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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE | LE MAGAZINE DES PSYCHOLOGUES DU CANADA



SPECIAL ISSUE/ ÉDITION SPÉCIALE

Advocacy/La représentation

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Better workplace
mental health
just got easier

ADVOCACY A Job for All of Us



Karen R. Cohen, Ph.D., C.Psych, CEO, Canadian Psychological Association and Editor in Chief, Psynopsis

Advocacy is the process of shaping decision-making, whether that of government, funders, individuals, or institutions. For professional associations and scientific societies like the Canadian Psychological Association (CPA), advocacy typically has two general purposes: to help shape decisions that affect their members and to share the knowledge of their discipline or profession to empower decision-makers with evidence.

The first of these is the one that most engages CPA members. They often call on the CPA to advocate for better funding for research and training, to redress inequities in how funding decisions are made by granting councils, to advocate for better private and public insurance coverage for psychological services, and to redress policy decisions that get in the way of better access. Votta-Bleeker and Hatch outline how the CPA's Science Directorate has addressed some of these issues through advocacy efforts, including a submission to Canada's Fundamental Science Review panel.

The second of these purposes tends to fly under the radar of most members; however, it is when we lend our expertise for the public good that the association best realizes the first of its organizational objectives – to advance the health and welfare of society. Zugec and Shen provide an example in this issue. Another good example of how psychological knowledge benefitted Canadians was when government called upon the CPA to present to a House of Commons Committee charged with reviewing submissions regarding Bill C-38, the bill to allow same-sex marriage. Opponents to C-38 suggested that same-sex marriage would do damage to children, but the CPA was able to call on psychological research that showed the children of same-sex parents do not differ from the children of heterosexual parents in terms of their psychosocial development, their gender development, and their gender identity. Having made my career working for and on behalf of the discipline and profession, I can tell you that the day I presented the CPA's position¹ on Bill C-38 on Parliament Hill was one of my proudest moments as a psychologist.

Though advocacy is important, it also poses challenges in how it is received. I had a recent conversation with the CEO of another not-for-profit association who suggested that in advocating for psychological services, the CPA runs the risk of putting the guild before larger mental health issues, only some of which are related to a lack of access to psychologists. The CEO articulated a tension I think about often and continually try to balance. It is important to remember, however, that a perception of guild investment may be brought on by stigma. For example, when health advocates call for a national pharmacare program so Canadians don't have to go without needed and effective medication, no one accuses them of advancing the pharmaceutical companies who make the medications, the pharmacies who sell them, or the physicians who prescribe them. While physicians are not the only health providers who prescribe medications, they are central ones and no one would

suggest otherwise. We also all acknowledge that medications are needed and important and that people deserve access to them. The same should be true of psychological treatments. They are needed and effective, typically though not exclusively provided by psychologists, and should be accessible to all Canadians. Sometimes, the first general purpose of advocacy is the right one.

Though there are times when we must stand alone and call for what we think is needed, regardless of whether it makes us look guild invested, there are also times when we can seek external support. As Taylor and Goodwin, Power, Marsh, and Rancourt point out in this issue, successful advocacy often involves collaboration between different stakeholders who come together with the common purpose to advance a common action. This collaboration often speaks louder to decision-makers because it cannot be confused for self-preservation or promotion.





Thinking outside the box when advocating, goes beyond simply collaborating. Piotrowski and Lee make the point that advocacy is not only directed at government but at all manner of decision-makers and the public. Depending on the goals of your advocacy efforts, it may be best to advocate to institutions for policy rather than legislative change or to do education campaigns to garner the support of public opinion. You may even want to address the media, using some of Miksik's tips for writing an op-ed.

While advocacy is a mainstay activity for those of us who do association or learned society work, it is the responsibility of each of us to get involved. As individual scientists and practitioners, you know best what are the gaps and opportunities that would help you do your best work on behalf of the patients, students, organizations, or publics you serve. All of us have the opportunity to shape decisions when we choose to rise to the challenge.



Here are some recommendations for how and when to do so:

1. Get informed.

If there is something that matters to you and/or that you would like to change, do your homework. Find out as much as you can about the issue, and not just from your perspective, but from the perspective of all those affected by the issue (e.g. management, patients, students, users, governance).

2. Call your national or provincial/territorial association of psychology for assistance or direction.

Chances are if it matters to you, it matters to your colleagues too. Your association may be able to connect you with others working on the same issue and/or provide support, guidance, or direction on how to refine your "asks," who to make them to, and how to go about it.

3. Show up and create opportunity to shape a decision.

Pay attention to requests for submissions or comments, complete surveys, and use your knowledge and expertise to help inform important decisions. Getting involved can both help create positive change and demonstrate the value of our field.

4. Offer something.

Don't just present the problems, offer solutions. Better yet, because you are informed (see step 1) and have some resource (see step 2), offer solutions to the problems decision-makers have already identified for themselves.

5. Follow up and keep showing up.

Deliver what you promise and continue to show up. Advocacy is a marathon, not a sprint.

6. Be prepared to be repetitive.

One conversation won't change the world. It may take many conversations and much concerted action to achieve your goals.

7. Share your experience and success with your colleagues.

My hope is that the next time we devote an issue of *Psynopsis* to advocacy, we will have many more submissions and stories of experience and success!

For a complete list of references, please go to www.cpa.ca/psynopsis



La représentation

Un travail pour nous tous

*Karen R. Cohen, Ph. D., C.Psych, chef de la direction,
Société canadienne de psychologie et Rédactrice en chef, Psynopsis*

La représentation est un processus par lequel prennent forme les décisions – celles du gouvernement, des bailleurs de fonds, des personnes ou des institutions. Pour les associations professionnelles et les sociétés scientifiques, comme la Société canadienne de psychologie (SCP), la représentation a généralement deux objectifs : aider à orienter les décisions qui affectent leurs membres et mutualiser le savoir de la discipline ou de la profession qu'elles représentent, pour faire profiter les décideurs de données probantes.

C'est le premier objectif qui mobilise le plus les membres de la SCP. Les membres font souvent appel à la SCP pour plaider en faveur de l'augmentation du financement de la recherche et de la formation, pour corriger les inégalités quant à la façon dont les conseils subventionnaires prennent les décisions en matière de financement, pour faire valoir l'importance d'améliorer la couverture des services psychologiques par les régimes d'assurance privé et public et pour redresser les décisions politiques qui nuisent à l'accès aux

services. Dans le présent numéro, Votta-Bleeker et Hatch décrivent comment la Direction générale de la science de la SCP a abordé certaines de ces questions dans le cadre de ses efforts de représentation, notamment par le dépôt d'un mémoire au Comité consultatif sur l'examen du soutien fédéral à la science fondamentale.

Le deuxième objectif a tendance à échapper au radar de la plupart des membres; cependant, c'est lorsque nous apportons notre expertise pour le bien public que notre association remplit le premier de ses objectifs



organisationnels, à savoir améliorer la santé et le bien-être de la société. Zugec et Shen donnent un bon exemple dans ce numéro. Un autre bon exemple de la façon dont le savoir en psychologie a bénéficié aux Canadiens : en 2005, le gouvernement a demandé à la SCP de témoigner devant le comité de la Chambre des communes chargé d'examiner les mémoires présentés dans le cadre du projet de loi C-38 sur le mariage entre personnes de même sexe. Les opposants au projet de loi C-38 soutenaient que le mariage entre personnes du même sexe est préjudiciable pour les enfants; en réponse à cette affirmation, la SCP a cité des recherches en psychologie, qui montrent que les enfants de parents de même sexe ne sont pas différents de ceux dont les parents sont hétérosexuels, sur le plan du développement psychosocial, du développement sexuel et du développement de l'identité de genre. Ayant choisi de consacrer ma carrière pour et au nom de la discipline et de la profession, laissez-moi vous dire que le jour où j'ai présenté la position de la SCP¹ sur le projet de loi C-38 sur la Colline du Parlement est l'un des moments de ma vie dont je retire le plus de fierté comme psychologue.

Même si la défense des intérêts de la psychologie est importante, la façon dont elle est reçue comporte également son lot de défis. Récemment, je me suis entretenue avec le chef de la direction d'une autre association sans but lucratif, qui m'a dit que, en faisant de la représentation pour les services psychologiques, la SCP court le risque de faire passer les intérêts corporatifs devant les questions de santé mentale autrement plus vastes, dont un petit nombre



seulement concerner le manque d'accès aux psychologues. Mon interlocuteur a fait état d'une tension à laquelle je pense souvent et que je tente d'équilibrer continuellement; mais il est important de se rappeler que le corporatisme perçu est peut-être induit par la stigmatisation. Par exemple, lorsque les défenseurs de la santé militent pour l'établissement d'un programme national d'assurance-médicaments de façon à ne pas priver les Canadiens des médicaments dont ils ont besoin et de médication efficace, personne n'accusera ceux-ci de faire la promotion des entreprises pharmaceutiques qui fabriquent les médicaments, des pharmacies qui les vendent ou des médecins qui les prescrivent. Même si les médecins ne sont pas les seuls fournisseurs de services de santé à prescrire des médicaments, ils en sont les principaux, et personne ne prétend le contraire. Nous reconnaissions tous, aussi, que les médicaments sont nécessaires et importants, et que les gens méritent d'y avoir accès. Il devrait en être de même des traitements psychologiques. Ils sont nécessaires et efficaces, fournis habituellement, mais pas exclusivement par les psychologues, et devraient être accessibles à tous les Canadiens. Souvent, l'objectif général à la base de nos activités de représentation est indiscutables.

À certains moments, nous devons faire cavalier seul et réclamer ce que nous pensons être nécessaire, même si cela ressemble à du corporatisme; mais à d'autres moments, nous pouvons demander du soutien de l'extérieur. Comme Taylor, ainsi que Goodwin, Power, Marsh



La SCP et ses membres témoignent souvent devant des comités du gouvernement et ont présenté à maintes reprises des mémoires dans le but d'éclairer les politiques et la législation.

et Rancourt, le signalent dans le présent numéro, la réussite des efforts de représentation dépend souvent de la collaboration entre différents intervenants qui, de manière concertée, poursuivent un objectif commun pour faire avancer une cause commune. Cette collaboration a souvent plus de poids auprès des décideurs, car elle ne peut pas être amalgamée à une démarche de conservation de soi et de promotion.

Lorsqu'il s'agit de défense des intérêts, sortir des sentiers battus, c'est beaucoup plus que collaborer. Dans leur article, Piotrowski et Lee soulignent que la représentation ne s'adresse pas seulement au gouvernement, mais à tous les décideurs et au public. Selon l'objectif de vos efforts de représentation, il sera, dans certains cas, préférable d'adresser vos revendications aux institutions pour modifier les politiques plutôt que pour obtenir des changements législatifs, ou de faire des campagnes de sensibilisation pour obtenir le soutien de l'opinion publique. Vous pourriez même décider de vous adresser aux médias, en profitant des conseils de Miksik sur la rédaction de lettres d'opinion.

Bien que, pour ceux d'entre nous qui travaillent pour une association ou une société savante, la représentation soit le principal moteur de nos activités, il est de la responsabilité de chacun de s'impliquer. Comme scientifiques et praticiens, nous sommes le mieux placés pour cerner les lacunes et les possibilités qui nous aideront à donner le meilleur à nos patients, à nos étudiants, aux organismes publics ou aux clientèles que nous desservons. Nous avons tous la possibilité d'orienter les décisions lorsque nous acceptons de relever le défi.

Voici quelques conseils qui vous guideront dans vos démarches de représentation :

1· S'informer.

Si vous êtes préoccupé par une question ou par une situation que vous aimeriez voir changer, faites vos devoirs. Renseignez-vous le mieux possible sur la question, sans vous limiter à votre point de vue, mais en vous informant aussi sur le point de vue de toutes les personnes concernées (p. ex., direction, patients, étudiants, usagers, gouvernance).

2· Appeler son association provinciale/territoriale ou nationale de psychologues afin d'obtenir de l'aide ou des conseils.

Il est très possible que ce qui est important pour vous le soit aussi pour vos collègues. Votre association sera peut-être en mesure de vous mettre en contact avec d'autres personnes qui s'intéressent à la même question, ou de vous fournir du soutien, des conseils ou des indications sur la façon de peaufiner votre « demande », sur les personnes auxquelles adresser votre demande et sur la façon de procéder.

3· Se présenter et saisir les occasions d'orienter les décisions.

Prêtez attention aux invitations à présenter des mémoires ou des commentaires, répondez à des sondages et utilisez vos connaissances et votre expertise pour contribuer à orienter des décisions importantes. Votre implication personnelle peut aider à la fois à amener des changements positifs et à démontrer la valeur de notre domaine.

4· Offrir quelque chose.

Ne vous limitez à parler des problèmes; proposez aussi des solutions. Mieux encore, puisque vous êtes informé (voir l'étape 1) et que vous avez certaines ressources (voir l'étape 2), proposez des solutions aux problèmes que les décideurs ont déjà reconnus, et pour lesquels ils recherchent une solution.

5· Suivre les dossiers et continuer à être visible et à se présenter.

Respectez vos promesses et continuez à vous présenter. La représentation, c'est un marathon, et non un sprint.

6· S'attendre à répéter.

Une seule discussion ne changera pas le monde. Pour atteindre vos objectifs, vous aurez sans doute à discuter beaucoup et souvent de la même question, parfois de façon concertée.

7· Faire part de ses expériences et de ses réussites à ses collègues.

J'espère que, la prochaine fois que nous consacrerons un numéro de *Psynopsis* à la défense des intérêts et à la représentation, nous recevrons un plus grand nombre d'articles, de récits personnels et d'histoires de réussite!



Canada's Fundamental Science Review and the CPA's Advocacy Efforts for Psychological Science

Lisa Votta-Bleeker, Ph.D., Deputy CEO and Director, Science Directorate, Canadian Psychological Association, and Meagan Hatch, Director, Public Affairs and Communications, Canadian Psychological Association

In its ministerial mandate letters, the federal government made a formal commitment to support the role of science in making public policy decisions, publicly stating that Canada's research efforts must be aligned to ensure that they are strategic, effective, and focused on meeting the needs of scientists. As a result of this promise, in 2016, the Honourable Kirsty Duncan, Minister of Science, launched an independent review of federal funding for fundamental science in Canada.¹ The review looked at the three granting councils and other federally funded organizations.

The review was led by an independent, expert advisory panel chaired by Dr. David Naylor, former President of the University of Toronto. Other panel members included: Dr. Robert Birgeneau (former Chancellor, University of California, Berkeley), Dr. Martha Crago (Vice-President, Research, Dalhousie University), Mike Lazaridis (Co-Founder, Quantum Valley Investments), Dr. Claudia Malacrida (Associate Vice-President, Research, University of Lethbridge), Dr. Art McDonald (former Director, Sudbury Neutrino Laboratory and Nobel Laureate), Dr. Martha Piper (Interim President, University of British Columbia), Dr. Rémi Quirion (Chief Scientist, Quebec), and Dr. Anne Wilson (Fellow, Canadian Institute for Advanced Research Successful Societies and Professor of psychology, Wilfrid Laurier University).

The panel sought input from the research community on how to optimize support for fundamental science in Canada, surveyed international best practices for funding science, and looked at the barriers that researchers face. The Canadian Psychological Association (CPA) made a submission to the panel that highlighted key issues affecting psychology researchers in Canada and made recommendations to address some of the issues.² The CPA was pleased to provide input for Canada's Fundamental Science Review on behalf of its members because psychology is a health, social, and natural science. It is also a fundamental discipline solidly established as contributing to the core mandates of each of the granting councils that recognizes that science and technological advances must be based upon evidence.

On April 10, 2017, the Government of Canada released its report on Canada's Fundamental Science Review. The report, entitled "Investing in Canada's Future: Strengthening the Foundations of Canadian Research,"³ proposes a bold and much needed plan to strengthen Canada's research ecosystem with attention to the role of social sciences and humanities research and the importance of supporting early career scientists, indigenous researchers, diversity in research, and research that cross-cuts disciplines. The panel concluded that Canada must urgently increase both resources and aspirations for research to advance and support the excellence and innovative impacts of Canadian research.

In line with the CPA's recommendations to the panel, the first priority of the report is to increase funding for independent, investigator-led research. To this end, the report recommends cumulative increases to the base funding of the federal research granting councils from the current \$3.5 billion to \$4.8 billion by 2022, phased in over four years.

The report outlines a comprehensive agenda to strengthen the foundations of Canadian research. Among its recommendations is legislation to create an independent National Advisory Council on Research and Innovation (NACRI) that will work closely with Canada's new Chief Science Advisor (CSA) to provide ongoing evaluations of all programming, and to appoint a coordinating board chaired by the CSA to oversee the governance of the four funding agencies.

The report also calls for balance across all research disciplines as a foundational principle for funding and recognizes the significant contributions that the social sciences and humanities make to Canada's ability to

thrive in the 21st century. As mentioned in the CPA's submission to the panel, the Social Sciences and Humanities Research Council (SSHRC) is underfunded – it currently receives just 15% of federal investments in the granting councils.

In addition to increased balance in funding, the report recommends increasing support to diversity in research by emphasizing the importance of research across disciplines; addressing gender equity; and providing support for early career scientists, researchers with disabilities, visible minorities, and indigenous researchers.

Other important recommendations and priorities of the report are to address new forms of support for multidisciplinary and international funding, support for students through scholarships and fellowships, and greater coordination and collaboration among the granting councils. These recommendations align well with those made in the CPA's submission to the panel.

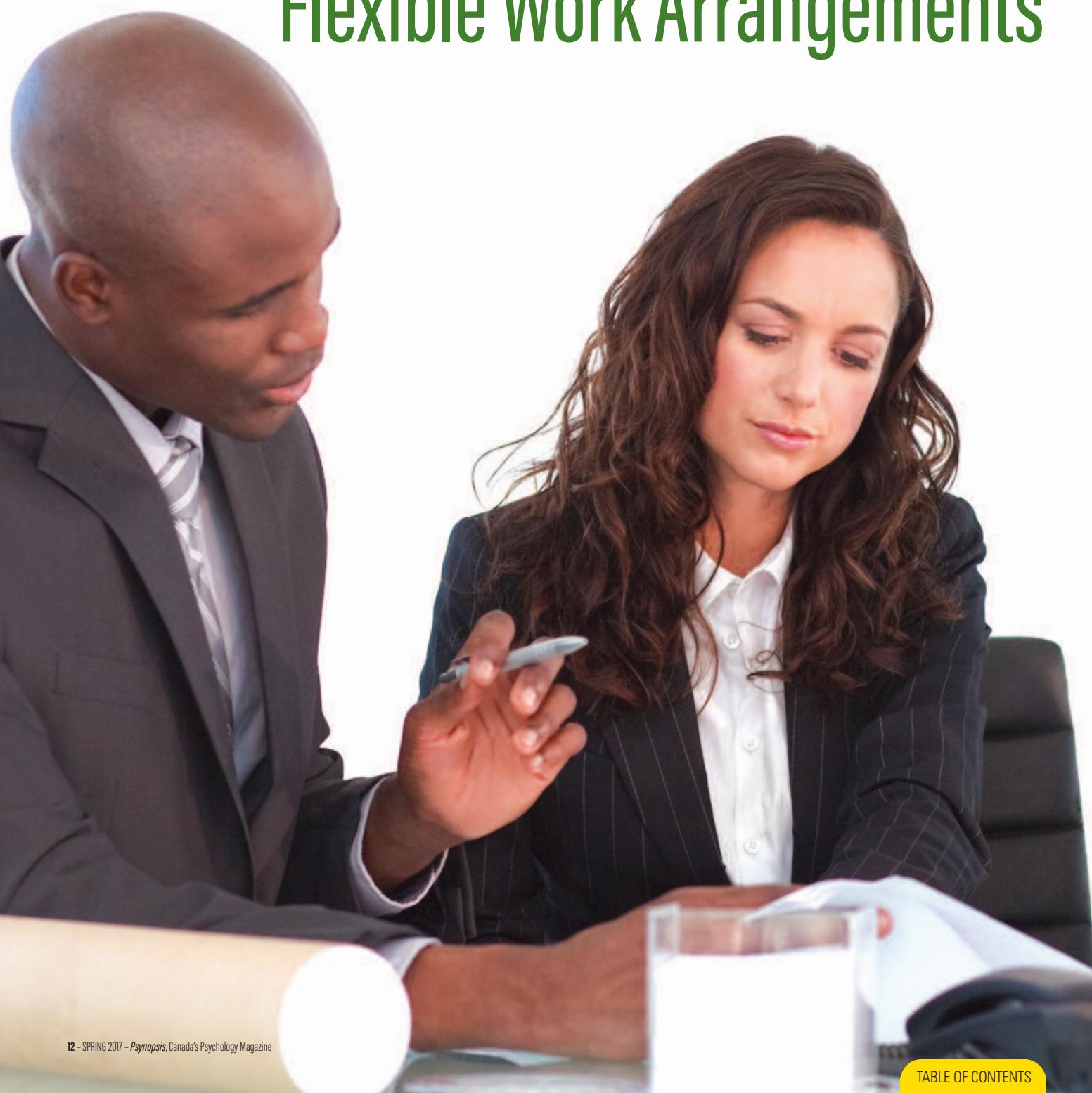
Whether via its Science Directorate or via its role on various alliances (e.g. Canadian Consortium for Research), the CPA has long advocated on behalf of psychological researchers on various issues, and for some, it has seen some wins. These include: increased funds for the granting councils; better recognition of the need for and impact of social sciences and humanities research; better recognition of psychological research within the Canadian Institute of Health Research's health research mandate and the Natural Sciences and Engineering Research Council's natural sciences mandate; greater support for graduate students via internships, scholarships and fellowships; greater support for direct and indirect research costs (e.g. equipment funding); reinstatement of cancelled government surveys and funding envelopes; and changes to specific funding envelopes that disadvantaged psychology students and psychology researchers.

The CPA extends its sincere thanks to Minister Duncan for convening the review and to the panel for completing this very important work. In the coming months, the CPA will be engaging its psychology researchers regarding both the report's recommendations and future directions for the CPA's advocacy efforts on behalf of psychological science. The association will also seek opportunities to work with government, the funders, and the broader research community to make the report's recommendations a reality.

For a complete list of references, please go to www.cpa.ca/psynopsis

Canadian Society for Industrial and Organizational Psychology

Informs Canadian Government on Flexible Work Arrangements



Lynda Zugec, Chair, Canadian Society for Industrial and Organizational Psychology and Winny Shen, Ph.D., Membership Coordinator, Canadian Society for Industrial and Organizational Psychology

The Canadian Society for Industrial Organizational Psychology (CSIOP) is an official section of the Canadian Psychological Association. Members of the society include faculty from both university psychology departments and business schools; consultants and applied practitioners who serve public, private, and governmental organizations; and students from numerous universities.

One of the goals of CSIOP is to increase awareness of our field both within and outside of Canada, as we have plenty to contribute to both public and private enterprise and to society more generally. One example of how we share our knowledge was demonstrated when a call came from the Government of Canada seeking consultation from Canadians on Flexible Work Arrangements (FWA).¹

The government pledged to amend the *Canada Labour Code* to allow workers in federally regulated sectors to formally request FWAs from their employers. The government was seeking to consult with Canadians to more fully explore whether and which FWAs would help better manage the demands of paid work and personal and family responsibilities.

Industrial-organizational (I-O) psychology academics and practitioners have much to offer in terms of insights on this topic; I-O researchers have been at the forefront of generating research on FWAs and work-life issues more generally, and I-O practitioners have often been tasked with creating and implementing related policies and practices within organizations. As a result, we prepared a summary of some of the most pertinent research and findings in this area for submission² and were acknowledged by the Government of Canada for our contributions.



Specifically, our review and recommendations centered on three issues...

1 We focused on the potential impacts of FWAs - though there is some evidence that they can be beneficial to both organizations and workers, results of empirical research on the consequences of FWA policies are not always uniformly positive and vary by type of arrangement. We, therefore, cautioned the government to be more circumspect about likely outcomes.

2 We applauded the government's proposal to have the right to request an FWA reside with the individual worker, given evidence that not all workers desire such arrangements. However, we also cited research demonstrating that policy availability does not necessarily translate to policy use and highlighted the factors the government should address to ensure that workers in federally regulated sectors actually make use of FWA policies (e.g., reduce bureaucratic barriers to access, change organizational norms regarding use, and alleviate concerns regarding negative career consequences).

3 Although we commended the government's decision to empower workers and supervisors to come up with individualized solutions, we also drew attention to the fact that the resulting diversity in arrangements could potentially be perceived by workers as unequal or unfair. We suggested that any FWA policy implementation include education and a plan for ensuring managing workplace fairness perceptions.

Overall, we sought to highlight that there is a rich and rigorous scientific research base that the Government of Canada, and indeed any employer, can draw upon in developing, refining, and implementing FWA policies.

The full report with our recommendations and references can be found online: http://www.siop.org/UserFiles/Image/Refresh2016/FWA_Consultation_CSIO.pdf

One of the goals of CSIOP is to increase awareness of our field both within and outside of Canada, as we have plenty to contribute to both public and private enterprise and to society more generally.

Mobilizing for Free Education



Carissa Taylor, Chairperson, National Graduate Caucus, Canadian Federation of Students

The Canadian Federation of Students (CFS) is Canada's oldest and largest national student organization, representing over 650,000 students from coast to coast. Our work involves lobbying, campaigns, and services, all as part of our goal to realize a fully accessible system of post-secondary education in Canada. We believe that in order to push government to prioritize investments in post-secondary education, we need to show that we have the support of our members and of society more broadly. One way that we do this is by mobilizing people around our campaigns and advocacy work, in order to highlight the broad-based support for the goals of our organization and the ways in which our vision for post-

secondary education plays into a larger narrative about creating a better, more inclusive society.

Mobilization around our campaigns and our lobbying priorities takes many forms. We have decision-making spaces, where members set the direction for our organization. We have campaigns that are developed to educate our members and our communities about issues that impact students, such as high tuition fees and student debt, childcare, inequity, and the corporatization of our campuses. We do work on campuses across Canada as a national body and by working with our member students' unions. And every few years, our membership decides to escalate our campaigns by organizing a national action to educate the broader public and organize our membership to talk about priority issues for students, such as our mobilization around our 2016 National Day of Action.

On Wednesday, November 2, 2016, thousands of post-secondary students and supporters mobilized across Canada in support of the elimination of tuition fees. Events were held in every province, on 58 campuses in 36 cities.

The Day of Action was organized in support of a bold new direction for post-secondary education in Canada. The Canadian Federation of Students has held days of action in the past, the last being in 2012, but our demands in 2016 were bolder than they have been in the past. Exorbitant tuition fees and record levels of student debt have created a crisis that demands fundamental change. Our members have spoken about the difficulties they have in accessing post-secondary education and the impacts of the life-altering debt that they face after leaving our post-secondary system. We believe that everyone must have access to strong social services without the barrier of cost or fear of incurring debt and that education is a right, not a privilege. To realize our goal of a fully accessible system of post-secondary education, we believe the only path forward is the outright elimination of tuition fees in favour of a universal system of public post-secondary education.

Our vision is unquestionably bold, and takes the conversation about accessibility much further than we have taken it in the past. Recognizing that we might receive pushback from people who criticized our vision as being unattainable, we sought the support of a broader base of support than our own membership. We identified other groups who had similar ideological views about public services, and we sought out endorsements from labour unions, civil society organizations, and community groups who all recognized the importance of reframing post-secondary education as a societal good. In total, 87 organizations endorsed the Day of Action.

This support from likeminded groups was important in reframing the narrative of students fighting for their



own self-interest, and inserted us into a broader conversation about what kinds of investments were beneficial to the public good. This coalition building will also be helpful as we move forward with our work and allow us to better support the work of other groups in their efforts to create a more equitable society.

The Day of Action was a huge success, with high turnout from students, faculty, staff, and community partners. It was also an essential component of our broader strategy to reframe the conversation about who benefits from a post-secondary education. The success from the Day of Action underscores the support that we have from our members and society when we lobby provincial and federal governments, urging them to prioritize post-secondary education. Budget 2017 saw tangible wins for students, including the increase in funding to the Post-Secondary Student Support Program, which funds Indigenous students and has been a longtime priority of the Canadian Federation of Students. Unfortunately, we did not see any tangible investments in post-

secondary education. In fact tuition fees across most provinces continue to rise; however, all four candidates in the NDP leadership race are talking about free post-secondary education, which gives us hope that public opinion is beginning to shift as people recognize the need for action to address the inaccessibility of post-secondary education.

Our advocacy, campaigns, and lobbying work are necessarily intertwined. By showing public support from both our members and other organizations in society, we make a strong case for public investments in post-secondary education. By humanizing the work that we do through highlighting the experiences of our members and of people who deal with the impacts of debt, we ensure that our work resonates with the public. By working with our coalition partners, we show that free post-secondary education does not need to come at the cost of investments in healthcare, childcare, or any other social service that we value. Our work imagines a better society by investing in the people who make our society function.

Building Bridges on Common Ground

An APNS Initiative



Shelley Goodwin, Ph.D., President, APNS; Heather C. Power, M.Sc., Past-President, APNS; Susan Marsh, B.A., B.Ed., B.P.R., Executive Director, APNS; and Kate M. Rancourt, Ph.D. Candidate, Dalhousie University

No one would dispute the value of communicating and meeting with those who share common interests, but that is not enough to create change and influence policy. Organizational leaders need to model collaboration and actively engage with other professionals.¹ This not only applies to direct client care, but also to advocating for systemic change. In advocacy, there is often greater strength in numbers, and perhaps more so when we join forces with other bodies that share similar challenges and concerns. But how do we organize multiple, diverse professions around a table to begin to address shared issues?

There are opportunities at all levels within our profession to take a ‘seat at the table’ as it relates to interprofessional collaboration.² The Association of Psychologists of Nova Scotia (APNS) executive committee recognized both the need and

opportunity to initiate collaboration and provide a forum where this collaboration could occur. With financial assistance from a CPA Practice Directorate grant, we decided to assemble our own table by inviting key leaders from healthcare provincial associations and regulatory bodies to meet at a forum we called *Building Bridges on Common Ground: A collaborative consultation advancing access to mental health services*.

The main goal for the forum was to engage key healthcare professionals in discussion on issues regarding access to mental health services, in order to establish evidence-supported initiatives through collaboration. Our specific objectives were identified as (1) developing external relationships to achieve a higher profile for psychology; (2) broadening our advocacy power to other organizations and government; (3) creating an on-going platform to share ideas and initiatives among healthcare professionals; and (4) developing practical solutions to improve access to mental health services for Nova Scotians. Our long-term aim is to facilitate effective system change that will enable better access to mental health services in Nova Scotia, regardless of geographical setting.³

The most directly relevant professions that have provincial associations in Nova Scotia and that primarily or significantly provide mental health and addiction care were invited to the forum. These included: counselling therapists, doctors, nurses, occupational therapists, pharmacists, psychologists, psychiatrists, and social workers. As interprofessional collaboration involves developing and maintaining effective interprofessional working relationships at all levels,⁴ we also invited students and mental health consumers to be part of our forum.

The forum was facilitated by Todd Leader, who is both a registered psychologist and a registered social worker. And since we cannot collaborate efficiently, nor organize effective systemic change at the professional level without understanding the patient perspective,⁴ our keynote speaker was Denice Klavano, a patient advocate who set the tone for the meeting. Her emotionally provocative story of how mental illness has impacted her family and how she has had to advocate for services that should have been easily accessible, provided the focus for the forum and strengthened the resolve of participants to make the day meaningful and productive.

It is remarkable what can be accomplished in five hours with openness and receptivity. Several participants questioned our motivation for the day, asking what the “agenda” was, and were considerably surprised when we assured them there was no “agenda behind the agenda.” The ground rules were set, including that participants represent professions, not organizations; that we debate honestly and respectfully, not personally; that we focus on what we can do, not why we cannot; that we discuss concerns from the perspective of “we” and not “us/them;” that we focus on what each participant can do, not on how to fix others; and finally, that our discussions be action and decision-oriented.

The group began to brainstorm, creating a fertile ground for idea generation and development. The day ended with an agreement to participate in joint advocacy projects, including immediately supporting the Pharmacy Association of Nova Scotia’s *the Bloom Program* initiative at the Department of Health level. Representatives from each of the professions also made an agreement to participate in a smaller working group initiative that will continue to work on other ideas generated during the day’s discussion, including:

- Finding ways to include private practice in collaborative care.
- Helping to expand *the Bloom Program*.
- Advocating that the insurance industry not require doctor referral, exclusively, for private therapy or counselling.
- Advocating that the Nova Scotia Health Authority include more professions in collaborative practices.



- Facilitating the inclusion of registered clinical therapists in the mental health system.
- Fostering inclusive actions at the local level by having all forum participants include a broader professional perspective in their advocacy efforts while always including patients.
- Creating a collaborative event where professions present information to other professions, stakeholders, and the public to provide education regarding the roles each profession plays in mental health.
- Considering a central, multi-profession linking website with informative videos for easy navigation of private and public practice, including program information/scheduling and navigation/description of types of professions, scopes of practice, EAP, etc.

The air leaving the room was upbeat and motivating with a sense of accomplishment. Most groups left with tangibles from the day, such as agreements to support projects, dates for further meetings, and new or strengthened connections. Several participants commented on the warm reception they received and on the importance of such a meeting.

CPA's Practice Directorate

- Advocating for Increased Access to Psychologists from Coast to Coast to Coast

Andrea Piotrowski, Ph.D., C.Psych., Chair, Practice Directorate, and Andrea Lee, Ph.D., C.Psych., Interim Director, Practice Directorate, Canadian Psychological Association

The Practice Directorate (PD) of the Canadian Psychological Association (CPA) is a council of member representatives from provincial and territorial fraternal psychology associations and the CPA that was established in 2008. The mandate of the PD is predicated on a shared vision to meet the advocacy needs of the practice of psychology across Canadian jurisdictions by providing an umbrella of support and collaborating on advocacy initiatives that advance the shared needs of the various regions in our nation. This structure supports both the variation in our profession across the country and a united professional front.

This year, the PD reviewed its Terms of Reference and updated its strategic plan, which continues to focus on increasing access to psychologists. The following four access advocacy foci were identified:

1) Work to increase funding that will allow access to the services of psychologists. Areas of focus include: primary care, medicare, hospitals, and other public institutions; stepped care in health; schools, employers, and private insurers (short term and long term disability); and the criminal justice system, among others (e.g., marginalized/vulnerable populations).

2) Work to increase the availability of psychologists for the provision of services. For example, increasing the number of psychology training programs, graduates (i.e., PhD, PsyD), and internship opportunities.

3) Advocate for access and quality services. Goals include setting a consistent national doctoral standard of entry to practice psychology, enhancing access to mental and behavioural health services, promoting culturally-competent care, and regulating psychotherapy (with reasonable minimal qualifications).

4) Promote the brand of psychology. Examples include identifying the uniqueness of psychology, clarifying the differences between mental health professionals, and better educating Canadians about the specific areas in which psychologists practice.

Though we often associate advocacy with government lobbying, there are many groups to whom the PD's member associations advocate to create change. Some of these include: governments, health authorities, school boards, employers, private service agencies, media (both as a target group and an outreach tool), the public, third party payers, community groups (e.g. foundations, charities, peer support groups, and other professional stakeholders (e.g. family physicians, psychiatrists)).

How the Practice Directorate is Working for Canadian Psychology

The PD is engaging in various exciting initiatives to support the advocacy efforts of its members across the country.

Literature Review

To achieve increased funding of psychological services, it is important to present a case to funding bodies that quality psychological services are useful and essential to the public. The PD is conducting a literature review on the effects of ineffective psychotherapy and inadequate psychological assessment to help demonstrate that the training and expertise of psychologists equip them to provide comprehensive psychological assessment and diagnosis, as well as provide evidence-based psychotherapies.

Public Education Campaign

To promote the brand of psychologists, the PD is in the process of developing a commercial that will be at the centre of a new Canadian public education campaign. The commercial will have an accompanying website that will detail important information about psychologists and their services and will direct the public to referral resources in their province or territory.

Enhancing Advocacy Capacity and Skills

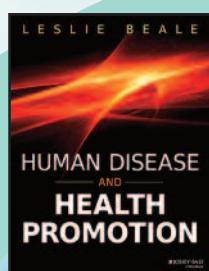
The PD council members undergo annual or bi-annual training sessions in order to strengthen the advocacy efforts of each participating association. This coming June, the PD will undergo training on social media use to help advocate more effectively for psychology.

Leadership Conference

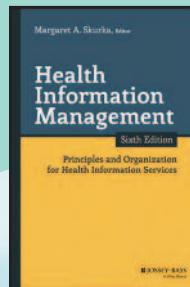
The PD organized a successful leadership conference in January 2016 for psychologists and students working or studying in associations, universities or hospitals who are interested in leadership and advocacy training. The interactive conference aimed to teach key principles, strategies and practical tips for influencing decision-making bodies such as governments, regional health authorities, and universities. Given the positive feedback from participants, the PD will host another leadership conference in 2018 to provide further training in leadership skills for psychology professionals and students.

The PD is a rich source of information on psychologists, psychological care, and advocacy initiatives in Canada's provinces and territories. By collaborating on projects and sharing information, the council strives to celebrate the successes, overcome the challenges, and develop solutions to increase access to psychologists across the country.

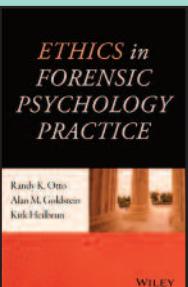
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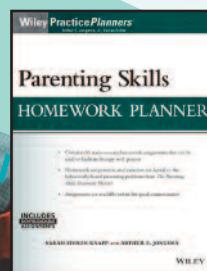
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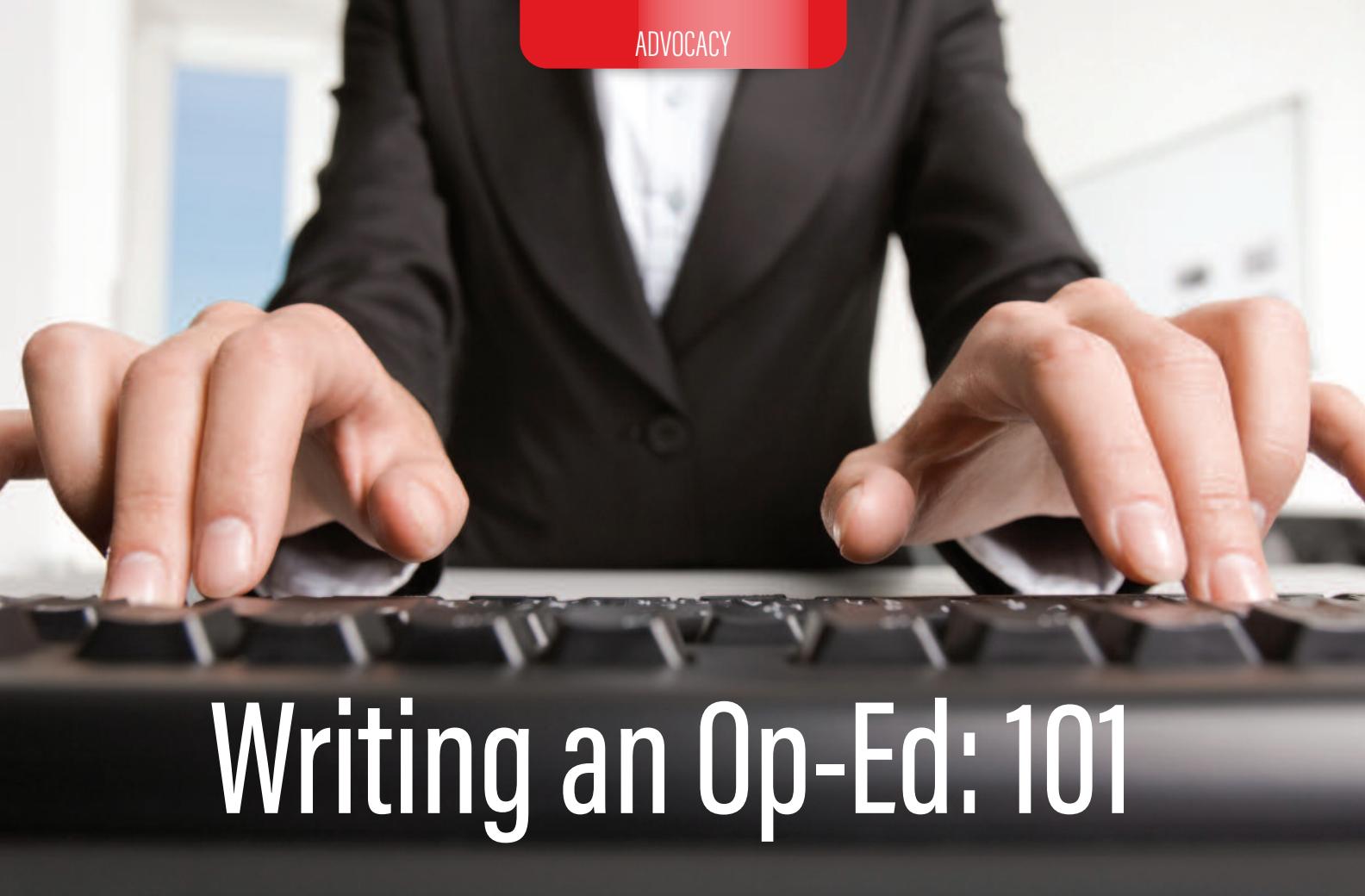


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Writing an Op-Ed: 101

*Stephanie Miksik, Communications Coordinator,
Canadian Psychological Association*

When we think of advocacy, we often think of government lobbying, rallies, and large scale campaigns, but advocacy can happen on many levels, big and small. One way to advocate for an idea or cause that is low effort, but often very effective, is to write an op-ed.

An op-ed is the page “opposite the editorial” in a newspaper that features commentary, essays, or opinion editorials on newsworthy subjects. It offers experts the opportunity to educate the public or stimulate a debate on a given topic in an effort to change public opinion, garner support for a cause, and/or shape policy.

Though it is not difficult to write an op-ed, there are certainly some things to keep in mind...

What is your goal?

The first step in deciding to write an op-ed is clearly defining your goal. Do you want to educate people about a key issue? Do you want to gain support for your cause? Do you want people to sign your petition? It is important to be specific in what you are trying to achieve before you set pen to paper (or fingers to keys) as it will influence what and how you write.

Who is your audience?

Writing for academics is very different than writing for the average Canadian, in the same way that writing for adults is very different than writing for children. Think carefully of who your audience is, and again, be specific. For example, if you are writing a piece about concussions, perhaps your target audience is parents with children between the ages of 5 and 18 who actively participate in team sports. Knowing your audience, what they know and don’t know (i.e. common misconceptions, background information, definitions of terms), and what their motivations are (i.e. what they care about, what will incite them to action) is essential to effective writing. This should inform your language, the length of your article, your tone, your expressions, your style, etc.

What is your message?

Once you have determined what it is you hope to achieve by printing an op-ed and who you are trying to influence, you must determine your key message. Most people are pretty good at figuring out what it is they want to say, but few people have the ability to craft a message based on what their audience wants to hear. Whether you present the cold hard facts to sway opinions, catastrophize to make your point, or use unicorns and rainbows to paint a pretty picture should be determined by what will be best received.

For example, if your goal is to encourage adults over the age of 18 to exercise for 150 minutes per week, you might use the following key messages:

- Research shows that exercising for 150 minutes per week prevents depression and anxiety disorders and reduces day-to-day stress.
- If you don't exercise for 150 minutes per week you will be stressed out and be at high risk for developing depression and/or anxiety.
- People who exercise for 150 minutes per week are less stressed, less depressed, less anxious, and way happier than their peers!

You should also ensure that any facts you state are backed up by research and that your message is clear and is repeated at the end of the op-ed to hammer home your point.

What is your vehicle of dissemination?

There are many types of publications that offer opportunities to share opinion pieces including: national newspapers, magazines, blogs, community newspapers, and organizational newsletters. When deciding where to submit, think about where your audience typically looks for information and what vehicle is the best fit for your message.

Once you've selected your publication, DO YOUR HOMEWORK! Check their editorial guidelines for word count limits, style preferences, acceptable topics, and submission

requirements. When a publication has clear submission guidelines and you don't follow them, chances are your article will end up in the recycle bin before it is even read. It is also wise to read previously published op-eds to determine what the publication typically prints.

What can you add and what can you take out?

If you want to get and keep your reader's attention, your article has to be engaging. Consider using anecdotes or examples to add colour and flare to your story. If appropriate, you can also add stats, images, and quotes to support your message.

Have you ever looked at an article and decided not to read it because it's too long? To avoid losing your readers before they reach the end of your piece, go over your draft and take something out. For example:

- remove unnecessary adjectives,
- eliminate repetitive sentences,
- use the active voice to be more concise, and
- use bulleted lists rather than long paragraphs when possible. (See what I did there?)

Op-eds can be an effective advocacy tool, but only when you use effective writing strategies. So remember – be clear, be concise, be audience-specific, and be interesting. Happy writing!

The skills you have are the skills we need!

Nous avons besoin de vos compétences !

MENTAL HEALTH SPECIALISTS

In the Field

Médecins Sans Frontières/Doctors Without Borders (MSF) is actively recruiting psychologists, social workers (MSW) and psychiatrists for international field work.

To learn more visit our website:
<http://www.msf.ca/en/mental-health-specialists>

In Canada

Médecins Sans Frontières/Doctors Without Borders (MSF) is looking for Registered Mental Health Professionals to join our Therapist Referral Network in Canada.

To learn more, contact
Dr. Juliet Donald
PSCU.Canada@toronto.msf.org

SPÉIALISTE EN SANTÉ MENTALE

Sur le terrain

Médecins Sans Frontières (MSF) recrute des psychologues, des travailleurs sociaux et des psychiatres pour des postes à l'étranger.

Pour en apprendre plus :
<http://www.msf.ca/fr/spécialiste-en-santé-mentale>

Au Canada

Médecins Sans Frontières (MSF) est à la recherche de spécialistes qualifiés en santé mentale pour faire partie de notre Réseau de référence en santé mentale au Canada.

Pour en apprendre plus, contactez
Dr. Juliet Donald
PSCU.Canada@toronto.msf.org

CPA HIGHLIGHTS



*Karen R. Cohen, Ph.D., C. Psych, Chief Executive Officer and
Lisa Votta-Bleeker, Ph.D., Deputy CEO and Director, Science Directorate*

Below is a list of our top activities since the last issue of Psynopsis. Be sure to check <http://cpa.ca/Psynopsis/> for a complete list of our activities, and contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 New Code of Ethics Now Available

The CPA's Committee on Ethics is delighted to report that the *Fourth Edition of the Canadian Code of Ethics for Psychologists* is now available. The *Companion Manual to the Canadian Code of Ethics for Psychologists* and our web-based course "Being an Ethical Psychologist" are now being revised to reflect the changes in the *Fourth Edition*; however, the current versions of each of these will remain available until the updated versions are released. An electronic version of the *Code* is available for download on our website. The CPA and its members owe a great debt of thanks to Dr. Carole Sinclair and the Committee on Ethics for their outstanding work.

<http://www.cpa.ca/aboutcpa/committees/ethics/codeofethics>

2 Standing Committee on Veterans Affairs

In April, we made a submission to the Standing Committee on Veterans Affairs concerning the role of psychologists in the mental health care of Veterans. Our submission, developed in consultation with those in our community with an expertise in military mental health, made a series of recommendations on the need for continuing professional development of our members on military culture and mental health needs, the development of promotional materials for psychologists on how to become a registered service provider to Veterans, the creation of a federal residency program for psychologists, and the creation of job conditions that enable psychologists to practice to their full expertise and scope.

<http://www.cpa.ca/docs/File/Government%20Relations/Presentation%20to%20Veterans%20CommitteeApril27FINAL.pdf>

3 New Editor of the *Canadian Journal of Experimental Science*

We are pleased to announce that Dr. Randall Jamieson has been named the next Editor of the *Canadian Journal of Experimental Psychology (CJEP)*. Dr. Jamieson will serve as Editor-Elect in 2018 and as Editor from 2019-2022. The CPA and its Board extends its sincerest thanks to Dr. Penny Pexman for her commitment and service to *CJEP* during her tenure as Editor.



4 Advocacy in the Atlantic Provinces

This spring, we've worked to support our Atlantic psychological association partners in their work to help shape the use of federally targeted funds for mental health by identifying services gaps and making recommendations to redress them. As part of this effort, we retained a public affairs consultant to help us secure and prepare for meetings with provincial Ministers of Health. Dr. Cohen joined the executive members of four provincial associations for the following meetings:

- March 29 – Prince Edward Island – Hon. Robert L. Henderson, Minister of Health and Wellness, and Dr. Kim Critchley, Deputy Minister of Health and Wellness
- April 5 – Newfoundland and Labrador – Hon. John Haggie, Minister of Health and Community Services
- April 18 – Nova Scotia – Hon. Leo A. Glavine, Minister of Health
- May 9 – New Brunswick - Hon. Victor Boudreau, Minister of Health

5 New Editor of *Canadian Psychology*

We are pleased to announce that Dr. Daniel Voyer has been appointed as the next Editor of *Canadian Psychology* (*CP*). Dr. Voyer will serve as Editor-Elect in 2018 and as Editor from 2019-2022. The CPA and its Board extends its sincerest thanks Dr. Martin Drapeau for his commitment and service to *CP* during his tenure as Editor.

6 Standing Committee on Finance

On May 11, Dr. Cohen appeared before the Standing Committee on Finance on behalf of the Canadian Alliance for Mental Illness and Mental Health (CAMIMH) to discuss how federal health transfers should be used to improve mental health care. The discussion focused on the need for enhanced community-based investments; the need to develop forms of accountability, including indicators; where federal dollars should be invested for maximum impact; and how the federal government can work with the provinces and territories to affect system change that will improve access to evidence-based mental health care. CAMIMH's recommendations were based on its report: *Mental Health Now!*

http://www.camimh.ca/wp-content/uploads/2017/01/CAMIMH_MHN_EN_Final_Nov2016.pdf

7 Internship Task Force Report Now Available

In March, we released our report, "Supply and Demand for Accredited Doctoral Internship/Residency Positions in Clinical, Counselling, and School Psychology in Canada." The report, produced by our Internship/Residency Supply and Demand Task Force, outlines supply and demand issues faced by psychology doctoral students when seeking out and applying to CPA-accredited doctoral internship/residency programs and makes recommendations on how to best address them.

http://cpa.ca/docs/File/SupplyAndDemand/CPA_Internship_Residency_SupplyandDemand_TaskForceReport_March2017.pdf

8 CPA Ambassadors Visit New Brunswick

On May 8, representatives of the CPA visited New Brunswick to engage members in the province. CPA Presidential Officers, Dr. Dozois and Dr. Baillie, and CPA Deputy CEO, Dr. Votta-Bleeker, met with local psychologists at a breakfast meeting in Fredericton then visited the University of New Brunswick and the Stan Cassidy Centre for Rehabilitation (Horizons Health Network). Meanwhile, CPA Board Members, Dr. Saint-Aubin and Dr. Bourgeois, and CPA CEO, Dr. Cohen, met with local psychologists at a breakfast meeting in Moncton then visited the Université de Moncton, Réseau de santé Vitalité Health Network, and the Moncton Hospital (Horizons Health Network).

9 MHCC Roundtable

In March, Dr. Cohen participated in the Mental Health Commission of Canada's roundtable discussion, "Exploring Policy Considerations for Expanding Access to Counselling, Psychotherapies, and Psychological Services in Canada." The discussion aimed to identify key issues and considerations in the current policy landscape and explore shared next steps to expand access.

10 Graduates and Non-Academic Career Paths

On March 2, Dr. Votta-Bleeker participated in a Graduate Pro-Seminar Panel organized by the chair of the Psychology Department at Carleton University in Ottawa. The panel focussed on the non-academic career path and showcased the variety of non-academic positions one can hold with a Ph.D. in psychology to give students a better idea of the breadth of career options available to them.



FAITS SAILLANTS

des activités de la SCP

Karen Cohen, Ph. D., C. Psych., chef de la direction, et

D^r Lisa Votta-Bleeker, Ph. D., directrice générale associée et directrice de la Direction générale de la science

Voici la liste des principales activités menées depuis la publication du dernier numéro de *Psynopsis*. Ne manquez pas de visiter le <http://cpa.ca/Psynopsisfr> pour consulter la liste complète de nos activités, et écrivez à membership@cpa.ca pour vous abonner à notre bulletin électronique semestriel, *Nouvelles de la SCP*, pour vous tenir au courant de toutes les choses que nous accomplissons pour vous!

1 **Nouveau code d'éthique maintenant disponible**

Le Comité de déontologie de la SCP est heureux d'annoncer la publication de la *Quatrième édition du Code canadien d'éthique pour les psychologues*. Le *Companion Manual to the Canadian Code of Ethics for Psychologists* et le cours en ligne de la SCP, intitulé « Being an Ethical Psychologist », sont en cours de révision afin de tenir compte des changements apportés à la *quatrième édition*. Cependant, les versions actuelles du *Companion Manual* et du cours en ligne seront disponibles en attendant que les versions à jour soient publiées. Vous pouvez télécharger la version électronique du *code* sur notre site Web. La SCP et ses membres tiennent à remercier sincèrement la D^r Carole Sinclair et le Comité de déontologie pour leur travail exceptionnel.

<http://cpa.ca/aproposdelascp/comites/ethics/codeofethics/>

2 **Comité permanent des anciens combattants**

En avril, nous avons présenté un mémoire au Comité permanent des anciens combattants concernant le rôle des psychologues et les soins de santé mentale des anciens combattants. Notre mémoire, élaboré en collaboration avec des psychologues spécialisés dans les problèmes de santé mentale chez les militaires, a présenté une série de recommandations faisant valoir la nécessité de fournir à nos membres du perfectionnement professionnel continu sur la culture militaire et les besoins en matière de santé mentale dans le milieu militaire, de concevoir du matériel promotionnel à l'intention des psychologues, informant ces derniers de la façon de devenir

un fournisseur de services pour les anciens combattants, de créer un programme fédéral de résidence en psychologie et de créer des conditions de travail qui permettent aux psychologues d'exercer pleinement leur expertise et le champ complet de leurs activités.

<http://www.cpa.ca/docs/File/Government%20Relations/Presentation%20to%20Veterans%20CommitteeApril27FINAL.pdf>

3 **La Revue canadienne de psychologie expérimentale (RCPE) a un nouveau rédacteur en chef**

Nous sommes heureux d'annoncer que le D^r Randall Jamieson a été nommé rédacteur en chef de la *Revue canadienne de psychologie expérimentale (RCPE)*. Le D^r Jamieson sera le rédacteur en chef désigné en 2018 et le rédacteur en chef de 2019 à 2022. La SCP et son conseil d'administration offrent leurs plus sincères remerciements à la D^r Penny Pexman pour son engagement et son travail pendant son mandat de rédactrice en chef de la *RCPE*.

4 **Représentation au Canada atlantique**

Ce printemps, nous avons appuyé dans leur travail nos partenaires des associations de psychologues de l'Atlantique en vue de façonnez l'utilisation des fonds fédéraux consacrés à la santé mentale en déterminant les lacunes et en faisant des recommandations pour y remédier. Dans le cadre de cet effort, nous avons retenu les services d'un consultant en affaires publiques pour nous aider à organiser et à préparer des rencontres avec les ministres provinciaux de la Santé.

La D^{re} Cohen a assisté, avec les dirigeants de quatre associations provinciales, aux réunions suivantes :

- 29 mars – Île-du-Prince-Édouard – L'honorable Robert L. Henderson, ministre de la Santé et du Mieux-être, et la D^{re} Kim Critchley, sous-ministre de la Santé et du Mieux-être
- 5 avril – Terre-Neuve-et-Labrador – L'honorable John Haggie, ministre de la Santé et des Services communautaires
- 18 avril – Nouvelle-Écosse – L'honorable Leo A. Glavine, ministre de la Santé
- 9 mai – Nouveau-Brunswick – L'honorable Victor Boudreau, ministre de la Santé

5 Psychologie canadienne (PC) a un nouveau rédacteur en chef

Nous sommes heureux d'annoncer que le Dr Daniel Voyer a été nommé rédacteur en chef de *Psychologie canadienne (PC)*. Le Dr Voyer sera le rédacteur en chef désigné en 2018 et le rédacteur en chef de 2019 à 2022. La SCP et son conseil d'administration offrent leurs plus sincères remerciements au Dr Martin Drapeau pour son engagement et son travail pendant son mandat de rédacteur en chef de la PC.

6 Comité permanent des finances

Le 11 mai, la D^{re} Cohen a témoigné devant le Comité permanent des finances de la Chambre des communes, au nom de l'Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM), afin de discuter de la façon dont les transferts fédéraux pour la santé devraient être utilisés pour améliorer les soins de santé mentale. La discussion a porté sur la nécessité d'accroître les investissements communautaires; la nécessité de développer des formes de responsabilisation, y compris des indicateurs; la destination des investissements fédéraux pour obtenir un impact optimal; et la façon dont le gouvernement fédéral pourrait travailler avec les provinces et les territoires pour apporter des changements qui permettront d'améliorer l'accès à des soins de santé fondés sur des données probantes. Les recommandations de l'ACMMSM sont basées sur le rapport, intitulé « *Santé mentale : que ça bouge!* », qu'elle a publié en 2016.

http://www.camimh.ca/wp-content/uploads/2017/01/CAMIMH_MHN_FR_Final_Nov2016.pdf

7 Le rapport du groupe de travail sur l'offre et la demande d'internats est maintenant disponible

En mars, nous avons publié le rapport « Supply and Demand for Accredited Doctoral Internship/Residency Positions in Clinical, Counselling, and School Psychology in Canada ». Produit par

notre groupe de travail sur l'offre et la demande de sites d'internat/résidence, le rapport décrit les problèmes auxquels sont confrontés les étudiants au doctorat en psychologie lorsque vient le temps de trouver un programme d'internat/stage agréé par la SCP et de faire une demande auprès d'un programme; le rapport fait également des recommandations à envisager pour régler ces problèmes.

http://cpa.ca/docs/File/SupplyAndDemand/CPA_Internship_Residency_SupplyandDemand_TaskForceReport_March2017.pdf

8 Les ambassadeurs de la SCP visitent Nouveau-Brunswick

Le 8 mai, des représentants de la SCP se sont rendus au Nouveau-Brunswick afin d'intéresser les membres de la province au travail de la SCP. Les présidents de la SCP, le Dr Dozois et le Dr Baillie, ainsi que la directrice générale associée de la SCP, la D^{re} Votta-Bleeker, ont rencontré des psychologues locaux lors d'un petit-déjeuner de travail, à Fredericton, et se sont ensuite rendus à l'Université du Nouveau-Brunswick et au Centre de réadaptation Stan Cassidy (Réseau de santé Horizon). Pendant ce temps, les membres du conseil d'administration de la SCP, le Dr Saint-Aubin et le Dr Bourgeois, ainsi que la chef de la direction de la SCP, ont rencontré des psychologues locaux lors d'un petit-déjeuner de travail, à Moncton, et se sont ensuite rendus à l'Université de Moncton, au Réseau de santé Vitalité et à l'hôpital de Moncton (Réseau de santé Horizon).

9 Table ronde de la Commission de la santé mentale du Canada

En mars, la D^{re} Karen Cohen a participé à une table ronde organisée par la Commission de la santé mentale du Canada sur le thème « Exploration des considérations de politique générale pour l'élargissement de l'accès au counselling, à la psychothérapie et aux services de psychologie au Canada ». Les discussions visaient à déterminer les principales questions et considérations à ce sujet, compte tenu du paysage politique actuel, et à analyser les étapes à suivre, de manière concertée, pour élargir l'accès.

10 Les cheminements de carrière hors du milieu universitaire

Le 2 mars, la D^{re} Lisa Votta-Bleeker a participé, à titre d'intervenante, à un séminaire de formation offert aux étudiants diplômés organisé par le président du département de psychologie de l'Université Carleton, à Ottawa. Le groupe de discussion s'est concentré sur les cheminements de carrière hors du milieu universitaire et a présenté les différents postes non universitaires que les titulaires d'un doctorat en psychologie peuvent occuper.

Call for Nominations for 2018 CPA Awards

AWARD DESCRIPTIONS

GOLD MEDAL AWARD for Distinguished Lifetime Contributions to Canadian Psychology

This award is presented to CPA members who have made exceptional and enduring lifetime contributions to Canadian psychology during their career.

Eligibility for this award is limited to CPA members who are 65 years of age or older.

CPA Donald O. Hebb Award for Distinguished Contributions to Psychology as a Science

This award is presented to CPA members who have made significant contribution to Canadian psychology as a scientific discipline. The recipient of this award should be a CPA member:

- whose research has enhanced the knowledge base of psychology;
- whose influence has been exerted through leadership as a teacher, as a theorist, as a spokesperson for the discipline, and/or as a developer of public policy regarding the science of psychology; or
- whose work has substantially influenced the development of psychology.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on Canadian psychology as a science.

CPA Education and Training Award for Distinguished Contributions to Education and Training in Psychology in Canada

This award is presented to CPA members who have made significant contributions to education and training in psychology in Canada. The recipient of this award should be a CPA member or Fellow:

- whose influence on education and training has been exercised through excellence and/or leadership as a teacher;
- whose work as a teacher, researcher, supervisor and/or administrator has influenced the methods and settings utilized in education and training, in ways of significant benefit to that endeavour;
- whose scholarship in education and/or training has enhanced the knowledge base in these areas; or
- whose work has had the effect of bringing about changes in education and/or training practices.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on education and training in psychology in Canada.

CPA Professional Award for Distinguished Contributions to Psychology as a Profession

This award is presented to CPA members who have made significant contributions to Canadian psychology as a profession. The recipient of this award should be a CPA member:

- whose work has influenced the method, settings, and/or persons involved in applied practice, in ways of significant benefit to the profession and its clients;
 - whose empirical research has enhanced the knowledge base of professional psychology;
 - whose influence has been exerted through leadership as a teacher, as a clinician, as a theorist, and/or as a spokesperson in public and/or professional arenas; or
 - whose work has had the effect of bringing about changes in practice or training performed by others, or redirection of efforts in applied work.
- In whatever form the individual's

contributions are regarded as distinguished, the impact of the work shall have been on Canadian psychology as a profession.

CPA Award for distinguished Contributions to the International Advancement of Psychology

This award is presented to CPA members who have made significant contributions to the international advancement of psychology. The recipient of this award should be a CPA member who has made distinguished and enduring contributions to international cooperation and advancement of knowledge in psychology.

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on the international advancement of psychology.

CPA Award for Distinguished Contributions to Public or Community Service

This award is presented to CPA members who have made outstanding contributions in serving the Canadian public or a community through their knowledge and practical skills.

Consideration is given to psychologists whose professional involvement has resulted in a major benefit to the public, as well as those who have made significant contributions to special populations such as those who have disabilities, are disadvantaged or underprivileged, or are members of a minority group. Psychologists who are active in Canadian legislative, legal, political, organizational, and other areas that are directed at providing benefits to the public or a community are also considered.

In whatever form they are regarded as distinguished, such contributions must be directed to and on behalf of the public or a community.

CPA Distinguished Practitioner Award AWARD FOR DISTINGUISHED CONTRIBUTIONS

This award is presented to CPA members who have made distinguished contributions in the practice of psychology in Canada. The recipient will have made his or her contributions as a full-time practitioner in applied psychology (e.g., clinical, counseling, education, industrial/organizational, forensic, health).

In whatever form the individual's contributions are regarded as distinguished, the impact of the work shall have been on the application of psychology.

CPA Award for Distinguished Lifetime Service to the Canadian Psychological Association

This award is presented to CPA members who have given exceptional service to the Association during their career. The recipient of this award should be a CPA member who has made distinguished and enduring lifetime contributions to the CPA.

Eligibility is limited to CPA members or Fellows who are 65 years of age or older.

CPA John C. Service Member of the Year Award

This award is presented to CPA members who have given exceptional service or made distinguished contributions to the Association during the year.

CPA Humanitarian Award

This award is presented to outstanding individuals or organizations (psychological or non psychological) whose commitment and persistent endeavors have significantly enhanced the psychological health and well-being of the people of Canada at the local, provincial, or national level. The recipient must:

- hold Canadian citizenship or resident status at the time of the award

(individual) or be registered as an organization in Canada at the time of the award (organization);

- have made a significant and demonstrable impact on the psychological health and well-being of the Canadian community; and
- have made a contribution to enhance the psychological health and well-being of the Canadian community, not for self-advancement.

NOMINATION PROCEDURES

Nominations must include a letter of nomination by a current member, a current curriculum vitae for the nominee, and **at least three endorsing letters** written in the last calendar year. Preferably, the nominators should be drawn from three different institutions, with no more than one coming from the nominee's home institution.

Should the nominee not be selected the year submitted, he or she will automatically be reconsidered in each of the next two years.

The members of the Committee on Fellows and Awards and the members of the CPA Board of Directors are ineligible for all awards.

The deadline for receipt of nominations and supporting materials is **October 15, 2017**. Nominations should be emailed (in PDF format) to governance@cpa.ca or mailed to:

Chair of the Committee on Fellows and Awards

Canadian Psychological Association
141, Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3

The list of previous CPA Award recipients is available on the CPA website:
<http://www.cpa.ca/aboutcpa/cpaawards/>

Call for Nominations for the 2018 CPA President's New Researcher Awards

These awards recognize the exceptional quality of the contributions of new researchers to psychological knowledge in Canada. Selection of award recipients is based on the examination of the applicant's record of early career achievement. A maximum of three awards are conferred annually in diverse areas of psychology.

Eligible candidates must:

- Be a CPA member with five years or less post-graduate training experience (e.g., post-Masters, post-Ph.D.).
- Be within 5 years of completing their graduate degree (e.g., Masters, doctorate) and no longer enrolled as a student in a graduate program. Therefore a student who has graduated from a Masters program but is still in a doctorate program is not eligible for the award.
- Students enrolled in post-doctoral programs must be CPA members to be considered for the award (not student members).

Winners will receive a certificate and a \$500 cash award that will be presented during the CPA convention. Winners will also receive a free registration to attend the following CPA convention, and an invitation to participate in a symposium at the following convention.

The review committee is composed of the President, the immediate Past President, the President-elect, and the Chair of the Scientific Affairs Committee.

Submissions must be sent by **October 15, 2017** and must include the candidate's curriculum vitae (in PDF Format), a letter of nomination by a CPA member, and three letters of support written in the last calendar year. Submissions should be emailed to governance@cpa.ca or mailed to:

CPA President's New Researcher Awards

Canadian Psychological Association
141, Laurier Avenue West, Suite 702
Ottawa, Ontario, K1P 5J3

Appel de mises en candidature pour les prix de la SCP pour 2018

DESCRIPTIONS DES PRIX

Prix de la Médaille d'or pour contributions remarquables à la psychologie au cours de l'ensemble de la carrière

Ce prix sera accordé à des membres de la SCP qui ont apporté des contributions éminentes et durables à la psychologie canadienne tout au long de sa vie.

L'admissibilité est limitée aux membres en règle âgés de 65 ans et plus.

Prix Donald O. Hebb pour contributions remarquables à la psychologie en tant que science

Ce prix est décerné à des membres de la SCP qui ont apporté d'importantes contributions à la psychologie, au Canada, en tant que science. Le récipiendaire de ce prix répondra à au moins l'un des critères suivants:

- avoir effectué des recherches qui ont permis d'élargir la base de connaissances de la psychologie;
- avoir exercé une influence en jouant un rôle de chef de file en tant que professeur, théoricien, conférencier ou concepteur de politiques publiques relatives à la psychologie comme science; ou
- avoir réalisé des travaux qui ont influé de façon significative sur le développement de la psychologie.

Quelle que soit la forme de la contribution considérée comme émérite, le travail de la personne doit se répercuter sur la psychologie en tant que science.

Prix de l'éducation et de la formation pour contributions remarquables à l'éducation et la formation en psychologie au Canada

Ce prix est décerné à des membres de la SCP qui ont apporté d'importantes contributions à l'enseignement de la psychologie au Canada et à la formation en ce domaine. Le récipiendaire de ce prix répondra à au moins l'un des critères suivants:

- avoir exercé une influence sur l'éducation et la formation grâce à son excellence ou son leadership comme

professeur;

- avoir réalisé des travaux, comme professeur, chercheur, surveillant ou administrateur, qui ont une très grande incidence positive sur les méthodes et les cadres utilisés en éducation et en formation;
- avoir réalisé, comme universitaire, des travaux en éducation ou en formation qui ont permis d'élargir la base de connaissances dans ces deux domaines; ou
- avoir réalisé des travaux qui ont entraîné des changements dans les pratiques utilisées en éducation ou en formation.

Quelle que soit la forme de la contribution considérée comme émérite, le travail de la personne doit se répercuter sur l'éducation et la formation en psychologie, au Canada.

Prix professionnel pour contributions remarquables à la psychologie en tant que profession

Ce prix est décerné à des membres de la SCP qui ont apporté d'importantes contributions à la psychologie, au Canada, en tant que profession. Le récipiendaire de ce prix répond à au moins l'un des critères suivants:

- avoir effectué des travaux ayant influé sur les méthodes, les cadres ou les personnes engagées dans la pratique appliquée de façon que la profession et les clients en tirent des avantages importants;
- avoir réalisé des travaux de recherche empirique ayant permis d'élargir la base de connaissances sur la psychologie en tant que profession;
- avoir fait fonction de chef de file en tant que professeur, clinicien, théoricien ou porte-parole auprès du grand public
- ou sur des tribunes professionnelles; ou
- avoir réalisé des travaux qui ont entraîné des changements dans la pratique ou les activités de formation exécutées par d'autres ou qui ont réorienté les efforts déployés en

psychologie appliquée.

Quelle que soit la forme de la contribution considérée comme émérite, le travail de la personne doit se répercuter sur la psychologie au Canada en tant que profession.

Prix pour contributions remarquables à l'avancement international de la psychologie

Ce prix sera accordé à des membres de la SCP qui ont apporté d'importantes contributions à l'avancement international de la psychologie. Le récipiendaire de ce prix devrait être une personne qui a apporté des contributions éminentes et durables à la coopération internationale et à l'avancement des connaissances en psychologie.

Quelle que soit la forme qu'aient pu prendre les contributions jugées éminentes, les travaux des candidats devront avoir eu une incidence sur l'avancement international de la psychologie.

Prix pour contribution remarquable au service public ou communautaire

Ce prix sera accordé à des membres de la SCP qui ont apporté d'éminentes contributions en servant le public canadien ou une collectivité grâce à leurs connaissances et à leurs compétences pratiques. On étudiera les candidatures de psychologues dont l'activité professionnelle a beaucoup profité au public, ainsi que ceux qui ont fait d'importantes contributions à des groupes spéciaux comme les personnes atteintes d'invalidité, les personnes défavorisées ou désavantagées ou encore celles qui sont membres de groupes minoritaires. Les candidatures des psychologues qui sont actifs dans les domaines législatifs, juridiques, politiques, organisationnels et autres au Canada qui visent à offrir des avantages au public ou à une communauté seront aussi étudiées.

Quelle que soit la forme qu'aient pu prendre les contributions jugées remarquables, celles-ci devront avoir été orientées vers le service au public ou à la collectivité.

Prix pour contributions remarquables à l'exercice de la psychologie

Ce prix est décerné à des membres de la SCP qui ont apporté d'importantes contributions à l'exercice de la psychologie au Canada. Le récipiendaire de ce prix se sera démarqué à titre de praticien à plein temps dans le domaine de la psychologie appliquée (par ex., psychologie clinique, counseling, éducation, psychologie industrielle et organisationnelle, psychologie judiciaire, santé).

Peu importe la forme des contributions proposées que l'on estimera comme remarquables, il faudra reconnaître les répercussions de celles-ci sur l'application de la psychologie.

Prix pour contributions remarquables à la société canadienne de psychologie au cours de l'ensemble de la carrière

Ce prix sera accordé à des membres de la SCP qui ont apporté des contributions éminentes et durables à la Société canadienne de psychologie tout au long de sa vie.

L'admissibilité est limitée aux membres ou aux fellows de la SCP âgés de 65 ans et plus.

Prix du membre de l'année John C. Service

Ce prix sera accordé à des membres de la SCP qui ont fourni des services exceptionnels ou apporté une contribution éminente à la Société canadienne de psychologie au cours de l'année.

Prix pour réalisation humanitaire

Ce prix est décerné à des personnes ou des organismes reliés ou non à la psychologie, dont l'engagement et l'application constante ont permis d'améliorer considérablement la santé psychologique et le bien-être des Canadiens, aux paliers régional, provincial ou national.

Le récipiendaire de ce prix doit répondre aux critères suivants:

- doit être citoyen canadien ou avoir le statut de résident au moment de l'attribution du prix (individu) ou doit être enregistré en tant que tel au Canada au moment de l'attribution du prix (organisme);

- il faut prouver que la contribution a eu une incidence significative et démontrable sur la santé psychologique et le bien-être de la collectivité canadienne; et
- l'objectif de la contribution doit être d'améliorer la santé psychologique et le bien-être de la collectivité canadienne et non de favoriser l'avancement personnel du candidat.

Appel de mise en candidature pour le Prix du nouveau chercheur décerné par le président de la SCP pour 2018

Ce prix sera décerné à de nouveaux chercheurs qui ont enrichi de façon exceptionnelle les connaissances en psychologie au Canada. La sélection des candidats doit être basée sur leur réalisation à titre de jeune chercheur ainsi que sur la qualité de l'article soumis. Trois prix au plus seront décernés chaque année.

Les candidats admissibles doivent répondre aux critères suivants:

- Être membre de la SCP et possédé cinq années d'expérience ou moins liée à la formation de deuxième ou de troisième cycle (suivant la maîtrise ou le doctorat);
- Avoir terminé son diplôme d'études supérieures (par ex. une maîtrise ou un doctorat) dans moins de cinq ans et ne plus être inscrit à un programme d'études supérieures. Cependant, un étudiant titulaire d'une maîtrise mais qui est encore dans un programme de troisième cycle n'est pas admissible.
- L'étudiant inscrit dans un programme postdoctoral doit nécessairement être membre à part entière de la SCP (et non membre étudiant) pour être admissible.

Les lauréats recevront un certificat et un montant de 500 dollars qui leur seront remis durant le congrès annuel de la SCP. Ils pourront également assister gratuitement au congrès de la SCP de la même année et participer à un symposium.

Le comité d'examen est composé du président, du tout dernier président sortant, du président désigné et du président du Comité des affaires scientifiques.

Les documents, comprenant la lettre de nomination d'un membre de la SCP, le curriculum vitae du candidat, ainsi que trois lettres d'appui écrites dans l'année courante, doivent être acheminés, préféablement par courriel en format pdf, avant le 15 octobre 2017 à l'adresse governance@cpa.ca ou par la poste :

Président du Comité des fellows et des prix

Société canadienne de psychologie
141 Avenue Laurier ouest, Bureau 702
Ottawa, Ontario K1P 5J3

Pour liste des lauréats des prix de la SCP précédents, veuillez consulter notre site web au <http://www.cpa.ca/aproposdelascp/prixdelascp/>

Prix du nouveau chercheur décerné par le président de la SCP

Société canadienne de psychologie
141, avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5J3

Report on the Third Conference of the Caribbean Alliance of National Psychological Associations



John Berry, Ph.D., Member of the CPA's International Relations Committee

The third conference of the Caribbean Alliance of National Psychological Associations (CANPA) was held in Port au Prince, Haiti from November 7-11, 2016. This event successfully followed the first two conferences, which were held in the Bahamas (2011) and Suriname (2014).

CANPA is a regional network of national psychology organizations and of individual psychologists throughout the broader Caribbean that embraces all the linguistic and cultural diversity found in the region and in the Caribbean diaspora. Its goals are to advance psychological knowledge, research, skills, and practice in the service of Caribbean well-being and development, while addressing the professional interests of psychological practitioners, academics, and researchers. It sponsors regular regional conferences of psychology and provides resources and guidance on the status, structure, and development of psychology in the region.

The theme of the 2016 conference was: "Promoting Caribbean Health with Multiculturalism and Multilingualism: Challenges and Opportunities." It also had five sub-themes: Promoting Caribbean Health and Well-being, Multiculturalism in the Caribbean, Multilingualism in the Caribbean, Caribbean Psychology Education and Training, and Challenges in Regional Psychology.

The conference organizers chose these themes because "the Caribbean region, a mosaic of different cultures and languages, is an ideal context in which to promote a useful and informed discourse about multiculturalism and

multilingualism for development. Using health as a landscape allows the opportunity to unpack the existing challenges and opportunities in promoting human development while employing and celebrating the rich cultural diversity of the Caribbean." Clearly this mosaic is one that all Canadians and Canadian psychologists will recognize and understand.

The conference was organized jointly by CANPA and l'Association Haïtienne de Psychologie. Both the opening ceremony and the social and cultural programme were extraordinarily entertaining and enriching. A procession of representatives from each national psychological association carrying their country's flag provided a vibrant opening to the conference, while various genres of Caribbean music and food were a constant reminder that participants were guests in paradise!

Speakers were drawn widely from the Caribbean region and abroad. Keynote speakers Yanick Lahens (Ayiti) and Wade Nobles (U.S.A.) both addressed the topic "Foundations for the Indigenisation of a Psychology for Caribbean Wellbeing." Plenary speakers included: Animate Cairo (University of Leiden), Makesha Evans (University of the Caribbean), Ishtiar Govia (University of the West Indies), Jaipaul Roopnarine (University of the West Indies), Ava Thompson (College of the Bahamas), and Saths Cooper (President of the International Union of Psychological Science).

The programme was very rich and included: four pre-conference workshops, including one on "Regionalising and Internationalising the Psychology Curriculum" by John Berry (Canada) and Milagros Mendez (Puerto Rico); ten invited symposia covering the main themes of the conference, particularly the relationships between multiculturalism and wellbeing and the challenges posed by the linguistic, cultural, and colonial diversity of the island nations; and dozens of individual paper and conversation sessions.

CANPA looks forward to welcoming psychologists from Canada and the world to their next conference, which will be held in Havana, Cuba in 2018.

The opening ceremony of the CANPA conference in Haiti.

Section on Counselling Psychology Seeks to Better Engage Students



**Theresa Jubenville-Wood, M.Sc., Student Representative,
Section on Counselling Psychology**

Choosing a career path within the broad discipline of psychology can be a daunting and confusing process - it can be challenging to understand the nuances between the various specializations within psychology and to decide on a training program that aligns with one's interests and career aspirations. At many post-secondary institutions, it is tradition for representatives from graduate programs to attend fourth year and Honours psychology classes to inform students about graduate program opportunities that lie ahead. While this practice can provide helpful insights for prospective students, counselling psychology is often overlooked because in Canada, counselling psychology programs are housed within a different academic department than undergraduate psychology programs. Consequently, students may be confused about or completely unaware of whether the field of counselling psychology may be a good fit for their career goals.

Recognizing the need to better promote the field, the Section on Counselling Psychology of the Canadian Psychological Association (CPA) has prepared a presentation to provide undergraduate psychology programs across Canada with a user-friendly, readily available tool that informs students about counselling psychology and the training one receives. The resource was created as a PowerPoint presentation so that it can easily be presented to students and the content can be readily updated as new information becomes available.

The presentation includes:

- a definition of counselling psychology, particularly as it pertains to the Canadian context;
- discussion points informed by research and consultation with professionals that address how counselling psychology is similar to and different from other mental health professions;
- information on training programs within Canada with a focus on CPA accredited programs;
- common misconceptions about counselling psychology;
- the professional duties performed by counselling psychologists; and
- potential job titles and career options available to graduates.

The section launched this exciting new tool at a round table conversation during the CPA National Convention this spring and will broadly disseminate it across the country. As undergraduate programs use the presentation, the section will collect feedback and questions from prospective graduate students to help further enhance the quality of the presentation.

We are eager to openly share this resource, so if you would like more information or a copy of the presentation please contact the Chair of the Section on Counselling Psychology, Dr. Anusha Kassan (anusha.kassan@ucalgary.ca).

Solitary Confinement and Federal Corrections:

Recent Changes

in Ethical Guidelines for Health Care Professionals
and in International Human Rights Obligations

Ivan Zinger, J.D., Ph.D., Correctional Investigator of Canada and Member of the CPA Committee on Ethics

For health care practitioners, working in a prison setting poses many professional and ethical challenges, perhaps more so than any other work environment. This is especially true for those health care professionals who are employed directly by correctional authorities as they may feel subordinate to correctional authorities and have difficulty reconciling their main duty as protector and advocate of patient health with the security objectives and protocols of their employers.

The Association on the Prevention of Torture (APT) is an international non-governmental organization that is partly funded by the United Nations and whose purpose is to assist countries to sign and ratify the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. The APT suggests that one important measure to prevent ethical dilemmas inherent to situations of dual loyalties is the integration of prison health services into a country's national health service, with health care professionals being employed and overseen by the national health service rather than by correctional authorities. The APT considers this as a best practice. Unfortunately, at the federal level in Canada, there is no separate federal health care provider, and the Correctional Service of Canada (CSC) has been given the statutory obligation to provide essential health care services that conform with professionally accepted standards to all federally incarcerated offenders.

With more than 300 registered psychologists, the CSC is the largest single employer of psychologists in the federal government. CSC psychologists provide psychological screening, assessment, and treatment to more than 14,000 federally incarcerated offenders. They are accountable to their respective provincial regulatory bodies, yet are also subject to terms and conditions of employment set by their employer (Treasury Board Canada), CSC policies, and a myriad of legal obligations including provisions of the *Corrections and Conditional Release Act*.

International human rights instruments provide important guidance for prison health care professionals in meeting their ethical and clinical obligations. The recently revised *United Nations Standard Minimum Rules for the Treatment of Prisoners* (now re-titled the *Nelson Mandela Rules*, 2015)

reaffirm the importance of professional clinical independence and acknowledge the risk of undue influence by correctional authorities on the obligations of health care providers to promote and protect the health of prisoners/patients. For example, Rule 25(2) states that "...the health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry," while Rule 27(2) says that the "...clinical decisions may only be taken by the responsible health-care professionals and may not be overruled or ignored by nonmedical prison staff." Such unequivocal role separation may come as a surprise to many psychologists and senior correctional officials alike.

Ethical challenges in prison settings are perhaps best illustrated by looking at the roles of CSC psychologists in the placement and maintenance of prisoners in administrative segregation. In the last five years, there has been a renewed interest around the world for reducing or prohibiting the use of solitary confinement in prisons and other detention settings. Canada is no exception. High profile and egregious cases, such as Ms. Ashley Smith and Mr. Adam Capay, have mobilized the legal community and prisoner advocates, and have finally crystallized public opinion. The practice of long-term or indefinite segregation is now seen as unacceptable, harmful, and inhumane. The Office of the Correctional Investigator continues to document cases where the CSC places prisoners in administrative segregation who are seriously mentally ill, who chronically self-injure, or who are suicidal.

Correctional authorities in Canada are now scrambling to create alternatives to segregation and run their facilities with less reliance on this population management tool. About two years ago, under increasing public pressure and litigation, the CSC focused its corporate attention to reduce the number of inmates placed in administrative segregation and the average length of time of each placement. Despite the fact that the law remained unchanged since 1992, which requires administrative segregation to be used only as a last resort, for the shortest time possible, and when all other alternatives have been exhausted, the CSC was able to reduce its use by half without any perceptible impact on the safety and security of both prisoners and staff – a significant achievement and a demonstration of strong leadership.

The Association on the Prevention of Torture (APT) is an international non-governmental organization that is partly funded by the United Nations and whose purpose is to assist countries to sign and ratify the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

New administrative segregation policy and guidelines developed in October 2015 require “mental health professionals,” which includes psychologists, to conduct an assessment prior to the five-day review of the Segregation Review Board (SRB). The assessment requires mental health professionals “...to provide written comments concerning any mental health issues that may impact the inmate’s segregation status and how his/her mental health needs can be accommodated.” Moreover, the new policy states that “...a mental health professional must be present as a permanent member of the institutional Segregation Review Boards.” The SRB reviews placements five days following the initial placement and every 30 days thereafter. It determines whether or not a prisoner should remain in administrative segregation, with the chair of the SRB making a recommendation to the Warden accordingly.

The new policy therefore requires a mental health professional to be part of a correctional decision-making body to maintain or discontinue administrative segregation placements. Such a situation raises serious ethical and clinical dilemmas which were highlighted by the Office of the Correctional Investigator in our 2015-16 Annual Report (see www.oci-bec.gc.ca).

Principle 4 of the Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and



Other Cruel, Inhuman or Degrading Treatment or Punishment (UN General Assembly, 1982) states that it is a contravention of medical ethics for health personnel “...to certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment.”

More recently and more specifically, Rule 45(2) of the *Nelson Mandela Rules* (2015) states that “...the imposition of solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.” Rule 46 further stipulates that “...health-care personnel shall not have any role in the imposition of disciplinary sanctions or other restrictive measures, ...pay particular attention to the health of prisoners held under any form of involuntary separation, and report ...any adverse effect of disciplinary sanctions or other restrictive measures on the physical or mental health of a prisoner subjected to such sanctions or measures.” Rule 46 also provides clear authority to health care personnel to advise the head of the detention facility to prohibit or terminate a placement for physical or mental health reasons at any time.

The *Nelson Mandela Rules* define solitary confinement as the confinement of prisoners for 22 hours or more a day without meaningful human contact, and prolonged solitary confinement as any time period in excess of 15 consecutive days. Rule 43 strictly prohibits prolonged or indefinite solitary confinement, and Rule 44 prohibits solitary confinement in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.

In light of the revised rules and evolving international standards, I believe it may be time for psychologists who work in correctional settings to have a serious conversation on their roles as part of a correctional process that may be inherently harmful to their patients. In my opinion, psychologists should be reluctant to provide any assessment that could be relied upon to maintain segregation placements, and should certainly not be seen as part of the correctional decision-making process by sitting as a member of the SRB. Forging or maintaining therapeutic relationships with patients is very difficult, if not impossible, when clinicians are asked to be part of such potentially harmful correctional practice. Providing clinical assessments on the placement of prisoners who suffer from serious mental health issues or on the maintenance of any prisoner past the 15-day mark raise serious ethical questions.

Invitation: Please feel free to send your comments about this article or any ideas you have regarding topics for future Ethics Corner articles to ethicscttee@cpa.ca.

L'isolement préventif et le système correctionnel fédéral :



changements récents

apportés aux directives éthiques pour les professionnels de la santé et aux obligations internationales à l'égard des droits de la personne

Ivan Zinger, LL.D., Ph. D., enquêteur correctionnel du Canada et membre du Comité de déontologie de la SCP

Pour les professionnels de la santé, le travail dans une prison pose de nombreux défis éthiques et professionnels, peut-être plus que tout autre environnement de travail. Cela est particulièrement vrai chez les professionnels de la santé qui sont employés directement par les autorités correctionnelles, car ils se sentent, dans certains cas, subordonnés aux autorités correctionnelles et ont du mal à concilier leur mission principale, à savoir protéger et défendre la santé de leur patient, et les objectifs de sécurité et les protocoles de leur employeur.

L'Association pour la prévention de la torture (APT) est une organisation internationale non gouvernementale financée en partie par l'Organisation des Nations Unies, dont le but est d'aider les pays à signer et à ratifier le protocole facultatif à la

Convention contre la torture et autres peines ou traitements cruels, inhumains ou dégradants. L'APT soutient que l'intégration des services de santé en milieu carcéral au service national de la santé d'un pays, où les professionnels de la santé sont employés et supervisés par le régime national de soins de santé plutôt que par les autorités correctionnelles, est une mesure à considérer pour prévenir les problèmes d'éthique inhérents aux situations de double loyauté. Pour l'APT, il s'agit d'une pratique exemplaire. Malheureusement, au Canada, il n'y a pas de fournisseur de soins de santé distinct à l'échelon fédéral et le Service correctionnel du Canada (SCC) a comme obligation légale de fournir, à tous les détenus sous responsabilité fédérale, les services de soins de santé essentiels conformément aux normes généralement acceptées dans la profession.

Avec, à son emploi, plus de 300 psychologues agréés, le SCC est le plus important employeur de psychologues au sein du gouvernement fédéral. Les psychologues du SCC fournissent des évaluations psychologiques et des traitements à plus de 14 000 délinquants incarcérés dans un établissement fédéral. Ils doivent rendre compte à leur organisme de réglementation provincial, mais ils sont également soumis aux conditions de travail établies par l'employeur (le Conseil du Trésor du Canada), aux politiques du SCC et à une myriade d'obligations juridiques, parmi lesquelles les dispositions de la *Loi sur le système correctionnel et la mise en liberté sous condition*.

Les instruments internationaux relatifs aux droits de l'homme donnent une orientation importante aux professionnels de la santé par rapport aux obligations éthiques et cliniques qu'ils doivent respecter. La révision récente de l'*Ensemble de règles minima pour le traitement des détenus* (aujourd'hui rebaptisée *Règles Nelson Mandela*, 2015) réaffirme l'importance de l'indépendance clinique des professionnels et reconnaît le risque que pose l'influence indue exercée par les autorités correctionnelles relativement aux obligations des fournisseurs de soins de santé, c'est-à-dire promouvoir et protéger la santé des détenus/patients. Par exemple, la règle 25(2) stipule que « ... [c]e service doit être doté d'un personnel interdisciplinaire comprenant un nombre suffisant de personnes qualifiées agissant en pleine indépendance clinique, et disposer de compétences suffisantes en psychologie et en psychiatrie », tandis que la règle 27(2) stipule que « [...]es décisions cliniques ne peuvent être prises que par les professionnels de la santé responsables et ne peuvent être rejetées ou ignorées par le personnel pénitentiaire non médical ». Cette séparation des rôles sans équivoque peut sembler étonnante pour plusieurs psychologues et hauts fonctionnaires des services correctionnels.

Le rôle que jouent les psychologues du SCC dans le placement et le maintien en isolement préventif des prisonniers illustre bien les défis éthiques que présente le milieu pénitentiaire. Au cours des cinq dernières années, on a assisté à un regain d'intérêt, partout dans le monde, pour la réduction ou l'interdiction de l'isolement cellulaire dans les prisons et les autres milieux de détention. Le Canada ne fait pas exception. Certains cas extrêmes très médiatisés, comme ceux de Mme Ashley Smith et de M. Adam Capay, ont mobilisé le milieu juridique et les défenseurs des détenus, pour finir par

cristalliser l'opinion publique. L'isolement de durée prolongée ou indéterminée est maintenant considéré comme une pratique inacceptable, nuisible et inhumaine. Le Bureau de l'enquêteur correctionnel continue de documenter les cas où le SCC met en isolement préventif des détenus qui ont une maladie mentale grave, qui s'automutilent de manière chronique ou qui sont suicidaires.

Les responsables des services correctionnels au Canada s'efforcent tant bien que mal de trouver d'autres méthodes pour remplacer l'isolement et d'autres façons de gérer leurs établissements en limitant le recours à cet outil de gestion de la population carcérale. Il y a environ deux ans, devant la pression croissante du public et l'augmentation des litiges, le SCC a recentré son attention sur la réduction du nombre de détenus placés en isolement préventif et la durée moyenne de chaque placement en isolement. La loi actuelle, qui n'a pas changé depuis 1992, exige déjà que l'isolement préventif soit utilisé en dernier recours, lorsque toutes les autres mesures ont été tentées, et qu'il soit le plus court possible. Le SCC a, malgré cela, réussi à réduire le recours à l'isolement préventif de moitié sans aucune incidence perceptible sur la sûreté et la sécurité des détenus et du personnel. Il s'agit là d'une réalisation importante, qui témoigne de la volonté des dirigeants à s'attaquer au problème.

La nouvelle politique et les nouvelles directives en matière d'isolement préventif, élaborées en octobre 2015, obligent les « professionnels de la santé mentale », dont font partie les psychologues, à procéder à une évaluation avant le réexamen du cinquième jour ouvrable par le comité de réexamen des cas d'isolement. En vertu de cette directive, le professionnel de la santé mentale qui effectue l'évaluation est tenu de « présenter par écrit des observations concernant tout problème de santé mentale pouvant avoir une incidence sur l'isolement préventif et des recommandations sur la façon de répondre aux besoins en santé mentale du détenu ». En outre, la nouvelle politique stipule que « [...]es comités de réexamen des cas d'isolement en établissement doivent compter parmi leurs membres permanents un professionnel de la santé mentale ». Le comité de réexamen des cas d'isolement examine chaque placement en isolement cinq jours après le placement initial et tous les 30 jours par la suite. Il détermine si un détenu doit rester ou non en isolement préventif; le président du comité de réexamen fait alors sa recommandation au directeur de l'établissement.

L'Association pour la prévention de la torture (APT) est une organisation internationale non gouvernementale financée en partie par l'Organisation des Nations Unies, dont le but est d'aider les pays à signer et à ratifier le protocole facultatif à la Convention contre la torture et autres peines ou traitements cruels, inhumains ou dégradants.

La nouvelle politique exige donc qu'un professionnel de la santé mentale fasse partie de l'organe de décisions correctionnelles, qui statue sur le maintien ou l'interruption de l'isolement préventif. Une telle situation soulève de graves dilemmes éthiques et cliniques, soulignés par le Bureau de l'enquêteur correctionnel dans son rapport annuel de 2015-2016 (voir www.oci-bec.gc.ca).

Selon le principe 4 des *Principes d'éthique médicale applicables au rôle du personnel de santé, en particulier des médecins, dans la protection des prisonniers et des détenus contre la torture et autres peines ou traitements cruels, inhumains ou dégradants* (Assemblée générale des Nations Unies, 1982), il y a violation de l'éthique médicale si des membres du personnel de santé « [c]ertifient, ou contribuent à ce qu'il soit certifié, que des prisonniers ou des détenus sont aptes à subir une forme quelconque de traitement ou de châtiment qui peut avoir des effets néfastes sur leur santé physique ou mentale et qui n'est pas conforme aux instruments internationaux pertinents, ou participent, de quelque manière que ce soit, à un tel traitement ou châtiment non conforme aux instruments internationaux pertinents ».

Plus récemment, et plus précisément, la règle 45(2) des *Règles Nelson Mandela* (2015) stipule que « [...] le recours à l'isolement cellulaire devrait être interdit pour les détenus souffrant d'une incapacité mentale ou physique lorsqu'il pourrait aggraver leur état ». De plus, la règle 46 précise que « [...] le personnel de santé ne doit jouer aucun rôle dans l'imposition de sanctions disciplinaires ou autres mesures de restriction. Il doit cependant prêter une attention particulière à la santé des détenus soumis à toute forme de séparation non volontaire et... il doit signaler tout effet néfaste d'une sanction disciplinaire ou autre mesure de restriction sur la santé physique ou mentale du détenu contre lequel elle est prise ». Par ailleurs, la règle 46 accorde explicitement au personnel de soins de santé le droit d'informer le directeur de

l'établissement s'il estime nécessaire de suspendre ou d'assouplir ladite sanction ou mesure pour des raisons médicales physiques ou mentales.

Selon les *Règles Nelson Mandela*, l'isolement cellulaire signifie l'isolement d'un détenu pendant 22 heures par jour ou plus, sans contact humain réel, et l'isolement cellulaire prolongé signifie l'isolement cellulaire pour une période de plus de 15 jours consécutifs. La règle 43 interdit strictement l'isolement préventif prolongé ou pour une durée indéterminée, et la règle 45 interdit le recours à l'isolement pour les détenus souffrant d'une incapacité mentale ou physique lorsqu'il peut aggraver leur état.

À la lumière des règles révisées et de l'évolution des normes internationales, je crois qu'il est temps, pour les psychologues qui travaillent dans le milieu correctionnel, de réfléchir sérieusement sur leur rôle dans les procédures correctionnelles susceptibles d'être intrinsèquement dangereuses pour leurs patients. À mon avis, les psychologues devraient être réticents à fournir une évaluation pouvant être utilisée pour maintenir le placement en isolement préventif, et ne devraient en aucun cas intervenir dans le processus de décisions correctionnelles en tant que membre du comité de réexamen de l'isolement. L'établissement ou le maintien de la relation thérapeutique avec le patient est très difficile, voire impossible, lorsqu'on demande aux cliniciens de prendre part à une pratique correctionnelle potentiellement dangereuse. Fournir des évaluations cliniques sur le placement de détenus qui souffrent de graves problèmes de santé mentale ou sur le maintien de l'isolement au-delà de 15 jours soulève de sérieuses questions éthiques.

Invitation : n'hésitez pas à envoyer vos commentaires sur le présent article ou à nous faire part de vos idées de thèmes pour la rubrique « L'Espace éthique » en écrivant à ethicsctee@cpa.ca.



American Board of Clinical Neuropsychology (ABCN) Board Certification for Canadians:

Fact or Fiction?

Brenda Spiegler, ABPP-CN, Hospital for Sick Children; Darcy Cox, ABPP-CN, University of British Columbia; and Tricia Williams, ABPP-CN, Hospital for Sick Children

The ABCN Board Certification in Neuropsychology sets the standard for competence in the field in North America. In Canada, the Agreement on Internal Trade (AIT) has established ease of registration across provinces and territories for psychologists whose level of training varies depending on the requirements of the province or territory in which they were first registered. Having uniform models for competence guaranteed by board certification therefore provides some standardization of credentials for quality assurance to the public.

There are also significant benefits to the neuropsychologist including: (a) respect within the profession; (b) credibility in the eyes of colleagues and referral sources; (c) meeting standards comparable to those held by our medical colleagues; (d) increased ease of interjurisdictional license and practice mobility across North America; and (e) renewed emphasis on learning. Because “neuro” and “neuroscience” are non-protected terms, it is particularly important to distinguish well-trained neuropsychologists from other practitioners.

The following are a number of ‘fictions’ about Board Certification in Neuropsychology for Canadians.



If you trained in Canada, you're probably not eligible for ABCN board certification.

FACT

The criteria for credentials, which are clearly stated on the ABCN website, correspond to what is now standard training in our field in both the U.S. and Canada. ABCN understands that post-doctoral opportunities in Canada are different than in the U.S., but that excellent post-doctoral training is available. ABCN has created specific Canadian Guidelines for Credentialing that can be found at: <http://theabcn.org/canadian-guideline>.

The credential review is too stringent.

FACT

In the view of ABCN, APA and CPA accreditation are fully equivalent. Mid-career neuropsychologists who trained prior to the development of the Houston Conference Guidelines are encouraged to apply and will be evaluated according to the training standards in place when they trained. If your training is non-traditional, there may be some questions asked, but be aware there are folks with ABCN certification who trained in other countries, in non-clinical programs, and in a variety of ways. If, like theirs, your training is solid enough to stand up to scrutiny, you don't need to be concerned about the credential review.

The written test is way too hard.

FACT

Written exam pass rates generally fall between 60-70%. Oral exam pass rates typically exceed 80%.

ABCN is not applicable for pediatric neuropsychologists.

FACT

None of the ABCN examination procedures are biased towards child or adult neuropsychology. It is absolutely fine if your neuropsychology credentials and practice focus on pediatrics. Your practice samples can be comprised of pediatric cases and you may choose a pediatric case for the fact-finding portion of your oral examination.

The only reason to get board certified is so you can impress attorneys to get IME and medical-legal referrals.

FACT

Canadian lawyers and insurance companies are well aware of board certification and know who is board-certified, so this is certainly one reason to seek certification. But beyond that, board certification offers a level of public and professional protection above and beyond provincial licensing or registration, which can be particularly important when working with vulnerable populations who face complex cognitive, psychological, and medical challenges. Further, board certification is a statement of your commitment to your profession and your willingness to maintain your competence as a specialist. Rigorous examination under peer review is critical to the profession and is a standard by which any medical professional is judged. Earning the ABCN certificate is a serious personal accomplishment with tremendous intrinsic value that goes well beyond any potential financial gain.

The process of ABCN board-certification is a negative and adversarial experience.

FACT

Nothing could be further from the truth! Preparing for the written examination offers an opportunity to hone your knowledge of the breadth of the field, and submission of work samples allows for critical review of your assessment and conceptualization skills. Oral examiners are also carefully selected for not only their expertise, but also their compassion and sensitivity, with an eye to gender balance and adult versus pediatric practice. Many candidates comment about the respect they were given during their oral exams and report that, despite their anxiety, they found the oral examination to be a positive, collegial experience.

There are no resources in Canada to help me.

FACT

Technology is your friend. There's a Be Ready for ABPP in Neuropsychology (BRAIN) study group (<https://brainaacn.org/>) that allows you to connect with peers across North America. Canadian mentors can also be assigned to you to help you through the board certification process.



Have questions or concerns?

Feel free to contact us!

- Dr. Brenda Spiegler - brenda.spiegler@sickkids.ca
- Dr. Darcy Cox - darcycoxpsyd@gmail.com
- Dr. Tricia Williams - tricia.williams@sickkids.ca



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Better workplace mental health just got easier

Sevaun Palvetzian, CEO, CivicAction

For many of us, our workplaces can become a bit of a second home. It's where we spend a lot of our time, and if we're lucky, it's also a place where we can collaborate, achieve new goals, and socialize with friends and co-workers. However, for a workplace to be such a positive space, it also needs to be supportive and understanding – especially when it comes to mental health.

According to recent research, one in every two people in the Greater Toronto and Hamilton Area's (GTHA) labour force has experienced a mental health issue.^{1*} Of those who say they're experiencing a mental health issue, 82% say it impacts their work.² If current trends continue, it could mean \$17 billion in lost productivity over the next decade in the GTHA alone, or an average annual GDP loss of \$2,500 per person.¹

The good news is that employers are aware of this challenge, and they want to do more. According to the Canadian Mental Health Association, 32% of Canadian business leaders are taking action to address workplace mental health, while another 42% are interested but haven't taken action due to barriers such as lack of time, resources, or know-how.³

So how do employers get past these barriers and get on the path to greater mental health for all their staff? Enter MindsMatter, a bilingual online assessment tool to help employers quickly determine their current level of mental health support and how to do more.

Developed by CivicAction (www.civicaction.ca), a GTHA non-profit that brings together leaders from all sectors to work together to address key urban issues, MindsMatter is a free, confidential and easy-to-use assessment that takes only three minutes to complete. After answering 12 questions,

users receive a tailored report containing three action items with links to relevant examples and resources to make taking the next step fast and effective.

CivicAction is calling on all employers – regardless of size, sector, or stage in their mental health journey – to take the MindsMatter assessment and complete at least one recommended action. Overall, CivicAction is one of a group of organizations working to see over 50% of all GTHA employers take action to support their employees' mental health by 2019.

To develop the actions and resources for MindsMatter, CivicAction looked to the Mental Health Commission of Canada and its National Standard for Psychological Health and Safety in the Workplace.⁴ The Standard, the first of its kind in the world, is a set of voluntary guidelines, tools, and resources that can help organizations promote better mental health at work.

CivicAction is also partnering with over 40 organizations through its Mental Health Champions Council and Advisory Group to help guide the development and promotion of MindsMatter. The Council and Advisory group includes leaders like AIMIA, Bell Let's Talk, the Centre for Addiction and Mental Health, CGI, the Government of Ontario, St. Joseph's Healthcare Hamilton, the Royal Bank of Canada, and Unifor. It also includes a diversity of perspectives from organizations including a small business in Ajax, Ont., a family health team from Brampton, Ont., and mental illness advocacy group Voices from the Street.

To learn more about MindsMatter, or to take the assessment, visit <http://mindsmatter.civicaction.ca>.

* This figure includes the 680,000 people with a mental illness and the 995,000 reporting a previous mental health issues out of the 3.2 million employees in the GTHA today.

For a complete list of references, please go to www.cpa.ca/psynopsis

Two CPA Fellows Recognized for Contributions to the Psychology Foundation of Canada

CPA Fellows, Dr. Ester Cole and Dr. Steven Stein were both recognized for their major contributions to the Psychology Foundation of Canada (PFC) at its 12th Annual Breakfast for Champions in November 2016 and in the Foundation's full page ad in the *Globe & Mail* in March 2017.

Dr. Cole served as a trustee for the PFC for six terms and as chair of the Board of Directors for two terms. She chaired the award winning Parenting for Life campaign, co-authored parenting booklets, delivered numerous speeches and media interviews for the Foundation, chaired the Parenting for Life Committee, and continues to serve on the Connections for Life Committee and the Professional Advisory Council.

Dr. Stein chaired the PFC's Board of Directors from 2003-2007, was speaker at the first Breakfast for Champions in 2005, and did a cross Canada speaking tour for the workplace mental health initiative. He continues to lead as Chair of the Professional Advisory Council and supports the PFC's events.



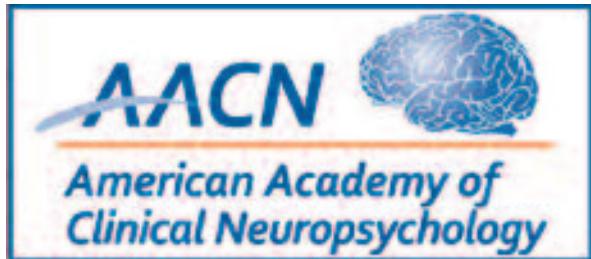
CPA Member Recognized for Research on Women in Leadership



Dr. Sherylle Tan, Chair of ILA's Women and Leadership Affinity Group, and Dr. Karen Korabik.

Dr. Karen Korabik, Professor Emeritus in the Psychology Department at the University of Guelph, received the *Outstanding Scholarship for Established Scholars* award from the Women and Leadership Affinity Group of the International Leadership Association (ILA). The award recognizes a seasoned scholar whose published work (theoretical, empirical, or applied) has advanced the understanding of women in leadership in a significant way.

Over the past 40 years, Dr. Korabik has significantly advanced the study of women and leadership and has applied her research findings to improve the status of women. She developed a multi-perspective theory of gender and leadership and a theory of gender/diversity dynamics in organizations that explain the factors that lead to systemic bias and discrimination against women.



Board Certification in Neuropsychology
ABCN/ACCN... An achievable goal for Canadian
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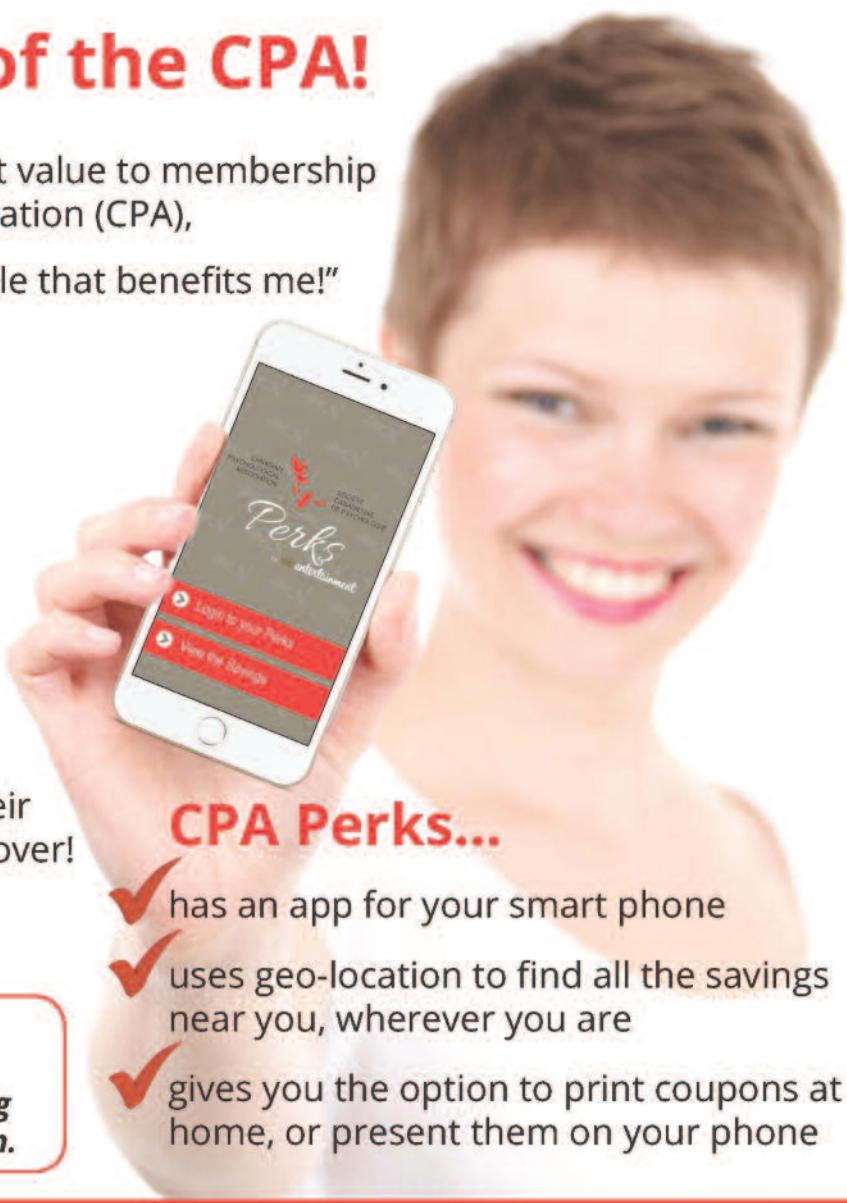
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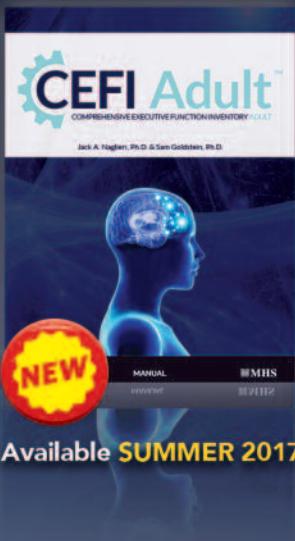
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References and links

- ¹ <http://www.cpa.ca/docs/File/Position/SameSexMarriagePositionStatement-October2006.pdf>
- ² <http://cpa.ca/governmentrelations/Submissions>

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Références et liens

- ¹ <http://www.cpa.ca/docs/File/Position/SameSexMarriagePositionStatement-October2006.pdf>
- ² <http://cpa.ca/governmentrelationsfr/Submissions/>

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- ² http://www.cpa.ca/docs/File/News/CPA_ScienceReviewSubmission_Final_30Sept2016.pdf
- ³ [http://www.sciencereview.ca/eic/site/059.nsf/vwapj/ScienceReview_April2017-rv.pdf/\\$file/ScienceReview_April2017-rv.pdf](http://www.sciencereview.ca/eic/site/059.nsf/vwapj/ScienceReview_April2017-rv.pdf/$file/ScienceReview_April2017-rv.pdf)

Canadian Society for Industrial and Organizational Psychology Informs Canadian Government on Flexible Work Arrangements

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Relevant links

- ¹ <https://www.canada.ca/en/employment-social-development/programs/labour/consultations-flexible-work-arrangements.html>
- ² http://www.siop.org/UserFiles/Image/Refresh2016/FWA_Consultation_CSIO.pdf

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