Canadian Clinical Psychologist

Editor:
David S. Hart

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EDITORIAL

Volume 3 No. 1 represents is the product of much effort on the part of the section executive, particularly by Michael Vallis. The Definition of Clinical Psychologist and the Brochure are being circulated a second time to ensure that there is opportunity for informed discussion prior to their being placed before the annual business meeting for section approval. Please (a) read the documents, (b) send your comments to Michael Vallis by January 31, 1993 and (c) please **retain your copy so that you can bring it with you to the discussion session and annual business meeting** at CPA next June. These two documents may be used to represent you, so they are worth some of your time.

Look for contributions from members in the Winter issue. I am negotiating for papers summarising the presentations made to the symposium "Issues in Canadian Hospital Psychology" which constituted one of the many reasons why CPA 1992 was well worth attending.

The Clinical Section Newsletter is open for your contributions. Your colleagues would like to read of your recent professional activities as news items of new appointments, awards, and the like in the *Member News* section, or of research/clinical interests, questions, concerns, observations, and so on in the *Networking* section. Announcements of conferences, workshops, meetings, of possible value to non-locals will be appreciated. Let us know what has been going on in your corner of the country.

My address is: David S. Hart, 3962 West 12th Ave., Vancouver, BC, V6R 2P2. [In case you notice the change, I am here on sabbatical leave - a good place to work.]

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MESSAGE FROM THE CHAIR

Rhona Steinberg

I hope that everyone had a wonderful summer and that the return to work was not too traumatic. The CPA conference in Quebec was very productive and successful for the Clinical Section. One of the reasons that it was so productive is that there were a lot of sessions that were of interest to clinicians. Of the 750 program submissions 250 were related to clinical psychology. However because of the large number of interesting papers there were always scheduling conflicts.

As you may have noticed in Psynopsis the closing date for nominations for the election of president and board members of CPA has been moved up and all nomination have to be forwarded to head office by October 30th instead of December 31st. So by the time this newsletter reaches you it will be too late for me to coordinate nominations. A proposal for a procedure by which the section will fulfil its role prescribed by by-law IX a.(iii) referring to nominations for designated board seats will be forthcoming in the following newsletter.

Our congratulations go to Keith Dobson, past chair of the Clinical Section, who was elected President-elect of CPA. Our congratulations also go to David Hart who was elected to the Board of CPA. It appears that after only three years, the Clinical Section has already made some inroads within the organization. As you may know, seats for practitioner and scientist-practitioner are both up for election this year. Members of the clinical section nominated Janet Stoppard for the position for a scientist-practitioner. It is important to remain involved if we want our concerns to be heard. It is up to each of us to do our part.

It is also time for nominations for Fellow of the section as well as Fellow of CPA. In Psynopsis there is a list of members who have been made Fellows of CPA over the years. If you think of anyone that deserve that honour, just forward their name to me. The nominations for CPA fellows do not have to be clinicians. However, if you know of a clinician who deserves the honour of Fellow from the Clinical Section, just forward their name to Dr. Janice Howes at Camp Hill Hospital. The section needs to recognize those who have made a valuable contribution to clinical psychology.

Last April *Newsweek* magazine published an article called *Sex and Psychotherapy* which talked about the issue of therapists sexual impropriety with patients. I

was pleased to see that a national magazine was finally addressing a concern that most psychologists share. However in the article they used only pictures of women therapists who had abused their clients/patients, although they did state that most of the perpetrators are men and most of the victims are women. I was very concerned about the sexism of the article (even though it was probably inadvertent). I wrote a letter to the editors of the magazine about my concerns and hoped they would print it in the letters to the editor. They did not. *Newsweek*, however, sent me a letter telling me that I was not the only one who had these concerns and that although they showed photos of female perpetrators, they said that in the body of the article they quoted Dr. Nanette Gandrell's research that suggested that over ninety percent of perpetrators are male and the vast proportion of victims are females. I think that all of us need to be very vigilant about the portrayal of our profession in the media. There is a copy of the letter and the answer that I received in this newsletter.

Goals and Challenges for 1992-1993. This year we are continuing on with our work on the definition of Clinical Psychology as well as work on the brochure for the general population describing the profession of Clinical Psychology. At the annual meeting there was some concern that there should be more consultation with the membership on the definition of Clinical Psychology, as well as with the provincial associations and the Clinical Section of APA. Therefore a decision was made to abandon the initial goal of presenting the definition to the CPA board in November. We need your input on these very important matters.

The survey of Canadian internship training programs was sent out last year and the results will be tabulated and presented this year at the annual conference.

One of the agendas of CPA is to increase membership in the organization. and the Clinical Section will continue in its efforts to recruit new members both to the organization and to the section. If you know anyone who is not a member, perhaps you could encourage them to join. If anyone has any ideas on how to increase our membership and effectiveness within the organization, just pass on your suggestion either to me or to any member of the executive.

One of my goals for the section this year is to begin to assess the effectiveness of clinical programs in training clinicians to enter professional settings outside academia. It may be that our clinical programs do not adequately prepare clinical students for the various demands they will encounter when they work away from academic centres and teaching clinics.

MEMBER NEWS

Rhona's Attack: Letter to *Newsweek*

Sex and psychotherapy. The article *Sex and psychotherapy* is another example of abuse to women. The two major case histories that were presented were of female therapists who abused their clients. These case histories gave details and showed pictures of the two female therapists. The dramatic illustrations leave the reader with the impression that abusing therapists are women. This kind of reporting is a gross misrepresentation of the sexual abuse that has been found to occur in therapeutic relationships.

In the article the authors do report the comment of former chair of the APA ethics committee, Kenneth Pope, who stated that for sexual misconduct in psychotherapy "the vast majority of cases involve a male therapist and a female patient." They also report the research of Dr. Nanette Gardell who found that seven percent of male therapists admit to having had sexual relations with their clients, while only three percent of women therapists have had sexual relations with their clients. The force of these facts will have been overwhelmed by the impact of the personal dramas in the case illustrations.

The following article *A Lot of Not So Happy Endings* showed how the film industry has displayed sexist attitudes by always portraying female therapists as having sexual relationships with male patients. Newsweek unfortunately shows the same biased attitude and does yet another disservice and further victimization of women, already far more numerously the victims of sexual abuse.

Newsweek's Riposte

Dear Dr. Steinberg,

You were not the only reader who detected sexism in "Sex and Psychotherapy" (Mind, April 13), our piece on sexual abuse by therapists and its sidebar "Dr. Bean and Her Little Boy." Several readers objected that highlighting the allegations against Dr. Margaret Bean-Bayog, a psychiatrist accused of having sex with a male patient, skewed the reality of sexual abuse by therapists, since most abusers are men. Others said that the photographs accompanying the story were similarly unrepresentative because no male practitioners who had abused women were pictured. We regret your dissatisfaction, but are glad to have the opportunity to discuss the matter with you.

Our piece stated plainly that male therapists far outnumber women in conducting sexual relationships with patients. "In the most authoritative nationwide survey, conducted by psychiatrist Nanette Gabriel in 1986," we reported, "seven percent of male psychiatrists and three percent of female psychiatrists admitted having sexual relationships with their patients." We also

noted, "because the vast majority of cases [brought before the American Psychiatric Association's ethics committee] involve male therapists and female patients, some experts suspect sexism." Of the Bean-Bayog case, we wrote, "The documents describe a classic case of its kind, except for the detail that the male party was on the couch." The media's focus on the Bean-Bayog case, it's true, is out of proportion with its usual attention to therapists' transgressions which are rarely reported in such detail. But it is the abundance of documentation of the relationship between Bean-Bayog and Paul Lozeno, not sexism, that makes the case interesting. "Perhaps not since the seminal neuroses of Freud's Vienna," our sidebar pointed out, "has the relationship between therapist and patient been so luridly documented."

As to what you perceive as a gender imbalance in the photos accompanying our piece: while male transgressors are not pictured, as some have remarked, two of the three victims of sexual abuse pictured are women who were abused by male psychiatrists. While we recognize the inconsistency you point to, then we think even a casual reader of "Sex and Psychotherapy" could conclude that men are more often offenders. Thank you for writing,

Sincerely,
Cheo H. Coker for the Editors

ADVOCACY EFFORTS:

The Definition of Clinical Psychology and the Information Brochure

Michael Vallis

In this issue we enclose the draft of the document "Definition of Clinical Psychology" and a revised draft of the information brochure "The Clinical Psychologist in Canada: How Can We Help?". You have seen each document from previous mailings and each was on the agenda of June's annual business meeting in Quebec City. Due to time limitations at the business meeting, the information brochure was not adopted by the Section but was tabled. The definition of clinical psychology was discussed at some length and a motion that it be published again in the Section newsletter and, following revision by the executive, be submitted to the CPA Board of Directors, was passed. However, given that a number of members were insufficiently familiar with the document to confidently vote on its adoption, the executive decided to defer submitting the definition to the Board of Directors until after the next annual business meeting in Montreal. This allows sufficient time for consideration by the membership, and allows the executive to circulate the draft to interested bodies (e.g., other CPA sections, Canadian Council of Clinical Psychology Programs (CCCPP), Council of Provincial Associations of Psychology (CPAP), and the Canadian Register of Health Service Providers in Psychology (CRHSPP). At this time, we will provide the rationale behind these documents and to solicit further input from Section members.

The idea of generating these two documents initially came from the second annual business meeting in Calgary, 1991. The executive was given the task of taking these ideas further, with the notion that these two documents would provide a framework for advocacy efforts. The information brochure was targeted for use by non-psychologists such as politicians, physicians and the public. The definition was targeted for use within the profession of psychology to help promote competency and autonomy within clinical psychology. We believe that our Section is in a unique position to advocate for clinical psychology. We represent the entire country, we can limit our concerns to clinical psychology exclusively, and we can advance our position based on what we think is best for clinical psychology, not based on what we think is acceptable to provincial associations or regulatory bodies (who also represent non-clinical psychologists, as well as clinical psychologists).

With this mandate and these goals in mind, the executive then drafted each document. This process took approximately eight months with numerous revisions. We solicited input from each of the provincial associations as well as Division 12 of the APA. We then circulated the brochure and definition to the Section membership in the Spring of 1992 through the newsletter (the definition) and a separate mailing (the brochure).

Please review these documents carefully and send us your comments. We have already received detailed written feedback on the information brochure from approximately 20 members, and the draft included in this newsletter was revised in light of this feedback. The definition also incorporates any feedback we have received so far. Some of the points in the definition on which we would especially like to receive feedback include setting the doctoral degree as the minimal entry level criterion for Clinical Psychologists, and requiring CPA accreditation of academic training and pre-doctoral internship programs. **To enable us to revise the document, we must have your feedback by January 31, 1993. DO IT NOW.**

Once we have feedback from Section members we will circulate a draft of the *Definition of Clinical Psychology* to interested bodies, in order to inform them of our purpose. We are also planning a discussion hour on this topic as part of our Section activities at the next CPA convention in Montreal. This discussion will likely precede the business meeting where we will again call for a vote to officially adopt the definition by the Section. We also plan to present a motion at the Montreal business meeting to adopt the information brochure.

Please direct your comments to: T. Michael Vallis, Ph.D., Past-chair, Section on Clinical Psychology, c/o Department of Psychology, Camp Hill Medical Centre, 1763 Robie Street, Halifax, Nova Scotia B3H 3G2 Phone 902-496-2509 Fax 902-496-2684

Working Definition of Clinical Psychology

General Principles

Clinical psychology is a broad field within the discipline of psychology, dealing with the application of psychological principles to the prevention, amelioration, and rehabilitation of psychological distress, disability, dysfunctional behaviour, and health-risk behaviour (medical as well as mental health risk).

Clinical psychology involves both scientific research, primarily involving a nomothetic approach, and clinical service, primarily involving an idiographic approach.

Clinical psychology involves a broad approach to human problems (both individual and interpersonal) consisting of assessment, diagnosis, consultation, treatment, program development, administration, and research with regard to children, adolescents, adults, the elderly, families, groups, and the disadvantaged.

Clinical psychology is devoted to the principles of human welfare and professional conduct as outlined in the Canadian Psychological Associations's Canadian Code of Ethics. According to this code the activities of clinical psychologists are directed toward: respect for the dignity of persons, responsible caring, integrity in relationships, responsibility to society.

Importance of Ethical Standards

The conduct of psychological activities in a highly ethical manner is an essential aspect of the behaviour of clinical psychologists. The Canadian Psychological Association has specified the principles involved in ethical behaviour, and the standards to be followed to ensure proper behaviour. All clinical psychologists, by requirements of their provincial/territorial registration, are required to be familiar with the ethical standards relevant to their activities, and to follow these standards at all times. The following is a list of the relevant documents guiding the ethical behaviour of clinical psychologists: A Canadian Code of Ethics for psychologists, Standards of Professional Conduct, Standards for the Development of Psychological Tests, Guidelines for Providers of Psychological Service, Guidelines for Therapy and Counselling of Women, Guidelines for the Elimination of Sexual Harassment, Guidelines for Assessing Sex Bias and Sex Faimess in Career Interest Inventories, Guidelines for the Use of Animals in Research and Instruction in Psychology, Standards for the Employment of Para-Professionals and Psychological Assistants, Short Checklist for Nonsexist Research.

Activities of Clinical Psychologists

Clinical psychology is an active and evolving field of practice. Due to the nature of the training of most clinical psychologists (i.e., academic doctoral level training) there is a great deal of ongoing development of knowledge and service in new areas of relevance to clinical psychologists. The doctoral level training well equips clinical psychologists to develop new knowledge. By the same token, it makes it difficult to provide a comprehensive listing of the activities of clinical psychologists. However, common activities can be identified, which, while not exhaustive, are representative.

Population Seen

Clinical psychologists work with a broad range of populations, including the following: individuals (infants, children, adolescents, adults, the elderly), couples (regardless of gender composition), families (multigenerational and blended families, as well as traditional), groups, organizations, systems.

Service Settings

Clinical psychologists are found in a number of service settings, including the following: general hospitals and medical clinics, mental health clinics and psychiatric hospitals, rehabilitation hospitals and clinics, community Service agencies, private practice, universities and colleges, Industry, military, prisons and correctional facilities, private and governmental research agencies, schools.

Services Provided

The typical services provided by clinical psychologists include the following: assessment and measurement, diagnosis, treatment, consultation, teaching and supervision, policy planning, research, administration.

Clinical Psychology and the Law

It is necessary for clinical psychologists to be aware of the legal aspects of their practice. The practice of psychology is regulated by each province and territory through a psychology act(s), which include the legally binding methods for registration and discipline, as well as the limits of practice and the structures and powers of provincial/territorial Psychological Associations.

In addition, it is important that clinical psychologists be knowledgeable of the Criminal Code of Canada and the Young Offenders Act, as well as legal precedents as they relate to the practice of psychology (e.g., the duty to warn; the reporting of child abuse). It is especially important for clinical psychologists providing psycholegal services (e.g., child custody assessment, forensic assessment, expert witness) to be knowledgeable of the law and legal requirements for their areas of practice, including proper preparation of reports, testimony in court, etc.

Knowledge Base – General

The training of clinical psychologists involves learning, through course work, practical experience, and research, of biological, social, cognitive, and affective bases of behaviour, as well as of individual differences, statistics, and research methodology. These areas of Psychological knowledge are not unique to clinical psychology, but are generic, and overlap with other disciplines, such as sociology and biology.

Knowledge Base – Specific

The knowledge base specific to clinical psychology is obtained through undergraduate and graduate training, consisting of course work, supervised experience, and research activities. Knowledge of personality, development, psychopathology, assessment/diagnosis, and intervention define the field of clinical psychology. As well, knowledge of ethical principles, their application and enforcement, as well as the ability to develop and manage a helping relationship with clients (individuals, couples, groups, organizations, and systems) is an integral part of the knowledge base of clinical psychology.

The knowledge base within clinical psychology is extremely broad and varied, so much so that no individual clinical psychologist can become competent in all areas of clinical psychology. As a result, clinical psychologists function within the specific limits of their competence (i.e., knowledge and expertise), and are expected to publicly acknowledge their limits. Clinical psychologists are responsible for enforcing these limits by referring to others (either within or outside of the area of clinical psychology) when they are faced with a task outside of their limits of knowledge and skill.

Training Required – Entrance Level Requirements

Given the nature of the complex tasks facing clinical psychologists, and the growing need for clinical psychologists trained at a level to expand the knowledge of the profession, Section 26 of the Canadian Psychological Association recommends the doctoral degree in clinical psychology, including a one-year pre-doctoral internship, followed by provincial/territorial registration, as the minimum entry level requirement into the profession. Doctoral level training is necessary to provide clinical psychologists with the sophistication to ensure competent continuing education throughout their careers and also to produce clinical psychologists with competency in multiple models of service delivery. Competence in multiple models of functioning is necessary in order to ensure sufficient skill to make informed decisions as to which form of assessment or intervention is most appropriate for the individual. Further, doctoral level training involves extensive supervised clinical experience, especially in light of the movement by academic programs toward the required completion of a one-year pre-doctoral internship. Less extensive training may be sufficient for the acquisition of the basic clinical skills (interviewing, limited assessment and diagnosis, very limited treatment) but it is insufficient to ensure the acquisition of high level clinical skills.

Practica/Internship Training

In order to ensure sufficient training in the requisite skills of clinical psychology, and sufficient exposure to clinical tasks and roles, Section 26 recommends that the full-year pre-doctoral internship be a necessary part of the training of clinical psychologists. The Internship should be preceded by practicum training. The Accreditation Committee of the Canadian Psychological Association recommends that at least 600 hours of supervised practicum training be completed prior to the pre-doctoral internship, and Section 26 endorses this recommendation.

Accreditation

In order to ensure uniformity in training across the various doctoral level training programs in Canada Section 26 strongly recommends that academic programs and clinical internship setting seek accreditation of their programs from the Canadian Psychological Association. The Canadian Psychological Association's Accreditation Committee has established clear guidelines for the development and running of clinical training programs.

Professional Skills of Clinical Psychology

The fundamental skills areas that are essential for competent functioning as a clinical psychologist include the following:

Assessment

There are a number of methods employed in assessment, including interviewing, systematic observation, and psychometric testing, both of the client, and significant others, as well as groups, the environment, and organizations/systems. Multiple assessment methods are often utilized, and clinical psychologists must be sufficiently trained so as to be able to choose the most appropriate method or instrument from among the many available.

Assessment of an individual's development, behaviour, intellect, interests, personality, cognitive processes, emotional functioning, and social functioning are also performed by clinical psychologists, as are assessment activities directed toward couples, families, and groups. Interpretation of assessment results, and integration of these results with other information available, in a way that is sensitive to special populations, is an essential skill of clinical psychologists.

Diagnosis

Clinical psychologists are trained to make specific diagnoses regarding intellectual level, cognitive, emotional, social, and behavioural functioning, as well as mental and psychological disorder. Diagnoses may be made formally, using widely accepted criteria, such as the criteria for evaluating intellectual level or psychiatric diagnosis using the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-III-R), or informally, such as diagnosis of family dynamics using a particular theoretical model.

Intervention

A major activity of clinical psychologists is to conduct intervention or treatment. All psychological intervention rests on the ability to develop and maintain functional working relationships with those receiving the interven-

tion (as well as with associated individuals). This is an important skill, as often those seen by clinical psychologists are highly distressed and sensitive.

There is an extremely wide range of interventions available, and most clinical psychologists are trained in a limited number of models of intervention. Clinical psychologists are responsible for selecting clients for whom their intervention skills are appropriate, and referring others on to colleagues who have the requisite skills. All interventions require skill in the following tasks: conceptualization of the problem (involving assessment, diagnosis, and interpretation); formulation of a treatment plan; implementation of the treatment plan; and evaluation of the accuracy and completeness of the conceptualization, formulation, and implementation, as well as the outcome of the intervention.

Research

Among the health care professionals, clinical psychology is one of the few to provide extensive research training. Thus, clinical psychologists are ideally suited to design, implement, and evaluation research and program evaluation/quality assurance programs as part of their activities. Research can be of a basic science nature, or more applied in nature.

Consultation/Program Development

Finally, clinical psychologists almost always work with other professional, either directly or indirectly, who are also involved with the client. As such, clinical psychologists must be skilled in interacting with other professionals in a respectful and helpful manner. Further, clinical psychologists are often asked to contribute to the development of programs, and require supervised experience in such activities during their training.

CALL FOR NOMINATIONS

Section Fellows

In accordance with the by-laws for CPA sections, Section 26 is called for nominations from its members for Fellows in Clinical Psychology. Criteria for fellowship are outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology. Some examples are: (1) Creation and documentation of innovative programs; (2) service to professional organisations at national, provincial, or local level; (3) Leadership on clinical issues that relate to broad social issues; (4) service outside one's own place of work; (5) Clinical supervision should be equated with research supervision.

In order for nominees to be considered for Fellow status by the executive council, nominations must be endorsed by at least three members or Fellows of the Section, and supportive evidence of the nominee's contribution to clinical psychology must accompany the nomination.

Nominations should be forwarded to:

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1763 Robie Street
Halifax, Nova Scotia B3H 3G2
Phone 902-496-2509 Fax 902-496-2684

Call for Nominations for Section 26 Student Award

An award for outstanding student presentation in clinical psychology will be made at the forthcoming annual CPA meeting. This will be an annual award and the recipient will be chosen based on his/her paper submission to CPA. In the case of multiple author papers, the student must be the senior author. Interested students or their faculty advisors are encouraged to submit abstracts for consideration of the award to the Chair of the Awards Committee. Up to five outstanding presentations will be selected and these students will be asked to submit their complete papers. The award will then be selected from this group. This award will consist of a $250 cash award plus a certificate of recognition.

Please forward submissions to:

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NEWSLETTER SCHEDULE

The Section 26 Newsletter will circulate three times per year: November, February,and May.

Section 26

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