



# THE CANADIAN CLINICAL PSYCHOLOGIST

NEWSLETTER OF THE CLINICAL SECTION OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

## Message from the Chair

Margo C. Watt, Ph.D., R. Psych.

*Needed: A Few Bunch of Good Men*

The meaning of the title will be revealed in time ... stay tuned. First, however, I need to say what a pleasure it is to assume the position of Chair of the Clinical Section of CPA. One need only reflect on those who “have gone before” in this position to feel both humbled to follow in their footsteps and challenged to maintain their high standards. In preparing this message, I decided to review my predecessors and see what they had to offer in their inaugural messages. In the process, I learned a number of things.

The first thing I learned was that the recorded history of the Section is limited and could benefit from some organization. Apparently, an effort was made in 2007 to collate archival data but it is not clear where that external hard drive currently resides. Hopefully, we can retrieve that data and add to it with submissions from members who may hold a longer historical view. To that end, the present newsletter includes an ad inviting you to add to our present knowledge base by providing anecdotal and/or other data on the inception and evolution of the Clinical Section.

So what do we know about the origins of *Section 26 – The Section on Clinical Psychology*? Thanks to Keith and Deborah Dobson, we know that the Section was launched in 1990 with Keith at the helm as its first Chair. The first set of By-Laws was drafted, a student award for best clinical presentation at the convention and a Fellows category were enacted. The first awards ceremony took place at the 1991 Calgary convention, which also marked the first Annual Business Meeting (ABM).

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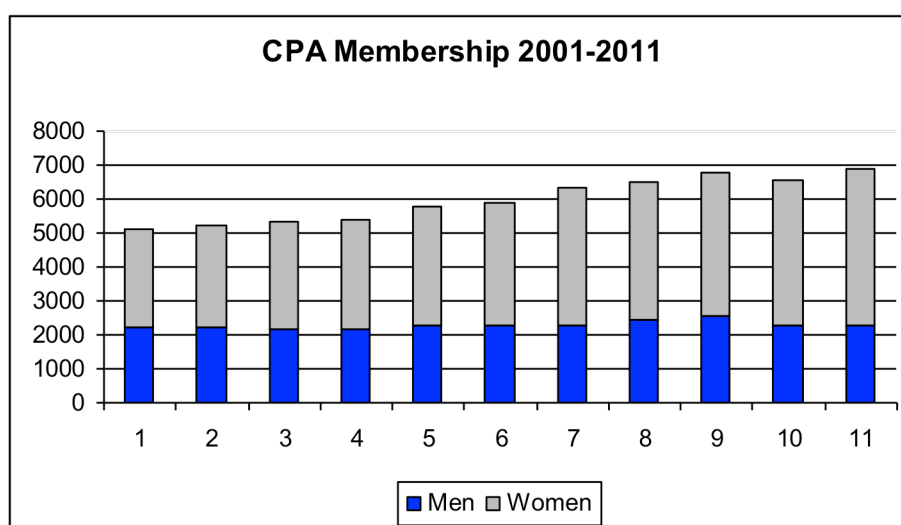
Other activities that year included developing a logo and letterhead, the first budget, and preparing for the first election of officers. The first executive included Michael Valli (Chair-elect), Kerry Mothersill (Secretary- Treasurer), Rhona Sternberg (Member-at-Large), and Susan Hyde (Member-at-Large). Also, in 1990-1991, the first Section newsletter was produced, guided by the editorial hand of Rhona Sternberg. The 1991 Calgary convention attracted approximately 250 clinical submissions and the Section co-sponsored Dr. Robert Selman as an invited speaker. Deborah Dobson became the first Secretary-Treasurer in 1994, a position she held until 1996. Data seem to be missing for most of the 1990s and we next pick up the thread of Section history in 1999, which marks the oldest newsletter posted on our website. In reviewing the newsletters and, in particular, the Chairs' messages across the years, it is interesting to discover that *plus ça change, plus c'est la même chose*.

Indeed, common themes across the various Chairs' messages have been the need for better integration of research and practice, the need for more advocacy of the profession, and the call for members to become more actively involved in the operation of the Section. The title of Charlotte Johnson's message in 2000 was: "*Can we do more: Establishing a stronger national presence*". Here, Dr. Johnson reflects on the recent decade of belt-tightening across the Canadian health care system. She argues for the need to build one strong, representative, national association so that psychologists can "do more with what we have" and she challenges the membership to actively recruit members for CPA. She maintains that CPA should have a membership of approximately one tenth that of APA, which in the year 2000 (according to APA Membership statistics posted on their website in 2012) would have meant around 8300 members instead of 4900 (6%). Interestingly, CPA's numbers today approach 8% of APA's given that membership in the latter seems to have declined from a high of 92,000 in 2007-2008. Whereas current membership numbers provide some room for optimism, they do mask a concerning trend; namely, the declining numbers of men in CPA. Chair David Hodgins discussed this trend in his inaugural message in October 2003. In his message, Dr. Hodgins describes how two executive members (Catherine Lee and Susan Graham) proposed a conversation session for the upcoming convention on ways to attract women into clinical academic careers. [Academia then, as now, being a male dominated arena.] The session, apparently, was to focus on structural and personal factors that encourage and discourage women from pursuing academic positions. Dr. Hodgins then went on to discuss how fewer men were enrolling in undergraduate and graduate programs and the implications of this growing gender disparity on the profession.

**Bullying Awareness Week: November 12 – 17, 2012.**

**Did you do something?**

Ten years later, the growing gender disparity has not abated, according to numbers from the Association of Universities and Colleges of Canada (2011). Indeed, in some areas, the issue of gender disparity seems to have worsened. For example, men now comprise only  $\frac{1}{3}$  of the membership of CPA; a 10% decline from 43% in 2011 to 33% in 2011 (see figure below). The Clinical Section has not been tracking gender but there is no reason to think that the numbers would be different. The “feminization” of psychology and mental health services, in general, comes with certain risks and challenges. Below I have cited some references to articles that discuss these risks and challenges and I invite readers to begin their own conversations about this issue. Perhaps, a formal “conversation session” on the topic is needed? To echo Dr. Hodgins comment in 2003: “*The diversity of clinical psychologists and teachers of clinical psychology needs to reflect the diversity of the clients and students who we service.*” To echo many previous Section Chairs, each of us has a responsibility to promote our profession and encourage more students, researchers, and practitioners (perhaps, especially men!) to join the ranks.



Bailey, D. S. (2004). Number of psychology PhDs declining. *APA Monitor*, 35, 18. <http://www.apa.org/monitor/feb04/number.aspx>  
 Cynkar, A. (2007). The changing gender composition of psychology. *APA Monitor*, 38, 46. <http://www.apa.org/monitor/jun07/changing.aspx>  
 Grohol, J. (2011). Hard to find a male therapist? *Psych. Central*. <http://psychcentral.com/male-therapist/>  
 Willyard, C. (2011). Men: A growing minority. <http://www.apa.org/gradpsych/2011/01cover-men.aspx>

## MISSING: OUR HISTORY!

As indicated in the Chair’s message, we (the Clinical Section) seem to be missing some of our history. We know that the Section was launched in 1990 with Keith Dobson as its first Chair. We have some information about that first year, tidbits on subsequent years, but not very much about the 1990s and early 2000s. Consequently, we would like to invite anyone with any information on the inception and evolution of the Clinical Section – significant milestones, lineage of Chairs and executive members, noteworthy initiatives, etc. to share it for posterity purposes. Information can be forwarded to either: [mwatt@stfx.ca](mailto:mwatt@stfx.ca) or [Jennifer.Garinger@albertahealthservices.ca](mailto:Jennifer.Garinger@albertahealthservices.ca)

*“There’s an old saying about those who forget history. I don’t remember it, but it’s good.”*

~ Stephen Colbert

***Clinical Section Business***

In 2005, Jessey Bernstein and I assumed the reins of the Clinical Section newsletter from Deborah and Keith Dobson, who had been managing it for the previous five years. Personally, I owe a debt of gratitude to Jessey, Deborah and Keith, and the many Chairs (and executive members) with whom I have had the pleasure of working over the past eight years: Catherine Lee (2005-06), Christine Purdon (2006-07), Deborah Dobson (2007-08), John Pearce (2008-09), Mark Lau (2009-2010), Patricia Furer (2010-11), and Peter Bieling (2011-12). Each, in their own way, has inspired me and modeled for me what it takes to be an effective Chair. Regrettably, one of my first duties is to acknowledge the Section's debt of gratitude to former Chair, Dr. Patricia Furer. Trish has been an executive member for five years, having served as Secretary-Treasurer, Chair-Elect, Chair, and Past-Chair. In each of these roles, Trish provided a model to be emulated with her remarkable organizational skills, poise and diplomacy in all situations, and perpetual good humour. Her presence will be sorely missed. Fortunately, the Section continues to benefit from Peter Bieling's steady guiding hand as Past-Chair, as well as the stellar group of executive members that remain: Dr. Elizabeth Nilsen (Secretary-Treasurer), Dr. Jennifer Garinger (Member-at-Large), and Ms. Emma MacDonald (Student Representative). On behalf of the Section, I am very pleased to welcome Dr. Martin Drapeau to the position of Chair-Elect. Dr. Drapeau is an Associate Professor of Counselling Psychology and Psychiatry at McGill University and, based on his performance to date, promises to make a significant contribution to the Section. The Section also continues to benefit from the commendable editorial skills of Dr. Elizabeth Levin and Ms. Andrea Woznica, who continue to do serve as co-editors of the *Canadian Clinical Psychologist*. We are proud to say that the *Canadian Clinical Psychologist* was the recipient of the inaugural CPA Section Newsletter award. The award was announced at the convention in June and is a testament to the efforts of both current and former editors.

***CPA 2013 Annual Convention: Québec City, here we come!***

The Section's annual AGM and reception also provide a wonderful opportunity to socialize with new and old members and I hope that many of you will join us next year in Québec City. Lots of exciting events are being planned for the Québec convention including an exciting keynote speaker, pre-conference workshop, student symposium, and public lecture. More news on these activities will be available in the coming months. Hopefully, everyone is preparing submissions for oral and poster presentations for the upcoming convention. The online submission deadline is fast approaching (mid-November). Look forward to seeing you in Québec City.

Cheers,

*Dr. Margo C. Watt*

**Inaugural Section Newsletter  
Award Winner!**

Congratulations to the first Section  
Newsletter Award Winner:  
Clinical Section.

[Click here](#) to view the Clinical  
Section's 2011 winning Newsletter!



## From the Editors' Desk

Greetings Clinical Section Members,

We hope that you are all enjoying the crisp autumn air before the snowy season begins.

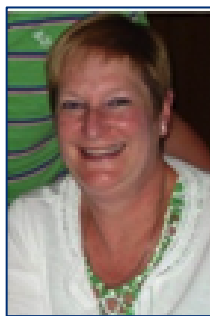
We can't believe how fast this year has flown by, and that we are already beginning our second year as co-editors of the *Canadian Clinical Psychologist*. With the transition to cooler weather comes the new academic year, which certainly can be met with mixed feelings. Unfortunately this particular year began with vast media coverage surrounding the tragic death of 15-year old Amanda Todd in Port Coquitlam, British Columbia. Amanda is one of many adolescents affected by bullying and importantly, this experience increases the risk of suicidal thinking. Studies suggest that approximately 1 in 3 adolescent students in Canada report being bullied. Cyberspace makes this problem even bigger; bullying becomes easier and less likely to be reported. Some research suggests cyber bullying is even more common than in person bullying. Moreover, bullying continues into adulthood. Reports suggest that 40% of Canadian workers experience bullying on a weekly basis. Do you conduct research on bullying or encounter bullying in your workplace? Does your clinical work involve bullies or their victims? We want to hear from you.

We also want to remind you to consider whether you can contribute to the next newsletter, more generally, which will be published in May 2013. We hope to hear from you about new and exciting clinical research and practice. One particular goal of ours, as we mentioned in the previous newsletter, is to profile psychologists employed in various capacities across the country (e.g., universities, hospitals, rehabilitation programs, correctional facilities, armed forces, business and industry, social-welfare agencies). We want to provide our readers, particularly students, with insight into the role of the psychologist within these various capacities. We welcome suggestions of people to profile and, of course, offers of submission. Since the next newsletter seems so far away, we will be sure to remind you of this with our next call for submissions!

As always, please don't hesitate to contact us with any questions or comments.

Enjoy your newsletter,

Elizabeth & Andrea



Dr. Elizabeth Levin



Andrea Woznica

Special Thanks to Tamara Davidson, Hons. B.A. Psychology from Laurentian University for her assistance in design, layout and putting this newsletter together.

## CPA 2012 Annual Convention: Halifax Highlights

Much of the Clinical Section's work revolves around the Annual Convention. By all accounts, the Halifax 2012 convention was a successful one. The pre-convention workshop by Dr. Alex Chapman entitled: *Dialectics in Action: Practical Acceptance and Change Strategies from Dialectics*, was very well attended. Using a combination of didactics, role-plays, and audio/video clips, the workshop provided participants with strategies to help clients achieve greater success in therapy. Dr. Chapman is an Associate Professor and Associate Chair (Graduate) in the Department of Psychology at Simon Fraser University (SFU) and President of the DBT Centre of Vancouver, and was the recipient of the CPA Clinical Section Scientist-Practitioner Early Career in 2011. In addition to the workshop, he graciously agreed to act as Discussant for the Clinical Section's second annual Student Symposium. Emma describes the symposium in more detail in her report to the newsletter. Dr. Sherry Stewart from Dalhousie University offered the Section's Public Lecture. Her talk entitled: *Why Do People Drink Alcohol? Research from the Bench to the Clinic* attracted a large audience and media coverage. Dr. Stewart is a Professor in the



Dr. Sherry Stuart with Past Chair Dr. Peter Bieling  
Absent: Dr. John Pearce

departments of Psychiatry and Psychology at Dalhousie University. She also holds a Governor-in-Council appointment to the Board of Directors of the Canadian Centre on Substance Abuse and sits on the Institute Advisory Board to the CIHR's Institute for Neuroscience, Mental Health, and Addiction. In a recent study of Clinical Psychology Professors in Canadian Psychological Association-Accredited Canadian Psychology Departments (Carleton, Parkerson, & Horswill, *Canadian Psychology/Psychologie canadienne*, April 2012), Dr. Sherry Stewart was ranked among the highest in terms of publication productivity. Dr. Stewart also was awarded Fellowship in the Clinical Section this year, along with Dr. John Pearce from the Alberta Children's Hospital and University of Calgary. Dr. Pearce served as Chair of the Clinical Section in 2008-2009. Fellowship in the Section is a deserving honour for two individuals who exemplify the criterion of: "*outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology*".

## 2012 Clinical Section Award Recipients

The Section held its Annual Business Meeting (ABM) on June 15<sup>th</sup> in Halifax, followed by a reception. The ABM provides a wonderful opportunity to review the Section's activities and to present awards.

This year's award recipients included:

**Student Travel Awards:** Joyce Ip from University of British Columbia was the overall winner and will receive \$750. The Central Region runner-up was Skye Fitzpatrick from Ryerson University and the Western Region runner-up was Sarah Hines from the University of Calgary. Each of the runners-up received \$400.

**Educational Activity Student Grant (\$2000): Ms. Suzanne Chomycz**, Lakehead University, for a workshop entitled *Bridging the Gap: Innovative Treatment Options for Rural and Northern Communities*. See page 17 for a summary.

**Ken Bowers Award (\$1000): Ms. Christianne Macaulay**, St. Francis Xavier University, Antigonish, NS. A summary of her paper entitled *Dispositional Mindfulness Mediates Relations between Adult Attachment and Anxiety Sensitivity* can be found on page 10.

**Scientist-Practitioner Early Career Award (\$1000): Dr. Jill MacLaren Chorney**, Assistant Professor of Anesthesia at Dalhousie University and Clinical Psychologist with Complex Pain Team at the IWK Health Centre, Halifax, NS.

**Clinical Section Fellows 2012: Dr. Sherry Stewart** (Dalhousie University) & **Dr. John Pearce** (Alberta Children's Hospital and University of Calgary). Dr. Pearce was unable to attend the convention in Halifax and will receive his Fellowship in Québec City.

**Advocacy Project Award (\$5000): Dr. Douglas Murdoch**, Mount Royal University, AB. This was the first time the Section had offered such an award. It was intended to support projects designed to promote the science and practice of clinical psychology in Canada. Nine submissions were received and adjudicated. The title of Dr. Murdoch's winning submission was: *What Makes Clinical Psychology Unique and How Will We Remain Unique in the Future?* The project proposed a review of training in mental health and foundational psychological knowledge across relevant professions in Canada, which would evolve into a position paper on the central role of psychology in any health care delivery system. Results of this review will be presented at a future convention.



Joyce Ip overall winner of Student Travel Award



Dr. Jill MacLaren Chorney with past-chair Peter Bieling

## A thank you to those who reviewed conference abstracts

The Annual Business Meeting also provides a chance to acknowledge the contribution of members who have assisted with operations throughout the year. We extend our sincere thanks to the following individuals from across each region of the country who served as reviewers of abstracts this year. This year's convention in Halifax attracted over 176 clinical conference submissions, and included 2 conversation sessions, 6 workshops, 10 symposia, and 150 posters.

Nick Carleton

Chris Musquash

Lachlan McWilliams

Patricia Furer

Sara King

Christine Purdon

Angela Weaver

Elizabeth Levin

Valerie Grant

Bruno Losier

Randi McCabe

Jennifer Garinger

Naomi Koerner

Trevor Olson

Cindy Hardy

Kelsey Collimore

Karen Rowa

Diane LaChapelle

Sarah Francis

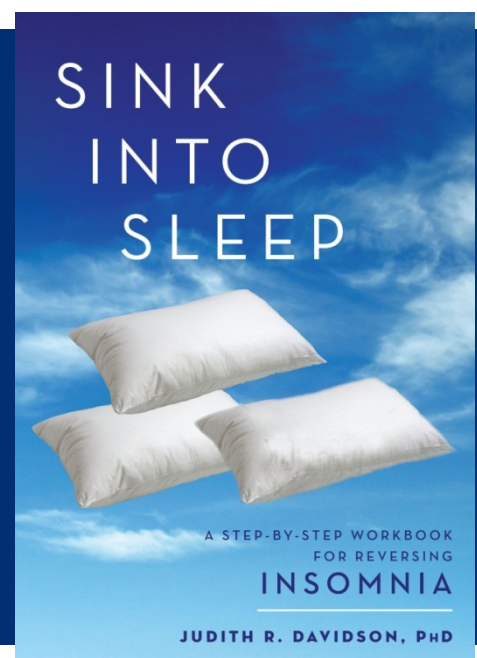
Doug French

### Book Summary

#### *Sink into Sleep*

Judith R. Davidson, Ph.D., C. Psych.  
Queen's University

"Sink into Sleep" will be released in early December 2012. This book is a self-help book for reversing insomnia. It allows the reader to follow cognitive behavioural therapy for insomnia (CBT-I) at home. CBT-I is the intervention of choice for chronic insomnia. Based on the most effective techniques that are usually reserved for the insomnia clinic, the book guides the reader through the steps of CBT-I. The book also contains chapters on women's sleep, men's sleep, sleep and medical conditions, sleep and depression, sleep and anxiety, and the pros and cons of hypnotic medication. It will be helpful both to people with insomnia and their therapists.





## **Bridging the Gap: Innovative Treatment Options for Rural and Northern Communities**

**Suzanne Chomycz, Carolyn Houlding, Alexandra Kruse, & Aislin Mushquash**  
2012 Student Activity Grant Recipients

On September 28th, 2012, Lakehead University hosted the workshop entitled “Bridging the Gap: Innovative Treatment Options for Rural and Northern Communities”. This full day event was supported by the Canadian Psychological Association's Clinical Section Educational Activity Student Grant. The goal of this workshop was to facilitate an awareness of, and proficiency in, the delivery of treatments to clients in rural and northern communities and issues related to treating rural and northern clientele in an urban center.

The morning consisted of a workshop conducted by Dr. Patrick McGrath. Dr. McGrath is a clinical psychologist, Integrated Vice President, Research and Innovation, Capital District Health Authority and IWK Health Centre in Halifax, Canada Research Chair, and a Professor of Psychology, Pediatrics, and Psychiatry at Dalhousie University. Dr. McGrath discussed innovative adaptations in delivering services to clients in rural and remote areas. He also discussed research findings supporting this approach, and provided case examples from treatment programs throughout Canada.

The afternoon consisted of panel presentations from three clinicians. Dr. Judy Finlay is an Associate Professor at Ryerson University in the School of Child and Youth Care. She presented on Mamow Sha-way-gi-kay-win: the North South Partnership for Children in Remote Northern Communities, a collaboration between southern Ontario and northwestern Ontario First Nations communities. Dr. Fred Schmidt is a clinical psychologist at the Children's Centre Thunder Bay and an Adjunct in the Department of Psychology at Lakehead University. Dr. Schmidt presented an overview of research regarding the use of technology in training clinicians to deliver interventions. Dr. Peter Braunberger is a child and adolescent psychiatrist affiliated with St. Joseph's Care Group, Dilico Anishinabek Family Care, Children's Centre Thunder Bay, and Northern Ontario School of Medicine. He discussed the role of child psychiatry in delivering rural and remote care, including providing service via tele-psychiatry and visiting remote communities. Attendees also had the opportunity to participate in an interactive panel discussion with all workshop presenters on issues in assessment and treatment within a rural and northern context.

The workshop was well attended and included students and faculty from Lakehead University and the Northern Ontario School of Medicine, and numerous community members from local hospitals and mental health organizations, as well as First Nations communities. The Department of Psychology hopes to continue hosting annual workshops to provide further opportunities for training and academic discussion for students and colleagues.

This workshop was organized by graduate students Suzanne Chomycz, Carolyn Houlding, and Alexandra Kruse (Lakehead University), and Aislin Mushquash (Dalhousie University). These students would like to thank the Canadian Psychological Association Clinical Section for their generosity and support. Thank you to Children's Centre Thunder Bay, North of Superior Counselling Program, and Lakehead University for their much appreciated contributions. As well, thank you to Dr. Christopher Mushquash of Lakehead University for his supervision of this workshop. Finally, thank you to all guest speakers for their informative and captivating presentations.



# Dispositional Mindfulness Mediates Relations Between Attachment and Anxiety Sensitivity

**Christianne B. Macaulay<sup>1</sup>, Margo C. Watt<sup>2,3</sup> & Kim MacLean<sup>2</sup>**

<sup>1</sup>York University, Toronto, ON, <sup>2</sup>Saint Francis Xavier University, Halifax, NS, <sup>3</sup>Dalhousie University, Halifax, NS

Anxiety sensitivity (AS) is the fear of anxiety-related arousal sensations (Reiss, 1991). AS predicts a variety of health concerns, notably anxiety psychopathology (Olatunji & Wolitzky-Taylor, 2009), alcohol abuse (Watt et al., 2006), chronic pain (McCracken & Keogh, 2009), and exercise avoidance (McWilliams & Asmundson, 2001). Emotion regulation strategies are thought to develop through early attachment relationships (Cassidy, 1994) and involve internal working models (IWMs) of self and others that influence later interpersonal behaviour (Bowlby, 1973). Previous studies have found a positive association between AS and the anxiety and avoidance dimensions of adult attachment (Watt et al., 2005; Weems et al., 2002). High-AS individuals' IWMs may include the expectation that distress (i.e., anxious arousal) cannot be managed and has catastrophic interpersonal consequences.

High-AS individuals exhibit intolerance and low acceptance of distress, and experiential avoidance (Bernstein et al., 2009; Kashdan et al., 2008). This pattern of responding to inner experience can be understood in terms of dispositional mindfulness: the tendency to attend to experience as it unfolds with an open, accepting, non-judgmental attitude (Kabat-Zinn, 2003). Recent studies have found a negative association between AS and mindfulness (Luberto et al., 2011; McKee et al., 2007). Because it entails experiencing without the filter of cognitions (Brown et al., 2007), mindfulness could act as a buffer between arousal sensations and an individual's expectancies (i.e., IWMs) about the consequences of those sensations. The present study was the first to examine together the associations between AS, attachment, and mindfulness. Our primary purpose was to test whether mindfulness mediated associations between attachment and AS.

Participants were 624 undergraduate students who completed self-report measures in class. The Anxiety Sensitivity Index-3 (ASI-3; Taylor et al., 2007) is an 18-item measure of fear of anxiety-related sensations including Physical, Cognitive, and Social concerns. The Experiences in Close Relationships scale (ECR; Brennan et al., 1998) includes two 18-item subscales that yield continuous scores for attachment anxiety and avoidance. Participants were also assigned to attachment categories (Secure, Preoccupied, Fearful, Dismissing) based on median splits of each dimension. The Mindfulness Awareness and Attention Scale (MAAS; Brown & Ryan, 2003) includes 15 items that reflect mindfulness as it may be experienced in everyday life.

One-way (attachment category) analysis of variance revealed that participants classified as Preoccupied and Fearful reported higher AS than Secure and Dismissing participants. Fearful participants reported lower mindfulness than all others. Secure and Dismissing participants did not significantly differ in mindfulness. This is inconsistent with previous findings (Cordon & Finney, 2008; Shaver et al., 2007) and with the growing evidence that mindfulness and secure attachment share associations with many personally and socially adaptive constructs (see Brown et al., 2007; Crowell et al., 2008). The MAAS may fail to tap some aspect of mindfulness that distinguishes Secure and Dismissing attachment styles. This could also be true of how Psychology defines mindfulness, i.e., in individualistic terms. The traditional Buddhist meaning of mindfulness is inextricable from concepts like empathy and social responsibility (Rosch, 2007; Shaver et al., 2007).

**Do you have any comments or suggestions about the Clinical Section Newsletter? We'd love to hear them!**

Email Dr. Elizabeth Levin at [elevin@laurentian.ca](mailto:elevin@laurentian.ca) or  
Andrea Woznica at [awoznica@psych.ryerson.ca](mailto:awoznica@psych.ryerson.ca)

Correlations were also conducted among all variables. Mindfulness was negatively related to AS, ECR anxiety, and ECR avoidance. AS was positively related to ECR anxiety and ECR avoidance. Linear mediation regression analyses showed that mindfulness partially mediated the AS-ECR anxiety relation, and fully explained the AS-ECR avoidance relation. Overall, these results replicate previous findings on the bivariate associations between AS, mindfulness, and attachment (e.g., McKee et al., 2007; Shaver et al., 2007; Watt et al., 2005), and also provide support for a mediation model incorporating all three constructs. Developmentally, AS might be partly explained by the insecurely-attached individuals' expectancies (IWMs) that arousal will bring rejection and further distress. But anxiety-related arousal may be experienced mindfully, i.e., free of expectancies and the subsequent catastrophizing so characteristic of high AS. In other words, mindfulness mediates between anxiety-related cognitions and the resultant interpretation of anxious arousal as catastrophic.

These findings have potential implications for the assessment and treatment of AS-related psychopathology. Mindfulness plays a greater mediating role in the AS of avoidantly-attached individuals compared to anxiously-attached individuals. Therefore, mindfulness-based treatments for AS (Tanay et al., 2011) may be more appropriate for those high in avoidance, while cognitive behavioural therapy could benefit those high in attachment anxiety (Watt & Stewart, 2008). Limitations include the use of a homogeneous undergraduate convenience sample, and the use of a single self-report measure for each construct. Future research should employ alternative (multifaceted) mindfulness measures. Research with clinical samples could elucidate relations among these variables in different forms of psychopathology.

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**Due to space constraints it is not possible to reproduce all references.**

**For the full reference list please contact one of the authors.**

**Christianne B. Macaulay** completed her Bachelor of Arts degrees in Anthropology at Princeton University, and in Psychology at Saint Francis Xavier University. She is currently pursuing her MA in Clinical Psychology at York University, under the supervision of Dr. Lynne Angus.

### **INVITATION TO ATTEND: Psychotherapy Practice Research Network (PPRNet) Priority Setting Conference**

You are invited to attend the Psychotherapy Practice Research Network (PPRNet) Priority Setting Conference that will be held in Ottawa on Saturday November 17, 2012. During this conference, clinicians and researchers will: work together to define priorities for psychotherapy research that are relevant to clinical practice, and learn more about practice based research in psychotherapy. Our featured speaker will be Dr. Louis Castonguay of Penn State University who will talk about current state of the art research on practice research networks and what this research means to psychotherapy clinicians.

There is no registration fee for this conference, but space is limited. For more information, go to [www.pprnet.ca](http://www.pprnet.ca).



### **74th Annual CPA Convention: Call for Submissions for the 2013 Convention**

The Convention Committee invites submissions to the Canadian Psychological Association 74th Annual Convention, Thursday, June 13 to Saturday, June 15, 2013 at the Québec City Convention Centre, Québec.

**Your completed submission must be received online  
by November 15, 2012 (11:59pm).**

**[www.cpa.ca/convention](http://www.cpa.ca/convention)**

## Multifaceted Clinical Assessment Protocol (M-CAP) Amends and Prevents Misdiagnosis of Epileptic Seizures as Manifestations of Psychiatric Illnesses.

**Dr. Julianna Switaj C.Psych.** Norfolk Psychological Services, 85 Norfolk St, Guelph, Ontario N1H 4J4. Tel: 519-836-1277 ext. 234. Email: [norfolkpsychadmin@rogers.com](mailto:norfolkpsychadmin@rogers.com)

*Epileptic seizures can be misdiagnosed as manifestations of psychiatric illnesses.<sup>1</sup> A multifaceted Clinical Assessment Protocol (M-CAP) flagging clinically characteristic patient profiles and assessing patient's experience of seizure-like symptoms has amended and prevented misdiagnosis of epileptic seizures as manifestations of psychiatric illnesses, eased patients' suffering and improved efficacy of treatments.*

Five years ago a woman was referred to me by a colleague who couldn't seem to figure out what was happening or how to help. The patient came with a 25-year history of psychiatric diagnosis and treatments that, over the years, included hundreds of different medications and over 96 ECT treatments, all of which appear to have been unsuccessful in bringing about any substantial relief from her suffering.

Over the years she had been diagnosed with Bipolar Disorder, Anxiety Disorder with Panic Attacks, Somatization, Borderline Personality Disorder, Schizoaffective and Eating Disorder. She had been assessed, diagnosed and treated by a myriad of specialists, at multiple mental health and mood disorder clinics, but still there was no relief and her suffering was getting worse.

The experience that eventually brought her to me was described as "most terrifying." She found herself in a mall and had no idea where the mall was or how she got there. The experience terrified her so much she was reluctant to leave home unaccompanied. It also triggered another round of medications, trips to the hospital and mood disorder clinic, eventually ending up in my office, asking for help.

I had no real idea how she managed to stay alive and manage certain parts of her life quite as well as she did, despite experiencing so much suffering. I read her clinical file but still had no idea about the possible origins of her experiences. Her medical records revealed her long history as a psychiatric patient, with a number of indeterminate psychiatric diagnoses. However my experience of her as a person, the way she presented herself and her reported experiences of symptoms did not fit with the presentation and reported experiences of other patients that I have met who had been diagnosed with the same disorders. This incongruity, this mismatch between diagnosis and experience of symptoms, was very disturbing to me. I needed to gather more information about her and her experiences.

It took a couple of sessions, asking questions and listening intently for clues, information that would come directly from her experiences.<sup>2</sup> I tried to see her world through the stories of her experiences – almost like an anthropologist collecting information about people in another culture. This way of attending to the person was frequently difficult because her experiences were often emotionally overwhelming.

One day, in listening intently to her experiences, I suddenly developed an intense sharp pain in the right side of my head. Instantly I filled with fear, felt panic and anxiety rising up in my chest. At first I thought I might be having a stroke. I struggled to get a grip and pull myself together. I focused my attention, not on my fear, but on my experience of the sensation in my head. And as I did the words "temporal lobe" came instantly to mind. I asked myself if the sensation was mine or coming from my patient, a type of sensory transference. I checked it out without leading the witness. I asked if she had any unusual sensations in any part of her body. Yes, you guessed it, she did and it was in the exact same location that I experienced the sensation. I did not reveal my experience to her. I simply noted her response and our session ended.

Following that session, I looked for information on the temporal lobe and organic brain dysfunction. In clinical literature I found a gold mine, detailing experiences and symptoms of patients diagnosed with non-convulsive seizures, i.e. temporal lobe epilepsy and complex partial seizures. The treatment histories, response to medications, clinical experiences, presentation and symptoms matched those of my patient almost exactly. Recent clinical research in neuroscience has revealed that epileptics, especially those with non-convulsive seizures (such as temporal lobe and complex partial seizures) have had their epileptic symptoms misdiagnosed as manifestations of psychiatric illnesses (for example, Bipolar Disorder, Anxiety Disorder with Panic Attacks, and so on).<sup>1,3</sup>

As a clinical psychologist, I am not competent to make a medical diagnosis. It was important that I conveyed my clinical and research findings to her physician with a recommendation that she be sent for specialized medical assessment by an epileptologist at an epilepsy monitoring unit (EMU).

Over the past five years, working with similar patients, I have developed what appears to be highly effective assessment procedure, multifaceted Clinical Assessment Protocol (M-CAP). M-CAP enables first, identification/flagging patients with “characteristic” clinical profile derived from review of their medical and personal history; second, once flagged, a structured clinical interview to assess the presence of specific experiences, indicative of partial seizure-like symptoms, their frequency and statistical significance; and third, if frequency scores are in the abnormal range, a referral is made to the family physician recommending medical assessment by a neurologist/epileptologist at an EMU to rule out suspicion of non-convulsive seizures/temporal lobe seizures.

Using M-CAP I have identified and referred 14 similar patients. Ten of the 14 have been assessed by a neurologist/epileptologist at an EMU and diagnosed with temporal lobe seizures. Four are awaiting assessment.

Patients with epileptic seizures present a tremendous diagnostic challenge.<sup>3</sup> Standard clinical assessment protocols, using structured clinical interview protocols (e.g. SCID-I, II and MCMI-III) diagnose these patients with a characteristic set of DSM IV Axis I and Axis II disorders. M-CAP facilitates the gathering of additional evidence, the patient’s experiences of their symptoms. Evidence derived from patient’s first-hand experience guides the development of theory and working hypothesis that can be tested.<sup>2</sup> Using a structured clinical interview to assess the presence and frequency of characteristic experiences (indicative of partial seizure-like activity) and their statistical significance, “an excess of symptoms” not fitting with DSM IV disorders, is identified. Patients identified with this “excess of symptoms”, scores in the abnormal range, are referred to their family doctor recommending specialized medical assessment by a neurologist/epileptologist at an EMU to rule out suspicion of non-convulsive seizures/temporal lobe seizures. Working collaboratively with other health care professionals, neuroscientists and researchers, being aware of the limits of our own perspectives and knowledge and seeking collegial support in arriving at diagnoses and development of Multimodal Treatment Protocols (MTP) is essential if we are to prevent and amend the misdiagnosis and mistreatment of epileptic seizures as manifestations of psychiatric disorders.

1. Mirsattari SM, Gofton TE, Chong DJ. Misdiagnosis of epileptic seizures as manifestations of psychiatric illnesses. *The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques*. 2011;38(3):487–93. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/21515510>.

2. Lutz A, Thompson E. Neurophenomenology: Integrating Subjective Experience and Brain Dynamics in the Neuroscience of Consciousness. *Journal of Consciousness Studies*. 2003;10(9):31–52.

3. Restak BR, September MD. Complex Partial Seizures Present Diagnostic Challenge. *Episodes*. 1995;12(9):1–6.



# Student Section

## Letter from the Student Executive

**Emma MacDonald, M.A.**

Hello! My name is Emma MacDonald and I am the Student Representative for the Clinical Section Executive Committee.

I really enjoyed the convention in Halifax this past June and am looking forward to next year's convention in Québec City. We are working hard to make it a memorable one and I hope to see many of our sections student members there. **Please remember to submit your abstracts to the Clinical Section by November 15th**, as students whose abstracts are accepted by the Section are eligible to apply for two awards: the Ken Bowers Research Award and the Clinical Section Travel Awards. These awards are unique to the Clinical Section, and I encourage all students to apply. You can find more information about both awards on the Clinical Section website as it becomes available (<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/>). Also be on the lookout for reminders via the Clinical Section listserv.

The Ken Bowers and Clinical Section Travel Awards were awarded at the convention in June. Congratulations to the 2012 winners! Chrissy Macaulay of St. Francis Xavier University received the Ken Bowers award for her project that examined how mindfulness mediates the relationship between attachment and anxiety sensitivity. You can read a summary of her research in this edition of the newsletter. Also, congratulations to the winners of the Student Travel Awards! Joyce Ip of University of British Columbia was the overall winner, and Sarah Hines of the University of Calgary and Skye Fitzpatrick of Ryerson University were the runners-up. I would like to extend a special thanks to all students who applied for the Travel Awards and who participated in the peer-review process!

In other student news, the **Clinical Section Educational Activity Grant** will continue for a fourth year. This grant provides student members the opportunity to apply for funding to host an extracurricular educational activity. The deadline for applications has been extended, so please see the ad in the newsletter or the website for more information. Congratulations Suzanne Chomycz of Lakehead University, who received the grant last year to fund a workshop titled "Bridging the Gap: Innovative Treatment Options for Rural and Northern Communities." A description of this workshop is also in the newsletter.

I am happy to report that the Student Symposium at the annual convention continues to be a success. Last year's symposium focused on the topics of dialectal behaviour therapy, borderline personality disorder, emotion regulation and self-injurious behaviour. This was an interesting symposium that highlighted a wide variety of student research. Thanks to all the presenters and Dr. Alex Chapman, who served as the discussant. Also, I am thrilled to announce that the theme for the 2013 Student Symposium is **mechanisms of effectiveness of mindfulness**, so please make sure to mark this on your convention itinerary!

Please feel free to contact me with any questions or comments about matters relating to the Clinical Section. I always enjoy hearing from student members of the Clinical Section.

Here's to another great year in the Clinical Section!

Emma MacDonald  
[emacdonald@psych.ryerson.ca](mailto:emacdonald@psych.ryerson.ca)

## Student Travel Award Recipient Abstracts

### **Child callous-unemotional traits and parenting practices: Mother and father perspectives**

Joyce Ip (overall winner), Natalie Miller, & Charlotte Johnston, University of British Columbia

This study investigates the relationship between child callous-unemotional traits (CU traits) and mother and father parenting. Longitudinal research suggests high levels of child CU traits result in higher levels of mothers' inconsistent discipline and poor monitoring, and lower levels of involvement after controlling for pre-existing child conduct problems and ADHD symptoms. However it is not clear if fathers' parenting practices also follow this trajectory. The sample included 107 mothers and 61 fathers of boys (7-12 years) with varying levels of ADHD symptoms and conduct problems. Mothers and fathers completed measures of child behavior and their own parenting. Parenting practices and child CU traits remained correlated after controlling for child ADHD symptoms and conduct problems, but different patterns emerged for mothers and fathers. For both mothers and fathers, inconsistent discipline was positively related to child CU traits (mother  $r_p = .47$ ,  $p = .02$ ; father  $r_p = .58$ ,  $p < .01$ ). While fathers' warmth ( $r_p = -.48$ ,  $p = .02$ ) and levels of poor monitoring ( $r_p = -.43$ ,  $p = .03$ ) were negatively correlated with CU traits. No other correlations were found amongst mothers and CU traits. Inconsistent discipline appears to be similarly related to child CU traits across both parents, however positive parenting and monitoring practices may be differentially related for mothers vs. fathers.

### **Disentangling Overlap Between Borderline Personality Disorder and Childhood Trauma: The Role of Dissociation and Emotion Regulation**

Skye S. Fitzpatrick (Central Region runner-up) and Janice R. Kuo, Ryerson University

Borderline personality disorder (BPD) involves impulsivity, self-injury, and emotion dysregulation (Kuo & Linehan, 2009). Many BPD characteristics overlap with posttraumatic stress disorder (PTSD) characteristics, specifically in relation to childhood sexual trauma (CST). Consequently, some theorists posit BPD is a complex, non-distinct extension of PTSD (McLean and Gallop, 2003). The present study aims to disentangle the shared overlap between BPD and PTSD (specifically in relation to CST) by investigating differences in the quality of two characteristics commonly reported in both groups- dissociation (i.e., derealization, depersonalization, absorptive involvement, and amnesic experiences; Bernstein and Putnam, 1986) and emotion dysregulation (Lanius, Vermetten, & Lowenstein, 2010). A large sample of undergraduate students completed measures of BPD and CST severity, emotion dysregulation, and dissociative experiences. Hierarchical regression showed that both higher BPD and CST severity was associated with depersonalizing and derealizing dissociative experiences. However, only higher BPD severity was associated with absorptive and imaginative dissociative experiences and difficulties with reappraisal emotion regulation strategies. These findings contribute understanding to distinguishing BPD from CST and differential treatment mechanisms for BPD and trauma populations.

### **Heightened Eating Disorder Psychopathology and Negative Affectivity in Women with Alcohol Dependence**

Sarah A. Hines (Western Region runner-up), Kristin M. von Ranson, & Philip C. Masson University of Calgary

Alcohol dependence (AD) and eating disorders (EDs) commonly co-occur and are linked to increased risk of health consequences. This study investigated (1) eating disorder psychopathology (EP) in women with AD and (2) to what extent the personality trait of negative affectivity (NA) was associated with the co-occurrence of EP and AD. Participants were community women with AD without EDs ( $n = 47$ ) and women with neither AD nor EDs (controls, [ $n = 53$ ]), aged 19 to 71 years ( $M = 40.2$ ). We assessed NA and EP via self-reports (Minnesota Eating Behavior Survey, Eating Disorder Examination Questionnaire 4, Multidimensional Personality Questionnaire) and assessed AD and EDs with the Structured Clinical Interview for DSM-IV Disorders. Compared to controls, women with AD had significantly more EP. Mann-Whitney  $U$  tests indicated that women with AD reported significantly higher scores on shape concerns, weight preoccupation, body dissatisfaction, binge eating, and compensatory behaviors than controls (all  $p$ 's  $< .01$ ). When NA was controlled in an ANCOVA, the differences on all initially-significant measures of EP became non-significant ( $p > .05$ ). These results suggest that EP is common among women with AD, that NA may help explain the co-occurrence of EP and AD, and are consistent with theory suggesting that both problems arise from maladaptive coping with excess negative emotions.

# Clinical Section Educational Activity Student Grant

Established in 2008, the Clinical Section Educational Activity Student Grant was designed to help Clinical Section students extend their educational experience through organizing extracurricular, educational activities (e.g., workshops, lectures, round tables). The Clinical Section Educational Activity Student Grant, a maximum value of up to \$2000, or two awards of \$1000 each, will provide further support for student members of the Clinical Section and will be awarded annually.

In the Fall of each year, the Student Grant will be awarded to one or multiple submissions, depending on the number of applications received and the amount requested.

## To be eligible:

- Must be a student member of the Clinical Section of CPA and must, therefore, also be a student member of CPA.
- The proposed activity must be relevant to clinical psychology and must be consistent with the Clinical Section's commitment to evidence-based practice.
- When feasible, the activities supported by the Grant should encourage a broad and/or diverse audience in addition to the graduate students in the organizing department (e.g., graduate students from multiple universities; clinicians within the community).
- The proposed educational activity must have the support of both the Chair of the Psychology Department and the Director of Clinical Training of the student's program.
- The activities supported by this Clinical Section Educational Activity Student Grant are encouraged to also be financially supported by other sources, such as a university, hospital, or community organization.
- The activity must be held at a university or hospital.
- If the activity is a workshop, it must be a minimum of one half-day in length.

## How to Apply:

- Complete and submit the application form, available at:  
<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionnewsandevents/>
- Submit a description of the educational activity (e.g., the format and who will be presenting), its relation to clinical psychology and the logistics of the educational activity (e.g., when and where it will take place, how long it will be, who is invited, etc.) (max 1 page)
- Submit a proposed budget, including where additional money not covered by the grant will come from (max 1 page).
- **\*Please note:** Documents exceeding the maximum page limits will not be reviewed.
- Have both the Chair of the Department and the Director of Clinical Training submit a letter or email in support the educational activity and to confirm where the additional funds will come from.
- Submit all of the above to the Student Representative of the Clinical Section of CPA, **Emma MacDonald**, [emacdonald@psych.ryerson.ca](mailto:emacdonald@psych.ryerson.ca) by **January 15, 2013**.

**Conditions of the Educational Activity Student Grant:**

- Upon awarding of a Student Grant, direct confirmation should be provided from the speaker(s) or presenter(s) of the educational activity to the Treasurer of the Clinical Section regarding the planned date and format of the activity.
- All money awarded must be used for the educational activity and any unused funds must be returned to the Clinical Section.
- The Clinical Section reserves the right to withhold or withdraw funds following the awarding of a Student Grant, in the event that the activity is *substantially* altered from that originally proposed (e.g., change of speaker(s)).
- Following the awarding of a Student Grant, changes to the originally submitted budget (i.e., reallocation of funds) that exceed 20% of the total budget must be submitted for approval to the Treasurer and Student Representative of the Clinical Section. Proposed changes may be reviewed by the original selection committee.
- After completion of the educational activity, have both the Department Chair and the Director of Clinical Training submit a letter or email to confirm the date of the activity and the number of attendees.
- Recipients of the Clinical Section Educational Activity Student Grant will be asked to provide a summary of the completed activity for the section newsletter.



**The presenters of the 2012 Clinical Section Student Symposium.**

From left to right: Bethany Gelinas (University of Regina), Skye Fitzpatrick (Ryerson University), Alexis Arbuthnott (University of Guelph), Maegan Sharp (University of Saskatchewan) and Dr. Alex Chapman (Simon Fraser University)

## Ken Bowers Student Research Award

The Ken Bowers Student Research Award was established to honour the enormous contributions of Dr. Ken Bowers (1937-1996) to the field of clinical psychology. Dr. Bowers is widely considered to have been one of the world's pre-eminent hypnosis researchers. In addition, he is renowned for his contributions to our understanding of personality, revolutionizing the trait-situation debate through his assertion of a situation-by-person interactional model. One of Dr. Bowers' last works was a highly influential paper on memory and repression that appeared in a 1996 volume of *Psychological Bulletin*. Dr. Bowers saw the philosophical foundations of inquiry as the common basis for both research and clinical practice. He was a consummate scientist-practitioner who devoted his career to the Department of Psychology at the University of Waterloo. The memory of his intellectual rigor and scholarship continues to shape UW's clinical training program.

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

### To be eligible you must:

1. be a student who is first author of a presentation that has been accepted in the Clinical Section at the CPA annual convention in Québec City, June 2013.
2. submit an APA-formatted manuscript describing your research\*
3. be prepared to attend the Clinical Section business meeting at the Montreal convention, where the award will be presented
4. be a member of the Clinical Section at the time of submission of your paper\*\*

\*The manuscript must include a title page and abstract page, and must be no more than 10 pages, double-spaced with 2cm margins and 12 point font. Figures, tables and references are not included in the page count. Manuscripts that do not conform to these criteria will not be reviewed. The deadline for submission of applications is **May 1, 2013**. Submissions in either English or French should be sent by e-mail to Dr. Martin Drapeau (martin.drapeau@mcgill.ca). If you have any questions about the submission process, please contact Dr. Drapeau by e-mail.

\*\*If you are a CPA member but not a Clinical Section member contact [membership@cpa.ca](mailto:membership@cpa.ca) or 1-888-472-0657; if you are not a CPA member go to <http://www.cpa.ca/clinical/membership/index.html> and be sure to indicate Clinical Section membership on your invoice

**Students can apply for both the Ken Bowers and the Student Travel Award,  
but can only win one of these awards per year.**



## Request for applications to the CPA's Student Executive

Dear Students,

We are seeking applications to the Canadian Psychological Association's Student Executive. This is a great way to get involved in your national academic association, strengthen your CV/resume, help your friends and colleagues, and network with other people in the field. The current available positions are Chair-Elect, Francophone Affairs Officer, and Undergraduate Student Affairs Officer. The deadline is **November 30th, 2012**.

Please send applications to Nick Bremner (Communications Officer) at [nbremner@uwo.ca](mailto:nbremner@uwo.ca), including:

- (a) a statement of intent that indicates what position you are applying for and what you will do in that position if you're elected (250-300 words)
- (b) a brief biography (250-300 words)
- (c) a CV (4 page maximum)

The statement of intent, biography, and CV will be posted on the CPA website. All materials may be submitted in either English or French. Please contact the chair, Justin Feeney, at [jfeeney3@uwo.ca](mailto:jfeeney3@uwo.ca) if you have any questions. We look forward to your applications!

Below are the position descriptions:

Chair-Elect, Chair, Past-Chair (3 year term)

Year 1 (Chair-Elect):

- Assists in decision-making and organization of Section activities
- Participates in convention preparation
- Works with Chair over the course of the year
- Manages student submissions to Psynopsis with an aim at having student submissions in each issue; includes calls for submissions
- Expected to attend the annual convention

Year 2 (Chair):

- Responsible for general and specific organization of Section goals and activities
- Regularly communicates with Section Executive and CPA Head Office -Works to advance Section mission of increasing the voice of psychology students in Canadian universities
- Coordinates Section program at annual convention, including organizing the review of section submissions, coordinating planning of section presentations, attaining an invited speaker, and managing the business meeting
- Writes articles for Psynopsis/Mind Pad as necessary or appropriate -Expected to attend the annual convention

**Year 3 (Past-Chair):**

- Helps transition Chair into his/her new role
- Available for consultation and feedback
- Help facilitate transitions in working relationships between Chair and CPA representatives
- Appoints Editor-in-Chief of Mind Pad; may appoint him or herself

**Francophone Affairs Officer (2 year term):**

- Must be fully bilingual (spoken and written) in French and English
- Engages in outreach activities to Francophone students and psychology programs in Canada
- Advises Executive on issues pertaining to the Francophone psychological community, and on issues of sensitivity to Francophone members
- Responsible for prompt and accurate translations (English-French and French-English) of Section materials (e.g., Sections News, listserv postings, website pages, voting applicant profiles)
- Representative on the Executive on behalf of all francophone communities across Canada.

**Undergraduate Student Affairs Officer (2 year term):**

- Along with the Graduate Student Affairs Officer, maintains the Student Representative program -Responsible for management of undergraduate Student Representatives
- Management of Representatives includes:
  - o Recruitment of new Representatives;
  - o Ongoing communication with current Representatives;
  - o Ensuring that current Representatives are active;
  - o Handling inquiries from graduate students or faculty interested in become a representative;
  - o Distribute and collect bi-annual representative reports from Representatives (sent out in October and April each year)
  - o Review concerns/issues/suggestions mentioned in bi-annual reports and addressing them in a timely manner, including contacting Student Representatives that have asked to be responded to individually
  - o Along with the Graduate Student Affairs Officer, tabulates responses and circulates common questions/concerns among Representatives, and ensures that questions/concerns are discussed by the Section Executive as appropriate
  - o Assists Representatives with ideas of how to increase exposure of CPA at their home institutions
  - o Collaborates with Communications Officer to ensure that the Representative list on the website is up-to-date
  - o May seek assistance of the Administration and Finance Officer for any of the above duties
  - o Should ideally be a first or second year graduate student or senior undergraduate student in order to be in touch with undergraduate student needs and current issues

**DEADLINE: November 30th, 2012**

Cheers,  
Justin Feeney  
Chair, Section for Students

**Students, what are you looking to see in the Student Section of this Newsletter? Your opinion counts!**



Section on Clinical Psychology  
La Section de la psychologie clinique

## Executive Committee Meeting Minutes

### Post-ABM Executive Meeting Minutes

June 16, 2012; 8am – 10am; Halifax, NS

#### Executive Members Present:

Peter Bieling, Liz Nilsen, Emma MacDonald, Jennifer Garinger, Martin Drapeau, Margo Watt

1. **Fall 2012 Meeting:** A 2.0 hour Fall teleconference was scheduled for Monday, September 17, 2012 (10:30-12:30 Mountain; 1:30-3:30 Atlantic).
2. **Mid-winter 2013 Meeting:** The mid-winter meeting was scheduled for January 25-26, 2013 in Toronto.
3. **Executive Positions:** Martin Drapeau has assumed the Chair-Elect position; Liz will continue as Secretary-Treasurer; Emma will remain as student representative for another year; Jennifer to remain Member-at-Large for the next year. Positions will be advertised in Fall Newsletter.
4. **Discussion Items:** CPA convention 2013 (Quebec City)
  - a. Possible public lecture speakers, keynote speakers and pre-convention workshop presenters
  - b. Possible topics/discussants for the student symposium

#### Submitted by:

Elizabeth Nilsen

Secretary-Treasurer

CPA Clinical Section