



THE CANADIAN CLINICAL PSYCHOLOGIST

NEWSLETTER OF THE CLINICAL SECTION OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

Message from the Chair

Maxine Holmqvist, C. Psych.

On behalf of the current clinical section executive, I would like to begin by thanking those whose terms ended this year. Dr. Jennifer Garinger served on the clinical section executive in many roles, but most recently acted as the past-chair, while Dr. Sheryl Green just completed her term as secretary-treasurer. You will both be missed! However, I am excited to welcome and introduce our new executive members. Dr. Aislin Mushquash, chair-elect, is a registered clinical psychologist in Thunder Bay, Ontario, and the assistant director of the Northern Ontario Psychology Internship Consortium. Dr. Mushquash is a scientist-practitioner who provides assessment, treatment, and consultation services for a large outpatient adult mental health clinic through St. Joseph's Care Group and a specialized pediatric bariatric program at the Thunder Bay Regional Health Sciences Centre. Dr. Mushquash is also an active researcher, supervisor, and course instructor holding an adjunct appointment in the Department of Psychology at Lakehead University. Dr. Pamela Holens is the newly-elected Secretary-Treasurer for the Clinical Section. She also acts as Secretary for the Manitoba Psychological Society and was recently elected as Manitoba's representative to the American Psychological Association Council of Representatives. Dr. Holens is an associate professor in the Department of Clinical Health Psychology (CHP) at the University of Manitoba and Clinical Director at the Winnipeg Operational Stress Injury Clinic. She also serves as chair of the Continuing Professional Development committee for the CHP Department at the University of Manitoba. Finally, our new member-at-large is Dr. Caelin White. Dr. White has been working as a psychologist in private practice and at the Operational Stress Injury (OSI) Clinic in Calgary since October 2015. His areas of clinical

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Chair (Pictured Above)

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expertise include anxiety disorders, trauma, comprehensive psychological assessment, and sport psychology. He utilizes a variety of clinical approaches and draws on principles from performance psychology to engage clients and enhance motivation for treatment while in his personal time, he competes in ultramarathons, “death races”, and ultra-endurance obstacle course races. With returning members Ms. Carley Pope (student representative) and Dr. Lachlan McWilliams (past-chair), along with intrepid newsletter editors Dr. Elizabeth Levin and Dr. Andrea Linett, we anticipate a dynamic year ahead.

There are a number of opportunities on the horizon for the clinical section this year. As proposed at the Annual Business Meeting, we spent the summer completing an environmental scan of available resources related to Clinical Practice Guidelines (CPGs) in psychology, encompassing a search of the academic literature and both naïve and targeted internet searches. Sites that we located were evaluated for accessibility, comprehensiveness, authoritativeness and ease of use. Our searches revealed 29 unique sites that compile CPGs relevant to clinical psychology; however, the majority of these were developed with medical or mixed audiences in mind. Very few sites gave any assessment of the quality of guidelines they listed and only three met most or all of our criteria, with most sites lacking features that are potentially important to a busy clinician. The full report for this scan will be posted to the clinical section website when it has been finalized; in the meantime, the CPG working group has decided to move forward with a needs assessment survey which will be distributed to section members later this fall. For more background on this project, see my note in the spring newsletter and stay tuned for regular updates (<http://www.cpa.ca/docs/File/Sections/Clinical%20section/newsletters/CPA%20May%202016%20Newsletter.pdf>).

Planning is also well underway for both next year’s convention in Toronto and the 2018 convention in Montreal, which will be held in conjunction with the 29th International Congress of Applied Psychology (ICAP). We have made significant efforts this year to collaborate and coordinate with other sections when looking at programming both before and during the convention and expect this coming year to be one of our most diverse and exciting slate of offerings yet. More details will follow as our program is confirmed in the coming months.

Of course, I would be remiss if I did not mention the terrific line up we had at the convention this past year. The clinical section offered a variety of sessions, including Master Clinician Workshops by Dr. Mark Lau, *So you are Thinking of Using Mindfulness Meditation with your Clients? How to Introduce and Support Mindfulness Meditation in Therapy* and Dr. Lynn Alden *Facilitating Social*

Approach Behavior: Lessons from Relational Science for Treating Social Anxiety and Emotional Isolation, both of which were very well-received. Our section-invited speaker, Dr. Simon Sherry, also presented his work on *Narcissistic Perfectionism: New Evidence from Three Studies Involving Multiple Sources and Methods* to an appreciative audience. The program was rounded out with 3 additional workshops, four symposia and 113 clinical posters. It also my pleasure to extend our sincere congratulations to the winner of the Scientist-Practitioner Early Career Award, Dr. David Moscovitch (to learn more about Dr. Moscovitch, read on in this issue) and to the winner of the Ken Bowers student research award, Ms. Margaux Roch-Gagné.

Thank you again to everyone who worked so hard to make this past year a success and we look forward to an exciting and busy year ahead.



DATE
June 8 – 10,
2017



LOCATION
Fairmont
Royal York
Hotel

78th Annual CPA Convention

www.cpa.ca/convention

From the Editors' Desk



Welcome everyone to the fall edition of the Clinical Section newsletter. We hope that you had a great time at CPA in Victoria and are now thinking of the wonderful conference to come in Toronto. We also hope you had a wonderful summer and that you are all enjoying a lovely fall.

When Andrea and I began to co-edit the newsletter we did not know each other but over the several years we have been putting the newsletter together we have developed a great working relationship and friendship that exists mostly via email but is occasionally interspersed with face to face interactions. When Andrea began her role, she was a graduate student. I want to be the first to congratulate her in this newsletter for achieving her PhD. Andrea successfully defended at the end of summer this year. Andrea is now officially Dr. Linett. Way to go Andrea!

At first Andrea contemplated giving up the editorship to pursue different opportunities but here we are again putting together the newsletter for the 6th consecutive year. Our newsletter has enjoyed consistency in editorship. Numerous editions of our older newsletters can be found on the CPA website dating back to 1990. They show that David Hart edited the newsletter for many years, followed by Deb and Keith Dobson, then Margo Watt and Jessey Bernstein until Andrea and I took over in 2011. If you think you might be interested in taking over this role let one of us know; alternatively, consider taking on a guest editorship for one session. We know there are committed and enthusiastic readers of the newsletter out there judging by some of the suggestions we get for ideas for the newsletters. We love the ideas; we would love even more to have one or two people bring some of these ideas to fruition.

This is an exciting time to be a psychologist. There seems to be a great deal of support for the idea of psychology even if there is a lack of funding to implement programs. Read on to learn more about what is happening in the field and please send us information from your province so we can represent the views of psychology across the country.

Elizabeth & Andrea

Special thanks to Alexandra Smith, MA Applied Psychology Candidate from Laurentian University for her assistance in design, layout and putting this newsletter together.

2016 Scientist-Practitioner Early Career Award (SPECA) Recipient

DAVID A. MOSCOVITCH, PH.D., C.PSYCH.

David A. Moscovitch received his Honours B.Sc. from the University of Toronto in 1999 and his Ph.D. in Clinical Psychology from Boston University in 2006. He is currently an Associate Professor in the Department of Psychology at the University of Waterloo, where he serves as the Executive Director of the uWaterloo Centre for Mental Health Research. He is a former Tier II Canada Research Chair in Mental Health Research (2006-16).

David specializes in the research and treatment of anxiety and related disorders, with a particular focus on CBT models of social anxiety and social anxiety disorder (SAD). Drawing upon both clinical observation and a variety of experimental methods, he and his students investigate how socially anxious individuals view themselves and appraise others, and how these perceptions influence the way they process social information, remember and imagine interpersonal events, regulate their emotional, behavioural, and biological responses to social stress, and respond to psychological interventions. David has published widely on these and related topics and his work has been well-funded by grants from international, national, and provincial agencies. His contributions to the field of anxiety disorders have been recognized by early career awards from the *Ontario Mental Health Foundation*, the *Association for Behavioral and Cognitive Therapies* and the *Canadian Psychological Association*.

Much of David's current work on social anxiety is guided by his "core fear" model (Moscovitch, 2009), in which he argued that socially anxious individuals are fundamentally concerned not about social situations or negative evaluation per se, but about *aspects of themselves* that they view as being deficient or flawed and which they fear may become publicly exposed for scrutiny and criticism. According to this model, individual differences in social anxiety symptoms are driven by concerns about exhibiting flaws in social competence, physical appearance, and/or visible signs of anxiety. Based on clinical observation and research, he claims that negative self-portrayal concerns across these three domains represent the core problem in social anxiety from which all other symptoms stem, and therefore, that they represent crucial targets for assessment, individualized case conceptualization, and treatment of SAD.



Since 2014, David has served as the Executive Director of the uWaterloo Centre for Mental Health Research (CMHR). In this role, he is responsible for steering CMHR's mission to provide excellent training to graduate students in clinical psychology, conduct and disseminate cutting-edge mental health research, and deliver accessible and empirically-supported psychological services to those in need. Alongside his current role as Executive Director of the CMHR, David teaches and supervises graduate students at the uWaterloo's CPA-accredited Doctoral Training Program in Clinical Psychology. He is a proponent of the scientist-practitioner model and a CACBT-credentialed CBT clinician. He also maintains a small private practice.

In his spare time, David enjoys travelling, reading, playing tennis and baseball, and spending time with his wife, Leora, and his two boys, Ezra (10) and Eitan (6).

Dr. Mark Lau's CPA Talk on Introducing Mindfulness into Clinical Practice

At the CPA Convention in June, Dr. Mark Lau provided an excellent talk on how psychologists can begin introducing mindfulness into their clinical practice (see below for complete presentation title). If you are interested in obtaining a copy of his presentation slides, you can find a pdf version on the CPA Clinical Section website under "News, Events, and Workshops" or simply click [here](#).

“So you are Thinking of Using Mindfulness Meditation with your Clients? How to Introduce and Support Mindfulness-based Cognitive Therapy in your Clinical Work”

Mark A. Lau, Ph.D.
Psychologist, Vancouver CBT Centre & Clinical Associate Professor of Psychiatry
University of British Columbia, Canada
Visiting Professor, University of Glasgow, Scotland

NOTICE:

Tenure track faculty position in Clinical Psychology at Lakehead University

Lakehead University's Department of Psychology invites applications for a tenure-track faculty appointment at the Assistant Professor level, to commence January 1, 2017. The applicant would bring research, teaching, and clinical expertise to complement the research program of the Canada Research Chair in Indigenous Mental Health and Addiction. The job posting can be viewed on the Lakehead University website, or accessed through the following link: <http://hr.lakeheadu.ca/employment.php?empid=1483>

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

We'd love to hear from you!

Email Dr. Levin at elewin@laurentian.ca or

Andrea Linett at alinett@psych.ryerson.ca

Teacher Help: An eHealth Solution for Supporting Classroom Teachers

A major concern for educators, parents, and youth is how to meet the needs of youth with mental health disorders in the educational setting. *Teacher Help* is an online program that assists classroom teachers in providing evidence-based interventions to students in grades 1 to 12 with mental health disorders.

Only 1 in 5 children with a mental health disorder in Canada receives treatment. Over many years of research, Dr. Penny Corkum and her team, including health researchers and educators across Canada, have found that teachers need readily accessible and vetted information along with support to help them implement best-practice interventions in their classrooms. This is the vision of the *Teacher Help* program.

Teacher Help is funded by both the Canadian Institutes of Health Research (CIHR) eHealth Innovation Partnership Program (eHIPP) and an industry partner, Velsoft® Training Materials. For more information about *Teacher Help*, or if you work within the Canadian School System and are interested in participating in the *Teacher Help* program, please visit www.teacherhelp.ca.



Teacher Help is an online program that assists classroom teachers in providing evidence-based interventions to students in grades 1-12 with mental health disorders

 **Distance Program**
The online program is fully accessible from desktops, laptops, tablets or smartphone

 **Support from Start to Finish**
Built-in program tools provide access to expert coach and peer support when needed

 **Empower Teachers**
This program is designed to empower teachers to support students with mental health needs in their classrooms

 **Contact Us:**
Penny.Corkum@dal.ca
Teacher.Help@dal.ca
www.teacherhelp.ca
<http://myweb.dal.ca/pvcorkum/>



Better Nights, Better Days: An Online Sleep Study Addressing Insomnia in Children

Better Nights, Better Days is an online behavioural program that aims to address pediatric insomnia, which is a prevalent public health issue. Insomnia symptoms include resisting bedtime, having trouble falling asleep, frequently waking up in the middle of the night, and waking up too early in the morning. Better Nights, Better Days was developed by a team of leading researchers across Canada, using evidence-based research and best clinical practice. This innovative treatment delivery model is designed to offer accessible support to parents with children between the ages of 1 and 10 years old who have insomnia.

Better Nights, Better Days is funded by the Canadian Institute of Health Research: Sleep and Circadian Rhythms Team Grant. Better Nights, Better Days is currently recruiting participants from across Canada (with the exception of Atlantic Canada, as we have already reached our target number for this region). Please visit

www.betternightsbetterdays.ca or Better Nights, Better Days on social media for more information on participation and study updates.

Better Nights, Better Days
Bonnes nuits, jours meilleurs

25% OF CANADIAN CHILDREN EXPERIENCE INSOMNIA

Insomnia is categorized by:

- Resisting bedtime
- Trouble Falling Sleep
- Night Awakenings
- Waking too Early

Sound familiar? Consider participating in our sleep study!

Even a little sleep loss can lead to big problems. It can make it harder for your child to:

- learn
- control their emotions
- control their behaviour
- be physically active
- make healthy eating choices
- play safely

Better Nights, Better Days is an online program that provides accessible, evidence-based treatment for children ages 1-10 years old

Distance Treatment Program
The online program is fully accessible from computers, laptops, tablets or smartphones

Save Time and Money
All information and materials are provided online – no need to travel to appointments!

Support from Start to Finish
Built-in support and program tools will guide and motivate you as you complete the program

Empower Parents
The program is designed to empower you to improve your child's sleep on your own. You can rest assured that the information and support you require is at your fingertips

Contact Us!

bnbd.participate@dal.ca
www.betternightsbetterdays.ca

Participating Institutions: CHU de Québec, DALHOUSIE UNIVERSITY, FRC, The University of Alberta, UNIVERSITY OF TORONTO, Université de Montréal, ALBERTA, McGill, Western

Focus on Emotion

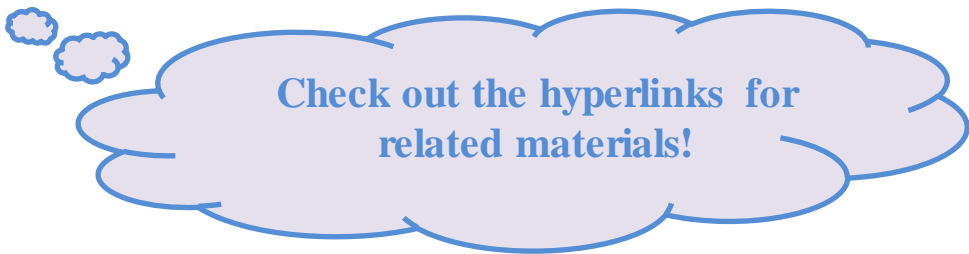
SARAH THOMPSON, PH.D., C.PSYCH.

When I saw the call for contributions to the Clinical Section newsletter, it got me thinking.

In my professional life as a clinical psychologist, I am embedded in the post-secondary mental health sector within Student Affairs at Ryerson University. Currently, I have the privilege of acting as Clinical Coordinator of our Centre for Student Development and Counselling. Within this role, I provide leadership in the development of our clinical service delivery model; I provide students with individual and group psychotherapy, and I supervise clinicians ranging from practicum students through to those on the temporary register for the College of Psychologists of Ontario.

At Ryerson, all Student Affairs professionals are expected to work towards attaining [competencies in 11 core areas](#), one of which is empathy and emotional intelligence. As part of my own professional development goals, I have decided to try my hand at writing this year, seeking to contribute one article each month to our [RyersonSA blog](#) in a series entitled “Focus on Emotion.” My goal is to contribute to the dissemination of information to the post-secondary community to build skills and knowledge related to emotion and empathy in daily life – to get people talking and thinking about emotions. A secondary goal is to create, through this project, a curated collection of resources to assist in understanding topics related to emotion including the links between emotion, emotion theory, decision-making, attachment, and psychotherapeutic change--all in plain terms. I hope that this resource may be helpful to my supervisees, to my clients who ask for accessible readings, and to colleagues in Student Affairs and psychology with an interest in similar topics and materials.

If these are topics that interest and engage you, I invite you to follow along. The first post is up – an article meant to challenge our thinking about how we interface with our own emotional experience, to examine where and why we set our own personal and professional boundaries, and to engender curiosity about what is to come. At some level, emotions and vulnerability go hand in hand, and so that is where I start with an article titled: [Coming Out – The Super-feeler In Our Midst](#).



Check out the hyperlinks for related materials!

CALL FOR NOMINATIONS FOR CPA FELLOWS 2017

Every year, CPA recognizes members who have made a distinguished contribution to the advancement of the science or profession of psychology or who have given exceptional service to their national or provincial association. Check out the [CPA website](#) to learn how you can help honour one of your colleagues and submit your nomination by **November 30th, 2016**.

CALL FOR NOMINATIONS CLINICAL SECTION FELLOWS

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 15th 2017** to the Chair-Elect of the Clinical Section:

Dr. Aislin R. Mushquash, C. Psych
mushquaa@tbh.net

MISES EN CANDIDATURES FELLOWS DE SECTION CLINIQUE

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 2017**. Adressez les candidatures à président(e) élu(e) de la section clinique:

Dr. Aislin R. Mushquash, C. Psych
mushquaa@tbh.net

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. This award may not be offered every year.

MISES EN CANDIDATURES PRIX DU SCIENTIFIQUE-PRATICIEN EN DÉBUT DE CARRIÈRE DE LA SECTION CLINIQUE

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 la SCP.

Student Section

Letter from the Student Executive

Carley Pope, M.A.

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

The latest convention in Victoria was an unforgettable one, and I am very much looking forward to the upcoming convention in Toronto. Last year, 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.

This year, Margaux Roch-Gagne of Université de Moncton won the Ken Bowers Award for Student Research for her research on internet-based written exposure therapy for generalized anxiety. You can read a summary of her research in this edition of the newsletter. Congratulations, Margaux! I'd also like to congratulate the Student Travel Award winners; Tara Conway (University of Manitoba); Jean-Philippe Gagne (Concordia University); Marilyne Maltais (Université de Moncton); and Colin Pridy (Dalhousie University). In addition, I'd like to congratulate the winners of the Best Student Conference Presentation award: Jean-Philippe Gagné (Concordia University) was the overall winner. Lisa Zhang (University of British Columbia) and Carly Parsons (University of British Columbia) were the runners-up. Congratulations to all of you and thank you to all of the applicants for the Travel Awards and the Best Student Conference Presentation Awards.

In other student news, the Clinical Section Educational Activity Grant will continue for another 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 Sonya Dhillon (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 Andrew Brankley, Danielle Loney, and Jessica Sutherland (Ryerson University) who received the grant last year to fund a workshop titled "Toronto Forensic Research Exchange." You can read a summary of this event in this edition of the newsletter.

The Section has already hit the ground running to make the 2017 Toronto convention a memorable one, and we are already thrilled about the opportunities and events 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 deadline of December 2, 2016, 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 these awards on the Clinical Section website as they become available: <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/>, and keep an eye out for reminders via the Clinical Section listserv.

As well, I am thrilled to announce that the theme for the 2017 Student Symposium is Understanding and Treating Social Anxiety: Innovative Ideas and Approaches and Dr. David A. Moscovitch of the University of Waterloo 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 Toronto!

Carley Pope,
cpope@lakeheadu.ca

Ken Bowers Student Research Award Winner 2016:

Internet-based Written Exposure Therapy Reduces Symptoms of Generalized Anxiety

Margaux Roch-Gagné, B.A., Université de Moncton

Under the supervision of France Talbot, Ph.D., L.Psych., Université de Moncton

In collaboration with David A. Clark, Ph.D., L.Psych., University of New Brunswick (Professor Emeritus)

Generalized Anxiety Disorder (GAD) is characterized by excessive and uncontrollable worry and anxiety about a number of activities and events (American Psychiatric Association [APA], 2013). Cognitive Behaviour Therapy (CBT) is considered an effective therapy based on empirical research for this disorder (Covin, Ouimet, Seeds, & Dozois, 2008). However, efforts have been made to improve CBT interventions in relation with cognitive exposure procedures targeting pathological worry, a core feature of GAD (APA, 2013).

Dugas and colleagues developed a cognitive exposure technique involving the recording of a detailed “script” of a person’s worst hypothetical fear coming true (Dugas et al., 2003). Despite significant results (Dugas et al., 2003; Ladouceur, Dugas, Freeston, Léger, Gagon, & Thibodeau, 2000; Dugas et al., 2010), a main disadvantage of this technique is that it is more difficult to change the scenario over the course of therapy given the use of a recorded script. Based on Pennebaker’s expressive writing paradigm (Pennebaker & Beall, 1986), an exposure technique for pathological worry allowing individuals to change their exposure scenario during treatment was developed (Goldman, Dugas, Sexton, & Gervais, 2007). Participants were asked to write a scenario describing their worst fear coming true for 20 to 30 minute writing sessions held on three to five consecutive days. Mixed results were obtained (Goldman et al., 2007; Fracalanza, Koerner, & Antony, 2014).

More recently, Sloan and colleagues developed a modified version of expressive writing called Written Exposure Therapy (WET; Sloan, Marx, Bovin, Feinstein, & Gallagher, 2012). WET is more structured than expressive writing and involves a higher therapeutic dose of writing. Five 30-minute sessions are provided, at the pace of one session per week. Its efficacy was assessed among 46 participants experiencing Post-Traumatic Stress Disorder (PTSD) following a motor vehicle accident. At a 6-month follow-up, none of the WET participants met PTSD diagnostic criteria (Sloan et al., 2012).

This study aimed to adapt Sloan and colleagues' protocol for the treatment of hypothetical worries found in GAD and to examine the feasibility of an internet-based WET (iWET) with minimal guidance. Meta-analyses support internet-based CBT for anxiety and depression (e.g., Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010; Spek, Cuijpers, Nyklicek, Riper, Keyzer, & Pop, 2007; Titov, Andersson, & Paxling, 2016). WET involving minimal clinical contact, an internet-based approach for its delivery appeared justified to further facilitate its access. It was hypothesized that iWET would produce statistically and clinically significant improvements in anxiety and worry symptoms.

A sample of 55 participants was recruited in the general population. The majority were women (87%) and the mean age was 40. A pre-post design including a 3-month follow-up was used. A total of 45 participants were included in Intent-to-treat analyses with the first observation carried forward. Posttreatment data were available for 23 participants. Primary outcome measures were the *Penn State Worry Questionnaire* (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990) and the *Generalized Anxiety Disorder-7* (GAD-7; Spitzer, Kroenke, Williams, & Löwer, 2006).

The 6-week intervention first included a psychoeducational module on symptoms of generalized anxiety, beliefs about the usefulness of worry, and rational of exposure. Participants were asked to identify their greatest hypothetical fear. During the following weeks, they were asked to write, once a week for 30 minutes, a detailed scenario describing their worst hypothetical fear coming true by describing the circumstances leading to the situation, what is happening in the situation, and the consequences of the situation. Participants could also focus on the part of their scenario that causes them the most anxiety. The instructions varied slightly from one session to the other. During the last few sessions, participants were invited to write about how the fear could change their life if ever it were to occur. Minimal guidance was offered to 27 participants (49%) and targeted the relevance of hypothetical fears and adherence to exposure. Weekly emails, similar to the ones used by Titov and colleagues (2011), offering instructions, validation and support were also provided.



One-way repeated measures analyses of variance (ANOVA) revealed a significant and large effect of time on the GAD-7 (multivariate partial eta-squared = .44) and the PSWQ (multivariate partial eta-squared = .29). Post hoc tests with a Bonferroni correction revealed a significant decrease of GAD-7 and PSWQ scores from pre-treatment to posttreatment, with gains maintained from posttreatment to follow-up. The clinical significance of the findings was assessed for study completers using a Reliable recovery index. In order to be reliably recovered, participants had to score above the clinical cut-off on the GAD-7 (score ≥ 10) during the pre-treatment, below that cut-off at posttreatment or follow-up and had to show a reliable change, defined as a decrease of four or more points on the GAD-7 (Gyani, Shafraan, Layard, & Clark, 2011). Seventeen participants (81%) were assessed to be reliably recovered at posttreatment, while 16 (76%) were reliably recovered at follow-up.

This study offers preliminary support for the efficacy and feasibility of an online written exposure technique for the treatment of hypothetical worries typically found in GAD. The treatment was easily accessible throughout New Brunswick in both official languages, was brief with minimal clinical guidance and led to large and clinically significant changes with the majority of participants being reliably recovered. Limitations to the study include the small sample size and the lack of a control group, as well as elevated attrition rate, although comparable to other self-guided iCBT studies (e.g., Melville, Casey, & Kavanagh, 2010). Given the nature of the task, additional clinical guidance may be required. Exposure being involved in the treatment of most anxiety disorders, iWET may be a transdiagnostic treatment option that could facilitate access to cost-effective and evidence-based psychological treatments for such disorders.

Margaux Roch-Gagné, originally from Winnipeg, Manitoba, is attending the School of psychology at the Université de Moncton in New Brunswick. She is completing a professional doctorate in psychology (Psy.D) under the direction of Dr. France Talbot. Margaux has developed, over the course of her studies, interests in narrative or writing therapy as well as in ways to facilitate access to services, namely for linguistic minorities. She was involved in research projects aiming to facilitate access to health services for French minority communities in Manitoba and became interested in online therapy as an option to increase access to mental health services. She is the beneficiary of a Bourse d'études supérieures du Nouveau-Brunswick STGM et Innovation sociale. Her doctoral thesis evaluates the feasibility of an online written exposure therapy for the treatment of hypothetical worries as part of generalized anxiety. Margaux's clinical interests include acute care for complex psychological problems and evidence-based assessment and therapy for mood disorders and personality disorders. She is currently completing her Predoctoral Residency in Psychiatry at a general hospital in Moncton.

Best Student Conference Presentation Award Winners

First place winner: Jean-Philippe Gagné (Concordia University)

Submission Title: Targeting a Maladaptive Belief: Concerns about Losing Control in Obsessive-Compulsive Disorder

Authors: Jean-Philippe Gagné & Adam S. Radomsky, Concordia University

Summary: Several domains of maladaptive beliefs have been shown to play a role in the development and maintenance of obsessive-compulsive disorder (OCD) symptoms. However, beliefs about responsibility/threat estimation, perfectionism/certainty, and importance/control over thoughts do not sufficiently explain OCD symptomatology. Importantly, individuals with OCD report concerns about a potential loss of control, but the associations between such concerns and OCD symptoms are not well understood. A preliminary inventory assessing beliefs about losing control was developed ($\alpha = .953$) and completed by undergraduate student participants ($N = 507$). Controlling for symptoms of depression, anxiety, and stress, regression analyses indicated that beliefs about losing control predicted higher levels of OCD symptoms ($\beta = .369$, $p < .001$) and higher levels of specific clusters of symptoms (contamination, checking, obsessions, hoarding, just right, and indecisiveness). Critically, beliefs about losing control explained unique variance in OCD symptomatology above and beyond the three domains of maladaptive beliefs already identified and symptoms of depression, anxiety, and stress. These findings imply that beliefs about losing control may be an important domain leading to and maintaining OCD. These irrational beliefs should be explored in more detail, and potentially targeted during CBT.

Runner up: Lisa Zhang (University of British Columbia)

Submission Title: The Impact of Patients' Perfectionism on Therapist Liking During a Clinical Interview

Authors: Lisa Zhang - University of British Columbia, Paul Hewitt - University of British Columbia, Marie Habke - University of British Columbia, Samuel Mikail - Sun Life Financial, Gordon Flett - York University, Yuan Zhou - University of British Columbia.

Summary: Since the early days of psychotherapy research, theorists have identified therapeutic alliance as a key predictor of later outcome. Relatedly, perfectionism is a personality variable which has been linked to poor therapeutic outcome and alliance. The current study seeks to clarify the nature of the relationship between perfectionism and alliance using the Perfectionism Social Disconnection Model (PSDM; Hewitt et al., 2016), an interpersonal framework of perfectionism which theorizes that perfectionists behave in way that leads others to reject them, which then leads to the negative outcomes linked with perfectionism. In a re-examination of data from Hewitt et al. (2008), 90 patients taking part in a clinical interview completed perfectionism measures, and therapists rated participants on likeability and participants' desirability as future patients. Results indicated a relationship between perfectionism components and therapists' ratings of liking and patient desirability. The relationship between participants' perfectionism and therapists' desirability ratings was mediated by therapist liking. These results are consistent with the PSDM: individuals high in perfectionism were less likeable to their therapists, and this led to therapists being less willing to take on these individuals as patients. The role of perfectionism in poor therapeutic alliance is discussed.

Runner up: Carly Parsons (University of British Columbia)

Submission Title: Social Anxiety and Impression Formation on Facebook

Authors: Carly Parsons, Lynn Alden, Jeremy Biesanz

Summary: Socially anxious individuals strongly prefer online over face-to-face social interactions, but suffer more negative consequences of Internet use (e.g., social isolation and depression) than individuals who are non-anxious. Socially anxious people are constantly attuned to social hierarchies, perceiving other people as higher in social status than they really are and themselves as inferior. Thus, it is hypothesized that these social comparison tendencies may at least partially explain the harmful effects of their frequent Internet use. In this study, for which analyses are underway, participants viewed the Facebook profiles of a number of anonymous peers and were asked to indicate their impressions of them by rating them on a variety of different traits. It is expected that participants with higher trait levels of social anxiety will tend to rate their peers higher on traits related to social status (e.g., assertive vs. passive), such that participant social anxiety will correlate positively with "target" social status ratings. Other trait and state (e.g., affect) predictors of impression formation are also being explored. As social media begin to dominate our lives--particularly those of adolescents and young adults--this research has important implications for understanding the nature and consequences of our social media use and how these may differ depending on who we are.

Student Travel Award Winners

Winner: Tara Conway, University of Manitoba

Submission Title: An Examination of the Self-Compassion Scale Factor Structure

Authors: Tara Conway, Edward Johnson, Johnson Li

Summary: Self-compassion consists of three bipolar components: self-kindness (SK) vs. self-judgement (SJ), mindfulness (M) vs. over-identification (OI), and common humanity (CH) vs. isolation (I). Neff's Self-Compassion Scale (SCS) has been widely used to measure self-compassion. Neff proposes the SCS measures a single "self-compassion" factor, with 6 subscales corresponding to the positive and negative poles of the three bipolar components, though little research has examined its factor structure. The present study examined the factor structure of the SCS. First, a confirmatory factor analysis (CFA) found that the 1-factor, hierarchical 6-factor, and intercorrelated 6-factor models proposed by previous research did not provide a good fit to our data (N=1298). Next, an exploratory factor analysis using MAP and parallel analysis procedures with half of our data set yielded a 3-factor solution. The first factor comprised all SJ, OI, and I items, the second contained all CH and M items, and the third included all SK items. Finally, a CFA of this model using the other half of our data set indicated that this model was a better fit to the data than the 1-factor or 6-factor models. Evidence of the 3 scales' construct validity was obtained from distinct patterns of correlations with diverse measures of well-being. Implications for the use, and further development, of the SCS are discussed.

Winner: Jean-Philippe Gagne, Concordia University

Submission Title: Targeting a Maladaptive Belief: Concerns about Losing Control in Obsessive-Compulsive Disorder

Authors: Jean-Philippe Gagné & Adam S. Radomsky

Summary: Several domains of maladaptive beliefs have been shown to play a role in the development and maintenance of obsessive-compulsive disorder (OCD) symptoms. However, beliefs about responsibility/threat overestimation, perfectionism/intolerance for uncertainty, and beliefs about the importance of/control over thoughts do not sufficiently explain OCD symptomatology. Importantly, individuals with OCD report concerns about a potential loss of control, but the associations between such concerns and OCD symptoms are not well understood. A preliminary inventory assessing beliefs about losing control was developed ($\alpha = .953$) and completed by undergraduate student participants ($N = 507$). Controlling for symptoms of depression, anxiety, and stress, regression analyses indicated that beliefs about losing control predicted higher levels of OCD symptoms ($\beta = .369$, $p < .001$) and higher levels of specific clusters of symptoms (contamination, checking, obsessions, hoarding, just right, and indecisiveness). Critically, beliefs about losing control explained unique variance in OCD symptomatology above and beyond the three domains of maladaptive beliefs already identified and symptoms of depression, anxiety, and stress. These findings imply that beliefs about losing control may be an important domain leading to and maintaining OCD. These irrational beliefs should be explored in more detail, and potentially targeted during CBT.

Winner: Marilyne Maltais, Université de Moncton

Submission Title: Cognitive Factors Mediate the Impact of Mindfulness on Psychological Distress

Authors: Marilyne Maltais - Université de Moncton, Geneviève Bouchard - Université de Moncton, Jean Saint-Aubin - Université de Moncton.

Summary: The successful outcomes of mindfulness derived interventions is now well established (Keng et al., 2011). However, little is known about the mechanisms responsible for the therapeutic gains. Some authors suggested a pivotal role for cognitive factors (Bishop et al., 2004; Shapiro et al., 2006; Tang & Posner, 2009). With a sample of 300 individuals, we examined the mediating role of three cognitive factors (rumination, worry, and effortful control) in the relationship between the tendency to act mindfully and psychological distress as measured with two internalized (depression and anxiety) and one externalized (aggressivity) problems. We hypothesized that mindfulness would be inversely related to rumination and worry, while positively related to effortful control. Furthermore, rumination and worry would be positively related to internalized and externalized problems, while effortful control would be inversely related to internalized and externalized problem. The hypothesized model had an acceptable fit while the adjusted model, adding a path between mindfulness and depression, provided an excellent fit for the data. All paths were significant with the exception of the one between effortful control and depression. Findings are in line with the concept of mindfulness' therapeutic gains in terms of cognitive process and self-regulation (Bishop et al., 2004; Tang & Poser, 2009).

Winner: Colin Pridy, Dalhousie University

Submission Title: Do People with High (vs. normative) Anxiety Sensitivity Listen to Music for Different Reasons?

Authors: Colin Pridy - Dalhousie University, Margo Watt - St. Francis Xavier University

Summary: Anxiety sensitivity (AS) refers to fear of arousal-related somatic sensations associated with anxiety (Reiss & McNally, 1985). High AS is a risk factor for development and maintenance of anxiety-related psychopathology (Olatunji & Wolitzky-Taylor, 2009). Research has identified the regulation of arousal and mood as a key function of music (Schäfer et al., 2013). Recent preliminary work indicates that individuals with high (vs. low) AS may differ in their use of everyday music listening to regulate emotion (Lively & Watt, 2014). The present study sought to replicate and extend Lively and Watt (2014) by investigating functions of music listening in a sample of 481 undergraduates (358 W, 123 M; Mage = 18.52 years). Participants completed the Anxiety Sensitivity Index-3 (ASI-3; Taylor et al., 2007) and four music listening self-report measures. Preliminary analyses indicate that music is used most frequently to enhance social activities and mood. High and normative (vs. low) AS individuals appear to use music more functionally, particularly for mitigating negative mood/emotions. Further analyses will examine other between-group differences, as well as identifying which structural components of music appear to be most therapeutic. Results will be discussed with regard to music listening as a stand-alone or adjuvant to existing interventions for reducing AS (Watt & Stewart, 2008).

Educational Activity Grant Event Summary

Title of the event: Toronto Forensic Research Exchange (FRX)

Award holder: Danielle Loney, Andrew Brankley & Jessica Sutherland

Summary prepared by: Danielle Loney

The first annual Toronto Forensic Research Exchange (FRX) was held on June 8, 2016 at Ryerson University. A total of 60 students, researchers and professionals (e.g., psychologists, police officers) came from across southern Ontario to exchange ideas and build partnerships to keep our community safe. FRX was created to provide a forum for individuals from different fields, institutions, and professions to share information and concerns in order to forge a strategic approach to criminal justice issues. It allowed attendees to foster interdisciplinary relationships to improve information dissemination, and innovative research and practice. As opposed to the content focus held by traditional research conferences, FRX focused on improving the process of communication within the forensic community. Over the course of three plenary speakers, field-relevant focus groups, facilitated networking, and a student-data blitz, FRX attendees successfully built interdisciplinary relationships to improve their clinical practice, professional practice, and research in years to come. Upon post-event survey, the FRX community unanimously responded they would attend FRX in future years. Attendees reported “the wide diversity of the people who attended [gave] a great understanding of the difference views and perspectives of all those individuals who work in the forensic realm.” FRX is sure to be an exciting annual event!

Convention Reporters Summaries

Guidelines for Recovery-Oriented Practice- Clinical and Experiential

Presented by: Ed Mantler

Convention Reporter: Adrienne Young, University of British Columbia

At the workshop on the topic of recovery within the mental health system, Ed Mantler, of the Mental Health Commission of Canada, introduced the topic of recovery as the goal for mental health patients. Mantler described his experience recovering from a heart attack, specifically noticing the optimism of his health care workers as they discussed his path to recovery. He noted that in this situation recovery was not defined as regaining the life the client previously had, but as a shift in attitude towards acceptance, hope, and ability to move towards a new, fulfilling life. Hope was a primary concept throughout the workshop in describing recovery based mental health initiatives. The recovery-centered approach combines advocacy, pioneering work on recovery-based intervention, empirical evidence, and policy initiatives to provide a more hopeful outlook for mental health patients.

After Mantler's hope-inspiring introduction, a panel of experts from differing disciplines held a Q&A session to discuss the roles that recovery and hope play in their work. The panel consisted of Drew Barnes, an occupational therapist, Dr. John Higenbottam, a clinical psychologist, and Debbie Sesula, a peer support co-ordinator. The experts discussed how recovery based initiatives allow clients and their families to come together in a more positive environment to help the patient on a path towards recovery.

Following the panel discussion, small groups were formed to discuss practical ways recovery based strategies could be applied in our own lives and work. The workshop participants provided ideas such as allowing autonomy and decision making for patients' own recovery plans, encouraging positive risk taking, and validating the hurt and emotion behind the path to recovery.

The "Guidelines for Recovery-Oriented Practice" put forward by the Mental Health Commission of Canada was distributed in the workshop outlining ways in which recovery can be incorporated into the mental health system. More information regarding recovery-based practice can be found at:
www.mentalhealthcommission.ca/English/focus-areas/mental-health-strategy-canada

Joint CPA/CCPPP Internship Fair: Preparing for Your Pre-Doctoral Internship and What Training Directors Really Look For

Presented by: Catherine Costigan, Director of Clinical Training, University of Victoria; Brent Hayman, Director of Clinical Training, London Clinical Psychology Residency Consortium - *London Health Sciences Centre*; Kerrie Richie, Training Director, *Ottawa Hospital*; and Tricia Teeft, Graduate Student, Memorial University

Convention Reporter: Chasidy Karpiuk, Adler University Alumna

This session focused on breaking down common myths and making recommendations to graduate students who are or will be applying to internship sites. Dr. Costigan and Dr. Hayman began the session by validating that the process can be anxiety provoking; however, following the recommendations will hopefully alleviate some of the stress. Some recommendations for students are as follows: (1) Apply to the sites you are interested in, even if you do not have experience in all areas of the posting. In fact, it is understood and expected students will build on and expand their skills over the internship year. (2) Follow the internship application instructions verbatim. This may sound simple but many applicants miss the mark on this one, either by not reading the full instructions and/or by submitting more than what is asked for. (3) When assembling the application, keep in mind what skills, experience, and characteristics you want to highlight. For example, applicants should include references from individuals who are familiar with their academic strengths, clinical skills, and who can speak to the students' interests and experiences as they relate to each internship site. (4) Treat the internship applications similar to a professional work contract. "If you are not interested in working at a site, do not apply". (5) The following will not increase your chances of being chosen for an internship: being in the same geographical region as a site, sending thank you cards, and/or interviewing in person, versus a phone/Skype interview. (6) Finally, not every student is successful in the first or second round of the APPIC Match process; therefore, you should have a backup plan. Some examples of alternate plans are: using the APPIC Post Vacancy Service (www.appic.org), gaining more experience to make your application stronger next year, or consider developing your own placement. Overall, the recommendations were practical and well received by the student audience.

The Role of Self-Affirmation in the Treatment of Clinical Problems

Presenters: Ed Johnson; Darren Neufeld; Karen O'Brien; Yunqiao Wang, University of Manitoba

Convention Reporter: Lindsay Berard **Affiliation:** University of Manitoba

In one of the Clinical Psychology Sections first symposiums of the 2016 Convention, self-affirmation was featured as a tool to aid in a variety of clinical problems; envy, social anxiety, and obsessive passion. Self-affirmation focuses on an individual's need for self-integrity, wherein an individual feels they are morally and adaptively adequate, good, and efficacious. Self-affirmation can be induced through a 3-step procedure; 1- an individual ranks a list of values in order of personal importance; 2- a personally important value is selected; and 3- a brief essay is written about the selected values importance. Although a simple set of tasks, self-affirmations have lasting effectiveness in a variety of clinical issues: reducing avoidance, freezing up, defensiveness and feelings of being overwhelmed.

The presenters introduced three university-based studies where self-affirmations have demonstrated to be effective. The first study featured students participating in a mutual decision game with a "smarter" peer. Self-affirmations were shown to reduce feelings of envy toward the "smarter" peer, especially for participants with low self-compassion or high dispositional envy and vulnerable narcissism. The self-affirmation did not result in behaviour change during the cooperation task, and there was no reduction of envy feelings at a one-month follow-up.

The second study focused on participants with social anxiety disorder. Participants in the experimental condition completed a self-affirmation prior to a Trier Social Stress Test. They were then given a psycho-education seminar, and challenged to attend social activities and engage in social interaction. Participants completing the self-affirmation demonstrated no improvements during the Trier test, however there was a significant increase in social behaviours, a significant decrease in distress levels, and a decrease in scores on the social phobia inventory (SPIN) self-measure (with a significant decrease on the fear subscale) in the one-month follow-up.

The final study featured participants with an obsessive passion for academics. Participants in the experimental condition completed a self-affirmation manipulation prior to a psychoeducation session about the negative effects of obsessive passion, and suggested behavioural changes. Participants completing the self-affirmation reacted significantly more positively towards the psychoeducation than those in the control group, however, there were no changes in behaviour or passion scores following self-affirmation.

Highlighting the flexibility of self-affirmations, the symposium provided a detailed basis of knowledge for audience members to integrate self-affirmations into research and clinical practice, especially when intent and consideration to change are targeted goals.

So you are Thinking of Using Mindfulness Meditation with your Clients? How to Introduce and Support Mindfulness Meditation in Therapy

Presenter: Dr. Mark Lau, Clinical Associate Professor UBC Department of Psychiatry

Convention Reporter: Renelle Bourdage, University of Western Ontario, Department of Counselling Psychology

Dr. Lau, a recognized expert in Cognitive Behavioral Therapy (CBT) and Mindfulness-based Cognitive Therapy (MBCT) is a Clinical Associate Professor and Founding Fellow of the Institute of Mental Health at UBC. Given his expertise in the field, Dr. Lau provided an excellent workshop at the 2016 Canadian Psychological Association National Convention on introducing and utilizing mindfulness meditation in therapy. Dr. Mark Lau initially introduced the topic of mindfulness to his audience by speaking to his personal practice, noticing the client benefits of mindfulness. He then asked the audience to reflect upon their own current state of mind, gently encouraging them to center themselves in the moment. After hearing a few thoughts from the audience, Dr. Lau was keen to point out the habitual tendency of our minds to wander, thinking aimlessly about the past or future; essentially, it is sometimes difficult to truly find ourselves simply in the present. To support this point, Dr. Lau explained the underpinnings of this psychotherapeutic approach by reviewing research literature providing the foundational principles of this practice.

The workshop overall was very informative, providing much guidance regarding the introduction, training and supporting of client mindfulness meditation practices. The workshop was also very interactive, with Dr. Lau encouraging the audience to participate in what is called “The Raisin Exercise”. In sum, a person is encouraged to pull all focus towards a raisin held in hand, exploring it via all senses as though it was a first time experience. The participant, captivated by the exploration of the raisin, can suddenly find themselves very present in the moment; an experience which brought about a multitude of self-reflective thoughts as expressed by the audience. After open discussion Dr. Lau then demonstrated a different mindfulness exercise which incorporated stretching and deep breathing. Essentially, Dr. Mark Lau was able to explain the research literature of mindfulness meditation in therapy, all the while demonstrating its effects to his audience, which resulted in simultaneously providing psychoeducation and a sense of stress relief for all participants of the workshop.

Hopelessness Predicts Suicidal Ideation but not Attempts: A 10-year Prospective Study of Individuals with Depression

Presented by: Serene Tianyou Qiu (University of British Columbia)

Convention Reporter: Talia Hashmani, University of Waterloo

At the 77th Annual CPA Convention on Saturday June 11th, Serene Tianyou Qiu from the University of British Columbia presented research on behalf of authors, Dr. David Klein and Dr. David Klonsky entitled, “Hopelessness predicts suicidal ideation but not attempts: a 10-year prospective study of individuals with depression”. Serene began her engaging talk by explaining the Hopelessness Theory of Suicide, which suggests that suicidal individuals believe that suicide is the only way out of their depression. After providing background evidence on the topic of suicide and hopelessness, Serene posed the research question, “What is the role of hopelessness in prospectively predicting suicidal thoughts vs. behaviours?” In order to answer this, a sample of $n=142$ depressed outpatients were studied over a period of 10 years, using the Beck Hopelessness Scale, the Structured Clinical Interview for DSM-III-R and the Longitudinal Interval Follow-up Evaluation.

The results portrayed both retrospective and prospective analyses by separating participants into four groups, such as those who were suicidal vs. non-suicidal, as well as attempters vs. ideators without attempts. Prospective analyses demonstrated that hopelessness is significantly more prominent in those who are suicidal compared to those who are non-suicidal ($p=.003$). In addition, there were no significant differences between attempters vs. ideators without attempts ($p=.51$).

The discussion section of this talk discussed risk factors that predict ideation, such as, depression, more mental disorders and impulsivity. Suggestions for future research were presented, by advocating that it is essential for prospective research to distinguish risk factors for ideations vs. those who are attempting suicide. Limitations for this study include a small sample size, a substantial attrition rate of 20% and a 10-year follow-up period, which thus contributed to the dropouts. After giving her talk, Serene allowed questions from the audience and was able to successfully elaborate on the literature regarding suicidal attempts and ideations. Overall, the speaker succeeded in presenting their data from the University of British Columbia in a clear, efficient and well-organized manner.

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.

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

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:

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

****Please note:** Any students that fail to either complete and/or submit all of their assigned evaluations will **NOT** be eligible for the award.

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**.

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.

****The above awards may not be offered every year.****