



THE CANADIAN CLINICAL PSYCHOLOGIST

NEWSLETTER OF THE CLINICAL SECTION OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

Message from the Chair

Lachlan McWilliams, Ph.D., R.D. Psych

Aside from the annual general meeting, this newsletter message is my main opportunity to inform the membership about developments within the section. This year there have been changes to the executive and pressure for the section to spend more money. Please read on for more details of these changes and for some of our preliminary plans for next year's convention.

The Clinical Section's Executive Committee: Comings & Goings

On behalf of the current executive, I want to extend our appreciation to executive members whose terms ended this year. These individuals include Dr. Martin Drapeau (Chair Elect, Chair, and Past Chair), Dr. Al-Noor Mawani (Member-at-Large), and Ms. Skyler Fitzpatrick (Student Representative). Thank you for the time, energy, and talent you shared with the Clinical Section.

I am grateful that the executive has some returning members. Dr. Jennifer Garinger is now in the Past-Chair role and I am very thankful that Dr. Sheryl Green agreed to stay on as the Secretary-Treasurer. The Clinical Section is also fortunate that Dr. Elizabeth Levin and Ms. Andrea Woznica continue to serve as editors of the section's newsletter.

The executive had mixed results in our recruitment efforts this year. We were unable to recruit someone for the Member-at-Large position. However, we did have success in other recruitment initiatives. Ms. Carley Pope was elected as our Student Representative. She is currently a Ph.D. student at Lakehead University. Dr. Maxine Holmqvist became Chair

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Secretary-Treasurer

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Member-At-Large
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Student Representative

Carley J. Pope
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Elected by acclamation. She is a Clinical Psychologist and an Assistant Professor in the Department of Clinical Health Psychology at the University of Manitoba. Her research interests include psychological influences on health behaviour, innovative methods of health care delivery, and interprofessional education and collaborative care. Clinically, she works both in hospital and community settings, providing treatment and consultation services. She is the theme lead for clinical health psychology in the College of Medicine, and coordinates a wide range of teaching activities for undergraduate medical students. Increasingly, she also works with residents and fellows, and with trainees from clinical psychology and other healthcare professions.

If you have not entertained the possibility of becoming involved in the executive, please consider it. Serving as an executive member is an interesting way to contribute to our profession and provides an opportunity to work with colleagues from across the country. This year we will be again trying to fill the Member-at-Large position and will need another person to assume the Chair-Elect position. We may also be seeking a new newsletter editor or a new co-editor. If you would like further information about these opportunities, please contact me (lachlan.mcwilliams@usask.ca).

CPA Annual Convention 2015

I was fortunate to be able to attend the annual convention in Ottawa on my way home from India. That strategy resulted in an extreme level of tiredness, so I was particularly appreciative of the Clinical Section's section-specific programming. Dr. Colleen Carney was featured as the section's pre-convention speaker (Addressing Insomnia in those with Depression: A Step-by-Step Evidence-Based Approach) and also delivered a public lecture on "The Keys to Healthy Sleep." The 2014 Scientist-Practitioner Early Career Award winner, Paul Frewen, was our section sponsored invited speaker (Trauma--Related Altered States of Consciousness: Dissociation, PTSD, and the 4--D Model). This year the section sponsored two master clinician workshops. Drs. Michel Dugas and Melisa Robichaud presented a workshop on addressing intolerance of uncertainty (Behavioural Experiments to Increase Tolerance for Uncertainty). Dr. Sue Johnson presented a standing-room-only workshop on couple therapy (Essential Steps and Skills for Effective Couple Therapy in the 21st Century) and also served as the discussant for the student symposium that focused on attachment, relationship functioning, and psychopathology. Thank you to all of our speakers for helping the section strengthen the clinical-focused content of the annual convention.

Congratulations to all of this year's award recipients. Catherine Hilchey was the 2015 recipient of the Ken Bowers Award for Student Research and was presented with this award at the annual general meeting. Dr. Simon Sherry was the winner of the Scientist-Practitioner Early Career Award, but was not able to attend the annual general meeting. Additional information about these award winners is included later in this edition of the newsletter

Financial Issues

The section is in a strange financial position. Over the last few years, we have had a structural deficit (i.e., our expenditures are greater than our intake of funds). Given this situation, it would normally be prudent, or imperative, that we raise dues slightly. However, we have not had to do this because the section has a relatively large reserve fund. At the time of the 2015 convention, the section executive was informed that CPA requires us to either: (a) use the surplus funds so that our contingency fund is no more than \$5,000, (b) develop specific plans to utilize the surplus, or (c) some combination of options a and b. Concerns about the not-for-profit status of CPA were cited as the reason for this change. The current executive has consulted with past members of the executive and received some very helpful ideas on how to address this situation. At present, we have no immediate plans to increase membership fees and are working on strategies to wisely allocate our surplus funds. We look forward to have more specific plans to share with the membership.

2016 Annual Convention

The executive has largely focused its energy on preparing for the annual convention next year in Victoria. Dr. Andrew Christensen has agreed to present the section's preconvention workshop (Acceptance and Change in Couple Therapy: Integrative Behavioral Couple Therapy). He is a Distinguished Research Professor of Psychology at UCLA. Working with Dr. Neil Jacobson, he developed Integrative Behavioral Couple Therapy. This approach utilizes both the strategies of behavioral couple therapy and new strategies for promoting acceptance in couples. Dr. Christensen has a vast body of published work on couple conflict and couple therapy and has extensive experience delivering training workshops. We anticipate that winner of the 2015 Scientist-Practitioner Early Career Award, Simon Sherry, will be a section sponsored speaker and the discussant for a student symposium focused on the theme of Personality and Psychopathology. We also have tentative plans to offer two master clinician workshops as part of the main convention programming. More details of these events will be announced later. The executive is very pleased with our plans to date and looks forward to additions to the program that will come through regular submissions. Please note the due date for submissions is December 1, 2015.

In addition to arranging for speakers, the executive provided CPA with a number of ideas about how the convention experience of the section membership could be enhanced. We want to ensure that our master clinician workshops do not overlap in terms of the times they are offered, and we want to do more to encourage attendance at the annual business meeting. We are optimistic that these issues and some of the others will be addressed.

From the Editors' Desk



Greetings fellow Clinical Section Members,

The Clinical Section of CPA is a strong section. We have an outstanding presence at the annual convention and we try to keep clinical psychologists connected across the country all year long. The strength of the section depends on its membership. In this edition of the newsletter you will see a call for nominations for executive positions on the section. We encourage you to think about participating. After all, it is your section.

One of our readers recently wrote us wondering if it was possible to identify ways for clinical psychologists who are in full-time private practice to contribute to the newsletter. Many of our submissions come from these wonderful clinicians. Specifically, this reader wondered whether it might be possible to have a spotlight on clinical strategies, practice ideas, or procedures that work well in practice. Of course we would love to do something like that but we do need your submissions to bring this into reality. If you have any ideas for a “What Works for Me” column for future editions, please send them along.

We have enjoyed being newsletter editors for the last several years. We are proud of our accomplishments which include winning the inaugural CPA best newsletter award and then repeating our success two years later with the 2014 award. However, as fulfilling as it is to co-chair the newsletter we think it is time to refresh the newsletter editors' portfolio. At least one of us will step down in June 2016. Therefore, we are also asking you to think about becoming newsletter co-editor. If you would like information on the responsibilities, please do not hesitate to ask either of us. This has been a fulfilling and rewarding opportunity. Every edition we send out a call for submissions and then wonder and worry if we will receive information to put in the newsletter and every edition we achieve our goal. We hope you enjoy this edition as much as we have.

Enjoy your newsletter and best wishes for the season ahead,

Elizabeth & Andrea

Special thanks to Alexandra Smith, Hons. B.A. Psychology from Laurentian University for her assistance in design, layout and putting this newsletter together.

2015 Scientist-Practitioner Early Career Award (SPECAs) Recipient

Dr. Simon B. Sherry is an Associate Professor in the Department of Psychology and Neuroscience at Dalhousie University, Director of Dalhousie University's Personality Research Team, and a Registered Clinical Psychologist with expertise in assessing and treating mental health problems such as personality disorders, depression, and eating disorders.

His research program occurs at the intersection of personality, social, and clinical psychology and focuses on the link between personality and mental health problems, with particular emphasis on understanding the contribution of perfectionism to the onset and course of mental health problems.

Dr. Sherry has disseminated 77 peer-reviewed publications and 166 presentations. He has an h-index of 21 on Google Scholar in 2015. Dr. Sherry is an internationally recognized expert in perfectionism with more than 55 peer-reviewed publications on this topic alone.

Since starting his position at Dalhousie University in 2007, Dr. Sherry has won 27 grants (15 grants as a principal investigator) from local, provincial, and national funding agencies. These grants total over \$2 million in grant funds. SSHRC, CIHR, and CFI currently support Dr. Sherry's research. He has also received provincial, national, and international awards for his research.

In 2012-2013, Dr. Sherry served as the Graduate Program Coordinator. In 2014, he also served as the Director of Clinical Training for the Clinical Area. Through such roles, Dr. Sherry helps to shape clinical psychology graduate students into topnotch scientist-practitioners.

Dr. Sherry is also dedicated to excellence in teaching. In 2009, 2012, 2013, and 2014, he was nominated for the Faculty of Science Award for Excellence in Teaching, a prominent faculty-wide award. Dr. Sherry also fosters supervisees' career development by supporting them in disseminating their work. In 2014, 6 supervisees in his lab were first authors on peer-reviewed journal articles.



Dr. Sherry has a small, but thriving, private clinical practice in collaboration with Genest MacGillivray Psychologists in Halifax. He provides clinical services to people experiencing various mental health problems, especially personality disorders, depression, and eating disorders. Dr. Sherry is well-versed in several evidence-based interventions, including behavioural, cognitive-behavioural, motivational, and interpersonal approaches. He is also a strong public advocate for the science and the practice of clinical psychology.

Through extensive outreach activities (e.g., public lectures), Dr. Sherry provides the general public with valuable information about clinical psychology's important contribution to understanding, assessing, and treating mental health problems. He also offers continuing education workshops for various health professionals.

Private Insurance and Psychology in the Workplace: A View from Within

Marie-Hélène Pelletier, MBA, PhD, R.Psych; Samuel F. Mikail, PhD, C.Psych, ABPP; Carmen Bellows, MA, R.Psych; Valérie Legendre, MA

We often get asked, so let us clarify what we do. We are psychologists working as employees of a private insurance carrier tasked with the role of supporting employees and employers on mental health issues. Between us, we have clinical, counselling, rehabilitation and business backgrounds, supplemented by experience that allows us to understand not only the critical role of psychology in the workplace, but also the broader system comprising and impacting the work environment. Carmen, Sam, and Valérie are involved directly in mental health-related disability claims, and Marie-Hélène oversees the mental health strategy for one of Canada's largest insurance carriers.

The knowledge base of psychology has much to contribute to efforts aimed at enhancing the wellbeing of individuals in the workplace. In order to achieve this however, psychologists require an appreciation of systemic variables impacting workplaces for example when an employee has a prolonged absence due to illness and/or disability. Components comprising this system include but are not limited to education within the workplace aimed at health and safety, prevention programs and wellness initiatives, stigma reduction, as well as traditional assessment, treatment and return-to-work programs. In this brief article, we will focus our discussion on the theme of Disability Management including assessment, treatment and return-to-work programs.

Why is this important?

The 2014 annual report of the Canadian Life and Health Insurance Association (CLHIA) notes that 30% of private insurance disability claims are attributable to mental health conditions (<http://clhia.uberflip.com/i/527508-clhia-2014-15-annual-report>). Disability plans can provide income replacement when an employee becomes disabled and meets qualifying criteria under their plan. In 2013 private insurers paid \$5.75 billion in such costs (<https://www.CLHIA.ca>). When an individual becomes disabled, a complex system can be impacted that includes the employee's family and coworkers, management, union, health professionals, insurers, and numerous other stakeholders.

Psychologists in private practice and publically funded health care settings contribute to disability management in several ways. They may be called upon to conduct assessments aimed at determining the nature and extent of disability and level of functioning, as well as the potential for recovery and return-to-work. Assessments may also be sought when disability becomes protracted in order to determine potential for vocational retraining if an individual can no longer perform the essential duties of his/her own occupation or to provide clarity of diagnosis. Psychologists are also asked to provide treatment interventions aimed at restoring or optimizing an individual's functioning and overall wellbeing. In this realm of activity, a systemic approach is essential. Services provided by individual practitioners operating in separate silos can result in care plans and approaches to treatment that create confusion for workers and employers alike. Without ongoing communication we risk functioning at cross-purposes

with efforts of other health care providers, managers, union stewards, or lawyers. It is this awareness that contributed to Canadian insurers securing the expertise of psychologists and other mental health specialists on their staff, recognizing that such expertise can be invaluable to case managers/claims managers and other members of the insurance team in efforts to help ensure that employees on disability leave are receiving appropriate and effective health care services.

Sun Life Financial now has one dedicated registered psychologist on staff, as a member of its disability department, in each of its Canadian regions. These professionals are positioned to help identify gaps in health care services when an employee is faced with mental health and/or physical disability.

The psychologist on the inside

Private insurers play a key role in disability management. Psychologists employed by private insurers peruse a plethora of documentation gathered from various health care practitioners, summary data from employers, and the outcome of interviews and reports provided by the disabled individual. This unique macroscopic and microscopic perspective allows the psychologist to provide recommendations intended to help reduce the impact and duration of disability with the aim of optimizing quality of life and productivity of plan members. Essential to this process is the psychologist's role in attempting to facilitate an integrated approach to disability management by encouraging a coordinated and collaborative approach to care by community based practitioners, specialty clinics and other parts of the system. The process can be greatly enhanced when one of the players takes the lead to connect with other service providers; a role that psychologists in private practice are well positioned to assume. Psychologists in private practice working with individuals who are on disability leave can have an impact on client outcomes when they are able to engage with other supports around the employee including the insurance carrier's case manager and other health professionals. All too often however, practitioners in the mental health field assume a protective and somewhat adversarial stance relative to insurers which can often be detrimental to their clients. In some instances practitioners can view other health care providers as suspect and, in the process, either dismiss or undermine the benefit that can be achieved through multidisciplinary treatment.

The opportunity for leadership

It is critical that we have a full appreciation of the complexity of the larger system in which we and, most importantly, individuals on disability function. Appreciating the complexity of the broader system and recognizing the value of integrated care is not new; what is new is walking the talk. In order to do this more successfully we need to continue to function as team players. Psychologists possess a wealth of knowledge from research and practice that organizations and individuals can use to help create positive results, and each of us is a leader in making this happen.

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

CALL FOR NOMINATIONS: OFFICERS OF THE CLINICAL SECTION

An easy and meaningful way you can show your support for the Clinical Section is to participate in the election process.

For 2016-2017, the Section requires nominations for the positions of **Chair-Elect** (a three-year term, rotating through Chair and Past-Chair), **Secretary-Treasurer** (a two-year term), and **Member-at-Large** (a two-year term).

Continuing members of the Executive for 2016-2017 will be Dr. Maxine Holmqvist (Chair), Dr. Lachlan McWilliams (Past-Chair), and Ms. Carley Pope (Student-Representative)

Although there is no requirement for the following, the Section does support equitable geographical representation and gender balance on the executive.

Nominations shall include:

- a statement from the nominee confirming his/her willingness to stand for office,
- a brief biographical statement, and
- a letter of nomination signed by at least three members or Fellows of the Clinical Section.

Deadline for receipt of nominations is March 31, 2016.

To obtain more information about these positions or to send nominations for the Executive, please contact:

Dr. Jennifer Garinger, Past Chair

Tel: (403) 955-6675

Email: jennifer.garinger@albertahealthservices.ca

APPEL DE CANDIDATURES: MEMBRE DU COMITÉ EXÉCUTIF - SECTION CLINIQUE

Votre participation au processus d'élection des membres du comité exécutif est importante pour la Section clinique.

Pour l'année 2016-2017, la Section clinique doit combler les postes de **président(e) élu(e)** qui est un mandat de trois ans qui comprend une année comme président(e) élu(e), une année comme président(e), et une année comme président(e) sortant(e), de **Secrétaire-trésorie** (un mandat de deux ans), et de **membre ad hoc** (un mandat de deux ans).

Les personnes qui poursuivront leur mandat en 2016-2017 sont: Dr. Maxine Holmqvist, (Présidente), Dr. Lachlan McWilliams (Président sortant), et Mlle. Carley Pope (Membre étudiante).

Bien qu'il n'existe aucune exigence formelle, la Section clinique privilégie une représentation géographique équitable et une égalité des genres dans la composition de l'exécutif.

Les candidatures doivent être accompagnées: (a) d'une confirmation de la candidate ou du candidat acceptant de siéger au bureau de direction selon le poste assigné, (b) d'une biographie courte, et (b) d'une lettre d'appui signée par au moins trois membres ou Fellow de la Section clinique.

Date limite de réception des candidatures: le 31 mars 2016.

Faire parvenir les candidatures à l'attention de :

Dr. Jennifer Garinger, Présidente sortante

Tel: (403) 955-6675

Courriel: jennifer.garinger@albertahealthservices.ca

**CALL FOR NOMINATIONS
CLINICAL SECTION FELLOWS (2015-2016)**

In accordance with the by-laws for CPA sections, the Clinical section calls 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 organizations at the national, provincial or local level; (3) leadership on clinical issues that relate to broad social issues; and (4) service outside one's own place of work. Note that clinical contributions should be given equal weight compared to research contributions. 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 by **April 15, 2016** to:

Dr. Maxine Holmqvist
Department of Clinical Health Psychology
Faculty of Health Sciences, University of Manitoba
PZ-350 771 Bannatyne Ave.
Winnipeg, MB., R3E 3N4
holmqvis@cc.umanitoba.ca

**MISES EN CANDIDATURES
FELLOWS DE SECTION CLINIQUE (2014-2015)**

Conformément aux procédures régissant les sections de la SCP, la section clinique invite ses membres à présenter des candidats pour le statut de Fellow en psychologie clinique. Les critères de sélection sont la contribution exceptionnelle au développement, au maintien et à l'accroissement de l'excellence dans la pratique scientifique ou professionnelle de la psychologie clinique. En guise d'exemples : (1) création et évaluation de programmes novateurs ; (2) services rendus aux organismes professionnels de niveau national, provincial ou régional ; (3) leadership dans l'établissement de rapports entre la psychologie clinique et les problèmes sociaux de plus grande envergure ; et (4) services rendus à la communauté en dehors de son propre milieu de travail. À ces fins, les contributions cliniques et les contributions en recherche seront considérées comme étant équivalentes. Les dossiers des candidats seront examinés par le comité exécutif. Les mises en candidature doivent être appuyées par au moins trois membres ou Fellow de la Section et la contribution du candidat à la psychologie clinique doit y être documentée.

La date de clôture des candidatures est le **15 avril 2016**. Adressez les candidatures à:

Dr. Maxine Holmqvist
Department of Clinical Health Psychology
Faculty of Health Sciences, University of Manitoba
PZ-350 771 Bannatyne Ave.
Winnipeg, MB., R3E 3N4
holmqvis@cc.umanitoba.ca

**CALL FOR NOMINATIONS
CLINICAL SECTION SCIENTIST- PRACTITIONER EARLY CAREER AWARD**

The Clinical Section Scientist-Practitioner Early Career award recognizes members of the Clinical Section who exemplify the integration of the two core domains of clinical psychology: (1) clinical practice and training and (2) psychological science and research. Candidates should be less than 10 years since receiving their Ph.D. in clinical psychology, and less than 10 years since receiving their first clinical psychology license; they should have an outstanding record in at least one of the core domains, and a solid record of achievement in the other domain. Evidence of integration across the two domains will be favourably reviewed.

Nominations for the Scientist-Practitioner Early Career award shall consist of a letter of nomination with a supporting statement by a Member or Fellow of the clinical section, a current curriculum vitae of the nominee, and letters of support from two people familiar with the nominee's contributions. At least one of these three letters should include comments on the candidate's research contributions, and at least one of these three letters should include comments on the candidate's clinical contributions. Comments on the ways in which the candidate integrates research and clinical work are required in the nomination letter, and encouraged in the support letters.

Although nominees will no longer be automatically reconsidered in future years' competitions, should the nominee not be selected in the year submitted, he or she is encouraged to re-apply in subsequent years. The deadline for receipt of the nomination letter and supporting materials is April 15th. All materials should be sent electronically to the clinical section's chair-elect (see the section's webpage for his/her contact information). The award will be presented at the section's business meeting held during the CPA convention. The award winner will be invited to present his or her work at the CPA convention in the following year.

**MISES EN CANDIDATURES
PRIX DU SCIENTIFIQUE-PRATICIEN EN DÉBUT DE CARRIÈRE DE LA SECTION
CLINIQUE (2014-2015)**

Le prix du scientifique-praticien en début de carrière de la section clinique reconnaît les membres de la section clinique qui illustrent l'intégration des deux principaux domaines de la psychologie clinique : 1) la pratique clinique et la formation et 2) la science et la recherche psychologiques. Les candidats ne doivent pas avoir reçu leur Ph.D. en psychologie clinique et leur première autorisation d'exercer en psychologie clinique depuis plus de dix ans; ils devraient avoir un dossier exceptionnel dans au moins l'un des principaux domaines et un solide dossier de réalisation dans l'autre. Les manifestations d'intégration dans les deux domaines sont particulièrement recherchées.

Les nominations pour le prix du scientifique-praticien en début de carrière doivent être constituées d'une lettre de nomination avec une déclaration d'appui par un membre ou un fellow de la section clinique, un curriculum vitae à jour de la personne proposée et des lettres d'appui de deux personnes familières avec les contributions de cette personne. Au moins l'une de ces trois lettres devrait inclure des commentaires sur les contributions à la recherche du (de la) candidat(e) et une autre devrait inclure au moins des commentaires sur les contributions cliniques de la personne proposée. Les commentaires sur les façons que le (la) candidat(e) intègre la recherche et le travail clinique sont requis dans la lettre de nomination et encouragés dans les lettres d'appui.

Si la personne nommée n'est pas choisie l'année où sa candidature a été proposée, elle peut resoumettre sa candidature les années suivantes si elle veut être considérée dans le cadre du concours. La date limite pour la réception de la lettre de nomination et du matériel connexe est le 15 avril. Les documents doivent être soumis à l'attention du président désigné. Veuillez visiter la page web de la Section Psychologie Clinique pour de plus amples informations. Les candidat(e)s retenu(e)s seront invités à présenter leur travail au congrès de de la SCP.

It Doesn't Have to Hurt Initiative: Evidence About Children's Pain with Parents

With funding from the Canadian Institutes of Health Research Knowledge to Action program, Dr. Christine Chambers at the Centre for Pediatric Pain Research at the IWK Health Centre and Dalhousie University launched a year-long initiative with the Yummy Mummy Club.ca (YMC) on September 21st 2015 to get research evidence about pediatric pain directly into the hands of parents who can use it.

The initiative will span a 12-month period of targeted dissemination and discussion of content about children's pain on YMC blogs, videos, Twitter parties, Facebook polls, and social media images, all posted and promoted on the YMC website and social media. The partnership capitalizes on YMC's monthly reach of over 5 million people. Research objectives include documenting the reach of the initiative (e.g. number of content views) and evaluating the impact of the initiative by using surveys and telephone interviews to look at changes in parent knowledge and behaviour to prevent and minimize children's pain.

It is the hope that this work will bridge a critical knowledge to action gap in children's pain. This partnership model has strong potential as an approach for mobilizing evidence to the public, and could be applied to other areas of children's health and health more generally.

Please help spread the word about this initiative by:

1. Following content on YummyMummyClub.ca
2. Following the hashtag #itdoesnthavetohurt.

For more information, visit itdoesnthavetohurt.ca.



Understanding the Impact of Childhood Adversity: The ACEs-Alberta Study

Pusch, D.^a, Poole, J.C.^b, Dobson, K.S.^b, Bhosale, A.^b, and the ACEs-A Research Team^c

Author Note:

^a Alberta Health Services

^b Department of Psychology, University of Calgary

^c The ACEs- Alberta Team is a multidisciplinary group of health professionals and persons with lived experiences of ACEs. Members include: Lauren Allan, PhD; June Bergman, MD; Arti Bhosale, MPH; Penny Borghesan, MD; Cindy Clark; Keith Dobson, PhD; Sherry Harris, MSW; Trevor Josephson, PhD; Chantelle Klassen, MA; Meghan McKay, BA (Hons.); Julia Poole, BA (Hons.); Dennis Pusch, PhD; Paul Ragusa, PhD; Jason Shenher, MBA; Nicole Sherren, PhD; Michael Trew, MD; Phillip Van Der Merwe, MD; David Whitsitt, PhD; Brice Willis, MA.

Correspondence concerning this submission can be directed to Julia Poole, Department of Psychology, University of Calgary, Calgary, AB T2N 1N4

Contact: jpoole@ucalgary.ca

Childhood experiences have profound effects on our mental and physical health trajectories, beginning in childhood and continuing through adulthood. Within the last two decades, research has begun to examine the longstanding effects of adverse childhood events (ACEs), such as childhood abuse, neglect, and household dysfunction, on human health. The landmark ACE Study, completed in San Diego, California (Felitti et al., 1998), demonstrated strong associations between ACEs and the later occurrence of a wide range of physical and mental health diagnoses, as well as a number of negative coping behaviours (e.g., substance abuse, conflicted relationships, etc.). The costs of these conditions and behaviours, to human suffering, the health care system, and the wider socioeconomic world, are staggering.

One of the most costly health outcomes associated with ACEs is adult depression. The original ACE Study found that individuals with multiple ACEs were four times more likely to experience depression in adulthood than individuals with no history of childhood adversity (Chapman et al., 2004). This result is particularly concerning as depression is a leading cause of disability worldwide (Ferrari, 2013). In Canada, depression affects more than 4 million individuals annually (i.e., 12% of the population) and costs at least \$14.4 billion in treatment, lost productivity, and premature death each year (Stephens, 2001).

Despite a growing recognition of the impact of depressive disorders within the Canadian primary care system, research that examines risk factors for the development and maintenance of these disorders within primary care samples is limited. Such research is necessary, as it has the potential to aid the identification and treatment of individuals who are at risk for or are experiencing depression. Thus, this study aimed to examine the relationship between ACEs and adult depressive symptoms in a Canadian primary care sample.

The research reported here was conducted through the ACEs-Alberta (ACEs-A) Study, a multi-phase, large-scale research program that is investigating the relationship between ACEs and physical and mental health outcomes among Albertan adults. A total of 4,006 participants completed the study, and informed consent was obtained from all participants. The sample consisted of more female participants (67.9%) than male participants (31.7%) and was

predominantly Caucasian (82.9%). The mean age of the sample was 44.08 years ($SD= 16.98$). All participants were at least 18 years of age, had resided in Alberta for at least one year, and had English skills sufficient to complete a questionnaire package unaided. Participant experiences of childhood adversity were measured using the Adverse Childhood Experiences Questionnaire, a retrospective, self-report measure of ACEs. Current symptoms of depression were measured using the Patient Health Questionnaire-9 (PHQ-9), a self-report measure of depression commonly used in primary care settings.

The results of the study reinforce the prevalence of ACEs in adult populations, as ACEs in this sample were extremely common. While 30.3% of the sample reported experiencing no ACEs, 23.5% reported experiencing one type of ACE, 16.4% reported experiencing two types of ACEs, and the remainder of the sample (39.8%) reported experiencing three or more types of ACEs. Emotional, physical, and sexual abuse were relatively common, with 26.3%, 12.4% and 20.3% reporting each type of abuse, respectively. Results also indicated a significant correlation between the reported history of ACEs and depressive symptoms, when controlling for age, for both males, $r = .33, p < .001$, and females, $r = .33, p < .001$.

The results of this research have informed the ACEs-A Research Team as we work to develop and implement the next phase of the ACEs-A program of study, which is a treatment program that will be offered in primary care settings to adults who have endured ACEs. This treatment draws on the work of others who have developed trauma-based treatments (e.g., Schnyder & Cloitre, 2015), but has been refined for adults with a past history of childhood adversity. Ultimately, such a treatment has the potential to expand choice for patients, improve quality of care, alleviate the personal burdens of depression and other sequelae of disadvantaged childhood, and lower health care costs for society as a whole.

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**77th Annual CPA Convention:
Call for Submissions for the 2016
Convention**

The Convention Committee invites submissions to the Canadian Psychological Association 77th Annual Convention, Thursday, June 9 to Saturday, June 11, 2016 at the Victoria Conference Centre and the Fairmont Empress Hotel.

**Your completed submission must be received online
by December 1, 2015 (11:59pm).**

www.cpa.ca/convention

Call for Nominations for CPA Fellows 2016

Deadline: November 30th, 2015

For more information regarding the nomination process please visit the CPA web site at:
<http://www.cpa.ca/aboutcpa/cpaawards/nominationprocedures>

Professor of Clinical Practice and Director of Clinical Training

Simon Fraser University

Simon Fraser University (SFU) invites applications for an Assistant or Associate Professor of Clinical Practice and Director of Clinical Training (DCT), in the Department of Psychology, Faculty of Arts and Social Sciences (FASS). This is a full-time continuing non-tenure track faculty position, under the terms of SFU's Practitioner Faculty policy, which may be viewed at www.sfu.ca/policies/gazette/academic/a12-13.html.

The responsibilities of this position encompass senior direction of the graduate clinical training program, including: (1) Coordinating the academic curriculum and training program for clinical psychology graduate students; (2) liaison and compliance with the requirements of external regulatory and accrediting authorities such as the Canadian Psychological Association (CPA), College of Psychologists of BC, and branches of provincial and federal government; (3) teaching and supervision within the clinical psychology graduate program; (4) coordination of community resources and contacts in support of clinical training; and (5) overseeing the Clinical Psychology Centre (CPC), the training clinic for clinical psychology graduate students. Involvement in research is encouraged and supported but not required.

Administrative support for the position includes the Associate Director of the CPC, the Manager of Academic and Administrative Services, the Graduate Program Assistant, and the CPC Program Assistant.

Applicants are sought who have a strong record of clinical training and experience, commitment to the scientist-practitioner model of training and to evidence-based practice, and high levels of skill in leadership, effective communication, clinical supervision, consultation and teaching. Administrative experience in relevant prior roles is desirable. Applicants must have a Ph.D. in clinical psychology from an APA or CPA accredited program. As the position requires clinical supervision of graduate students, the successful candidate must be registered or immediately apply for registration with the College of Psychologists of British Columbia. Continual registration is a condition of appointment.

The Department of Psychology is strong across multiple domains. As a workplace environment, the Department has a warm atmosphere of collegial support, encouragement and mutual respect. Further, the SFU Clinical Psychology Graduate Program recently has been re-accredited by the CPA for a seven-year term, the maximum possible. The Vancouver, B.C. area has consistently been ranked among the best places in the world to live, with a unique combination of virtually unlimited recreational and cultural opportunities (see: <http://www.tourismvancouver.com>).

All qualified candidates are encouraged to apply; however, Canadians and Permanent Residents of Canada will be given priority. Simon Fraser University is committed to an equity employment program that includes special measures to achieve diversity among its faculty and staff. We particularly encourage applications from qualified women, aboriginal Canadians, persons with disabilities, and members of visible minorities.

Under the authority of the University Act personal information that is required by the University for academic appointment competitions will be collected. For further details see the Collection Notice at: http://www.sfu.ca/vpacademic/Faculty_Openings/Collection_Notice.html.

Applicants should submit their curriculum vitae, a concise statement discussing the specific strengths and experience that they would bring to this unique role, and arrange for three letters of recommendation to be sent to: Neil V. Watson, Ph.D.

Chair, Department of Psychology
Simon Fraser University
8888 University Drive
Burnaby BC V5A 1S6
nwatson@sfu.ca

The competition will remain open until the position is filled.

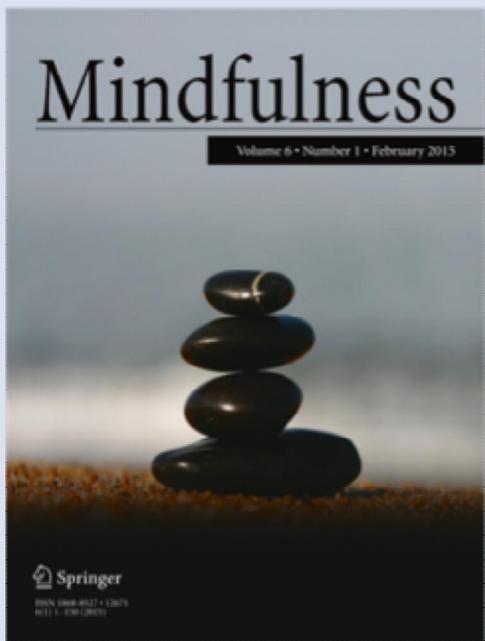
Recent Publications By Our Members

Compson, J., & Monteiro, L. (2015). Still Exploring the Middle Path: A Response to Commentaries. *Mindfulness*, 1- 17.

Monteiro, L.M. (2015). Dharma & Distress: Buddhist teachings that support the psychological principles in a mindfulness program. In: Shonin, E., Van Gordon W., & Singh, N. N. (Eds). *Buddhist Foundations of Mindfulness*. New York: Springer.

Monteiro, L.M., Musten, R.F. & Compson, J.C. (2015). Traditional and Contemporary Mindfulness: Finding the Middle Path in the Tangle of Concerns. *Mindfulness*, 6(1), 1-13.

Still Exploring the Middle Path: A Response to Commentaries



This commentary addresses responses to our previous article (Monteiro, Musten and Compson, *Mindfulness* 6: 1-13, 2015) about the relationship between traditional and contemporary mindfulness. After surveying the responses we take issue with some criticisms, particularly those from Purser (*Mindfulness* 6: 23-45, 2015). We argue that stealth Buddhism critiques (which maintain that mindfulness in secular contexts amounts to attempts to stealthily infiltrate secular contexts with Buddhist values) and McMindfulness critiques (that mindfulness has been co-opted by corporate agendas which are antithetical to its ethical roots) make some unjustified assumptions. They assume essentialist views of religion and secularism, and a dichotomous understanding of mindfulness as either Buddhist or universal. We challenge these assumptions as both philosophically dubious and pragmatically unhelpful and call for continued mutually enriching dialog between traditional and contemporary mindfulness communities. With reference to the Pali canon, we make the case that at least according to Theravada Buddhist self-understanding, there is a normative

reality that the Buddha described and the truth of this reality is not contingent on whether or not it is described, or by whom. We introduce an analogy of fitness or physical training to explain this model and then apply it to the current debate about the relationship between traditional and contemporary mindfulness.

Student Section

Letter from the Student Executive

Carley Pope, M.A.

Hi there! I'm Carley Pope, and I am the new Student Representative for the Clinical Section Executive Committee of the CPA.

The latest convention in Ottawa was one of our best ones yet, and I am very much looking forward to the upcoming convention in Victoria. We continued to invite students to serve as "convention reporters", which meant that students attended various Clinical Section events and reported back for those of you who may have missed them. You can read their reports in this newsletter. The Section has already hit the ground running to make the 2016 Victoria convention a memorable one, and we're already thrilled about the opportunities we have planned for students. I am looking forward to seeing many of the Clinical Section students in attendance. **Please remember to submit your abstracts to the Clinical Section by December 1st**, as students whose abstracts are accepted by the Section are eligible to apply for three awards: the Ken Bowers Research Award, the Best Student Conference Presentation Awards, and the Clinical Section Travel Awards. These awards are for Clinical Section members only, and are an exciting opportunity for students. I encourage all students that are eligible 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/>), and keep an eye out for reminders via the Clinical Section listserv.

This year, Catherine Hilchey of the University of New Brunswick won The Ken Bowers Award for her project examining the dimensions of anxiety sensitivity. You can read a summary of her research in this edition of the newsletter. Congratulations, Catherine! I'd also like to congratulate the Student Travel Award winners; Karen O'Brien (University of Manitoba), Luke Schneider (University of Regina), Kiruthiha Vimalakanthan (University of Waterloo), and Alainna Wen (University of Calgary). In addition, I'd like to congratulate the winners of the Best Student Conference Presentation award: Somayyeh Kamalou (University of Waterloo) was the overall winner. Laura Lambe (Queen's University) and Alainna Wen (University of Calgary) were the runners-up. Congratulations to all of you and thank you to all the applicants for the Travel Awards and the Best Student Conference Presentation Award.

In other student news, the **Clinical Section Educational Activity Grant** will continue for a sixth year. This grant provides student members the opportunity to apply for funding to host an extracurricular educational activity. The deadline for applications is January 15th, so please see the ad in the newsletter or the website for more information. Congratulations to Dean Carcone and LeAhn Dinh-Williams (University of Toronto) who received the grant last year to fund a workshop titled "UTSC Clinical Psychology Summit: Modern Applications of Mindfulness Training in Clinical Practice". Congratulations as well to Fiona Thomas and Sofia Puente-Duran (Ryerson University) who received the grant last year to fund a workshop titled "Diagnosis and Treatment of Mental Health Issues Among Refugee and Immigrant Populations: Moving from Research to Practice."

I am happy to report that the Student Symposium at the annual convention continues to be a success. Last year's symposium focused on interventions pertaining to love, attachment, and couples. This was an interesting symposium that highlighted a wide variety of student research. Thanks to all the presenters and to Dr. Sue Johnson of the University of Ottawa, who served as the discussant. Also, I am thrilled to announce that the theme for the 2016 Student Symposium is Personality and Psychopathology and Dr. Simon Sherry of the Dalhousie University will act as discussant for the symposium. Please make sure to mark the student symposium on your convention itinerary!

Feel free to contact me with any questions or comments about matters relating to the Clinical Section, the input of student members of the Clinical Section is invaluable.

Looking forward to seeing you in Victoria!

Carley Pope,
cpope@lakeheadu.ca

Review of Symposium:

“What Works for Young Children? Meta-Analysis of Psychotherapies for Young Children”

Summary:

At the CPA 76th Annual Convention, Dr. Jennifer Theule and members of the Family and Developmental Psychopathology Lab (FDPL) from University of Manitoba presented their research at the symposium titled, “What works for young children? Meta-analyses of psychotherapies for young children.” Four studies employing meta-analysis were presented in sequence by Michelle Ward, B.A. (Hons.), Amber Yaholkoski, Sarah Germain, M.A., and Kylee Hurl, M.A., and were titled:

1. Parent-child interaction therapy for child disruptive behaviour disorders: A meta-analysis.
2. Efficacy of the Circle of Security intervention: A meta-analysis.
3. The effectiveness of psychotherapeutic interventions for young children with internalizing disorders: A meta-analysis.
4. Attachment-based prevention interventions: A meta-analysis.

The participants were young children between prenatal and 6 years old in age, and meta-analysis served to summarize the literature on each intervention/strategy, identify possible moderators, and highlight any existing gaps. Each study had unique research questions, hypothesis, and eligibility criteria, and the key findings of the study were ranging in terms of effect size and moderators.

The slides for the lectures can be found on the FDPL website (<http://fdpl.ca/fdpl-attends-cpa-2015/>) and include the specific conclusions and limitations of each meta-analysis along with future implications for both researchers and practitioners employing or studying attachment interventions.

Review of CPA Clinical Section Preconvention Workshop:

“Addressing Insomnia in Those with Depression: A Step-by-Step Evidence-Based Approach”

Presented by: Dr. Colleen Carney (Ryerson University)

By: Katie O’Connell, B.Sc. (Hons); Clinical Psychology Student, University of New Brunswick

This summer, the Clinical Section of CPA sponsored the preconvention workshop titled “Addressing insomnia in those with depression: A step-by-step evidence-based approach” at the 76th Annual Convention in Ottawa, Ontario. This workshop was designed to provide experienced clinicians with evidence-based tools for treating clients with depression and comorbid sleep problems (particularly insomnia). Insomnia is an important treatment target in its own right, as it doubles an individual’s risk for developing depression and predicts poorer response to depression-focused treatment. The session was presented by Dr. Colleen Carney, Associate Professor and Director of the Sleep and Depression Laboratory at Ryerson University. Dr. Carney was an engaging, articulate speaker who injected humor into the day while effectively demonstrating her expertise and offering practical strategies to apply in clinical practice.

The first half of the workshop focused on the assessment and diagnosis of insomnia, addressing issues of differential diagnosis from other mood and sleep disorders. For example, Dr. Carney emphasized screening for Obstructive Sleep Apnea, as techniques for treating insomnia (e.g., restricting hours of sleep) may be ineffective or even risky to clients if sleep apnea is untreated. To assess for sleep disorders, Dr. Carney recommended having clients complete a sleep diary for 1-2 weeks before implementing treatment, in addition to retrospective self-reports of sleep quality. Although not a stand-alone intervention, sleep diaries assist in assessing sleep efficiency, allow clinicians to monitor progress, and offer a tool for clients to prevent relapse by tracking their own sleep patterns. During the workshop, several sleep diary “case studies” were presented to practice using this tool in differential diagnosis; an exercise which was incredibly helpful to identify patterns signifying different sleep disorders. Dr. Carney also provided numerous helpful resources to assist with assessment (e.g. screening measures for insomnia, instructions for sleep diaries).

In the afternoon Dr. Carney presented a treatment protocol, CBT for Insomnia (CBT-I), which is designed for clients living with depression and insomnia, as well as other co-occurring health concerns. This protocol is 4 sessions in length, with bi-weekly sessions interspersed within a clinician’s typical course of CBT for depression. Dr. Carney described three factors precipitating the development of insomnia: reduced sleep drive, improper sleep scheduling (disruption of circadian rhythms), and hyperarousal. She then outlined practical treatment strategies to target these three mechanisms. Strategies included re-associating the bedroom with sleep rather than anxiety or restlessness, restricting time in bed, and creating time to unwind at the end of the day before getting into bed (a “bufferzone”). Dr. Carney provided ample opportunities for questions and trouble-shooting so that participants could walk away from the workshop and implement these techniques effectively. Overall, this workshop provided a valuable refresher on the assessment and diagnosis of sleep disorders and provided practical tools for treatment of insomnia with comorbid depression in clinical practice.

Student Travel Award Winners

Self-Affirmation Reduces Anxiety and Avoidance in Socially Anxious Students...Eventually

Karen O'Brien, Edward A. Johnson

Social anxiety disorder (SAD) is a chronic condition associated with significant impairment and poor outcomes across multiple domains. These effects are partly due to those with SAD avoiding social situations. However, both psychological treatment and improved adjustment require exposure to threatening social situations. Self-affirmation (SA) is a brief intervention that has been shown to reduce defensive responding in threatening situations. To evaluate the efficacy of SA to reduce anxiety and enhance coping with social situations, a sample of 75 university student volunteers who scored ≥ 23 on the Social Phobia Inventory were randomized to SA or non-SA writing tasks before being exposed to the Trier Social Stress Test. Cognitive, behavioural, and physiological outcomes were examined. Salivary cortisol showed a strong response to the stressful situation with significantly higher cortisol levels following the social stress when compared with both baseline and mid-social stress cortisol levels. The SA intervention showed no impact on cognitive, behavioural, or physiological outcomes recorded at the time of the social stress. However, at 4-week follow-up, SA was associated with greater involvement in social activities and lower anxiety than controls. The discussion considers explanations for the delayed onset of SA benefits and the relevance of the findings to clinical practice.

What do individuals with chronic pain desire in an Internet-based cognitive-behaviour therapy program?

Luke H. Schneider, MA, Heather D. Hadjistavropoulos, PhD, & Joelle Soucy, BA

While there has been promising research on the use of Internet-based cognitive behaviour therapy (ICBT) for the treatment of chronic pain, the average dropout rate among these programs is high (27%). One way of possibly increasing client engagement with ICBT is to include feedback from potential users when initially designing such programs. The purpose of this study was to ask participants with chronic pain what types of program features they would like in an ICBT program for chronic pain management. Individuals with chronic pain ($n = 129$) were given a brief description of ICBT and asked to rate the perceived usefulness of typical ICBT features and content on a scale ranging from 1 (*not useful*) to 7 (*very useful*). Participants indicated that an ICBT program would have greater appeal if it contained a variety of intervention materials covering topics such as Education (eating healthy, pain medication, psychoeducation), Behavioural Skills (relaxation, stress management, goal setting, activity planning), and Cognitive Skills (problem solving, positive thinking). Moreover, interest would be greatest if an ICBT program used a variety of multimedia content ($M = 5.67$; $SD = 1.51$), specifically video content, and included weekly contact with a trained provider via a secure website ($M = 5.96$; $SD = 1.48$). Details regarding participant responses will be described along with future directions for research on ICBT among individuals with chronic pain based on this feedback.

Self-compassion moderates the relationship between body mass index and both eating disorder pathology and body image flexibility

Kiruthiha Vimalakanthan, Allison C. Kelly, Kathryn E. Miller

The current study examined whether self-compassion, the tendency to treat oneself kindly during distress and disappointments, would attenuate the positive relationship between body mass index (BMI) and eating disorder pathology, and the negative relationship between BMI and body image flexibility. One-hundred and fifty-three female undergraduate students completed measures of self-compassion, self-esteem, eating disorder pathology, and body image flexibility, which refers to one's acceptance of negative body image experiences. Controlling for self-esteem, hierarchical regressions revealed that self-compassion moderated the relationships between BMI and the criteria. Specifically, the positive relationship between BMI and eating disorder pathology and the negative relationship between BMI and body image flexibility were weaker the higher women's levels of self-compassion. Among young women, self-compassion may help to protect against the greater eating disturbances that coincide with a higher BMI, and may facilitate the positive body image experiences that tend to be lower the higher one's BMI.

Best Student Conference Presentation Award Winners

WINNER: Does Level of Safety Matter? Online vs. Offline Safety Behaviours in Social Anxiety

Somayyeh S. Kamalou, Krystelle K. Shaughnessy, David D. Moscovitch

Online communication may be a type of safety behaviour (SB) for high socially anxious individuals (HSAs) because it enables avoidance of threatening social situations. Some methods of online communication may be perceived as safer than others because they help users better hide visual self-presentation (anonymity) and control the message (asynchronicity). Researchers have not examined how HSAs use various online communication methods, or the extent to which these methods relate to perceived safety. In this study, HSA participants (N = 278) completed an online survey that included measures of online and offline SBs, concern about negative self-attributes, and fear of negative evaluation. We found that HSAs preferred online communication methods that were more rather than less anonymous, and that they perceived anonymous (but not asynchronous) online communication methods as being useful for helping them conceal negative self-attributes. The extent to which anonymity and asynchronicity were viewed as important when selecting preferred methods of online communication was associated with less fear of negative evaluation when interacting with others online (r 's = -.34 and -.18) as well as greater use of offline safety behaviours (r 's = .31). Results help to enhance our understanding of social anxiety in the digital age.

RUNNER UP: A Comparison of Cognitive Inhibition Biases in Previously, Currently, and Never Depressed Women*

Alainna Wen, Leanne Quigley, Kristin R. Newman, Amanda Fernandez, Keith S. Dobson, & Christopher R. Sears

Major depressive disorder (MDD) is a prevalent disorder associated with high rates of non-recovery and relapse. Cognitive inhibition, the suppression of irrelevant information from working memory, has been shown to be dysfunctional in MDD. Several studies have shown that currently depressed individuals exhibit poorer inhibition of negative task-irrelevant information compared to non-depressed individuals. However, it is unclear whether similar cognitive inhibition biases (CIBs) exist in remitted depression. If they exist, CIBs may represent a stable vulnerability factor for depression and its relapse. This study compared CIBs in currently (n=22), previously (n=226), and never depressed (n=44) women. Participants completed the Structured Clinical Interview for DSM-IV to confirm diagnosis and a negative affective priming task to assess CIBs of emotional stimuli. As expected, participants were slower to respond to trials when emotional valence of the target stimulus was inhibited on the previous trial. Participants also responded slower to negative targets. There were no significant differences between currently, previously, and never depressed participants in their inhibition of negative or positive stimuli. These results did not replicate previous findings or support the hypotheses. Possible explanations for the results and future research directions will be discussed.

** This presentation won both the Student Travel Award and the Best Student Conference Presentation Award*

RUNNER UP: Dyadic Conflict, Drinking to Cope, and Alcohol-Related Problems: A Longitudinal Mediation Model in Emerging Adult Romantic Couples

Laura Lambe, Sean P. Mackinnon, Sherry H. Stewart

The motivational model of alcohol use posits that individuals may consume alcohol to cope with negative affect. Conflict with others is a strong predictor of coping motives, which in turn predict alcohol-related problems. The current study examined links between conflict, coping motives, and alcohol-related problems in emerging adult romantic dyads. Hypotheses were as follows: 1) the conflict-alcohol related problems link would be mediated by coping-depression motives (not coping-anxiety motives); 2) this indirect effect would be true for both actor and partner effects; and 3) this indirect effect would hold at the between- and within-subjects levels. A 4-wave, 4-week longitudinal design with romantic dyads (N = 100 dyads; 89% heterosexual; M = 22.13 years old) was used. Coping-depression motives emerged as the strongest mediator, suggesting this is the main mechanism through which dyadic conflict leads to alcohol-related problems in this population. No direct partner effects were found; however, within any given week, alcohol-related problems changed in the same direction between romantic partners. Further analyses of heterosexual couples suggested only women drink to cope following dyadic conflict. Future interventions may work at the dyadic level to develop more adaptive coping strategies for dyadic conflict or to use targeted strategies to reduce coping-depression motives.

Ken Bowers Student Research Award Winner 2015:

Anxiety Sensitivity and Self-Reported Fears

Catherine A. Hilchey, Ph.D. Candidate
University of New Brunswick, Fredericton

Introduction

Anxiety sensitivity (AS) is an individual difference variable characterized by an enduring fear of arousal-related somatic sensations. This fear arises from beliefs that these sensations will have serious physical, psychological, or social consequences (Reiss, 1991; Reiss & McNally, 1985). High AS has received considerable research attention for its role in the development and maintenance of mental health problems, particularly anxiety psychopathology (for reviews, see Naragon-Gainey, 2010; Olatunji & Wolitzky-Taylor, 2009). AS is considered to be one of three fundamental fears, along with fear of injury/illness and fear of negative evaluation (Reiss, 1991). Fundamental fears are defined and distinguished from ordinary fears based on two characteristics: (1) fundamental fears are of naturally noxious stimuli; and (2) all common fears (e.g., heights, snakes) can be reduced to the fundamental fears. In other words, fundamental fears, including AS, may account for fearful responding across a wide range of stimuli.

Anxiety sensitivity can be understood as a hierarchical multidimensional construct with three lower-order factors - Physical, Social, and Cognitive Concerns - loading on to a single higher-order factor (Taylor, 1999). The Anxiety Sensitivity Index-3 (ASI-3; Taylor et al., 2007) is the newest measure of AS and was designed to measure AS dimensions. These lower-order factors are important as they may reflect unique mechanisms through which AS acts as a vulnerability factor for specific mental health symptoms (Taylor et al., 2007). Research examining the relationship between specific AS dimensions and phobias and fears is limited by the use of the original ASI and an emphasis on AS and specific phobia as general constructs (Naragon-Gainey, 2010; Allan et al., 2014). The goal of the present study was to explore whether dimensions of AS using the ASI-3 would differentially predict self-reported normative fears, grouped according to DSM-5 phobic stimuli, using a non-clinical young adult sample. A better understanding of the relation between AS and common fears may provide insight into the development and nature of fears and phobias.

Method

Participants in the present study were 971 undergraduates who completed the Anxiety Sensitivity Index-3 (Taylor et al., 2007) and a measure of self-reported fears (Weather Experiences Questionnaire; Watt & MacDonald, 2010) as part of mass testing over a three year time period. Participants had a mean age of 18.58 years ($SD = 2.08$, range = 17-45) and identified predominantly as Caucasian (85%).

Results

Frequency of Self-reported Fears. First, we examined the frequency of self-reported fears. Overall, 87% of participants reported having at least one fear. On average, participants reported 2.74 ($SD = 2.20$) fears. The most commonly reported fears fell within the DSM-5 specific phobic stimulus categories of Animal (31% spiders, 27%

snakes), Natural Environment (30% heights, 21% tornadoes), Situational (26% enclosed spaces, 8% elevators), Blood-Injection-Injury (BII: 22% needles, 10% blood), Other (14% choking, 10% vomiting), as well as DSM-5 social phobia (30% public speaking, 10% crowds). These percentages largely corresponded to another study of self-reported fears in college students (i.e., Seim & Spates, 2010).

AS Dimensions as Predictors of Self-Reported Fears. Binary logistic regression analyses were conducted to determine whether AS dimensions would predict the likelihood that participants reported a specific fear. For each regression, the Physical, Cognitive, and Social Concerns subscales of the ASI-3 were entered in as a block of predictor variables and one of the fears was entered as the criterion variable.

Global AS. Overall, AS globally in the model was a significant predictor of fear of spiders, snakes, heights, enclosed spaces, needles, blood, choking, public speaking, crowds, water, bridges, flying, elevators, contracting an illness, and vomiting ($ps < .05$). The only fear for which AS was not a significant predictor was the fear of dogs/cats ($\chi^2 = 2.38$, $p = .50$),

AS Physical Concerns. The AS Physical Concerns dimension significantly predicted risk for fear of spiders, snakes, choking, crowds, bridges, flying, elevators, and contracting an illness ($ps < .05$). Taken together, AS Physical Concerns uniquely predicted fears that fall under the DSM-5 Animal, Situational, and Other subtypes of specific phobia as well as social phobia.

AS Cognitive Concerns. The AS Cognitive Concerns dimension significantly predicted risk for fear of crowds ($\chi^2 = 24.32$, $p < .05$), which falls under DSM-5 social phobia. Cognitive Concerns also predicted risk for fear of needles ($\chi^2 = 5.79$, $p < .05$), but not blood ($\chi^2 = 1.92$, $p = .17$), which both fall under the DSM-5 BII subtype of specific phobia.

AS Social Concerns. AS Social Concerns significantly predicted risk for fear of public speaking ($\chi^2 = 18.29$, $p < .05$), crowds ($\chi^2 = 10.62$, $p < .05$), and bridges ($\chi^2 = 4.21$, $p < .05$). These findings show that AS Social Concerns were associated with increased risk for social phobia, as well as the Situational subtype of specific phobia.

Discussion

The rates of self-reported fears were generally consistent with those previously reported in a university sample (Seim & Spates, 2010). The majority of participants reported having more than one current fear. These rates are much higher than those for specific phobia (i.e., 12-month prevalence of 6-9%; APA, 2013). Findings do indicate correspondence, however, between the average number of self-reported normative fears and DSM-5 phobic fears for individuals with specific phobia, with both being approximately three. It seems likely that self-reported normative fears represent a less severe form of phobic fears, which is consistent with previous data indicating an overlap between the two (Ahs et al., 2009; Shaefer et al., 2014). Including an index of severity in future studies could provide support for the commonality or continuum of self-reported normative and phobic fears. Understanding normative fears may help us to better understand phobic fears and, perhaps, suggest a target for early intervention.

The findings of the present study support the proposition that AS is a fundamental fear (Reiss, 1991), underlying and giving rise to other fears. Indeed, Global AS predicted most self-reported normative fears. Furthermore, AS dimensions were unique predictors of risk for self-reported fears. Worthy of note is that AS Cognitive Concerns predicted fear of needles but not blood, suggesting that these two BII fears may have important differences, despite their shared DSM-5 categorization. Better understanding the role of AS, and the AS dimensions specifically, in the development of normative fears may provide an opportunity for early intervention. If AS is a predictor of risk for self-reported fears, it is likely that AS may also be a risk factor for phobia making it an important target for education and treatment. Brief cognitive-behavioural interventions targeting the AS dimensions are effective at reducing clinically meaningful levels of AS (Schmidt et al., 2014; Watt & Stewart, 2008). It is possible that these interventions could confer preventative benefits for individuals who report common fears but have not yet developed specific phobia. Moreover, the tailored treatment target (i.e., AS dimensions) may provide a useful and effective avenue for the treatment of specific phobia subtypes. Future research examining brief cognitive-behavioural interventions that target AS in the treatment of specific phobia is, therefore, warranted.

Catherine Hilchey is a doctoral student in the Clinical Psychology program at the University of New Brunswick, under the supervision of Dr. David A. Clark. Catherine's research interests fall within the area of vulnerability for anxiety disorders. She has published her research and presented at several conferences. Her dissertation research focuses on the relationship between anxiety sensitivity, a cognitive vulnerability factor in anxiety disorders, and emotion regulation. Catherine's primary clinical interest is within adult mental health, specifically evidence-based assessment and intervention for anxiety and mood disorders. Catherine is currently working on her dissertation and will be applying for a Predoctoral Residency for the 2016-2017 year.

Readers, what would you like to see in the Clinical Section Newsletter?

We'd love to hear from you!

Email Dr. Levin at elevin@laurentian.ca or

Andrea Woznica at awoznica@psych.ryerson.ca

Clinical Section Travel Awards

The Clinical Section Travel Awards were designed to help clinical section students from across Canada to travel to the annual conference of the Canadian Psychological Association. There are four Clinical Section Travel Awards, each valued at \$300.

All students who have posters or presentations accepted by the Clinical Section are invited to apply. This award is separate from the travel bursaries granted by CPA to students traveling long distances.

To be eligible, students must be:

- Enrolled in a university that is **at least 500km** from the city in which the conference is being held.
- First author on a poster or oral presentation accepted by the Clinical Section for the annual convention of CPA. The poster or oral presentation must present the results of an empirical study. Presentation of literature reviews and conversation sessions are not eligible.
- A student member of the Clinical Section at the time of submission, and must, therefore, also be a student member of CPA.
- A Canadian citizen or attending a Canadian university.

To apply, please submit:

1. Application form (found at <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionawards>)
2. 1 page summary of the project (Single spaced, 1 inch margins, size 12 font)
3. A copy of the notification of submission acceptance

Please submit via e-mail to the Student Representative of the Clinical Section before **April 1st**. The Student Representative's contact information can be found at:

<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionbusiness>.

Notification of the results will occur via email by May 15. Participants will be reimbursed at the convention once they provide travel receipts.

If you have any questions, please contact the Student Representative of the Clinical Section.

Best Student Conference Presentation Award

(Formerly the “Clinical Section Travel Awards”)

The **Best Student Conference Presentation Awards** are designed to recognize and support high quality student research. These awards are also designed to encourage communication between Clinical Section students and to promote the development of reviewing skills.

There are three awards First prize, worth \$200, is given to the highest-ranking submission overall. There are two runners-up, awarded to the next two highest-ranking submissions, each worth \$100.

These awards are adjudicated through a peer-review process. Students who apply will be expected to evaluate 2-3 posters/presentations over the course of the convention. Students will receive a list of posters/presentations to evaluate and the reviewing form at least 1 week before the conference. Students will be required to submit their evaluations within 1 week after the conference.

To be eligible, students must be:

- First author on a poster or oral presentation accepted by the Clinical Section for the annual convention of CPA. The poster or oral presentation must present the results of an empirical study. Presentation of literature reviews and conversation sessions are not eligible.
- A student member of the Clinical Section at the time of submission, and must, therefore, also be a student member of CPA.
- A Canadian citizen or attending a Canadian university.

To apply, please submit the application form

(<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionawards>) and a copy of your accepted abstract via e-mail to the Student Representative of the Clinical Section before **May 15th**. The Student Representative’s contact information can be found at:

<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionbusiness>

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 detailed proposed budget, including delineating where additional money not covered by the grant will come from (max 1 page), whether there is potential for revenue for the event (and how much), and what outstanding costs will exist after taking into account other sources of funding and potential revenues
- ***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 of the educational activity and to confirm where the additional funds will come from.
- Please submit via e-mail to the Student Representative of the Clinical Section before **January 15th**. The Student Representative's contact information can be found at: <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionbusiness>

Conditions of the Grant:

- Upon receiving notification of winning the 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.
- Funds will be released to the Director of Clinical Training or the Chair of the Department after the event has taken place and receipts have been submitted in order to reimburse event coordinators for any costs incurred. Applicants may ask for the funds to be released in advance, in whole or in part, in order to cover certain expenses (e.g., down deposit to secure a venue).
- Awardees will submit receipts to the secretary-treasurer of the Clinical Section of the Canadian Psychological Association for reimbursement after the event is held. Awardees must also account for other sources of funding at this time, such as revenues and profits from attendance fees, and indicate the outstanding balance after these revenues are taken into the account. Educational Activity Grant funds will be awarded to cover outstanding balances after profits and revenues are taken into account. If there are no outstanding balances after taking revenues into account, the Educational Activity Grant funds will not be released.
- All money awarded must be used for the educational activity and any unused funds will not be released for reimbursement.
- The Clinical Section reserves the right to withhold the reimbursement of funds, or request return of funds, after the educational event has occurred, in the event that the activity is *substantially* altered from that originally proposed (e.g., change of speaker(s)), or revenue from the event has covered any costs incurred by putting on the event.
- Following notification regarding winning the 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.

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

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 \$1000, 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:

- be a student who is first author of a presentation that has been accepted in the Clinical Section at the upcoming CPA annual convention.
- submit an APA-formatted manuscript describing your research*
- be prepared to attend the Clinical Section business meeting at the Ottawa convention, where the award will be presented
- 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**. Submissions in either English or French should be sent by e-mail to the Clinical Section's Chair Elect. If you have any questions about the submission process, please contact the Chair Elect by e-mail. Clinical Executive Member's contact information can be found at: <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionbusiness>

**If you are a CPA member but not a Clinical Section member contact 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.