14) The types of presenting problems for which you provide services include: Eating disorders	ProbED	0 = No 1 = Yes
15.(15) The types of presenting problems for which you provide services include: Sleep disorders	ProbSleep	0 = No 1 = Yes
15.(16) The types of presenting problems for which you provide services include: Somatoform disorders	ProbSoma	0 = No 1 = Yes
15.(17) The types of presenting problems for which you provide services include: Sexual abuse and trauma	ProbSexAb	0 = No 1 = Yes

15. (18) The types of presenting problems for which you provide services include: Sexual disorders	ProbSex	0 = No 1 = Yes	
15.(19) The types of presenting problems for which you provide services include: Substance use/abuse disorders	ProbSubs	0 = No 1 = Yes	
15.(20) The types of presenting problems for which you provide services include: Other	ProbOther	0 = No 1 = Yes	
	ProbOtherArea	(none: string value)	98
16.(1) What percentage of your clients: Pay for services directly with no extended health insurance	PayNoIns	(none: numerical value)	
16.(2) What percentage of your clients: Pay direct with all or most reimbursed by health insurance	PayAllIns	(none: numerical value)	
16.(3) What percentage of your clients: Receive services paid for by workers comp	PayWkComp	(none: numerical value)	
16.(4) What percentage of your clients: Receive services paid for directly by other insurer	PayOtherIns	(none: numerical value)	
16.(5) What percentage of your clients: receive services paid for by employer asst prog.	PayEmAst	(none: numerical value)	
16.(6) What percentage of your clients: Receive services with a publicly funded institution	PayPub	(none: numerical value)	
16.(7) What percentage of your clients: Receive	PayBono	(none: numerical value)	

pro-bono services		
19.(1) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Sunday	WorkSun	0 = No 1 = Yes
19.(2) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Monday	WorkMon	0 = No 1 = Yes
19.(3) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Tuesday	WorkTues	0 = No 1 = Yes
19.(4) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Wednesday	WorkWed	0 = No 1 = Yes
19.(5) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Thursday	WorkThurs	0 = No 1 = Yes
19.(6) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Friday	WorkFri	0 = No 1 = Yes

19.(7) For the next survey, you may be contacted at a random time during your practice hours. In a typical work week, what days do you see clients? Saturday	WorkSat	0 = No 1 = Yes
20.(1) On a typical day, what hours do you see clients? Start time	HrStart	(none: numerical value)
20.(2) On a typical day, what hours do you see clients? End time	HrEnd	(none: numerical value)

Missing values legend

99 = did not respond

98 = does not apply

APPENDIX F

Survey 2 Questionnaire

1. Client's Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender (male to female)
- ☐ Transgender (female to male)

2. Client's Age: _____**3. Including today's session, how many sessions have you had with this client?**

4. How many more sessions do you anticipate providing to this client?

**5. Does the client have any early or identifiable risk factors for mental health problems?
(Check all that apply)**

- ☐ Parental mental disorder and/or family history of mental health problem
- ☐ Marital problems
- ☐ Bereavement during childhood
- ☐ Mobility (e.g., frequent moves)
- ☐ Failure to graduate from high school
- ☐ Physical and/or sexual abuse as a child
- ☐ Removal from family by child welfare authorities
- ☐ Unknown
- ☐ No risk factors
- ☐ Other (*please specify*) _____

6. Is the client:

- ☐ White
- ☐ Chinese
- ☐ South Asian (e.g., East Indian, Pakistan, Sri Lankan, etc.)
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- ☐ Arab

- ☐ West Asian (e.g., Afghan, Iranian, etc.)
- ☐ Japanese
- ☐ Korean
- ☐ Aboriginal Peoples of North America (North American Indian, Métis, Inuit)
- ☐ Other (*please specify*) _____

7. Client's language spoken at home:

- ☐ English
- ☐ French
- ☐ Other (*please specify*) _____

8. Language in which service is provided to client:

- ☐ English
- ☐ French
- ☐ Other (*please specify*) _____

9.1. Was the client born in Canada or did the client move to Canada?

- ☐ Born in Canada
- ☐ Not born in Canada, and has lived here for _____ years

9.2. Under what status did the client move to Canada?

- ☐ Immigrant
- ☐ Refugee
- ☐ Unknown

10. Marital Status:

- ☐ Married
- ☐ Common Law
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Single and never married
- ☐ Unknown

11. Sexual orientation as reported by the client:

- ☐ Heterosexual
- ☐ Gay/lesbian

- ☐ Bisexual
- ☐ Unknown

12. Client's living arrangements:

- ☐ Private residence
- ☐ Residential care
- ☐ Institutional setting
- ☐ Homeless or shelter
- ☐ Other (*please specify*) _____

13. For clients 17 years of age or older, please indicate their educational attainment⁴:

- ☐ Grade 8 or lower
- ☐ Some high school
- ☐ High school diploma
- ☐ College certificate or diploma
- ☐ Trades certificate or diploma
- ☐ Some undergraduate
- ☐ Undergraduate degree
- ☐ Graduate or professional degree
- ☐ Unknown
- ☐ Not applicable

14. If your client is over the age of 16, are they a student?

- ☐ Full-time
- ☐ Part-time
- ☐ No
- ☐ Not applicable

15.1. Is the client employed?

- ☐ Full-time
- ☐ Part-time
- ☐ No
- ☐ No, but on disability⁵

⁴ The wording of this question was adjusted for clarity and to avoid confounding the results of younger clients who are obligated to attend school and who would clearly not have attained higher than a high school diploma. The same explanation applies to question 14.

⁵ This response option was added to be inclusive of those who cannot work but are receiving government compensation.

- ☐ Unknown
- ☐ Not applicable

15.2. What is your client's occupation?

- ☐ Management
- ☐ Professional (e.g., lawyer, accountant, physician, nurse, psychologist)
- ☐ Technologist, technician or technical occupation
- ☐ Administrative, financial or clerical
- ☐ Sales or service
- ☐ Trades, transport or equipment operator
- ☐ Occupation in farming, forestry, fishing or mining
- ☐ Occupation in processing, manufacturing or utilities
- ☐ Other (*please specify*) _____

16. Which best describes your client's presenting problem (*check as many that apply*):

- ☐ Mood disorders
- ☐ Anxiety disorders
- ☐ Personality disorders
- ☐ Intrapersonal issues (e.g., self-esteem, self-confidence, anger, conduct)
- ☐ Interpersonal issues / Relationship conflicts
- ☐ Vocational issues
- ☐ Learning problems
- ☐ Cognitive functioning problems of adulthood (other than learning)
- ☐ Cognitive functioning problems of childhood (other than learning)
- ☐ Psychological and psychosocial problems of childhood
- ☐ Psychosis
- ☐ Managing health, injury, and illness
- ☐ Adjustment to life stressors (e.g., work problem, marital problem, bereavement)
- ☐ Eating disorders
- ☐ Sleep disorders
- ☐ Somatoform disorders (e.g., chronic pain)
- ☐ Sexual abuse and trauma
- ☐ Sexual disorders
- ☐ Substance use and/or abuse disorders
- ☐ Other (*please specify*) _____

17. Please rate the extent to which you believe, prior to starting treatment with you, the client's daily functioning was negatively affected by his or her presenting problem(s):

- ☐ None
- ☐ Little
- ☐ Moderately
- ☐ Severely
- ☐ Unknown

18. Thus far in your services to this client how much change is there in his or her presenting problem(s)?

- ☐ Recovered
- ☐ Greatly improved
- ☐ Improved
- ☐ No change
- ☐ Deterioration

19.1. Is this client receiving another health service for the same presenting problem?

- ☐ Yes
- ☐ No

19.2. From whom are they receiving these services?

- ☐ Psychiatrist
- ☐ Family practitioner or general physician
- ☐ Nurse practitioner
- ☐ Psychologist
- ☐ Counsellor
- ☐ Educational professional⁶
- ☐ Other (please specify) _____

**20. Does the client report problems related to a chronic disease, disorder or condition?
(Check all that apply)**

- ☐ Neurological functions
- ☐ Mental functions
- ☐ Gross and fine motor functions
- ☐ Visual functions
- ☐ Auditory functions

⁶ The wording of this response option was adjusted to be more inclusive of all educational professionals, rather than only teachers.

- ☐ Speech and language functions
- ☐ Gastrointestinal functions
- ☐ Endocrinological functions
- ☐ Cardiological functions
- ☐ Respiratory functions
- ☐ Immunological functions
- ☐ Other (*please specify*) _____
- ☐ Unknown
- ☐ No Chronic Disorder

21. Please rate the extent to which you believe the client's daily functioning is restricted by his or her chronic disease(s), disorder(s) or conditions:

- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

22. Client's appraisal of own health status (if the client is under 14, please enter the caregiver's appraisal of health status):

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unknown

23.1 Does your client have any DSM-IV diagnoses?

- ☐ Yes
- ☐ No
- ☐ Diagnostic evaluation not yet completed
- ☐ Unknown

23.2 Enter the names of diagnoses for this client: (Click here for [DSM-IV Diagnostic Names](#))

Primary Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

24. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?

- ☐ Yes
- ☐ No
- ☐ Unknown

25. In what type of setting or organization did you provide the service to this client?

- ☐ Private practice setting – group practice
- ☐ Private practice setting – individual practice
- ☐ Public health care organization (e.g. hospital, clinic)
- ☐ Correctional facility
- ☐ Community or street outreach program
- ☐ School
- ☐ University or college

26. How did the client or the client's caretaker pay for the service? The service was:

- ☐ Paid for services directly, with no extended health insurance reimbursement
- ☐ Pay for services directly, all or most of which is reimbursed by extended health insurance
- ☐ Paid for directly by workers' compensation board (e.g., WSIB)
- ☐ Paid for directly by other insurer or program (e.g., motor vehicle accident insurance)
- ☐ Paid for directly by employer through an employee assistance programme
- ☐ Received services within a publicly funded institution (e.g., hospital, school, correctional facility)
- ☐ Received pro-bono services
- ☐ Other (please specify): _____

27. What service(s) did you provide to the client during this session? (Check all that apply)

- ☐ Assessment which includes psychometric testing of mood, behaviour, or personality
- ☐ Assessment which includes psychometric testing of intellectual functioning
- ☐ Neuropsychological assessment
- ☐ Vocational assessment
- ☐ Cognitive behavioural therapy
- ☐ Interpersonal therapy
- ☐ Psychodynamic therapy
- ☐ Humanistic/experiential therapy
- ☐ Family systems therapy
- ☐ Other (please specify) _____

28. In this session, who was included in the delivery of the service?

- ☐ Client alone
- ☐ Client with significant other (e.g., partner, spouse, roommate)
- ☐ Client with family member(s)
- ☐ Client with other caregiver(s)
- ☐ Client with other service provider(s)
- ☐ Client with other (please specify) _____⁷

29. Service setting is in:

- ☐ Major urban centre
- ☐ Suburb of major urban centre
- ☐ Smaller city or town
- ☐ Rural setting

30. How was the client referred to you?

- ☐ Self
- ☐ Other client
- ☐ Legal system
- ☐ Family member
- ☐ School system
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Physician
- ☐ Other health care professional
- ☐ Insurance system

31.1. Is the client receiving psychotropic medication?

- ☐ Yes
- ☐ No
- ☐ Unknown

31.2. If yes, what medication(s)? (Check all that apply)

- ☐ Antidepressant
- ☐ Anxiolytic

⁷ This question was added to ensure a more accurate description of who was included in the delivery of the psychological service.

- ☐ Antipsychotic
- ☐ Stimulant
- ☐ Hypnotic
- ☐ Mood Stabilizer
- ☐ Unknown

31.3. If yes, this medication is prescribed to the client by:

- ☐ Family physician or general practitioner
- ☐ Psychiatrist
- ☐ Nurse-practitioner
- ☐ Other health specialist

32. Does your client take medication for a health problem which is related to the presenting problem? (e.g., seeing you for help in managing chronic pain and patient takes pain medication)

- ☐ Yes
- ☐ No
- ☐ Unknown

33. Does your client take medication for another health problem unrelated to the presenting problem? (e.g., seeing you for depression and takes antihypertensive medication)

- ☐ Yes
- ☐ No
- ☐ Unknown

34. Have you made any referrals for this client for: (*check all that apply*)

- ☐ Substance abuse treatment
- ☐ Other mental health treatment
- ☐ Psychological assessment (neuropsychological, educational, vocational)
- ☐ Child and family services
- ☐ Social services other than child and family services
- ☐ Medication evaluation
- ☐ Other health
- ☐ Support or self help
- ☐ No referrals made

APPENDIX G

Survey 2 invitation email

Subject: CPA survey: Invitation for survey 2 *time sensitive*

Dear Survey participant,

Thank you for your ongoing interest in the CPA Practice Network Project. You have been selected to participate in the second phase of this project. By following the instructions below, you can begin responding to Survey 2. Please note that in this phase of the project, you will be asked to complete Survey 2 twice within a time period of a few weeks. If you opt to participate in this phase of the project, you will need to commit to completing Survey 2 twice.

****Please note that access to the survey may close ahead of schedule if the required number of participants is met****

After completing the first survey, we randomly selected a time for you to complete the second survey. In Survey 2 you will answer questions about the client you worked with just prior to receiving this email. You have the next 48 hours to complete Survey 2.

Visit the following URL to begin this survey:

<http://www.cpa.ca/clientsurvey>

Your UserID is: [user_id]

Your Password is: [password]

For each survey that you have completed, you will be paid \$75. In Survey 1, you specified how you wanted to receive your honorarium (e.g., to yourself, to CPA Foundation, or to a charity of your choice). Please note that your original request holds for all surveys that you complete. The honorarium will be delivered upon closure of both phases of Survey 2.

Should you have any questions or concerns, please do not hesitate to contact me directly.

Sincerely,

Ashley Ronson, MSc.

Manager, Mental Health Surveillance Project

Canadian Psychological Association

141 Laurier Avenue West, Suite 702

Ottawa, ON, K1P 5J3

Tel: (613) 237-2144 ext. 334 Email: practicenetwork@cpa.ca

APPENDIX H

Online introduction to Survey 2

Survey 2 targets your practice activity with a randomly selected client. You should be able to complete Survey 2 within 20-30 minutes. It is important that your responses to the questions in this survey are based on the client to whom you provided service on or just before your randomly selected time. In the event that the service you provided was a service rendered in a group setting, please report on the client with the first name alphabetically. You will have an opportunity in question 28 to indicate whether the service provided was an individual, group or family assessment or intervention. The survey will not ask for your client's name or other identifiers nor will it give us, nor do we have, any means of linking the information you report to any other databases that could enable us to identify a client. However, we leave it to your judgment to decide if the combination of characteristics of the client you saw at the randomly selected practice time might compromise the client's anonymity (e.g., if the client lives in a small town and has a unique combination of characteristics or comorbidities). If you judge that your client's anonymity might be compromised, you are free to base your responses to Survey 2 on the client you saw just prior to the randomly selected client.

The final report that results from this project will contain only aggregate data about the services provided by psychologist/psychological associate participants to their clients. No identifying information either about you or your client will be reported back to the Public Health Agency, to any other organization or be included in the report. Each participant is assigned an ID number to use in completing the survey(s). In order to provide technical support to participants for the purposes of survey completion, and in order to mail participants their honoraria for survey completion, staff will be able to link ID numbers to the name and coordinates of participants. Data is stored by participant number and separately from the names and coordinates of participants to whom the ID number corresponds. Note that you are free to discontinue your participation in the survey at any time. If, for some reason, you want to have your data removed after you have completed a survey, please contact us at practicenetwork@cpa.ca and we will arrange to remove your data. Note, however, that we will only remove data up to two weeks after a survey has been completed. Please be assured that our database is securely stored and accessible only by the project's staff and investigators whom you can contact at any time.

APPENDIX I

Survey 2 codebook

Question	Variable name	Response options	Missing values
Respondent ID	ID	(none: numerical value)	
1. Client's gender	Cgender	0 = Male 1 = Female 2 = Transgender (male to female) 3 = Transgender (female to male)	
2. Client's age:	Cage	(none: numerical value)	99
3. Including today's session, how many sessions have you had with this client?	Sessions	(none: numerical value)	99
4. How many more sessions do you anticipate providing to this client?	AddSession	(none: numerical value)	99
5.(1) Does the client have any early or identifiable risk factors for mental health problems? – Parental mental disorder and/or family history of mental health problem	RiskParDisorder	0 = No 1 = Yes	
5.(2) Does the client have any early or identifiable risk factors for mental health problems? – Marital problems	RiskMarital	0 = No 1 = Yes	
5.(3) Does the client have any early or identifiable risk factors for mental health problems? – Bereavement during childhood	RiskBereave	0 = No 1 = Yes	
5.(4) Does the client have any early or identifiable risk factors for mental	RiskMobility	0 = No 1 = Yes	

health problems? – Mobility (e.g. frequent moves)			
5.(5) Does the client have any early or identifiable risk factors for mental health problems? -- Failure to graduate from high school	RiskHSFail	0 = No 1 = Yes	
5.(6) Does the client have any early or identifiable risk factors for mental health problems? -- Physical and/or sexual abuse as a child	RiskAbuse	0 = No 1 = Yes	
5.(7) Does the client have any early or identifiable risk factors for mental health problems? -- Removal from family by child welfare authorities	RiskChWelfare	0 = No 1 = Yes	
5.(8) Does the client have any early or identifiable risk factors for mental health problems? -- Unknown	RiskUnknown	0 = No 1 = Yes	
5.(9) Does the client have any early or identifiable risk factors for mental health problems? --No risk factors	NoRisk	0 = No 1 = Yes	
5.(10) Does the client have any early or identifiable risk factors for mental health problems? –Other (please specify)	RiskOther	0 = No 1 = Yes	
	RiskOtherArea	(none: string value)	98

6. Is the client:	CEthnicity	0 = White 1 = Chinese 2 = South Asian 3 = Black 4 = Filipino 5 = Latin American 6 = Southeast Asian 7 = Arab 8 = West Asian 9 = Japanese 10 = Korean 11 = Aboriginal 12 = Other	
	CEthnOther	(none: string value)	98
7. Client's language spoken at home:	CLang	0 = English 1 = French 2 = Other	
	CLangOther	(none: string value)	98
8. Language in which service is provided to client:	LangServ	0 = English 1 = French 2 = Other	
	CLangServOther	(none : string value)	98
9.1. Was the client born in Canada or did the client move to Canada?	Nationality	0 = Born in Canada 1 = Moved to Canada	
	NatYear	(none: numerical value)	98
9.2. Under what status did the client move to Canada?	CStatus	0 = Immigrant 1 = Refugee 2 = Unknown	
10. Marital status:	MaritalStat	0 = Married 1 = Common Law 2 = Widowed 3 = Separated 4 = Divorced 5 = Single and never married 6 = Unknown	
11. Sexual orientation as reported by the client:	SexOrient	0 = Heterosexual 1 = Gay/lesbian 2 = Bisexual 3 = Unknown	
12. Client's living arrangements:	CLiving	0 = Private residence 1 = Residential care 2 = Institutional setting 3 = Homeless or shelter	

		4 = Other	
	CLivingOther	(none: string value)	98
13. For clients 17 years of age or older, please indicate their educational attainment:	CEdu	0 = Grade 8 or lower 1 = Some high school 2 = High school diploma 3 = College certificate or diploma 4 = Trades certificate or diploma 5 = Some undergraduate 6 = Undergraduate degree 7 = Graduate or professional degree 8 = Unknown 98 = Not applicable	
14. If your client is over the age of 16, are they a student?	CStudent	0 = Full-time 1 = Part-time 2 = No 98 = Not Applicable	
15.1. Is the client employed?	CEmploy	0 = Full-time 1 = Part-time 2 = No 3 = No, but on disability 4 = Unknown 98 = Not applicable	
15.2. What is your client's occupation?	COccup	0 = Management 1 = Professional 2 = Technical occupation 3 = Administrative 4 = Sales or service 5 = Trades, transport or equipment operator 6 = Occupation in farming, forestry, fishing or mining 7 = Occupation in processing, manufacturing or utilities 8 = Other 98 = Not applicable	
	COccupother	(none: string value)	98
16.(1) Which best describes your client's presenting problem:--	MoodDis	0 = No 1 = Yes	

Mood disorders		
16.(2) Which best describes your client's presenting problem -- Anxiety disorders	AnxDis	0 = No 1 = Yes
16.(3) Which best describes your client's presenting problem -- Personality disorders	PersDis	0 = No 1 = Yes
16.(4) Which best describes your client's presenting problem -- Intrapersonal issues (eg. self esteem, self confidence, anger, conduct)	IntraIssue	0 = No 1 = Yes
16.(5) Which best describes your client's presenting problem -- Interpersonal Issues/Relationship conflicts	InterIssue	0 = No 1 = Yes
16.(6) Which best describes your client's presenting problem-- Vocational issues	VocalIssue	0 = No 1 = Yes
16.(7) Which best describes your client's presenting problem -- Learning problems	LearnProb	0 = No 1 = Yes
16.(8) Which best describes your client's presenting problem -- Cognitive functioning problems of adulthood (other than learning)	CogFuncAdt	0 = No 1 = Yes
16.(9) Which best describes your client's presenting problem -- Cognitive functioning problems of childhood	CogFuncCh	0 = No 1 = Yes

(other than learning)		
16.(10) Which best describes your client's presenting problem -- Psychological and psychosocial problems of childhood	PsySocProb	0 = No 1 = Yes
16.(11) Which best describes your client's presenting problem – Psychosis	Psychosis	0 = No 1 = Yes
16.(12) Which best describes your client's presenting problem – Managing health, injury, and illness	HealthIll	0 = No 1 = Yes
16.(13) Which best describes your client's presenting problem – Adjustment to life stressors (work problem, marital problem, bereavement)	AdjStress	0 = No 1 = Yes
16.(14) Which best describes your client's presenting problem – Eating disorders	EatDis	0 = No 1 = Yes
16.(15) Which best describes your client's presenting problem – Sleep disorders	SleepDis	0 = No 1 = Yes
16.(16) Which best describes your client's presenting problem – Somatoform disorders (eg. Chronic pain)	SomaDis	0 = No 1 = Yes
16.(17) Which best describes your client's presenting problem – Sexual abuse and trauma	SexAbuse	0 = No 1 = Yes
16.(18) Which best describes your client's presenting problem – Sexual disorders	SexDis	0 = No 1 = Yes

16.(19) Which best describes your client's presenting problem – Substance use and/or abuse disorders	SubstDis	0 = No 1 = Yes	
16.(20) Which best describes your client's presenting problem – Other (please specify)	ProbOther	0 = No 1 = Yes	
	ProbOtherArea	(none: string value)	98
17. Please rate the extent to which you believe, prior to starting treatment with you, the client's daily functioning was negatively affected by his or her presenting problem(s).	CdayFunc	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown	
18. Thus far in your services to this client how much change is there in his or her presenting problem(s)?	Cchange	0 = Recovered 1 = Greatly improved 2 = Improved 3 = No Change 4 = Deterioration	
19.1. Is the client receiving another health service for the same presenting problem?	ChlthServ	0 = Yes 1 = No	
19.2.(1) From whom are they receiving these services? –Psychiatrist	ServMedPsy	0 = No 1 = Yes	
19.2.(2) From whom are they receiving these services? –Family practitioner or general physician	ServGP	0 = No 1 = Yes	
19.2.(3) From whom are they receiving these services? –Nurse practitioner	ServNurse	0 = No 1 = Yes	
19.2.(4) From whom are they receiving these services? –Psychologist	ServPsych	0 = No 1 = Yes	
19.2.(5) From whom are	ServCoun	0 = No	

they receiving these services? –Counsellor		1 = Yes	
19.2.(6) From whom are they receiving these services? –Education professional	ServEdu	0 = No 1 = Yes	
19.2.(7) From whom are they receiving these services? –Other (please specify)	ServOther	0 = No 1 = Yes	
	ServOtherArea	(none : string value)	98
20.(1) Does the client report problems related to a chronic disease, disorder or condition? – Neurological functions	CNeuroFunc	0 = No 1 = Yes	
20.(2) Does the client report problems related to a chronic disease, disorder or condition? -- Mental functions	CMentFunc	0 = No 1 = Yes	
20.(3) Does the client report problems related to a chronic disease, disorder or condition? -- Gross and fine motor functions	CMotorFunc	0 = No 1 = Yes	
20.(4) Does the client report problems related to a chronic disease, disorder or condition? -- Visual functions	CVisFunc	0 = No 1 = Yes	
20.(5) Does the client report problems related to a chronic disease, disorder or condition? -- Auditory functions	CAudFunc	0 = No 1 = Yes	
20.(6) Does the client report problems related to a chronic disease, disorder or condition? -- Speech and language functions	CSpeechFunc	0 = No 1 = Yes	
20.(7) Does the client	CGastroFunc	0 = No	

report problems related to a chronic disease, disorder or condition? -- Gastrointestinal functions		1 = Yes	
20.(8) Does the client report problems related to a chronic disease, disorder or condition? -- Endocrinological functions	CEndoFunc	0 = No 1 = Yes	
20.(9) Does the client report problems related to a chronic disease, disorder or condition? -- Cardiological functions	CCardioFunc	0 = No 1 = Yes	
20.(10) Does the client report problems related to a chronic disease, disorder or condition? -- Respiratory functions	CRespFunc	0 = No 1 = Yes	
20.(11) Does the client report problems related to a chronic disease, disorder or condition? -- Immunological functions	CImmunoFunc	0 = No 1 = Yes	
20.(12) Does the client report problems related to a chronic disease, disorder or condition? -- Other (please specify)	CProbOther	0 = No 1 = Yes	
	CProbOtherArea	(none: string value)	98
20.(13) Does the client report problems related to a chronic disease, disorder or condition? -- Unknown	CProbUnknown	0 = No 1 = Yes	
20.(14) Does the client report problems related to a chronic disease, disorder or condition? -- No Chronic Disorder	CNoChrDis	0 = No 1 = Yes	
21. Please rate the extent to which you believe the client's daily functioning	CDayFuncDis	0 = None 1 = Little 2 = Moderate	

is restricted by his or her chronic disease(s), disorder(s) or condition(s):		3 = Severe 4 = Unknown 98 = Not applicable	
22. Client's appraisal of own health status (if the client is under 14, please enter the caregiver's appraisal of health status):	CAppHealth	0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor 5 = Unknown	
23.1. Does your client have any DSM-IV diagnoses?	DSMDiag	0 = Yes 1 = No 2 = Diagnostic evaluation not yet completed 3 = Unknown	
23.2.(1) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)--Primary Diagnosis:	DSMPrim	(none: string value)	99
23.2.(2) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)--Additional Diagnosis:	DSMAdd1	(none: string value)	99
23.2.(3) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)--Additional Diagnosis:	DSMAdd2	(none: string value)	99
23.2.(4) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)--Additional Diagnosis:	DSMAdd3	(none: string value)	99
24. Does your client have a substance use problem or disorder which is not the presenting problem	SubstConc	0 = Yes 1 = No 2 = Unknown	

but is concomitant with it?			
25. In what type of setting or organization did you provide the service to this client?	ServSetting	0 = Private Practice Group 1 = Private Practice Individual 2 = Public health care organization 3 = Correctional facility 4 = Community or street outreach program 5 = School 6 = University or college counseling centre or clinic	
26. How did the client or the client's caretaker pay for the service? The service was:	CPay	0 = Paid directly, no health insurance reimbursement 1 = Paid directly, all or most reimbursed by health insurance 2 = Paid for directly by workers' compensation 3 = Paid for directly by other insurer or program 4 = Paid for directly by employer 5 = Received services within a publicly funded institution 6 = Pro-bono services 7 = Other	
	CPayOther	(none: string value)	98
27.(1) What service(s) did you provide to the client during this session? -- Assessment which includes psychometric testing of mood, behaviour, or personality	SessAssMood	0 = No 1 = Yes	
27.(2) What service(s) did you provide to the client during this session? -- Assessment which includes psychometric testing of intellectual functioning	SessAssInt	0 = No 1 = Yes	

27.(3) What service(s) did you provide to the client during this session? -- Neuropsychological assessment	SessAssNeuro	0 = No 1 = Yes	
27.(4) What service(s) did you provide to the client during this session? -- Vocational assessment	SessAssVoca	0 = No 1 = Yes	
27.(5) What service(s) did you provide to the client during this session? -- Cognitive behavioural therapy	SessCBT	0 = No 1 = Yes	
27.(6) What service(s) did you provide to the client during this session? -- Interpersonal therapy	SessInterT	0 = No 1 = Yes	
27.(7) What service(s) did you provide to the client during this session? -- Psychodynamic therapy	SessPsychD	0 = No 1 = Yes	
27.(8) What service(s) did you provide to the client during this session? -- Humanistic/experiential therapy	SessHumExp	0 = No 1 = Yes	
27.(9) What service(s) did you provide to the client during this session? -- Family systems therapy	SessFamSys	0 = No 1 = Yes	
27.(10) What service(s) did you provide to the client during this session?	SessOther	0 = No 1 = Yes	
--Other (please specify)	SessOtherArea	(none : string value)	98
28. In this session, who was included in the delivery of the service?	SessDeliv	0 = Client alone 1 = Client with significant other 2 = Client with family member(s) 3 = Client with other caregiver(s) 4 = Client with other service	

		provider(s) 5 = Client with other	
	SessDelivOther	(none : string value)	98
29. Service setting is in:	CitySetting	0 = major urban centre 1 = suburb of major urban centre 2 = smaller city or town 3 = rural setting	
30. How was the client referred to you?	CRefer	0 = self 1 = other client 2 = legal system 3 = family member 4 = school system 5 = psychologist 6 = psychiatrist 7 = physician 8 = other health care professional 9 = insurance system	
31.1. Is the client receiving psychotropic medication?	CMeds	0 = Yes 1 = No 2 = Unknown	
31.2.(1) If yes, what medication(s)? -- Antidepressant	CMedAntiDep	0 = No 1 = Yes	
31.2.(2) If yes, what medication(s)? -- Anxiolytic	CMedAnxio	0 = No 1 = Yes	
31.2.(3) If yes, what medication(s)? -- Antipsychotic	CMedAntiPsych	0 = No 1 = Yes	
31.2.(4) If yes, what medication(s)? -- Stimulant	CMedStim	0 = No 1 = Yes	
31.2.(5) If yes, what medication(s)? --Hypnotic	CMedHypno	0 = No 1 = Yes	
31.2.(6) If yes, what medication(s)? --Mood Stabilizer	CMedMoodStab	0 = No 1 = Yes	
31.2.(7) If yes, what medication(s)? -- Unknown	CMedUnknown	0 = No 1 = Yes	
31.3. If yes, this	MedPresc	0 = Family physician or	

medication is prescribed to the client by:		general practitioner 1 = Psychiatrist 2 = Nurse- practitioner 3 = Other health specialist
32. Does your client take medication for a health problem which is related to the presenting problem? (e.g., seeing you for help in managing chronic pain and patient takes pain medication)	CMedRel	0 = Yes 1 = No 2 = Unknown
33. Does your client take medication for another health problem unrelated to the presenting problem? (e.g., seeing you for depression and takes antihypertensive medication)	CMedUnrel	0 = Yes 1 = No 2 = Unknown
34.(1) Have you made any referrals for this client for: --Substance abuse treatment	RefSubst	0 = No 1 = Yes
34.(2) Have you made any referrals for this client for: --Other mental health treatment	RefMHOther	0 = No 1 = Yes
34.(3) Have you made any referrals for this client for: --Psychological assessment (neuropsychological, educational, vocational)	RefPsyAss	0 = No 1 = Yes
34.(4) Have you made any referrals for this client for: --Child and family services	RefChFam	0 = No 1 = Yes
34.(5) Have you made any referrals for this client for: --Social services other than child and family services	RefSocServ	0 = No 1 = Yes
34.(6) Have you made any	RefMedEval	0 = No

referrals for this client for:		1 = Yes
--Medication evaluation		
34.(7) Have you made any referrals for this client for:	RefOther	0 = No 1 = Yes
--Other health		
34.(8) Have you made any referrals for this client for:	RefSelfHelp	0 = No 1 = Yes
--Support or self help		
34.(9) Have you made any referrals for this client for:	NoRef	0 = No 1 = Yes
--No referrals made		

Missing values legend

99 = did not respond

98 = does not apply

*In SPSS dataset, wave 1 variables are followed by a 1; wave 2 variables are followed by a 2

APPENDIX J

Focus group recruitment message

Subject: CPA Practice Network focus group recruitment

Dear Psychology Practitioners,

On behalf of Dr. Karen Cohen, Executive Director of the Canadian Psychological Association (CPA), I would like to inform you that CPA has undertaken an initiative to collect information about the practice and demographic characteristics of Canadian psychologist practitioners as well as demographic and clinical characteristics of the clients they assess and treat. This initiative, the Practice Network, has been made possible by a contribution agreement with the Public Health Agency of Canada. More information about the project can be found on CPA's website: <http://www.cpa.ca/practice/surveillanceandsurveys/>.

The first two phases of the project are now complete. A total of 539 psychology practitioners successfully completed Survey 1 (practice and demographic characteristics of practitioners) and 140 of those practitioners successfully completed two waves of Survey 2 (demographic and clinical characteristics of practitioners' clients). We are currently ready to move on to the next phase of the project which will help design two additional surveys to collect information on practice related issues and topics identified by psychology practitioners. To do this, we are convening three focus groups with psychology practitioners. The three focus groups will be held in each of the following cities: Vancouver (with private practitioners), Ottawa (with practitioners seeing child and adolescent clients specifically), and Halifax (with public practitioners).

We are currently recruiting psychology practitioners for the focus group to be held in Ottawa. Specifically, we are looking for practitioners (Psychologists or Psychological Associates) who **provide services to children and adolescents** (and/or their families) to help us develop a targeted survey geared toward psychological services provided to children and adolescents. Feedback from Surveys 1 and 2 tell us that we have not fully captured the clinical experiences and issues relevant to practitioners with child and adolescent clients. We would like to enlist the help of practitioners with this particular expertise to develop a survey that would tell us about the demographic and clinical characteristics of the child and adolescent clients to whom psychological practitioners provide service.

The focus group will be held at CPA head office (141 Laurier Ave West) from 6:30-9pm on July 28th, 2010.

A catered buffet dinner will be provided and each participant will receive **\$75** in honorarium for their participation. We are hoping to have 8-12 psychology practitioners participating in the

focus group session. A **firm confirmation of attendance by July 14th**, 2010 is necessary because we are only able to finance the three focus groups and must be assured that we have at least 8 persons in attendance at each session. Each participant will be provided with brief handouts two weeks prior to the focus group session to allow them to acquaint themselves with the nature of this project and the results and reports to date.

To confirm your participation, please contact the Project Manager, Ashley Ronson, at practicenetwork@cpa.ca.

Your willingness to participate is greatly appreciated and your contribution to the project is invaluable.

Kindest regards,

Ashley

APPENDIX K

Information sent to practitioners interested in participating in the focus group

Subject: CPA Practice Network focus group information

Greetings,

Thank you for your interest in participating with this innovative research project regarding the development of a targeted survey geared toward important issues that arise in practice that we have not yet addressed in previous surveys.

Before confirming your attendance at the focus group, we would like to know a little more about you and your psychological practice. This information will ensure that a broad range of psychological practitioners can participate and share their experiences in the focus group session.

Briefly answer the following questions:

1. What is your title? (e.g., psychologist, psychological associate)
2. What type of practitioner are you? (e.g., area of specialization, private or public practice)
3. What age group of clients do you provide services to?
4. What kind of services do you provide to clients? Please specify whether the services are offered in a private and/or public setting (e.g., assessments, therapies, interventions, consultations, etc.)

Once again, thank you for your interest in this project. We will confirm your attendance to the focus group session by July 26th, 2010, once we have received information from all interested participants.

Kindest regards,

Ashley

APPENDIX L

Focus group question brainstorming

Areas of interest

Other professional roles
Specific client problems
Child/Adolescent clients
Access

Other professional roles

- What areas of your practice have we not yet addressed in previous surveys?
 - o What do you do that we should know about?
- What is important for us to know about in your day-to-day?
 - o Should we be asking psychologists more about consultation? Supervision? Specific types of assessments, procedures?
 - o What other duties do you accomplish? Who/what is implicated?
- What other non-traditional roles do psychologists adopt?

Client problems

- What are the primary issues brought to you by your clients?
- Are there any new/surprising issues that you're seeing in the clients?
 - o What about these issues is special/unique/important?

Child/Adolescent clients

- How do we appropriately target questions of interest for psychologists with child/adolescent clients?
 - o What questions should we be asking that reflect a practice session with a youth client?
- What characterizes a session with adolescent clients?
 - o Is there a typical flow, procedure?
- Should we be asking about how often child clients come in?
- What issues are more relevant to child and adolescent clients that have not been addressed in previous surveys?
 - o Should we be asking more in-depth questions?
- What do we need to know about school involvement and the implications of such? What recommendations are usually made?
 - o What else about the school system do we need to know?
- Is there a referral process that is different from adult clients? What is the procedure?

- What are the other avenues of care?
- Are there challenges with access to services for some child/adolescent clients?
- Is there funding for specialized services? Tell me more about it.
- Is medication prescribed? What types are common/typical?
- Can you comment on the duration of the clients' problems?
 - Are there a limited number of sessions provided?
- What are the treatment options? Types of therapy provided?
- Are others involved in the sessions? (family) How often?
- Should we be asking specifically about violence?
- What are the risk behaviours/factors that you have seen?
- Are there concurrent problems? What is the best way to capture that?

Access

- Is access to services a concern in your region? What are the issues? How do you manage them?
- How many people are on your waiting list?
- How long will they be on the waiting list?
- How many people are turned away?
- Do you know how many people get services elsewhere? What kinds of other services are available in your area?
- What strategies are used when the waitlist is full? Are there referral options?
- How is access different in a public versus a private practice setting?
- Are there any language barriers? How have they affected access? How have they affected provision of treatment?

Potential follow up questions

- What questions should we be asking?
- Are there differences in public and private practice?
- Tell me more about that...

APPENDIX M

Focus group guide

Introduction

Good evening everyone, welcome to the focus group session. I want to take this opportunity to thank you for taking the time to contribute to this project. My name is Ashley, and I am the Project Manager of CPA's Practice Network project (funded by the Public Health Agency of Canada). Many of you may know Dr. Karen Cohen, CPA's Executive Director. She initiated this project with the help of Dr. John Hunsley.

This focus group is part of the Practice Network project. The goal of the focus group is to gather information from practitioners to help us develop additional surveys that enable us to develop a snapshot of psychological practice in Canada. This focus group session will be tape recorded so that important information does not get missed.

Now, I will hand out the information letter and consent form, which we will briefly go over together. If you agree to participate, you can sign the consent form (the second sheet of paper) and hand it back to me at the end. Near the top, we can see the purpose of the study. In general, the project's aim is to collect information about the demographic characteristics of Canadian psychologist practitioners, the health care services they provide, and the demographic and clinical characteristics of the clients they serve. We're here today to talk generally about important issues that arise in practice. We will discuss what is unique about your clients and the services provided to them that has not yet been captured by our surveys.

This focus group session will last about two and a half hours (including dinner). Following this, I will hand out a questionnaire asking demographic questions and questions regarding your psychological practice and the clients for whom you provide services. This survey will take you about 5 to 15 minutes to complete.

As for the risks of participating in this study, you may feel uncomfortable discussing your professional activities with clients. It is completely your choice not to answer any of the questions if you feel that your answers may violate professional privacy or client confidentiality. Questions during the focus group session will not ask for clients' names or other identifiers. We have no means of linking any information you report to any other databases that could enable us to identify clients. Additionally, any reports resulting from this project will contain only aggregate data about the services provided by practitioners to their clients. No identifying information either about you or your clients will be reported back to the Public Health Agency of Canada or any other organization.

In participating though, you might enjoy having a discussion and contributing to our understanding of the provision of psychological services in Canada. You will also be able to

enjoy this lovely catered meal. At the end of the focus group session, each of you will also receive a \$75 honorarium.

I want to go over some important points related to confidentiality and anonymity. We cannot guarantee anonymity because some of you may know each other. However, every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. I won't ask you to give any personal identifying information during the focus group session or on the questionnaire. I will keep the recordings from this session, along with the ensuing transcripts, and the questionnaires in a safe and secure space in a locked office.

Any questions about the consent form?

If you are willing to participate, please sign the consent form. After the focus group session is done, I will hand out the questionnaires. I will then collect the consent form from you along with your questionnaire after you are done.

If at any time you need to take a break, please feel free to stand and stretch. The bathrooms are located [give location].

Just a reminder that it will become very important, however, to speak clearly and audibly when you choose to share your ideas. There is no right or wrong answer; therefore, I invite you to participate actively while you share your ideas and experiences.

Practice questions

Are there ways in which your practice is changing or you foresee it changing?

- For example, are you doing more consultation or training rather than direct service?
- Is the role of a psychologist changing or does it need to change?

How would you describe your practice from a collaborative point of view?

- Are you working in a team or a consultation capacity?
- Are you working in a collaborative health service centre? (with general practitioners or specialists)
- What kind of health care practitioners do you collaborate with?
- Describe your collaborative activity, e.g., telephone calls with other service providers, team meetings

What are the limitations of your practice?

- Is/Has your practice been sustainable in a publicly funded environment?
- What challenges have you faced?

Do you collect outcome data?

Prominent problems/issues

What are the primary issues brought to you by your clients?

Are there any new/emerging issues that you're seeing in the clients?

- What makes these issues special/unique/important?

Can you comment on the duration of the clients' problems?

- Are you seeing clients with problems that will last or have lasted the duration of their lives? Or are your clients experiencing problems that could be resolved with therapy, time, or age?

Are other family members/service providers involved in the problem?

- How often is the family involved in a session?
- Are there some issues/disorders where you're more likely to involve the family or other service providers?

What types of therapy or assessments are provided?

Do you make referrals? If so, to whom/where?

How frequently do your clients have concurrent problems or disorders?

- psychological or physical

Access

Is access to services a concern in your region? What are the issues? How do you manage them?

What are the barriers to accessing your services?

- funding, resource, stigma
- Are there any language barriers? How have they affected access? How have they affected provision of treatment?

How many people are on your waiting list?

- How long will they be on the waiting list?
- How many people are turned away?
- What strategies are used when the waitlist is full? Are there referral options?

Do you know how many people get services elsewhere? What kinds of other services are available in your area?

- How is access different in a public versus a private practice setting?

****Review of previous surveys****

In reviewing the previous surveys, is there anything we have left out or should ask differently in order to best get a snapshot of psychological practice?

Do you think the survey is equally relevant or sensitive to the parameters of public and private practice?

What areas of your practice have we not yet addressed in previous surveys?

- What do you do that we should know about?

What is important for us to know about in your day-to-day?

- What characterizes your practice?
- What does a typical session look like? An atypical session?
- Do sessions differ in process/procedure when others are present? (partner, family, etc)
In what ways?

Should we be asking psychologists more about consultation? Supervision? Specific types of assessments, procedures?

- What other duties do you accomplish? Who/what is implicated?

What other non-traditional roles do psychologists adopt?

FG 1

Survey logistics

****this is what we've done in previous surveys****

Based on some of the feedback we received from the previous surveys, some participants felt that our surveys were geared toward clinical and/or health psychologists that provide traditional therapy...

- How do we account for the work of other psychologists?

What issues are more relevant to child and adolescent clients that have not been addressed in previous surveys?

- Should we be asking more in-depth questions?

How do we appropriately target questions of interest for psychologists with child/adolescent clients?

- What questions should we be asking that reflect a practice session with a youth client?

Should we be asking about how often child clients come in?

- Are there a limited number of sessions provided?
- Is access to services a concern/issue? Are there challenges with access to services for some child/adolescent clients?
 - o Is there a waiting list?
 - o How many people are on it?
 - o How many people are turned away?
 - o What strategies are used when the waitlist is full? Are there referral options?
 - o Should we be asking about waiting lists?
 - o What are the implications for a child on a waiting list? How does that affect them?

What do we need to know about school involvement and the implications of such? What recommendations are usually made?

- What else about the school system do we need to know (in terms of the influence on your practice)?

Is there a referral process that is different from adult clients? What is the procedure?

What are the other avenues of care?

Is there funding for specialized services? Tell me more about it.

Is medication prescribed? For what problems? What types of medication are common/typical?

What are the treatment options? Types of therapy provided?

Should we be asking specifically about violence and/or abuse? (home, school; bullying, aggression)

What are the risk behaviours/factors for presenting problems that you have seen?

APPENDIX N

Consent to participate in a focus group

What does psychological practice look like across Canada?

You are asked to participate in a focus group conducted by the Canadian Psychological Association as part of a contribution agreement from the Public Health Agency of Canada.

PURPOSE OF THE FOCUS GROUP

If you volunteer to participate, you will be asked to attend a two and a half hour focus group session related to your psychological practice. The purpose of the focus group is to collect information from psychology practitioners to design two additional surveys that will collect information on practice related issues and topics identified by psychology practitioners. This information will be used to inform the Public Health Agency of Canada and the discipline of psychology regarding the health care practices of psychologists in Canada. After the focus group session, you will be asked to complete a brief questionnaire, which will take approximately 5-15 minutes. The questionnaire will include demographic questions and questions regarding your psychological practice and the clients for whom you provide services. You will participate in the focus group in a private room.

POTENTIAL RISKS AND DISCOMFORTS

Participation in the focus group will entail that you volunteer information about your psychological practice and the clients for whom you provide services. This may cause you to feel some concerns about the loss of professional privacy or client confidentiality. Every effort will be made to minimize these risks; questions during the focus group session will not ask for clients' names or other identifiers nor will we have any means of linking the information you report to any other databases that could enable us to identify clients. Additionally, the final report that results from this project will contain only aggregate data about the services provided by psychologist/psychological associate participants to their clients. No identifying information either about you or your clients will be reported back to the Public Health Agency, to any other organization or be included in the report.

POTENTIAL BENEFITS TO YOU AND/OR TO SOCIETY

Minimal information is currently available about the mental health problems addressed by psychologists. This project will aid us in developing surveys of psychologists in order to enhance what is known about the professional activities of psychologists. We will expand upon the data sources available for chronic disease surveillance and thereby improve the planning, coordination, and evaluation of health care delivery systems to better serve and protect the interests of Canadians.

PAYMENT FOR PARTICIPATION

You will be remunerated with a \$75 honorarium for participation in the focus group. You will receive the honorarium even if you do not openly participate in the discussion during the focus group session. Additionally, participants in the focus group sessions will enjoy a catered meal before the discussion begins.

CONFIDENTIALITY

We cannot guarantee anonymity for persons participating in this project as it is possible that participants may know each other. However, every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with the focus group.

You will not be asked to provide any identifying information in the focus group session or demographic questionnaire. The session will be tape recorded to assure accuracy of the content, and then transcribed by the Project Manager of this study, Ashley Ronson. Transcripts will not include identifying information and will be kept in a locked cabinet in a locked office. Focus group data (including transcripts) will be saved on a password-protected computer.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in the focus group. If you volunteer to be involved, you may withdraw at any time while participating in the focus group session or while completing the questionnaire without consequences of any kind. You may also refuse to answer any questions you do not want to answer. If you would like to have your data removed from this study at a later time, please email the principal investigators listed at the bottom of this information letter, and your statements will be removed from the transcript.

RIGHTS OF FOCUS GROUP PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in the focus group. This project has been deemed “quality assurance” rather than research activity by several academic and professional organizations and institutions with whom CPA expressly consulted.

FOR ADDITIONAL INFORMATION

If you have any questions or concerns about the research, please contact the project’s Principal Investigator and Project Manager:

Ashley Ronson, M.Sc

Project Manager

Canadian Psychological Association

[\(aronson@cpa.ca\)](mailto:aronson@cpa.ca)

1-888-472-0657 ext. 334

Karen Cohen, Ph.D

Executive Director

Canadian Psychological Association

[\(kcohen@cpa.ca\)](mailto:kcohen@cpa.ca)

1-888-472-0657 ext. 344

CONSENT TO PARTICIPATE IN A FOCUS GROUP

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I have read the information provided for the focus group “What does psychological practice look like across Canada” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant (please print)

Signature of Participant

Date

SIGNATURE OF WITNESS

Name of Witness (please print)

Signature of Witness

Date

APPENDIX O

Survey 3 Questionnaire

This survey is intended for psychologist practitioners providing services to child and youth clients younger than 18 years of age. Think about the client to whom you provided service at the randomly selected time (or the client you saw nearest to that randomly selected time) and answer the following questions.

1. Client's Gender:

- ☐ Male
☐ Female
☐ Transgender

2. Client's Age: _____**3. Ethnicity as identified by the client and/or the parent(s) or caregiver(s):**

- ☐ White
☐ Chinese
☐ Black
☐ Filipino
☐ Latin American
☐ South Asian (e.g., East Indian, Pakistan, Sri Lankan, etc.)
☐ Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese, etc.)
☐ West Asian (e.g., Afghan, Iranian, etc.)
☐ Arab
☐ Japanese
☐ Korean
☐ Aboriginal Peoples of North America (North American Indian, Métis, Inuit)
☐ Other (please specify): _____

4. Client's language spoken at home:

- ☐ English
☐ French
☐ Other (please specify): _____

5.1. Was the client born in Canada or did the client move to Canada?

- ☐ Born in Canada (Skip to 6)
- ☐ Not born in Canada, and has lived here for _____ years

5.2. Under what status did the client move to Canada?

- ☐ Immigrant
- ☐ Refugee
- ☐ Unknown

6. Sexual orientation as reported by the identified client, if known:

- ☐ Heterosexual
- ☐ Gay/lesbian
- ☐ Bisexual
- ☐ Unknown

7. What is the client's current family structure?

- ☐ Two married parents
- ☐ Two parents living common law
- ☐ Single parent
- ☐ Blended family (e.g. step-parents, step-siblings)
- ☐ Extended family as caregivers (e.g., grandparents, uncles, aunts, etc.)
- ☐ Adult siblings as caregivers
- ☐ Other (*please specify*): _____

8. Client's living arrangements:

- ☐ Single residence
- ☐ Multiple residences
- ☐ Foster care
- ☐ Group home
- ☐ Homeless or shelter
- ☐ Other (*please specify*) _____

9. 1. Does the identified client attend school regularly?

- ☐ Yes
- ☐ No (Skip to 12)
- ☐ Unknown (Skip to 12)

- ☐ Not applicable, client is not school-aged (Skip to 13)

9.2. **What school grade is the identified client in?** _____

10. What type of school does the identified client attend?

- ☐ Publicly funded school
☐ Privately funded school
☐ Client is home-schooled

11. Does the client attend special programs or classes for any of the following? (Check all that apply)

- ☐ Learning disorder
☐ Developmental disability
☐ Behaviour
☐ Slow learner
☐ Gifted
☐ Other (please specify): _____
☐ None

12. Has the identified client ever been held back a grade?

- ☐ Yes
☐ No
☐ Unknown

13. (1) Does the client have paid work in any capacity?

- ☐ Full-time
☐ Part-time
☐ No (Skip to 14)
☐ Unknown (Skip to 14)
☐ Not applicable (Skip to 14)

13. (2) If the client works, what does s/he do?

14. Language in which service is provided to client:

- ☐ English
☐ French
☐ Other (*please specify*): _____

15. What service(s) did you provide to the client during this session? (*Check all that apply*)

- ☐ Assessment
☐ Treatment
☐ Consultation

16. Please specify and briefly describe the type of assessment, therapy, and/or consultation you provided:

17. Including today's session, how many THERAPY sessions have you had related to the identified client? (Include sessions with parents, teachers, etc.) _____

18. Including today's session, how many ASSESSMENT sessions have you had related to the identified client? (Include sessions with parents, teachers, etc.) _____

19. Including today's session, how many CONSULTATION sessions have you had related to the identified client? (Include sessions with parents, teachers, etc.) _____

20. How many more sessions of all types do you anticipate providing to or about the identified client? (Include sessions with parents, teachers, etc.)

21. Over all sessions to date, did you consult anyone from the school system in relation to the treatment of the identified client? (*Check all that apply*)

- ☐ Teacher(s)
☐ Educational Assistant
☐ Other psychologist
☐ Principal or Vice-principal
☐ Other (*please specify*): _____
☐ No
☐ Not applicable, client is not school-aged

22. Over all sessions to date, who are you seeing connected with the treatment of the identified client (apart from the client his/herself)? (Check all that apply)

- ☐ Parent(s)
- ☐ Other family member(s)
- ☐ Family physician
- ☐ Other (please specify): _____

23. (1) In this session, did you *only* see the identified client?

- ☐ Yes
- ☐ No (Skip to 24)

23.2. In this session, who else was included in the delivery of the service? (Check all that apply)

- ☐ Parent(s)
- ☐ Other family member(s) other than caregivers
- ☐ Other caregiver(s)
- ☐ Other service provider(s)
- ☐ Other (please specify): _____

24. Does the client have any identifiable risk factors for mental health problems? (Check all that apply)

- ☐ Parental mental disorder and/or family history of mental health problem
- ☐ Physical disability and/or long-term illness in the family
- ☐ Marital problems in the family (e.g., separation, divorce, family instability)
- ☐ Bereavement
- ☐ Mobility (e.g., frequent moves)
- ☐ Physical and/or sexual abuse
- ☐ Removal from family by child welfare authorities; multiple placements
- ☐ Attachment difficulties
- ☐ Bullying
- ☐ Aggression and/or anger
- ☐ Unusual fears, phobias
- ☐ Academic performance problems
- ☐ School avoidance, truancy
- ☐ Pre-term birth
- ☐ Congenital health problems (including genetic conditions)

- ☐ Other health problems
- ☒ Exposure to traumatic events
- ☒ Brain injury (developmental or acquired)
- ☐ Other (*please specify*): _____
- ☐ Unknown
- ☐ No risk factors

25. What are the reasons for which the client is seeking services or was brought for services? (Check as many that apply):

- ☐ Mood problems or disorders
- ☐ Anxiety problems or disorders
- ☒ Behaviour problems or disorders
- ☐ Intrapersonal issues (e.g., self-esteem, self-confidence, anger, shyness)
- ☒ Attentional problems or disorders (e.g., ADD, ADHD)
- ☐ Learning problems or disorders
- ☒ Gifted assessment
- ☒ School readiness
- ☒ Attachment problems or disorders
- ☒ Cognitive problems other than learning (including developmental delays)
- ☒ Autism spectrum disorders
- ☒ Self-harm behaviours (e.g., suicidal gestures or thoughts, self-injury)
- ☐ Psychosis
- ☐ Managing health, injury, and illness
- ☐ Adjustment to life stressors
- ☒ Parental separation or divorce
- ☒ Adoption consultation
- ☐ Eating disorders
- ☐ Sleep problems or disorders
- ☐ Somatoform disorders (e.g., chronic pain)
- ☐ Sexual abuse and trauma
- ☐ Physical abuse and trauma
- ☒ Psychosexual problems
- ☐ Substance use and/or abuse disorders
- ☐ Other (*please specify*): _____

26. (1) Does your client have any DSM-IV diagnoses?

- ☐ Yes (Skip to 26.3)
- ☐ No (Skip to 27)
- ☐ Diagnostic evaluation not yet completed (Skip to 27)
- ☐ Unknown (Skip to 27)
- ☐ I do not use the DSM (Skip to 26.2)

26. (2) If you do not use the DSM, do you make diagnoses using a different classification? (e.g., ICD-10)

- ☐ Yes, please specify: _____
- ☐ No

26. (3) Enter the names of the client's diagnoses: (Click here for [DSM-IV Diagnostic Names](#))

Primary Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

27. Please rate the extent to which you believe, prior to seeing you, the client's daily functioning was negatively affected by his or her presenting problem(s):

- ☐ None
- ☐ Little
- ☐ Moderately
- ☐ Severely
- ☐ Unknown

28. Thus far in your work with this client how much change has there been in his or her presenting problem(s)?

- ☐ Recovered
- ☐ Greatly improved
- ☐ Improved
- ☐ No change
- ☐ Deterioration
- ☐ Not applicable

29. (1) Does the client report problems *related* to a chronic disease, disorder or condition, but that is *not* the presenting problem?

- ☐ Yes
- ☐ No (Skip to 32)
- ☐ Unknown (Skip to 32)

29.2. What functions are involved in the client's chronic disorder(s)? (Check all that apply)

- ☐ Neurological functions
- ☐ Mental functions
- ☐ Gross and fine motor functions
- ☐ Visual functions
- ☐ Auditory functions
- ☐ Speech and language functions
- ☐ Gastrointestinal functions
- ☐ Endocrinological functions
- ☐ Cardiological functions
- ☐ Respiratory functions
- ☐ Immunological functions
- ☐ Other (please specify) _____

30. Please rate the extent to which you believe the client's daily functioning is restricted by his or her chronic disease(s), disorder(s) or conditions:

- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

31. Please rate the extent to which you believe the client's chronic disease(s), disorder(s), or condition(s) impacts the family:

- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

32. Client's or parents' appraisal of client's health status:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unknown

33. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?

- ☐ Yes
- ☐ No
- ☐ Unknown

34.1. Is the client receiving psychotropic medication for a *mental health problem*?

- ☐ Yes
- ☐ No (skip to 35)
- ☐ Unknown (skip to 35)

34.2. If yes, what medication(s)? (*Check all that apply*)

- ☐ Antidepressant
- ☐ Anxiolytic
- ☐ Antipsychotic
- ☐ Stimulant
- ☐ Hypnotic
- ☐ Mood Stabilizer
- ☐ Unknown
- ☐ Other (*please specify*): _____

34.3. If yes, this medication is prescribed to the client by:

- ☐ Family physician or general practitioner
- ☐ Paediatrician
- ☐ Other specialist physician

- ☐ Psychiatrist
- ☐ Nurse-practitioner
- ☐ Other health specialist

35. Does your client take medication for a *health problem* which is related to the presenting problem? (e.g., receiving services related to the diagnosis of ADHD and taking Ritalin)

- ☐ Yes
- ☐ No
- ☐ Unknown

36. Does your client take medication for another health problem *unrelated* to the presenting problem? (e.g., receiving services related to a learning problem but the client also takes insulin for diabetes)

- ☐ Yes
- ☐ No
- ☐ Unknown

37.1. Is this client receiving services from another regulated healthcare provider for the same presenting problem?

- ☐ Yes
- ☐ No (Skip to 38.1)

37.2. From whom are they receiving these services?

- ☐ Psychiatrist
- ☐ Family practitioner or general physician
- ☐ Nurse practitioner
- ☐ Psychologist
- ☐ Counsellor
- ☐ Social worker
- ☐ Speech language pathologist
- ☐ Occupational therapist
- ☐ Social service agencies
- ☐ Physiotherapist
- ☐ Other (*please specify*): _____

38.1. Is the client or caregiver receiving or participating in community services or support related to the client's presenting problem?

- ☐ Yes
- ☐ No (Skip to 39)

38.2. What type of community service or support?

- ☐ Big Brother/Big Sister
- ☐ Therapy camps
- ☐ Support groups (e.g., bereavement, divorce)
- ☐ Social skills
- ☐ Assertive Community Treatment team
- ☐ Parenting training
- ☐ Community resource or health centre
- ☐ Other (*please specify*): _____

39. How was the client referred to you?

- ☐ Self
- ☐ Parent(s)
- ☐ Other client
- ☐ Legal system
- ☐ Family member
- ☐ School system
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Physician
- ☐ Other health care professional
- ☐ Insurance system
- ☐ Community service
- ☐ Social services (e.g., CAS)
- ☐ Professional referral service

40. Have you made any referrals for this client or related to this client for: (*check all that apply*)

- ☐ Substance abuse
- ☐ Other mental health
- ☐ Psychological assessment (neuropsychological, educational, vocational)

- ☐ Educational (e.g., tutoring)
- ☐ Parent training or support
- ☐ Activities of daily living
- ☐ Housing
- ☐ Child and family services
- ☐ Social services other than child and family services
- ☐ Medication
- ☐ Other health (e.g., speech language, occupational therapy)
- ☐ Support or self help
- ☐ Other (*please specify*): _____
- ☐ No referrals made

41. Service setting is in:

- ☐ Major urban centre
- ☐ Suburb of major urban centre
- ☐ Smaller city or town
- ☐ Rural setting

42. Client resides in:

- ☐ Major urban centre
- ☐ Suburb of major urban centre
- ☐ Smaller city or town
- ☐ Rural setting

43. In what type of setting or organization did you provide the service to this client?

- ☐ Private practice setting – group practice
- ☐ Private practice setting – individual practice
- ☐ Public health care organization (e.g. hospital, clinic)
- ☐ Detention centre
- ☐ Community program
- ☐ Child welfare agency
- ☐ School

44. How did the client or the client's caregiver pay for the service?

- ☐ Paid for services directly, with no extended health insurance reimbursement
- ☐ Paid for services directly, some of which is reimbursed by extended health insurance

- ☐ Paid for services directly, all or most of which is reimbursed by extended health insurance
- ☐ Received services within a publicly funded institution (e.g., hospital, school, correctional facility)
- ☐ Received services paid in part by a publicly funded agency
- ☐ Received services paid in whole by a publicly funded agency
- ☐ Received pro-bono services
- ☐ Other (*please specify*): _____

45. Briefly, what are the top 3 factors that challenged you in providing or ensuring the best possible service for this particular client? (e.g., lack of specialized services in the community, lack of funding for a needed service, lack of collaboration among partners in care, lack of support from parents or others involved in child's care)

APPENDIX P

Survey 3 invitation email

Subject: CPA Practice Network: Eligibility Survey invitation

Greetings,

Thank you for your interest in participating with this innovating research project regarding the demographic and clinical characteristics of children and adolescent clients. As part of the contribution agreement supported by the Public Health Agency of Canada, this project intends to supplement current knowledge of the mental health of Canadians and the services provided to them. For more information on the full scope of the project and results from the first two phases, please visit our web page: www.cpa.ca/surveillanceandsurveys

Previous surveys did not adequately capture the scope of practice and clientele for psychologists who provide services to children and adolescents. Recognizing this gap, CPA has developed a survey that targets child- and adolescent-focused demographic information, psychosocial functioning, and service characteristics. One hundred and fifty psychologist practitioners will complete this survey, which will require up to 45 minutes of time, and will be remunerated \$75 for participation.

Similar to our Survey 2 methodology, this survey will utilize **real-time sampling**, which requires participants to respond to the survey regarding a randomly selected client. Please visit the following link and complete an **ELIGIBILITY SURVEY**: www.cpa.ca/eligibilitysurvey

Your UserID is: [user_id]

Your Password is: [password]

The information gathered from the eligibility survey will allow us to obtain some key demographics on the psychologist practitioners who may be completing Survey 3. *Although we are not aiming for complete representativeness of psychologists in Canada, a variety of participants from every province and other key demographic characteristics will be chosen to complete Survey 3.*

The eligibility survey will also allow us to choose a random time in your work week for you to respond to the actual survey; you will respond to Survey 3 regarding the child or adolescent client seen closest to the time you receive the survey invitation and you will have **48 hours** to submit your responses. Your willingness to participate is greatly appreciated and your contribution to the project is invaluable. Thank you again for expressing your interest, **Survey 3 will become available mid-November.**

Kindest regards,
Ashley

APPENDIX Q

Survey 3: Eligibility Survey

1. What is your age?
2. What is your gender?
 - ☐ Male
 - ☐ Female
3. Degree upon which your registration is based:
 - ☐ Masters
 - ☐ Doctorate
4. Area of psychology in which you obtained your highest degree:
 - ☐ Clinical psychology
 - ☐ Counselling psychology
 - ☐ Clinical neuropsychology
 - ☐ School psychology
 - ☐ Developmental psychology
 - ☐ Other (please specify)
5. Province in which you are a registered psychologist practitioner:
 - ☐ British Columbia
 - ☐ Alberta
 - ☐ Saskatchewan
 - ☐ Manitoba
 - ☐ Ontario
 - ☐ Quebec
 - ☐ New Brunswick
 - ☐ Nova Scotia
 - ☐ Prince Edward Island
 - ☐ Newfoundland and Labrador
6. How is your practice activity best described?
 - ☐ 50% or more in private practice
 - ☐ 50% or more in public practice
7. Do you primarily provide services to children and adolescents (including parents, teachers, etc.)?
 - ☐ Yes
 - ☐ No

8. In a typical work week, what days do you see clients? (Check all that apply)

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

9. On a typical day, what hours do you see clients? (Use the format XX:XX in 24 hour time)

- ☐ Start time of first session:
- ☐ End time of last session:

APPENDIX R

Fisher and Yates' (1974) random numbers table

Appendix

Table I Random numbers

03 47 43 73 86	39 96 47 36 61	46 98 63 71 62	33 26 16 80 45	60 11 14 10 95
97 74 24 67 62	42 81 14 57 20	42 53 32 37 32	27 07 36 07 51	24 51 79 89 73
16 76 62 27 66	56 50 26 71 07	32 90 79 78 53	13 55 38 58 59	88 97 54 14 10
12 56 85 99 26	96 96 48 27 31	05 03 72 93 15	57 12 10 14 21	88 26 49 81 76
55 59 56 35 64	38 54 82 46 22	31 62 43 09 90	06 18 44 32 53	23 83 01 30 30
16 22 77 94 39	49 54 43 54 82	17 37 93 23 78	87 35 20 96 43	84 26 34 91 64
84 42 17 53 31	57 24 55 06 88	77 04 74 47 67	21 75 33 50 25	83 92 12 06 76
63 01 63 78 59	16 95 55 67 19	98 10 50 71 75	12 86 73 58 07	44 39 52 38 79
33 21 12 34 29	78 64 56 07 82	52 42 07 44 38	15 51 00 13 42	99 66 02 79 54
57 60 86 32 44	09 47 27 96 54	49 17 46 09 62	90 52 84 77 27	08 02 73 43 28
18 18 07 92 46	44 17 16 58 09	79 83 86 16 62	06 76 50 03 10	55 13 64 05 05
26 62 38 97 75	84 16 07 44 99	83 11 46 32 24	20 14 85 88 45	10 93 72 88 71
23 42 40 64 74	82 97 77 77 81	07 45 12 14 08	32 98 94 07 72	93 85 79 10 75
52 36 28 19 95	50 92 26 11 97	00 56 76 31 38	80 22 02 53 53	86 40 42 04 53
37 85 94 15 12	83 39 50 08 30	42 34 07 96 88	54 42 06 87 98	35 65 29 48 38
70 29 17 12 13	40 33 20 38 26	13 89 51 03 74	17 76 37 13 04	07 74 21 19 30
56 62 18 17 35	96 83 50 87 75	97 12 25 93 47	70 33 24 03 54	97 77 46 44 80
99 49 57 22 77	88 42 95 45 72	16 64 36 16 00	04 43 18 66 79	94 77 24 21 90
16 08 15 04 72	33 27 14 34 90	45 59 34 68 49	12 72 07 34 45	99 27 72 95 14
31 16 93 32 43	50 27 89 87 19	20 15 37 00 49	52 85 66 60 44	38 68 88 11 80
68 34 30 13 70	55 74 30 77 40	44 22 73 84 26	04 33 46 09 52	68 07 97 06 57
74 57 25 65 76	59 29 97 68 60	71 91 38 67 54	13 58 18 24 76	15 54 55 95 52
27 42 37 86 53	48 55 90 65 72	96 57 69 36 10	96 46 92 42 45	97 60 49 04 91
00 39 68 29 61	66 37 32 20 30	77 84 57 03 29	10 45 55 04 26	11 04 96 67 24
29 94 98 94 24	68 49 69 10 82	53 75 91 93 30	34 25 10 57 27	40 48 73 51 92
16 90 82 66 59	83 62 64 11 12	67 19 00 71 74	60 47 21 29 68	02 02 37 03 31
11 27 94 75 06	06 09 19 14 66	02 94 37 34 02	76 70 90 30 86	38 45 94 30 38
35 24 10 16 20	33 32 51 26 38	79 78 45 04 91	16 92 13 56 16	02 75 50 95 98
38 23 16 86 38	42 38 97 01 50	87 75 66 81 41	40 01 74 91 62	48 51 84 08 32
31 96 25 91 47	96 44 33 49 13	34 86 82 53 91	00 52 43 48 85	27 55 26 89 62
66 67 40 67 14	64 05 71 95 86	11 05 65 09 68	76 83 20 37 90	57 16 00 11 66
14 90 84 45 11	75 73 88 05 90	52 27 41 14 86	22 98 12 22 08	07 52 74 95 80
68 05 51 18 00	33 96 02 75 19	07 60 62 93 55	59 33 82 43 90	49 37 38 44 59
20 46 78 73 90	97 51 40 14 02	04 02 33 31 08	39 54 16 49 36	47 95 93 13 30
64 19 58 97 79	15 06 15 93 20	01 90 10 75 06	40 78 78 89 62	02 67 74 17 33
05 26 93 70 60	22 35 85 15 13	92 03 51 59 77	59 56 78 06 83	52 91 35 70 74
07 97 10 88 23	09 98 42 99 64	61 71 62 99 15	06 51 29 16 93	58 05 77 09 51
68 71 86 85 85	54 87 66 47 54	73 32 08 11 12	44 95 92 63 16	29 56 24 29 48
26 99 61 65 53	58 37 78 80 70	42 10 50 67 42	32 17 55 85 74	94 44 67 16 94
14 65 52 68 75	87 59 36 22 41	26 78 63 86 55	13 08 27 01 50	15 29 39 39 43

Abridged from R.A. Fisher and F.Yates, *Statistical Tables for Biological, Agricultural and Medical Research*, (6th ed.) Longman Group UK Ltd (1974).

APPENDIX S

Survey 3 codebook

Question	Variable name	Response options	Missing values
Respondent ID	ID	(none: numerical value)	
1. Client's gender	Cgender	0 = Male 1 = Female 2 = Transgender	
2. Client's age:	Cage	(none: numerical value)	99
3. Ethnicity as identified by the client and/or the parent(s) or caregiver(s):	CEthnicity	0 = White 1 = Chinese 2 = Black 3 = Filipino 4 = Latin American 5 = South Asian 6 = Southeast Asian 7 = West Asian 8 = Arab 9 = Japanese 10 = Korean 11 = Aboriginal 12 = Other	
	CEthnicityOther	(none: string value)	98
4. Client's language spoken at home:	CLanguage	0 = English 1 = French 2 = Other	
	CLangOther	(none: string value)	98
5.1. Was the client born in Canada or did the client move to Canada?	Nationality	0 = Born in Canada 1 = Moved to Canada	
	NatYear	(none: numerical value)	
5.2 Under what status did the client move to Canada?	CStatus	0 = Immigrant 1 = Refugee 2 = Unknown	
6. Sexual orientation as reported by the identified client, if known:	SexOrient	0 = Heterosexual 1 = Gay/lesbian 2 = Bisexual 3 = Unknown	

7. What is the client's current family structure?	FamilyStruct	0 = Two married parents 1 = Two parents living common law 2 = Single parent 3 = Blended family 4 = Extended family as caregivers 5 = Adult siblings as caregivers 6 = Other	
	FamilyStructOther	(none: string value)	
8. Client's living arrangements:	CLivingArrange	0 = Single residence 1 = Multiple residences 2 = Foster care 3 = Group home 4 = Homeless or shelter 5 = Other	
	CLivingOther	(none: string value)	
9.1 Does the identified client attend school regularly?	CAttendSchool	0 = Yes 1 = No 2 = Unknown 98 = N/A, child is not school-aged	98
9.2 What school grade is the identified client in?	CSchoolGrade	(none: numerical)	
10. What type of school does the identified client attend?	CSchool	0 = Publicly funded school 1 = Privately funded school 2 = Home schooled	
11. (1) Does the client attend special programs or classes for any of the following? – Learning Disorder	CSpecProgLD	0 = Yes 1 = No	
11. (2) Does the client attend special programs or classes for any of the following? – Developmental disability	CSpecProgDD	0 = Yes 1 = No	
11. (3) Does the	CSpecProgBeh	0 = Yes	

client attend special programs or classes for any of the following? – Behaviour		1 = No	
11. (4) Does the client attend special programs or classes for any of the following? –Slow learner	CSpecProgSL	0 = Yes 1 = No	
11. (5) Does the client attend special programs or classes for any of the following? –Gifted	CSpecProgGift	0 = Yes 1 = No	
11. (6) Does the client attend special programs or classes for any of the following? –Other	CSpecProgOther	0 = Yes 1 = No	
12. Has the identified client ever been held back a grade?	CHeldBack	0 = Yes 1 = No 2 = Unknown	
13.1 Does the client have paid work in any capacity?	CWork	0 = Full-time 1 = Part-time 2 = No 3 = Unknown 98 = Not applicable	
13.2 If the client works, what does s/he do?	CWorkdesc		98
14. Language in which service is provided to client:	CLangServ	0 = English 1 = French 2 = Other	
	CLangServOther	(none : string value)	98
15. (1) What service(s) did you provide to the client during this session? – Assessment	CServicesAssm	0 = Yes 1 = No	

15. (2) What service(s) did you provide to the client during this session? – Treatment	CServicesTrmt	0 = Yes 1 = No
15. (3) What service(s) did you provide to the client during this session? – Consultation	CServicesCons	0 = Yes 1 = No
16. Please specify and briefly describe the type of assessment, therapy, and/or consultation you provided:	CServices	(none: string value)
17. Including today's session, how many THERAPY sessions have you had related to the identified client?	CTherapySess	(none: numerical)
18. Including today's session, how many ASSESSMENT sessions have you had related to the identified client?	CAssmSess	(none: numerical)
19. Including today's session, how many CONSULTATION sessions have you had related to the identified client?	CConsSess	(none: numerical)
20. How many more sessions of all types do you anticipate providing	CAddtSess	(none: numerical)

to or about the identified client?			
21.(1) Over all sessions to date, did you consult anyone from the school system in relation to the treatment of the identified client? – Teacher	CConsultTeacher	0 = Yes 1 = No	
21.(2) Over all sessions to date, did you consult anyone from the school system in relation to the treatment of the identified client? – Educational Assistant	CConsultEA	0 = Yes 1 = No	
21.(3) Over all sessions to date, did you consult anyone from the school system in relation to the treatment of the identified client? – Other psychologist	CConsultPsych	0 = Yes 1 = No	
21.(4) Over all sessions to date, did you consult anyone from the school system in relation to the treatment of the identified client? – Principal or Vice-principal	CConsultPrin	0 = Yes 1 = No	
21.(5) Over all sessions to date, did you consult	CConsultOther	0 = Yes 1 = No	
	CConsultOtherSpec	(none: string value)	98

anyone from the school system in relation to the treatment of the identified client? – Other			
22.(1) Over all sessions to date, who are you seeing connected with the treatment of the identified client? – Parent(s)	CSeeParent	0 = Yes 1 = No	
22.(2) Over all sessions to date, who are you seeing connected with the treatment of the identified client? – Other family member(s)	CSeeFamily	0 = Yes 1 = No	
22.(3) Over all sessions to date, who are you seeing connected with the treatment of the identified client? – Family physician	CSeeGP	0 = Yes 1 = No	
22.(4) Over all sessions to date, who are you seeing connected with the treatment of the identified client? – Other	CSeeOther	0 = Yes 1 = No	
	CSeeOtherSpec	(none: string value)	98
23.1 In this session, did you only see the identified client?	CSessClientAlone	0 = Yes 1 = No	
23.2 (1) In this session, who else was included in the delivery of the service? –Parent(s)	CSessParent	0 = Yes 1 = No	

23.2 (2) In this session, who else was included in the delivery of the service? –Other family member(s)	CSessFamily	0 = Yes 1 = No
23.2 (3) In this session, who else was included in the delivery of the service? –Other caregiver	CSessCaregiver	0 = Yes 1 = No
23.2 (4) In this session, who else was included in the delivery of the service? –Other service provider	CSessSP	0 = Yes 1 = No
23.2 (5) In this session, who else was included in the delivery of the service? –Other	CSessOther	0 = Yes 1 = No
	CSessOtherSpec	(none: string value)
24.(1) Does the client have any identifiable risk factors for mental health problems? – Parental mental disorder	CRiskParentMH	0 = Yes 1 = No
24.(2) Does the client have any identifiable risk factors for mental health problems? – Physical disability	CRiskPhysdis	0 = Yes 1 = No
24.(3) Does the client have any identifiable risk factors for mental health problems? – Marital problems in family	CRiskMaritalProb	0 = Yes 1 = No

24.(4) Does the client have any identifiable risk factors for mental health problems? – Bereavement	CRiskBereave	0 = Yes 1 = No
24.(5) Does the client have any identifiable risk factors for mental health problems? – Mobility	CRiskMobility	0 = Yes 1 = No
24.(6) Does the client have any identifiable risk factors for mental health problems? – Physical/sexual abuse	CRiskPhysSexAbuse	0 = Yes 1 = No
24.(7) Does the client have any identifiable risk factors for mental health problems? – Removal from family	CRiskRemoval	0 = Yes 1 = No
24.(8) Does the client have any identifiable risk factors for mental health problems? – Attachment difficulties	CRiskAttach	0 = Yes 1 = No
24.(9) Does the client have any identifiable risk factors for mental health problems? – Bullying	CRiskBullying	0 = Yes 1 = No
24.(10) Does the client have any identifiable risk factors for mental	CRiskAnger	0 = Yes 1 = No

health problems? – Aggression, anger		
24.(11) Does the client have any identifiable risk factors for mental health problems? – Unusual fears	CRiskFears	0 = Yes 1 = No
24.(12) Does the client have any identifiable risk factors for mental health problems? – Academic performance	CRiskAcademicProbs	0 = Yes 1 = No
24.(13) Does the client have any identifiable risk factors for mental health problems? – School avoidance	CRiskSchoolAvoid	0 = Yes 1 = No
24.(14) Does the client have any identifiable risk factors for mental health problems? – Pre-term birth	CRiskPreterm	0 = Yes 1 = No
24.(15) Does the client have any identifiable risk factors for mental health problems? – Congenital health problems	CRiskCongenital	0 = Yes 1 = No
24.(16) Does the client have any identifiable risk factors for mental health problems? – Other health	CRiskOtherHealth	0 = Yes 1 = No
24.(17) Does the client have any identifiable risk	CRiskTrauma	0 = Yes 1 = No

factors for mental health problems? – Exposure to traumatic events		
24.(18) Does the client have any identifiable risk factors for mental health problems? – Brain injury	CRiskBrainInj	0 = Yes 1 = No
24.(19) Does the client have any identifiable risk factors for mental health problems? – Other	CRiskOther CRiskOtherSpec	(none: string value)
24.(20) Does the client have any identifiable risk factors for mental health problems? – Unknown	CRiskUnknown	0 = Yes 1 = No
24.(21) Does the client have any identifiable risk factors for mental health problems? – No risk factors	CNoRisk	0 = Yes 1 = No
25.(1) What are the reasons for which the client is seeking services or was brought for services? –Mood problems	CMoodProbs	0 = Yes 1 = No
25.(2) What are the reasons for which the client is seeking services or was brought for services? –Anxiety problems	CAnxProbs	0 = Yes 1 = No
25.(3) What are the	CBehProbs	0 = Yes

reasons for which the client is seeking services or was brought for services? – Behavioural problems		1 = No
25.(4) What are the reasons for which the client is seeking services or was brought for services? – Intrapersonal issues	CIntraProbs	0 = Yes 1 = No
25.(5) What are the reasons for which the client is seeking services or was brought for services? – Attentional problems	CAttentionProbs	0 = Yes 1 = No
25.(6) What are the reasons for which the client is seeking services or was brought for services? – Learning problems	CLearnProbs	0 = Yes 1 = No
25.(7) What are the reasons for which the client is seeking services or was brought for services? – Gifted assessment	CGiftAssm	0 = Yes 1 = No
25.(8) What are the reasons for which the client is seeking services or was brought for services? – School readiness	CSchoolReady	0 = Yes 1 = No

25.(9) What are the reasons for which the client is seeking services or was brought for services? – Attachment problems	CAttachProbs	0 = Yes 1 = No
25.(10) What are the reasons for which the client is seeking services or was brought for services? –Cognitive problems	CCogProbs	0 = Yes 1 = No
25.(11) What are the reasons for which the client is seeking services or was brought for services? –Autism Spectrum disorders	CAutism	0 = Yes 1 = No
25.(12) What are the reasons for which the client is seeking services or was brought for services? –Self-harm behaviours	CSelfHarm	0 = Yes 1 = No
25.(13) What are the reasons for which the client is seeking services or was brought for services? – Psychosis	CPsychosis	0 = Yes 1 = No
25.(14) What are the reasons for which the client is seeking services or was brought for services? – Managing health,	CManageHII	0 = Yes 1 = No

injury, illness		
25.(15) What are the reasons for which the client is seeking services or was brought for services? – Adjustment to life stressors	CAdjStress	0 = Yes 1 = No
25.(16) What are the reasons for which the client is seeking services or was brought for services? –Parental separation or divorce	CDivorce	0 = Yes 1 = No
25.(17) What are the reasons for which the client is seeking services or was brought for services? –Adoption consultation	CAdoption	0 = Yes 1 = No
25.(18) What are the reasons for which the client is seeking services or was brought for services? –Eating disorders	CEDs	0 = Yes 1 = No
25.(19) What are the reasons for which the client is seeking services or was brought for services? –Sleep problems	CSleepProbs	0 = Yes 1 = No
25.(20) What are the reasons for which the client is seeking services or was brought for	CSomaDis	0 = Yes 1 = No

services? – Somatoform disorders			
25.(21) What are the reasons for which the client is seeking services or was brought for services? –Sexual abuse and trauma	CSexAbuse	0 = Yes 1 = No	
25.(22) What are the reasons for which the client is seeking services or was brought for services? –Physical abuse	CPhysAbuse	0 = Yes 1 = No	
25.(23) What are the reasons for which the client is seeking services or was brought for services? – Psychosexual problems	CPsychSexProbs	0 = Yes 1 = No	
25.(24) What are the reasons for which the client is seeking services or was brought for services? – Substance use	CSubstUse	0 = Yes 1 = No	
25.(1) What are the reasons for which the client is seeking services or was brought for services? –Other	CProbOther	0 = Yes 1 = No	
	CProbOtherArea	(none: string value)	98
26.1. Does your client have any DSM-IV diagnoses?	CDSMDiag	0 = Yes 1 = No 2 = Diagnostic evaluation not yet completed 3 = Unknown	

		4 = I do not use the DSM	
26.2 If you do not use the DSM, do you make diagnoses using a different classification?	CDiagClass	0 = Yes 1 = No	
	COtherDiagClass	(none: string value)	98
26.3.(1) Enter the names of diagnoses for this client: -- Primary Diagnosis:	CDSMPrim	(none: string value)	99
26.3.(2) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)— Add. Diagnosis:	CDSMAdd1	(none: string value)	99
26.3.(3) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)-- Additional Diagnosis:	CDSMAdd2	(none: string value)	99
26.3.(4) Enter the names of diagnoses for this client: (Click here for DSM-IV Diagnosis Names)— Add. Dg	CDSMAdd3	(none: string value)	99
27. Please rate the extent to which you believe, prior to starting treatment with you, the client's daily functioning was negatively affected by his or her presenting problem(s):	CDayFunc	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown	
28. Thus far in your services to this client how much	CChangeProb	0 = Recovered 1 = Greatly improved 2 = Improved	

change is there in his or her presenting problem(s)?		3 = No Change 4 = Deterioration 98 = Not applicable
29.1 Does the client report problems related to a chronic disease, disorder or condition?	CChronicDis	0 = Yes 1 = No 2 = Unknown
29.2(1) What functions are involved in the client's chronic disorder(s)? – Neurological functions	CNeuroFunc	0 = Yes 1 = No
29.2(2) What functions are involved in the client's chronic disorder(s)? – Mental functions	CMentFunc	0 = Yes 1 = No
29.2(3) What functions are involved in the client's chronic disorder(s)? –Gross and fine motor	CMotorFunc	0 = Yes 1 = No
29.2(4) What functions are involved in the client's chronic disorder(s)? –Visual functions	CVisFunc	0 = Yes 1 = No
29.2(5) What functions are involved in the client's chronic disorder(s)? – Auditory functions	CAudFunc	0 = Yes 1 = No
29.2(6) What functions are involved in the	CSpeechFunc	0 = Yes 1 = No

client's chronic disorder(s)? – Speech and language functions			
29.2(7) What functions are involved in the client's chronic disorder(s)? – Gastrointestinal functions	CGastroFunc	0 = Yes 1 = No	
29.2(8) What functions are involved in the client's chronic disorder(s)? – Endocrinological functions	CEndoFunc	0 = Yes 1 = No	
29.2(9) What functions are involved in the client's chronic disorder(s)? – Cardiological functions	CCardioFunc	0 = Yes 1 = No	
29.2(10) What functions are involved in the client's chronic disorder(s)? – Respiratory	CRespFunc	0 = Yes 1 = No	
29.2(11) What functions are involved in the client's chronic disorder(s)? – Immunological functions	CImmunoFunc	0 = Yes 1 = No	
29.2(12) What functions are involved in the client's chronic disorder(s)? –Other	COtherCD	0 = Yes 1 = No	
	COtherCDArea	(none: string value)	98

(please specify)		
30. Please rate the extent to which you believe the client's daily functioning is restricted by his or her chronic disease(s), disorder(s) or condition(s):	CCDDayFunc	0 = None 1 = Little 2 = Moderate 3 = Severe 4 = Unknown
31. Please rate the extent to which you believe the client's chronic disease(s), disorder(s), or condition(s) impacts the family:	CCDImpactFamily	0 = None 1 = Little 2 = Moderate 3 = Severe 4 = Unknown
32. Client's or parents' appraisal of client's health status:	CAppHealth	0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor 5 = Unknown
33. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?	SubstConc	0 = Yes 1 = No 2 = Unknown
34.1 Is the client receiving psychotropic medication for a mental health problem?	CMeds	0 = Yes 1 = No 2 = Unknown
34.2.(1) If yes, what medication(s)? -- Antidepressant	CMedAntiDep	0 = Yes 1 = No
34.2.(2) If yes, what	CMedAnxio	0 = Yes

medication(s)? -- Anxiolytic		1 = No
34.2.(3) If yes, what medication(s)? -- Antipsychotic	CMedAntiPsych	0 = Yes 1 = No
34.2.(4) If yes, what medication(s)? -- Stimulant	CMedStim	0 = Yes 1 = No
34.2.(5) If yes, what medication(s)? -- Hypnotic	CMedHypno	0 = Yes 1 = No
34.2.(6) If yes, what medication(s)? -- Mood Stabilizer	CMedMoodStab	0 = Yes 1 = No
34.2.(7) If yes, what medication(s)? -- Unknown	CMedUnknown	0 = Yes 1 = No
34.2(8) If yes, what medication(s)?-- Other	CMedOther	0 = Yes 1 = No
	CMedOtherArea	(none: string value)
34.3. If yes, this medication is prescribed to the client by:	CMedPresc	0 = Family physician or general practitioner 1 = Pediatrician 2 = Other specialist physician 3 = Psychiatrist 4 = Nurse practitioner 5 = Other health specialist
35. Does your client take medication for a health problem which is related to the presenting problem? (e.g., receiving services related to the diagnosis of ADHD and taking Ritalin)	CMedRel	0 = Yes 1 = No 2 = Unknown
36. Does your client take medication for another health	CMedUnrel	0 = Yes 1 = No 2 = Unknown

problem unrelated
to the presenting
problem? (e.g.,
receiving services
related to a
learning problem
but the client also
takes insulin for
diabetes)

37.1. Is the client receiving another health service for the same presenting problem?	CHlthServ	0 = Yes 1 = No
37.2.(1) From whom are they receiving these services? --Psychiatrist	CServMedPsy	0 = Yes 1 = No
37.2.(2) From whom are they receiving these services? --Family practitioner or general physician	CServGP	0 = Yes 1 = No
37.2.(3) From whom are they receiving these services? --Nurse practitioner	CServNurse	0 = Yes 1 = No
37.2.(4) From whom are they receiving these services? --Psychologist	CServPsych	0 = Yes 1 = No
37.2.(5) From whom are they receiving these services? --Counselor	CServCoun	0 = Yes 1 = No
37.2.(6) From whom are they receiving these services? --Social worker	CServSW	0 = Yes 1 = No
37.2.(7) From whom are they receiving these services? --Speech language pathologist	CServSLP	0 = Yes 1 = No
37.2.(8) From whom are they receiving these services? --Occupational	CServOT	0 = Yes 1 = No

therapist			
37.2.(9) From whom are they receiving these services? –Social service agencies	CServSSA	0 = Yes 1 = No	
37.2.(10) From whom are they receiving these services? – Physiotherapist	CServPhysio	0 = Yes 1 = No	
37.2.(11) From whom are they receiving these services? --Other (please specify)	CServOther	0 = Yes 1 = No	
	CServOtherArea	(none : string value)	98

38.1 Is the client or caregiver receiving or participating in community services or support related to the client's presenting problem?	CCommSupport	0 = Yes 1 = No	
38.2 (1)What type of community service or support? –Big Brother/Big Sister	CCommBBBS	0 = Yes 1 = No	
38.2 (2)What type of community service or support? –Therapy camps	CCommTcamp	0 = Yes 1 = No	
38.2 (3)What type of community service or support? –Support groups	CCommSGrp	0 = Yes 1 = No	
38.2 (4)What type of community service or support? –Social skills	CCommSocskill	0 = Yes 1 = No	
38.2 (5)What type of community service or support? –Assertive Community Treatment team	CCommACT	0 = Yes 1 = No	

38.2 (6)What type of community service or support? –Parenting training	CCommPtrain	0 = Yes 1 = No
38.2 (7)What type of community service or support? –Community resource or health centre	CCommResource	0 = Yes 1 = No
38.2 (8)What type of community service or support? –Other	CCommOther	0 = Yes 1 = No
	CCommOtherArea	(none: string value)
39. How was the client referred to you?	CReferred	0 = Self 1 = Parent 2 = Other client 3 = Legal system 4 = Family member 5 = School system 6 = Psychologist 7 = Psychiatrist 8 = Physician 9 = Other health care professional 10 = Insurance system 11 = Community service 12 = Social services 13 = Professional referral service
40.(1) Have you made any referrals for this client for: --Subst abuse treatment	CSubstRef	0 = Yes 1 = No
40.(2) Have you made any referrals for this client for: --Other mental health treatment	CMHRef	0 = Yes 1 = No
40.(3) Have you made any referrals for this client for: --Parent training	CPartrainRef	0 = Yes 1 = No
40.(4) Have you made any referrals for this client for: --Psychological assm	CPsyAssmRef	0 = Yes 1 = No

40.(5) Have you made any referrals for this client for: --Educational	CEduRef	0 = Yes 1 = No
40.(6) Have you made any referrals for this client for: --Activities of daily living	CActdailyRef	0 = Yes 1 = No
40.(7) Have you made any referrals for this client for: --Housing	CHouseRef	0 = Yes 1 = No
40.(8) Have you made any referrals for this client for: --Child and family services	CFamServRef	0 = Yes 1 = No
40.(9) Have you made any referrals for this client for: --Social services other than child and family services	CSocServRef	0 = Yes 1 = No
40.(10) Have you made any referrals for this client for: --Medication evaluation	CMedEvalRef	0 = Yes 1 = No
40.(11) Have you made any referrals for this client for: --Other health	COtherHealthRef	0 = Yes 1 = No
40.(12) Have you made any referrals for this client for: --Support or self help	CSelfHelpRef	0 = Yes 1 = No
40. (13) Have you made any referrals for this client for: --Other	COtherRef	0 = Yes 1 = No
	COtherRefArea	(none: string value)
40.(14) Have you made any referrals for this client for: --No referrals made	CNoRef	0 = Yes 1 = No
41. Service setting is in:	CCitySetting	0 = major urban centre 1 = suburb of major urban centre 2 = smaller city or town 3 = rural setting
42. Client resides in:	CClientReside	0 = major urban centre

		1 = suburb of major urban centre 2 = smaller city or town 3 = rural setting
43. In what type of setting or organization did you provide the service to this client?	CServiceSetting	0 = Private group practice 1 = Private individual practice 2 = Public health care org 3 = Detention centre 4 = Community program 5 = Child welfare agency 6 = School
44. How did the client or the client's caretaker pay for the service? The service was:	CPayMethod	0 = Paid directly, no health insurance reimbursement 1 = Paid directly, some reimbursed by health insurance 2 = Paid directly, all reimbursed 3 = Received services within a publicly funded institution 4 = Received services paid in part by a public agency 5 = Received services paid in whole by a public agency 6 = Pro-bono services 7 = Other
	CPayOther	(none: string value)

Missing values legend

99 = did not respond

98 = does not apply

APPENDIX T

Survey 4 Questionnaire

This survey is intended for psychologist practitioners providing services to adults 18 years of age and older who have been diagnosed with cardiovascular disease (CVD) or diabetes. Your client's CVD may be related to the problem that the client presented to you for psychological services or it may be a coincident condition. Think about the most recent adult client with CVD to whom you provided service on the randomly selected day (or the client you saw nearest to that randomly selected day) and answer the following questions.

When specified, please follow the skip patterns identified in red. Otherwise answer the questions in order. Choose ONE answer for each question unless it is specified to choose as many that apply.

1. ONE of the adult clients who received my services recently has been diagnosed with:

- ☐ Cardiovascular disease (continue to #3)
- ☐ Diabetes (continue to #2)
- ☐ Both (answer both #2 and #3)
- ☐ Neither (do not continue to complete this survey)

2. Which type of diabetes has the client been diagnosed with:

- ☐ Type 1 (diagnosed before age 30)
- ☐ Type 2 (progressive, diagnosed in adulthood)

continue to #4

3. Can the client's condition be described as:

- ☐ Acquired
- ☐ Present at birth (continue to #5)

4. When was the client diagnosed with CVD/diabetes?

- ☐ Within the last year
- ☐ 1-5 years ago
- ☐ 5-10 years ago
- ☐ More than 10 years ago

5. Since diagnosis, has the client's disease:

- ☐ Deteriorated
- ☐ Remained unchanged
- ☐ Improved
- ☐ Greatly improved
- ☐ Don't know

6. Client's Gender:

- ☐ Male
- ☐ Female

7. Client's Age: _____

8. Ethnicity as identified by the client and/or the caregiver(s):

- ☐ White
- ☐ Chinese
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ South Asian (e.g., East Indian, Pakistan, Sri Lankan, etc.)
- ☐ Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- ☐ West Asian (e.g., Afghan, Iranian, etc.)
- ☐ Arab
- ☐ Japanese
- ☐ Korean
- ☐ Aboriginal Peoples of North America (North American Indian, Métis, Inuit)
- ☐ Other (*please specify*): _____

9. Sexual orientation as reported by the identified client, if known:

- ☐ Heterosexual
- ☐ Gay/lesbian
- ☐ Bisexual
- ☐ Unknown

10. Marital Status:

- ☐ Married
- ☐ Common Law
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Single and never married
- ☐ Unknown

11. Client's living arrangements:

- ☐ Private residence
- ☐ Residential care
- ☐ Correctional setting
- ☐ Homeless or shelter
- ☐ Other (*please specify*) : _____

12. Please indicate the client's educational attainment:

- ☐ Grade 8 or lower
- ☐ Some high school
- ☐ High school diploma
- ☐ College certificate or diploma
- ☐ Trades certificate or diploma
- ☐ Some undergraduate
- ☐ Undergraduate degree
- ☐ Graduate or professional degree
- ☐ Unknown

13. Is the client employed?

- ☐ Full-time
- ☐ Part-time
- ☐ No
- ☐ Disability pension
- ☐ Unknown

14. What service(s) did you provide to the client during this session? (*Check all that apply*)

- ☐ Assessment
- ☐ Treatment
- ☐ Consultation

14.2 Please specify and briefly describe the type of assessment, therapy, and/or consultation you provided:

15. How many sessions do you anticipate providing in total to this client? (Including all previous and future sessions): _____

16. Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of the client? (*Check all that apply*)

- ☐ Family physician or general practitioner
- ☐ Dietitian or nutritionist
- ☐ Occupational therapist
- ☐ Physiotherapist
- ☐ Medical specialist (e.g., endocrinologist, cardiologist)
- ☐ Other (*please specify*): _____
- ☐ Did not consult

17. Is this client receiving services from another regulated healthcare provider for the same problem he or she presented to you?

- ☐ Yes (*continue to #17.2*)
- ☐ No (*continue to #18*)

17.2 From whom are they receiving these services? (*Check all that apply*)

- ☐ Psychiatrist
- ☐ Family physician or general practitioner
- ☐ Nurse practitioner
- ☐ Psychologist

- ☐ Counsellor
- ☐ Social worker
- ☐ Speech language pathologist
- ☐ Occupational therapist
- ☐ Social service agencies
- ☐ Physiotherapist
- ☐ Medical specialist (e.g., endocrinologist, cardiologist)
- ☐ Other (*please specify*): _____

18. How was the client referred to you?

- ☐ Self
- ☐ Other client
- ☐ Legal system
- ☐ Family member
- ☐ School system
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Physician
- ☐ Other health care professional
- ☐ Insurance system
- ☐ Community service
- ☐ Social services
- ☐ Professional referral service

19. Have you made any referrals for this client for: (*Check all that apply*)

- ☐ Substance abuse treatment
- ☐ Other mental health treatment
- ☐ Psychological assessment (e.g., neuropsychological, educational, vocational)
- ☐ Child and family services
- ☐ Social services other than child and family services
- ☐ Medication evaluation
- ☐ Other health care services (*please specify*): _____
- ☐ Support or self help
- ☐ No referrals made

20. In what type of setting or organization did you provide the service to this client?

- ☐ Private practice setting – group practice
- ☐ Private practice setting – individual practice
- ☐ Public health care organization (e.g. hospital, clinic)
- ☐ Correctional facility
- ☐ Community program
- ☐ School (e.g., university or college)

21. Does the client have any early or identifiable risk factors for mental health problems?
(Check all that apply)

- ☐ Parental mental disorder and/or family history of mental health problem
- ☐ Physical disability and/or long-term illness in the family
- ☐ Other health problems
- ☐ Marital problems
- ☐ Bereavement
- ☐ Exposure to traumatic events
- ☐ Mobility (e.g. frequent moves)
- ☐ Failure to graduate from high school
- ☐ Physical and/or sexual abuse as a child
- ☐ Removal from family by child welfare authorities
- ☐ Unknown
- ☐ No risk factors
- ☐ Other (please specify): _____

22. What are the reasons for which the client is seeking services or was brought for services? (Check all that apply):

- ☐ Mood problems or disorders
- ☐ Anxiety problems or disorders
- ☐ Personality disorders
- ☐ Intrapersonal issues (e.g., self-esteem, self-confidence, anger, conduct)
- ☐ Interpersonal issues / Relationship conflicts
- ☐ Vocational issues

- ☐ Learning problems
- ☐ Cognitive functioning problems of adulthood (other than learning)
- ☐ Cognitive functioning problems of childhood (other than learning)
- ☐ Psychological and psychosocial problems of childhood
- ☐ Psychosis
- ☐ Managing health, injury, and illness
- ☐ Adjustment to life stressors (e.g., work problem, marital problem, bereavement)
- ☐ Eating disorders
- ☐ Sleep problems or disorders
- ☐ Somatoform disorders (e.g., chronic pain)
- ☐ Sexual abuse and trauma
- ☐ Sexual disorders
- ☐ Substance use and/or abuse disorders
- ☐ Other (*please specify*): _____

23. 1 Does your client have any DSM-IV diagnoses?

- ☐ Yes (*continue to #23.3*)
- ☐ No (*continue to #24*)
- ☐ Diagnostic evaluation not yet completed (*continue to #24*)
- ☐ Unknown (*continue to #24*)
- ☐ I do not use the DSM (*continue to #23.2*)

23.2 If you do not use the DSM, do you make diagnoses using a different classification? (e.g., ICD-10)

- ☐ Yes, *please specify*: _____
- ☐ No

continue to #24

23.3 Enter the client's diagnoses:

Primary Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

24. Please rate the extent to which you believe, prior to seeing you, the client's daily functioning was negatively affected by his or her presenting problem(s):

- ☐ None
- ☐ Little
- ☐ Moderately
- ☐ Severely
- ☐ Unknown

25. Thus far in your work with this client how much change has there been in his or her presenting problem(s)?

- ☐ Recovered
- ☐ Greatly improved
- ☐ Improved
- ☐ Remained unchanged
- ☐ Deterioration
- ☐ Not applicable

26. Client's self-appraisal of health status:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unknown

27. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?

- ☐ Yes
- ☐ No
- ☐ Unknown

28. Does the client have suicidal thoughts, ideations, or tendencies?

- ☐ Yes
- ☐ No

☐ Unknown

29.1 Is the client receiving psychotropic medication for their *psychological problem*?

- ☐ Yes (continue to #29.2)
- ☐ No (continue to #30)
- ☐ Unknown (continue to #30)

29.2. If yes, what medication(s)? (Check all that apply)

- ☐ Antidepressant
- ☐ Anxiolytic
- ☐ Antipsychotic
- ☐ Stimulant
- ☐ Hypnotic
- ☐ Mood Stabilizer
- ☐ Unknown
- ☐ Other (please specify): _____

29.3. If yes, this medication is prescribed to the client by:

- ☐ Family physician or general practitioner
- ☐ Other specialist physician
- ☐ Psychiatrist
- ☐ Nurse-practitioner
- ☐ Other health specialist

30. Did the client seek psychological services primarily to manage their CVD/diabetes?

- ☐ Yes
- ☐ No

31. Did the client's psychological problems precede the diagnosis of CVD/diabetes or follow it?

- ☐ Precede
- ☐ Follow
- ☐ Don't know

32. Do you or any other of the client's health care providers feel that the client's CVD/diabetes is impacted by psychological factors (e.g., depression, stress management)?

- ☐ Yes (continue to #32.2)
☐ No (continue to #33)

32.2 Briefly describe how psychological factors could be impacting the client and his/her management of CVD/diabetes:

33. What types of clinically significant stress is the client dealing with?

- ☐ Work
☐ Family
☐ Relationship
☐ Financial
☐ Social

34. Are family members or significant others involved in the psychological services you provide to the client?

- ☐ Yes
☐ No

35.1 Does the client report any comorbid chronic conditions, other than CVD/diabetes and the presenting psychological problem?

- ☐ Yes, the comorbid condition is *not* part of the presenting problem (continue to #35.2)
☐ Yes, the comorbid condition is *contributing* to the presenting problem (continue to #35.2)
☐ No (continue to #36.1)
☐ Unknown (continue to #36.1)

35.2 What functions are affected by the client's other comorbid chronic condition(s)? (Check all that apply)

- ☐ Mental functions (i.e., thinking, feeling, behaving)
☐ Neurological functions (e.g., balance, visual fields, initiation of activity)
☐ Gross and fine motor functions (e.g., walking, using tools and utensils)
☐ Visual functions

- ☐ Auditory functions
- ☐ Speech and language functions
- ☐ Gastrointestinal functions (e.g., digestion, elimination)
- ☐ Endocrine functions (e.g., regulation of body temperature, sleep, metabolism, growth)
- ☐ Cardiac functions (e.g., diseases or conditions affecting the operation of the heart)
- ☐ Respiratory functions
- ☐ Immunological functions
- ☐ Other (*please specify*) : _____

36.1 Please rate the extent to which you believe the client's daily functioning is restricted by his or her mental health problems or chronic condition(s):

- ☐ None (*continue to #37.1*)
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

36.2 Is the restriction in functioning because of the client's chronic condition(s) or his/her presenting psychological problem?

- ☐ Chronic condition(s)
- ☐ Presenting psychological problem
- ☐ Both

37.1 Please rate the extent to which you believe the client's CVD/diabetes and/or presenting psychological problem impacts his or her family or significant others:

- ☐ None (*continue to #38.1*)
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

37.2. Is the impact on family because of the client's CVD/diabetes or his/her presenting psychological problem?

- ☐ CVD/diabetes
- ☐ Presenting psychological problem
- ☐ Both

38.1 Please rate the extent to which you believe the client's CVD/diabetes and/or presenting psychological problem impacts his or her ability to work:

- ☐ None (continue to #39)
- ☐ Little
- ☐ Moderate
- ☐ Severe
- ☐ Unknown

38.2 Is the impact on work because of the client's CVD/diabetes or his/her presenting psychological problem?

- ☐ CVD/diabetes
- ☐ Presenting psychological problem
- ☐ Both

39. Briefly, what are the top 3 factors that challenged you in providing or ensuring the best possible service for this particular client? (e.g., lack of specialized services in the community, lack of funding for a needed service, lack of collaboration among partners in care, lack of support from others involved in care)

General Questions focusing on CVD or diabetes

40. In general, when you provide services to adult clients with cardiovascular disease (CVD) OR diabetes, how common is it for the **management of CVD/diabetes** to be a focus of treatment? (By management, we mean behavioural management such as maintaining exercise or diet, managing stress, etc.)

- ☐ The management of CVD/diabetes is always or most often a focus of treatment
- ☐ Half the time a focus of treatment
- ☐ Occasionally a focus of treatment
- ☐ Rarely or never a focus of treatment

41. In general, when you provide services to adult clients with CVD/diabetes, how common is it for the **psychological distress associated with having CVD/diabetes** to be a focus of treatment? Here we mean helping adult clients deal with feelings such as the fear of a heart attack or death, sadness about loss or change in activity brought about by illness, regret or guilt about the impact of the disease on family members, etc.

- ☐ Psychological distress associated with CVD is always or most often a focus of treatment
- ☐ Half the time a focus of treatment
- ☐ Occasionally a focus of treatment
- ☐ Rarely or never a focus of treatment

42. In general, when you provide services to adult clients with CVD/diabetes, how common is it for you to involve the client's family or significant other(s)?

- ☐ Always
- ☐ Half the time
- ☐ Occasionally
- ☐ Rarely or never

43. In general, when you provide services to adult clients with CVD/diabetes, how often do you communicate with the primary care provider (e.g. family physician) or specialist care provider (e.g. cardiologist, endocrinologist) who manages the physical aspects of the client's chronic condition?

- ☐ Regularly
- ☐ Once or twice over the course of psychological treatment
- ☐ Never

44.1 In general, do you collaborate with any non-medical, non-nursing health care providers (e.g., occupational therapist, pharmacist, recreational therapist) in helping your adult clients manage their CVD/diabetes?

- ☐ Yes (continue to #44.2)
- ☐ No (continue to #45)

44.2 If so, who do you collaborate with? _____

45. Participants in this survey are eligible for a \$75 honorarium for completing the survey. Please direct my honorarium as follows:

- ☐ To me or my practice
- ☐ To CPA Foundation
- ☐ To another charity or recipient. *Please specify:* _____

46. Address for honorarium cheque:

- ☐ Name:
- ☐ Address:
- ☐ City:
- ☐ Province:
- ☐ Postal code:

APPENDIX U

Survey 4 recruitment message

Subject: CPA Practice Network: Survey 4 recruitment

Greetings from CPA,

CPA's electronic practice network requests your participation once again!

The intent of the network is to **enable us to collect information about the practice and demographic characteristics of Canadian psychologist practitioners as well as the demographic and clinical characteristics of the clients they assess and treat.** As you may recall, this initiative has been funded by the Public Health Agency of Canada (PHAC) out of a recognition that, collecting information on the activities of psychologists is critical to understanding Canada's mental health needs and services.

In previous phases, we were looking for all types of psychologist practitioners to participate in web-based surveys of psychologists' activities. CPA recently recruited practitioners who provided services to children and youth because previous surveys had not adequately captured the nature and scope of practice for child and youth psychologists. **Now, CPA is recruiting practitioners who provide services to clients that have been diagnosed with either cardiovascular disease or diabetes.** You do not have to be a health psychologist to participate in this survey; all practitioners are welcome as long as they provide psychological services to clients who have been diagnosed with either of those chronic conditions.

We are looking to recruit 150 psychologists, Canada-wide, to participate. The survey targets the demographic and clinical characteristics specific to clients who have been diagnosed with cardiovascular disease or diabetes. You are eligible to participate if you are currently providing psychological services (e.g., therapy, assessment, intervention) to clients diagnosed with these specific chronic conditions. *Please note that the client's chronic condition may or may not be related to why they have sought services.* It will take up to 45-60 minutes to respond to the survey and we will remunerate participants \$75 for full completion of the survey.

Please contact us at practicenetwork@cpa.ca to register your interest and/or to get more information. This is an opportunity for Canadian psychology to contribute to what is known about the mental health demands and utilization of Canadians.

On behalf of Karen Cohen, CPA Executive Director, many thanks and best wishes!

Ashley

APPENDIX V

Survey 4 codebook

Questions	Variable name	Response options	Missing values
ES1. What is your age?	Age	(none: numerical value)	
ES2. What is your gender?	Gender	0 = Male 1 = Female	
ES3. Degree	Degree	0 = Masters 1 = Doctorate	
ES4. Area of psychology in which you obtained your highest degree	PsychArea	0 = Clinical psychology 1 = Counselling psychology 2 = Clinical neuropsychology 3 = School psychology 4 = Other	
	PsychAreaOther Spec	(none : numerical value)	
ES5. Province in which you are registered	Province	0 = BC 1 = AB 2 = SK 3 = MB 4 = ON 5 = QC 6 = NB 7 = NS 8 = PE 9 = NL	
ES6. How is your practice activity best described?	Practice	0 = Private practice 1 = Public practice	
ES7. Do you provide psychological services to adult clients (18 years of age and older) who have been diagnosed with cardiovascular disease (CVD)?	CVDclients	0 = Yes 1 = No	
ES8. Do you provide services to adult clients (18 years of age and older) with diabetes?	DIABclients	0 = Yes 1 = No	
ES9. What percentage of your adult clientele has either CVD or diabetes?	ClientPercent	(none: numerical)	96 = Unknown 97 = Did not respond 98 = NA

99 = Missing			
S4-1. One of the adult clients who received my services today has been diagnosed with:	CDDiagnosis	0 = Cardiovascular disease 1 = Diabetes 2 = Both 3 = Neither	
S4-2. Can the client's condition be described as:	CDCondition	0 = Acquired 1 = Present at birth	98 = N/A
S4-3. Which type of diabetes has the client been diagnosed with?	DiabetesType	0 = Type 1 1 = Type 2	98 = N/A
S4-4. When was the client diagnosed with CVD/diabetes?	DiagnosisTime	0 = within last year 1 = 1-5 years ago 2 = 5-10 years ago 3 = more than 10 years	
S4-5. Since diagnosis, has the client's disease:	CDChange	0 = Deteriorated 1 = Unchanged 2 = Improved 3 = Greatly improved 4 = Unknown	
S4-6. Client's gender	CGender	0 = Male 1 = Female	
S4-7. Client's age	CAge	(none = numerical)	
S4-8. Ethnicity as identified by the client and/or the caregiver(s)	CEthnicity	0 = White 1 = Chinese 2 = Black 3 = Filipino 4 = Latin American 5 = South Asian 6 = Southeast Asian 7 = West Asian 8 = Arab 9 = Japanese 10 = Korean 11 = Aboriginal 12 = Other	
S4-9. Sexual orientation as reported by the identified client, if known	CSexOrient	0 = Heterosexual 1 = Gay/lesbian 2 = Bisexual 3 = Unknown	
S4-10. Marital status	CMaritalStatus	0 = Married 1 = Common Law 2 = Widowed 3 = Separated	

		4 = Divorced 5 = Single and never married 6 = Unknown
S4-11. Client's living arrangements	CLivingArrange	0 = Private residence 1 = Residential care 2 = Correctional setting 3 = Homeless or shelter 4 = Other
	CLivingOther	(none: string value)
S4-12. Please indicate the client's educational attainment.	CEducation	0 = Grade 8 or lower 1 = Some high school 2 = High school diploma 3 = College certificate or diploma 4 = Trades certificate or diploma 5 = Some undergraduate 6 = Undergraduate degree 7 = Graduate or professional degree 8 = Unknown
S4-13. Is the client employed?	CWork	0 = Full-time 1 = Part-time 2 = No 3 = Disability pension 4 = Unknown
S4-14.1(1) What service(s) did you provide to the client during this session? – Assessment	ServicesAssm	0 = Yes 1 = No
S4-14.1 (2) What service(s) did you provide to the client during this session? – Treatment	ServicesTrmt	0 = Yes 1 = No
S4-14.1 (3) What service(s) did you provide to the client during this session? – Consultation	ServicesCons	0 = Yes 1 = No
S4-14.2 Please specify and briefly describe the type of	Services	(none: string value)

assessment, therapy, and/or consultation you provided		
S4-15. How many sessions do you anticipate providing in total to this client?	Sessions	(none: numerical value)
S4-16. (1) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Family physician	ConsultGP	0 = Yes 1 = No
S4-16. (2) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Dietitian	ConsultDiet	0 = Yes 1 = No
S4-16. (3) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Occupational therapist	ConsultOT	0 = Yes 1 = No
S4-16. (4) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Physiotherapist	ConsultPhysio	0 = Yes 1 = No
S4-16. (5) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Medical specialist	ConsultMedSpec	0 = Yes 1 = No
S4-16. (6) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? –Other	ConsultOther	0 = Yes 1 = No
	ConsultOtherSpec	(none: string value)

S4-16. (7) Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of this client? – Did not consult	NoConsult	0 = Yes 1 = No
S4-17.1 Is this client receiving services from another regulated healthcare provider for the same problem he or she presented to you?	HlthServ	0 = Yes 1 = No
S4-17.2(1) From whom are they receiving these services? –Psychiatrist	HlthServPsyMD	0 = Yes 1 = No
S4-17.2(2) From whom are they receiving these services? –Family physician	HlthServGP	0 = Yes 1 = No
S4-17.2(3) From whom are they receiving these services? –Nurse practitioner	HlthServNurse	0 = Yes 1 = No
S4-17.2(4) From whom are they receiving these services? –Psychologist	HlthServPsyPhD	0 = Yes 1 = No
S4-17.2(5) From whom are they receiving these services? –Counsellor	HlthServCouns	0 = Yes 1 = No
S4-17.2(6) From whom are they receiving these services? –Social worker	HlthServSW	0 = Yes 1 = No
S4-17.2(7) From whom are they receiving these services? –Speech language pathologist	HlthServSLP	0 = Yes 1 = No
S4-17.2(8) From whom are they receiving these services? –Occupational therapist	HlthServOT	0 = Yes 1 = No
S4-17.2(9) From whom are they receiving these services? –Social service agencies	HlthServSSA	0 = Yes 1 = No
S4-17.2(10) From whom are they receiving these services? –Physiotherapist	HlthServPhysio	0 = Yes 1 = No
S4-17.2(11) From whom are they receiving these services?	HlthServMedSpec	0 = Yes 1 = No

–Medical specialist		
S4-17.2(12) From whom are they receiving these services?	HlthServOther	0 = Yes 1 = No
–Other	HlthServOtherSpec	(none: string value)
S4-18. How was the client referred to you?	ReferFrom	0 = Self 1 = Other client 2 = Legal system 3 = Family member 4 = School system 5 = Psychologist 6 = Psychiatrist 7 = Physician 8 = Other health care professional 9 = Insurance system 10 = Community service 11 = Social services 12 = Professional referral service
S4-19. (1) Have you made any referrals for this client for— substance abuse treatment	ReferForSubst	0 = Yes 1 = No
S4-19. (2) Have you made any referrals for this client for— Other mental health treatment	ReferForOtherMH	0 = Yes 1 = No
S4-19. (3) Have you made any referrals for this client for— Psychological assessment	ReferForPsychAssm	0 = Yes 1 = No
S4-19. (4) Have you made any referrals for this client for— Child and family services	ReferForCFamServ	0 = Yes 1 = No
S4-19. (5) Have you made any referrals for this client for— Social services other than child and family	ReferForSocServ	0 = Yes 1 = No
S4-19. (6) Have you made any referrals for this client for— Medication evaluation	ReferForMeds	0 = Yes 1 = No
S4-19. (7) Have you made any referrals for this client for— Other health care	ReferForOtherHlth	0 = Yes 1 = No (none: string value)

thSpec		
S4-19. (8) Have you made any referrals for this client for— Support or self-help	ReferForSelfHelp	0 = Yes 1 = No
S4-19. (9) Have you made any referrals for this client for— No referral made	NoReferral	0 = Yes 1 = No
S4-20. In what type of setting or organization did you provide the service to this client?	PracticeSetting	0 = Private group practice 1 = Private individual practice 2 = Public health care org 3 = Correctional facility 4 = Community program 5 = Child welfare agency 6 = School
S4-21. (1) Does the client have any early or identifiable risk factors for mental health problems? –Parental mental disorder/family history	RiskParentMH	0 = Yes 1 = No
S4-21. (2) Does the client have any early or identifiable risk factors for mental health problems? –Physical disability	RiskPhysdis	0 = Yes 1 = No
S4-21. (3) Does the client have any early or identifiable risk factors for mental health problems? –Other mental health problems	RiskOtherMH	0 = Yes 1 = No
S4-21. (4) Does the client have any early or identifiable risk factors for mental health problems? –Marital problems	RiskMaritalProb	0 = Yes 1 = No
S4-21. (5) Does the client have any early or identifiable risk factors for mental health problems? –Bereavement	RiskBereave	0 = Yes 1 = No
S4-21. (6) Does the client have any early or identifiable risk factors for mental health problems? –Exposure to traumatic events	RiskTrauma	0 = Yes 1 = No
S4-21. (7) Does the client	RiskMobile	0 = Yes

have any early or identifiable risk factors for mental health problems? –Mobility		1 = No
S4-21. (8) Does the client have any early or identifiable risk factors for mental health problems? –Failure to graduate high school	RiskFailHS	0 = Yes 1 = No
S4-21. (9) Does the client have any early or identifiable risk factors for mental health problems? –Physical/sexual abuse	RiskPhysSexAbuse	0 = Yes 1 = No
S4-21. (10) Does the client have any early or identifiable risk factors for mental health problems? –Removal from family	RiskRemoveFam	0 = Yes 1 = No
S4-21. (11) Does the client have any early or identifiable risk factors for mental health problems? –Unknown	RiskUnknown	0 = Yes 1 = No
S4-21. (12) Does the client have any early or identifiable risk factors for mental health problems? –No risk factors	NoRisk	0 = Yes 1 = No
S4-21. (13) Does the client have any early or identifiable risk factors for mental health problems? –Other	RiskOther	0 = Yes 1 = No
	RiskOtherSpec	(none: string value)
S4-22. (1) What are the reasons for which the client is seeking services or was brought for services? –Mood problems	MoodProbs	0 = Yes 1 = No
S4-22. (2) What are the reasons for which the client is seeking services or was brought for services? –Anxiety problems	AnxietyProbs	0 = Yes 1 = No
S4-22. (3) What are the reasons for which the client is seeking services or was	PersonalityDis	0 = Yes 1 = No

brought for services? – Personality disorders		
S4-22. (4) What are the reasons for which the client is seeking services or was brought for services? – Intrapersonal issues	IntraProbs	0 = Yes 1 = No
S4-22. (5) What are the reasons for which the client is seeking services or was brought for services? – Interpersonal issues	InterProbs	0 = Yes 1 = No
S4-22. (6) What are the reasons for which the client is seeking services or was brought for services? – Vocational issues	VocationProbs	0 = Yes 1 = No
S4-22. (7) What are the reasons for which the client is seeking services or was brought for services? – Learning problems	LearnProbs	0 = Yes 1 = No
S4-22. (8) What are the reasons for which the client is seeking services or was brought for services? – Cognitive functioning problems of adulthood	CogFuncProbsAdult	0 = Yes 1 = No
S4-22. (9) What are the reasons for which the client is seeking services or was brought for services? – Cognitive functioning problems of childhood	CogFuncProbsChild	0 = Yes 1 = No
S4-22. (10) What are the reasons for which the client is seeking services or was brought for services? – Psychosocial problems of childhood	PsychProbsChild	0 = Yes 1 = No
S4-22. (11) What are the reasons for which the client is seeking services or was	Psychosis	0 = Yes 1 = No

brought for services? – Psychosis		
S4-22. (12) What are the reasons for which the client is seeking services or was brought for services? – Managing health, injury, and illness	ManageHII	0 = Yes 1 = No
S4-22. (13) What are the reasons for which the client is seeking services or was brought for services? – Adjustment to life stressors	AdjustStress	0 = Yes 1 = No
S4-22. (14) What are the reasons for which the client is seeking services or was brought for services? – Eating disorders	EDs	0 = Yes 1 = No
S4-22. (15) What are the reasons for which the client is seeking services or was brought for services? – Sleep problems or disorders	SleepProbs	0 = Yes 1 = No
S4-22. (16) What are the reasons for which the client is seeking services or was brought for services? – Somatoform disorders	SomaDisorders	0 = Yes 1 = No
S4-22. (17) What are the reasons for which the client is seeking services or was brought for services? – Sexual abuse	SexAbuse	0 = Yes 1 = No
S4-22. (18) What are the reasons for which the client is seeking services or was brought for services? – Sexual disorders	SexDisorders	0 = Yes 1 = No
S4-22. (19) What are the reasons for which the client is seeking services or was brought for services? – Substance abuse	SubstAbuse	0 = Yes 1 = No

S4-22. (20) What are the reasons for which the client is seeking services or was brought for services? –Other	OtherProbs	0 = Yes 1 = No	
	OtherProbsSpec	(none: string value)	
S4-23.1 Does your client have any DSM-IV diagnoses?	DSMDiag	0 = Yes 1 = No 2 = Diagnostic evaluation not yet completed 3 = Unknown 4 = I do not use the DSM	
S4-23.2 If you do not use the DSM, do you make diagnoses using a difference classification?	DiagClass	0 = Yes 1 = No	
S4-23.3 (1) Enter the names of diagnoses for this client – Primary diagnosis	DSMPrim	(none: string value)	98
S4-23.3 (2) Enter the names of diagnoses for this client – Additional diagnosis	DSMAdd1	(none: string value)	97
S4-23.3 (3) Enter the names of diagnoses for this client – Additional diagnosis	DSMAdd2	(none: string value)	97
S4-23.3 (4) Enter the names of diagnoses for this client – Additional diagnosis	DSMAdd3	(none: string value)	97
S4-24. Please rate the extent to which you believe, prior to seeing you, the client's daily functioning was negatively affected by his or her presenting problem:	DailyFunction	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown	
S4-25. Thus far in your work with this client, how much change has there been in his or her presenting problem?	ChangeStatus	0 = Recovered 1 = Greatly improved 2 = Improved 3 = No Change 4 = Deterioration 98 = Not applicable	
S4-26. Client's self-appraisal of health status:	AppHealth	0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor	

		5 = Unknown
S4-27. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?	SubstProb	0 = Yes 1 = No 2 = Unknown
S4-28. Does the client have suicidal thoughts, ideations, or tendencies?	SuicideThoughts	0 = Yes 1 = No 2 = Unknown
S4-29.1 Is the client receiving psychotropic medication for their psychological problem?	ReceiveMeds	0 = Yes 1 = No 2 = Unknown
S4-29.2 (1) What medications? –Anti-depressant	MedsAntiDep	0 = Yes 1 = No
S4-29.2 (2) What medications? –Anxiolytics	MedsAnxio	0 = Yes 1 = No
S4-29.2 (3) What medications? –Antipsychotic	MedsAntipsych	0 = Yes 1 = No
S4-29.2 (4) What medications? –Stimulant	MedsStimulant	0 = Yes 1 = No
S4-29.2 (5) What medications? –Hypnotic	MedsHypnotic	0 = Yes 1 = No
S4-29.2 (6) What medications? –Mood stabilizer	MedsMoodStab	0 = Yes 1 = No
S4-29.2 (7) What medications? –Unknown	MedsUnknown	0 = Yes 1 = No
S4-29.2 (8) What medications? –Other	MedsOther	0 = Yes 1 = No
	MedsOtherSpec	(none: string value)
S4-29.3 This medication is prescribed by:	MedsPrescribe	0 = Family physician or general practitioner 1 = Other specialist physician 2 = Psychiatrist 3 = Nurse practitioner 4 = Other health specialist

S4-30. Did the client seek psychological services primarily to manage their CVD/Diabetes?	ServManageCD	0 = Yes 1 = No
S4-31. Did the client's psychological problems precede the diagnosis of CVD/Diabetes or follow it?	PsychDiagCD	0 = Precede 1 = Follow 2 = Don't know
S4-32.1 Do you or any other of the client's health care providers feel that the client's CVD/Diabetes is impacted by psychological factors?	CDImpactPsych	0 = Yes 1 = No
S4-32.2 Briefly describe how psychological factors could be impacting the client and his/her management of CVD/Diabetes	CDImpactDesc	(none: string value)
S4-33. (1) What types of clinically significant stress is the client dealing with?— Work stress	StressWork	0 = Yes 1 = No
S4-33. (2) What types of clinically significant stress is the client dealing with?— Family stress	StressFamily	0 = Yes 1 = No
S4-33. (3) What types of clinically significant stress is the client dealing with?— Relationship stress	StressRelationship	0 = Yes 1 = No
S4-33. (4) What types of clinically significant stress is the client dealing with?— Financial stress	StressFinancial	0 = Yes 1 = No
S4-33. (5) What types of clinically significant stress is the client dealing with?— Social stress	StressSocial	0 = Yes 1 = No
S4-34. Are family members or significant others involved in the psychological services you provide to the client?	FamServices	0 = Yes 1 = No

S4-35.1 Does the client report any comorbid chronic conditions, other than CVD/Diabetes and the presenting psychological problem?	OtherCDPresence	0 = Yes, CD not part of PP 1 = Yes, CD is part of PP 2 = No 3 = Unknown
S4-35.2 (1) What functions are affected by the client's other comorbid chronic conditions? –Mental functions	ComorbidCDMental	0 = Yes 1 = No
S4-35.2 (2) What functions are affected by the client's other comorbid chronic conditions? –Neurological functions	ComorbidCDNeuro	0 = Yes 1 = No
S4-35.2 (3) What functions are affected by the client's other comorbid chronic conditions? –Gross and fine motor functions	ComorbidCDMotor	0 = Yes 1 = No
S4-35.2 (4) What functions are affected by the client's other comorbid chronic conditions? –Visual functions	ComorbidCDVisual	0 = Yes 1 = No
S4-35.2 (5) What functions are affected by the client's other comorbid chronic conditions? –Auditory functions	ComorbidCDAudio	0 = Yes 1 = No
S4-35.2 (6) What functions are affected by the client's other comorbid chronic conditions? –Speech and language functions	ComorbidCDSpeech	0 = Yes 1 = No
S4-35.2 (7) What functions are affected by the client's other comorbid chronic conditions? –Gastrointestinal functions	ComorbidCDGastro	0 = Yes 1 = No
S4-35.2 (8) What functions are affected by the client's other comorbid chronic	ComorbidCDEndo	0 = Yes 1 = No

conditions? –Endocrine functions		
S4-35.2 (9) What functions are affected by the client's other comorbid chronic conditions? –Cardiac functions	ComorbidCDCardio	0 = Yes 1 = No
S4-35.2 (10) What functions are affected by the client's other comorbid chronic conditions? –Respiratory functions	ComorbidCDResp	0 = Yes 1 = No
S4-35.2 (11) What functions are affected by the client's other comorbid chronic conditions? –Immunological functions	ComorbidCDImmun	0 = Yes 1 = No
S4-35.2 (12) What functions are affected by the client's other comorbid chronic conditions? –Other	ComorbidCDOtherSpec	0 = Yes 1 = No (none: string value)
S4-36.1 Please rate the extent to which you believe the client's daily functioning is restricted by his or her mental health problems or chronic conditions:	RestrictDailyFunction	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown
S4-36.2 Is the restriction in functioning because of the client's chronic conditions or his/her presenting psychological problem?	RestrictCause	0 = Chronic condition 1 = Presenting psychological problem 2 = Both
S4-37.1 Please rate the extent to which you believe the client's CVD/Diabetes and/or presenting psychological problem impacts his or her family or significant others:	ImpactFamily	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown
S4-37.2 Is the impact on family because of the client's CVD/Diabetes or his/her presenting psychological	ImpactFamilyCause	0 = CVD/Diabetes 1 = Presenting psychological problem 2 = Both

problem?		
S4-38.1 Please rate the extent to which you believe the client's CVD/Diabetes and/or presenting psychological problem impacts his or her ability to work:	ImpactWork	0 = None 1 = Little 2 = Moderately 3 = Severely 4 = Unknown
S4-38.2 Is the impact on work because of the client's CVD/Diabetes or his/her presenting psychological problem?	ImpactWorkCause	0 = CVD/Diabetes 1 = Presenting psychological problem 2 = Both
S4-39. Briefly, what are the top 3 factors that challenged you in providing or ensuring the best possible service for this particular client?	3Factors	(none: string value)
S4-40. In general, when you provide services to adult clients with cardiovascular disease (CVD) OR diabetes, how common is it for the management of CVD/diabetes to be a focus of treatment?	FocusManageCVD D	0 = Always or most often 1 = Half the time 2 = Occasionally 3 = Rarely
S4-41. In general, when you provide services to adult clients with CVD/diabetes, how common is it for the psychological distress associated with having CVD/diabetes to be a focus of treatment?	FocusDistress	0 = Always or most often 1 = Half the time 2 = Occasionally 3 = Rarely
S4-42. In general, when you provide services to adult clients with CVD/diabetes, how common is it for you to involve the client's family or significant other(s)?	InvolveFamily	0 = Always 1 = Half the time 2 = Occasionally 3 = Rarely
S4-43. In general, when you provide services to adult clients with CVD/diabetes,	CollabCareProvider	0 = Regularly 1 = Once or twice 2 = Never

how often do you communicate with the primary care provider (e.g. family physician) or specialist care provider (e.g. cardiologist, endocrinologist) who manages the physical aspects of the client's chronic condition?

S4-44.1 In general, do you collaborate with any non-medical, non-nursing health care providers (e.g., occupational therapist, pharmacist, recreational therapist) in helping your adult clients manage their CVD/diabetes?

Collaborate

0 = Yes

1 = No

S4-44.2 If so, who do you collaborate with?

CollaborateSpecify (none: string value)

Missing values legend

96 = Unknown

97 = did not respond

98 = Not applicable

99 = Missing

APPENDIX W
Analysis comparison table for all four surveys

Analysis	Variables		Survey			
	Group	Comparison	1	2	3	4
ANOVA	Gender	Age	✓			
		Avg # clients	✓			
		Professional time	✓			
		Method of payment	✓			
	Degree	Client's age		✓	✓	
		School grade			✓	
		#client sessions			✓	✓
		Total risk factors			✓	✓
		Total presenting problems			✓	✓
	Area of psychology	Professional time	✓			
		Avg # clients	✓			
	Practice type	Professional time	✓			
		Avg # clients	✓			
		Method of payment	✓			
		Client's age			✓	
		School grade			✓	
		#client sessions			✓	✓
		Total risk factors			✓	✓
		Total presenting problems			✓	✓
		Total risk factors			✓	✓
		Total presenting problems			✓	✓
	Client's gender	Total risk factors			✓	✓
		Total presenting problems			✓	✓
	Family structure	Total risk factors			✓	
		Total presenting problems			✓	
	Special program	Total risk factors			✓	
		Total presenting problems			✓	
	CVD or Diabetes	Client's age				✓
		Total risk factors				✓
		Total presenting problems				✓
χ^2	Gender	Area of psychology	✓			
		Years of experience	✓			
	Degree	Area of psychology	✓			
		Province	✓			
		Type of service provided	✓			
		Presenting problems	✓		✓	✓
		Practice type	✓			✓

	DSM diagnosis	✓	✓	✓
	Client's gender		✓	
	Risk factors		✓	
	Chronic disorder		✓	✓
	Medication		✓	
	CVD or Diabetes			✓
Practice type	Area of psychology	✓		
	Province	✓		
	Type of service provided	✓		
	Presenting problems	✓	✓	✓
	Consultations	✓		
	DSM diagnosis	✓	✓	✓
	Client's gender		✓	
	Risk factors		✓	
	Chronic disorder		✓	✓
	Medication		✓	
	CVD or Diabetes		✓	✓
Client's gender	Risk factors		✓	
	Presenting problems		✓	✓
	DSM diagnosis		✓	✓
	Medication		✓	✓
	Chronic disorder			✓
	Suicide thoughts			✓
	Relationship between presenting problem and chronic condition			✓
	Stress			✓
Family structure	Risk factors		✓	
	Presenting problems		✓	
	DSM diagnosis		✓	
	Medication		✓	
Special program	Risk factors		✓	
	Presenting problems		✓	
	DSM diagnosis		✓	
	Medication		✓	
CVD or Diabetes	Client's gender			✓
	Presenting problems			✓
	Receiving health service			✓
	DSM diagnosis			✓
	Chronic disorder			✓
	Suicide thoughts			✓
	Medication			✓
	Relationship between presenting problem and chronic condition			✓
	Stress			✓

