Canadian Clinical Psychologist

Editor: David S. Hart

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Message from the Chair

Rhona Steinberg

Convention time is upon us again and the Clinical Section has made a substantial contribution to the 1993 conference. One of the criticisms about the conference is the problem of conflicting sessions. Fortunately or unfortunately for section members there were many very interesting submissions and delegates are going to have a difficult time choosing the sessions they wish to attend. Some of the highlights include an invited address given by Dr. William Marshall on Thursday, May 27, 1993. I urge all of you to attend as I am certain that Dr. Marshall's talk will prove to be most illuminating. Other sessions at the conference consist of workshops, poster sessions and symposia. It will be a very busy and a very productive time for all of you who are attending.

Much of our energy this year focused on refining the Definition of Clinical Psychology by getting feedback from various interested organizations so that the final draft of the definition could be voted on by the membership at the annual business meeting. It is important that as many people attend the business meeting so that there can be as much input as possible. Many thanks are given to Drs. Michael Vallis and Janice Howes for all the time and effort they have put into this project.

One of the goals this year for the section has been to increase the membership base. However the fact is that there has been a decrease in the number of members in the section. I wonder if we are not meeting the needs of clinical psychologists and clinical psychology students. How do you think the section can become more responsive to the membership? What issues should the clinical section involve itself in? Any comments or ideas should be forwarded to a member of the executive. The section depends on the input of its members. There are many ways to get involved and help shape the direction of Clinical Psychology in Canada.

We have two newly elected members of the Executive Council of the Section on Clinical Psychology. Dr. Sam Mikail will serve as chair-elect for the 1993-1994 year. Dr. David Hart will continue to serve as member-at-large for the 1993-1995 years. David will continue as the editor of the Clinical Section Newsletter during his term. Congratulations go out to both of them. I know that they will be a great asset to the section.

See you at the convention.

Contents

Networking

A Question of Compassion: PAA Cares

In the last issue of the newsletter I raised the question of provision of emotional support for colleagues who are charged with professional misconduct. David G. Hart (a friend, but not related to me) now informs me that, as chair of the Professional Affairs Committee of the Psychologists Association of Alberta, he had succeeded in getting approval for a peer support program.

The PAA Peer Support Program is designed to provide brief support for "Psychologists enmeshed in the discipline process" and "Psychologists requiring personal or professional support." The program document explicitly states that the peer support addresses stress issues, not legal counselling or therapy. The program was adopted in 1992. The governing document (available from the Psychologists Association of Alberta, 400 Sun Life Place, 10123-99 Street, Edmonton, T5J 3H1, or telephone 403-424-5070) describes how peer support is to be distinct from the discipline process, guidelines for the peer support personnel in presenting their role and the limits on their confidentiality, criteria for selecting peer support persons from volunteers and what is expected of them, the role and procedures of PAA's Executive Director, and considerations for peer support for personal issues (other than arising from the disciplinary process).

Dr. Bert Hohol told me that the program is growing gradually since its guidelines were presented in the PAA Newsletter. They have psychologists responding to seek peer support and to offer it. He expects that it will grow because of the very real need that occurs, as in any profession.

CRHSPP Advocacy: Correspondence

Editor's Note: (a) This correspondence was an editorial initiative and should not be taken to reflect views or concerns of the section executive. (b) Am I unique in my concern ? DSH

George Hurley
President, CRHSPP

Dear George,

There is a question about the function of CRHSPP that concerns me, the answer to which is probably of interest to many professional psychologist across the country. I invite an answer that I can include in the next issue of the clinical section newsletter (scheduled for early May) along with this letter.

CRHSPP is a proposed participant of the Professional Psychology National Advocacy Consortium which intends to pool resources in order to lobby for professional psychology. Would you explain how CRHSPP has the authority to commit its resources to such a venture?

My reading of the by-laws of CRHSPP lead me to conclude that assigning money from registration fees to the consortium is beyond its mandate. The Statement of Purpose refers to "identifying health service providers in psychology ... and also for the purpose of promoting professional standards by encouraging continuing education and research." The constitution specifies the Objects of CRHSPP as:

(1) To identify health service providers who meet certain educational and training standards set by the Council.

(2) To publish a register of health service psychologists to assist health service organizations, third party payers, the general public and such other persons or groups as may be appropriate.

(3) From time to time conduct research on issues related to the delivery of health services by psychologists.

(4) To encourage and promote programs of continuing education in the areas of psychological health services.

"CRHSPP Advocacy: Correspondence" continued

(5) To maintain close relationships with the Council of provincial associations of psychologists, the Canadian Psychological Association, the provincial or territorial psychological associations and regulatory organizations and to support the goals and objects of such bodies and organizations.

No matter how good the cause, you appear to be committing money from registration fees to a purpose for which they were not collected. We can agree that professional advocacy be paid for by professional psychologists, but CRHSPP is not established to speak for professional psychologists. Those of us who pay fees for registration have no vote in deciding who will govern the organization, much less how the funds are to be spent, or what policies will be "advocated" in our name. Given CRHSPP's explicit mandate, registrants may well expect that funds in excess of those necessary for the conduct of the registration process will be put to continuing education for registrants, or that registration fees will be decreased.

I am sure that many psychologists across the country will appreciate your taking the time to respond to this question. The next newsletter has to be ready for duplication 30 April.

Yours sincerely,
David S. Hart, PhD
Editor, *Canadian Clinical Psychologist*

Dear Dr. Hart,

Thank you for your letter of March 31, 1993. I am always pleased to respond to questions of concerns about CRHSPP and want to thank you for taking the time to write on behalf of your Section.

As a CRHSPP Listee, you may have noted in our past news updates comments regarding strategic planning by the CRHSPP Executive. Indeed, the Executive of the Register recently operationalized the objects of the Register by seeking to enhance the promotion and protection of the public's access to qualified health service providers in psychology. This clarification of the CRHSPP Mission has been reviewed and approved by the Executive and Council of the Register as have our marketing projects and shared consortium work with our collegial bodies in psychology. To date, most Listee feedback about these changes has been quite positive. Some Listees, however, are critical of the fact that CRHSPP is still not seen to be doing enough in the marketing and advocacy arenas. I must confess that your own criticism about CRHSPP doing too much is somewhat unique.

With regard to your question of mandate, Object five of the register states that CRHSPP is "To maintain close relationships with the Council of provincial associations of psychologists, the Canadian Psychological Association, the provincial or territorial psychology associations and regulatory bodies and to support the goals of such bodies and organizations" (p. 8, 1992 CRHSPP Directory). As part of the CAP-initiated Professional Psychology Advocacy Consortium now joined by CPA and CRHSPP, we hope to see, as part of the overall goals of the Consortium, improved access to psychological services made a reality.

Addressing your question of governance, CRHSPP was established in January, 1985, with receipt of its letters patent and articles of incorporation from the federal Ministry of Consumer and Corporate Affairs. The Constitution has been ratified by the associations and/or regulatory bodies of Alberta, British Columbia, Manitoba, Newfoundland, Nova Scotia, North West Territories, Ontario, Prince Edward Island, Quebec, and Saskatchewan, as well as by the Canadian Psychological Association, all of which are member bodies of the Canadian Register. As you infer in your letter to me, CRHSPP member bodies do indeed appoint representatives to Council.

As President I am therefore pleased to hear directly from our listees via such correspondence as you have initiated recently. I sincerely hope that other CRHSPP Listees who may be members of your Section, as well as non-Listee Section members, will also take the time to write or call with their concerns and ideas. Beyond responding to you in this forum, please be assured that your correspondence will be reviewed by the CRHSPP Executive. In this way each idea for improvement and/or concern from Listees (as well as other interested parties) may be given the consideration and attention it deserves.

I hope that this reply meets your deadline for your Section Newsletter.

George Hurley, PhD
President CRHSPP

People

Ken Craig and Rhona Steinberg were among the luncheon guests on the occasion of APA's first Council meeting in Canada. Frank Farley, who maintains his CPA membership while on the faculty of University of Wisconsin, is currently president of APA and evidently knew that La Rua in Whistler serves fine food in a glorious mountain setting.

Keith Dobson, our founding Chair, has two books coming off the presses this year: *Professional Psychology in Canada*, K.S. Dobson & D.J.G. Dobson, editors, due for release in May 1993; and *Cognition and Psychopathology*, K.S. Dobson & P.C. Kendall, editors, due for release in October 1993. A nice achievement in itself, but even more impressive when one considers that Keith is busy with CPA affairs (he assumes the presidency in June), has been organizing at least two conferences, directs a clinical program, and gets out to ski occasionally (well, this reporter saw him in sporty attire in Banff).

Events

Clinical Section at CPA 1993

The Clinical Section's nominee, Dr. **W.L. Marshall**, is to be one of the two Invited Speakers at CPA Montreal. Bill has established an international reputation as an outstanding clinician-researcher.

That reputation does not derive from safe topics. His address "The value of assessing and treating sex offenders" will give us an insight not only into what can be done about a frightening social problem, but also into how dedicated psychologists can do good clinical research with clients who can't be trusted.

A symposium "Children's reactions to severely traumatic events: Implications for treatment" will have papers presented by Stan Whitsett of the Alberta Children's Hospital, Sandra Rafman of the University of Quebec at Montreal, David G. Hart in private practice in Calgary, Joyce Canfield of the Montreal Children's Hospital, and Jose Barbas of the Charles LeMoyne Hospital in Montreal. This symposium has been initiated by the Trauma Response Network and is sponsored by the clinical section. The presenters bring a wealth of experience from research and clinical practice so come early to get a good seat.

There will be many posters sponsored by the clinical section. Poster presentation affords a great opportunity to chat with the person who did the study. This interaction gives you a good chance to really understand what the result means and hence a good chance to incorporate it into your own thinking. It also enables you to encourage (or put straight) the presenter, and it's fun. Plan to peruse the posters and palaver with the presenters.

There are also a number of clinical symposia, details of which are provided in your programme. The convention programme has much to offer clinical psychologists. If you have suggestions about how the annual convention can be more useful for you, please let us know. Contact any member of the section executive.

Invited Speaker 1994 CPA

Sections may propose names for consideration as CPA Invited Speakers for the annual convention. Our executive has done so with good success. Section members are invited to write to any member of the executive with suggestions of names or topics or the policy that you would like to have followed. There are only two CPA Invited Speakers each year. A section willing to delve into its own coffers to support a particular speaker can do so with possible CPA financial assistance. This topic will be on the agenda for the section AGM in Montreal.

Disaster & Trauma Special Interest Group

Members of the Canadian Trauma Response Network have applied to form a Disaster & Trauma Special Interest Group of CPA. There will be an organizational meeting during the CPA Montreal Convention at 0900 - 1030 in

"Disaster and Trauma Special Interest Group" continued

Salon 410B. Actual business should take little time even with the addition of the Trauma Response Network business. We have two members scheduled to give brief presentations: Margaret Kiely will reflect on the Montreal massacre, and Lois Rosine will describe her research in a correctional institution. The notion is to have ten minute talks followed by time for other members to converse with the presenters by asking questions and describe their experience. We hope to set a pattern for collegial interaction on Disaster & Trauma topics at the CPA conventions.

The Trauma Response Network has stimulated several events of note at CPA Montreal. David G. Hart is offering a pre-convention workshop on Critical Incident Stress and Trauma Debriefing. He will also have a conversation hour about his experience working with victims of hurricane Iniki in Hawaii last fall. Sandra Rafman and Stan Whitsett have organized a symposium on Child Trauma. Each of these events is a valuable contribution for those interested in the effects and treatment of trauma.

You can join the Canadian Trauma Response Network and have your name in its Directory and on the subscription list for *Traumanews* and the Directory by sending your application with $10 to: Canadian Trauma Response Network Trust, c/o David G. Hart & Associates, Suite 222, 8 Parkdale Crescent N.W., Calgary, T2N 3T8

Joining the Disaster & Trauma SIG is done on the CPA annual dues renewal form (we expect), but we hope those interested will not miss the CPA Saturday morning founding session.

Canadian Conference on Applied/ Professional Psychology Planned

Keith S. Dobson and Mike King, Co-Chairs

The Board of Directors of the Canadian Psychological Association has approved the convening of a national conference on applied/professional psychology. This conference, scheduled for the spring of 1994, will be the first national psychology conference since Opinicon II in 1984. Whereas Opinicon II reviewed the broad range of the discipline, this conference will be focused on applied/ professional psychology. Further, the intent of this conference is not to review the current status of professional issues in Canadian psychology, but is rather being organized as a future action-oriented conference around a limited number of focal topics. It is hoped that this approach to the conference will allow the participants to move beyond an analysis of what exists at present to what the profession can do for Canadian society in the years to come.

The work to date

Given the immense range of applied/professional psychology, a method for defining the foci of the conference was needed, and for this purpose the conference co-chairs elected to adopt the Delphi polling method. The Delphi method uses a pool of identified experts, and surveys these experts with a series of integrated questions. For the purposes of this conference, we have elected a three-wave procedure, and drew a list of experts from a broad range of applied, professional and organizational positions. In the first wave the identified experts were provided with some information about the mandate of the conference, and they were then asked to rank the perceived importance of seven general areas for the conference. Further, the experts rated the potential importance of 23 specific issues which fell under the above seven topics.

The results of the first wave indicated that the respondents viewed training, practice and funding as the three most important areas for this type of conference. Three other areas, however, were not far behind these first three in terms of their perceived rank of importance. There was also a considerable range of specific topics that were rated as important by the respondents, suggesting the need to further refine the questions asked of respondents and to use a second wave for this purpose.

In the second wave the experts were asked to rank the same seven general topics they had in the first survey wave. They were then asked to take their own top three topics, and to provide suggestions about potential specific issues or topics for discussion. This strategy revealed that three topics (funding, advocacy and training) emerged as the clear three top topics. Given that two of the topics were identical between wave 1 and 2 (training and funding), and that advocacy and practice issues bore some resemblance to each other, a decision was made to proceed with funding, training and advocacy as the three areas for the conference.

Within the three conference areas, a list was made of all of the suggestions regarding specific topics from the respondents. This list was reviewed for redundancy and

"Canadian Conference on Applied/Professional Psychology Planned" continued

clarity, and was revised to form the basis of the third wave. In the third wave of the polling (currently in progress), the same pool of experts will be asked to identify the most important specific topics within each of the three domains of training, funding and advocacy. We will also ask respondents to indicate potential delegates to, or speakers at, the conference in these areas. These ratings of topic importance will be used to formulate the specific foci for the conference, while the suggestions for delegates and speakers will be employed to ensure that the best experts in these domains can be present.

In addition to the above polling and focusing the content of the conference, the co-chairs have been involved in obtaining commitments of funds for the conference. This activity continues, including a pending grant application. It is our expectation that the necessary funds will be in place for the conference to proceed on time.

Future Planning

Once on-site, delegates at the conference will be involved in idea generation in the three areas of the conference, evaluation of ideas, and action planning. Consistent with the overall mandate of the conference, the goal is to produce a set of policy and action recommendations that can be delivered to, debated by, and taken up as challenges in the applied/ professionalpsychology commmunity. Specific target groups or individuals who can implement the recommendations will be named in this set of recommendations, and the conference will proceeed from a conceptual to an action focus in a relatively short span of time.

In summary, an innovative strategy is being used to evolve the content of a proactive conference in applied/ professional psychology. Given the scope of applied and professional psychology, as well as the juncture Canada finds itself at in terms of federal/provincial relations and fiscal planning, this is an opportune time for psychology to examine its current roles and to attempt to position itself more effectively in the domain of the professions. It is our hope that this conference will aid such efforts, and that the profession will respond positively to proposals that emerge from the conference, as the ultimate success of this type of conference can only be gauged in terms of its impact on the field of applied/professional psychology. Interested members of the Section on Clinical Psychology can contact either of the co-chairs with ideas, or reactions to this article.

Section 26 Business

Definition of Clinical Psychology: A Progress Report

Michael Vallis and Janice Howes

The Executive has continued to work on the Definition of Clinical Psychology. Since our last newsletter we have distributed the draft Definition widely for feedback. The Definition was sent to the CPA Board of Directors, as well as the Executive Councils of selected CPA Sections (Counselling Psychology, Clinical Neuropsychology, Family Therapy, Students), the Canadian Register of Health Service Providers in Psychology (CRHSPP), the Council of Provincial Associations of Psychology (CPAP), and the Canadian Council of Clinical Psychology Programs (CCCPP).

We have received helpful feedback from a number of individuals and organizations. As expected, feedback ranged from positive to negative. In this article we will summarize the major concerns expressed to us, and outline the revisions we have made based on these concerns. Aside from a number of wordsmithing comments (which have been incorporated into the latest revision), concerns about the Definition fell into three categories; the issue of entry level requirements, the exclusivity of our Definition, and the potential use of the Definition in legal and quasi-legal contexts.

With respect to entry level requirements, several respondents (and the organizations they represent) expressed concerns about the recommendation of having the doctoral degree as the criterion for entry into clinical psychology. As expected, the strongest concerns came from provincial jurisdictions where master's level individuals

"Definition of Clinical Psychology: A Progress Report" continued

can be registered. The concern was expressed that we would alienate a large number of psychologists who practise clinical psychology and have a legitimate investment in the profession. Since this was not our intention, we decided to rewrite the entry level section of the Definition. We will still recommend movement toward the doctoral degree as the entry level requirement, but this section has been altered in the following manner. First, it now reflects the current status of registration across the country (i.e., a mix of doctoral level only and master's level registration). Second, mention is made of the CPA aspirational policy recommending the Doctoral degree for all professional psychologists. Third, we take the position that the Section recommends working **toward** the doctoral degree from an accredited clinical program, and with an accredited pre-doctoral internship as minimal entry level criteria. In the current revision of the Definition, the developmental nature of standards for clinical training is acknowledged.

A second concern expressed by respondents was the implication of exclusivity. That is, whether we are implying that **only** clinical psychologists can lay claim to the skills and activities listed in the Definition. While we did not state this in the Definition some respondents were concerned that we will be interpreted as endorsing exclusivity. We have handled this issue by adding a preamble to the current draft of the Definition. In this preamble we clearly state that we are **not** claiming **exclusivity**, but are attempting to provide information on the nature of clinical psychology. We explicitly state that many of our skill areas and activities overlap with other professional groups, both within (e.g., clinical neuropsychology) and outside (e.g., psychiatry) psychology.

The third thematic concern expressed in feedback to us had to do with the possibility that the Definition may be used in a legal or quasi-legal context. For example, a lawyer might argue in court that a clinical psychologist without an accredited internship cannot be considered an expert witness, making reference to our Definition. We have dealt with this in the following ways. First, the section on training has been rewritten regarding the doctoral degree and accredited training bodies, as noted above. As such, it is less likely that the document will be misused in the manner stated above. Second, we have made an explicit statement in the preamble that this document is meant to be descriptive and to identify areas of growth within clinical psychology, in the opinion of the Section on Clinical Psychology. It is not to contravene the legitimate role of registration bodies to define qualifications, or provincial or territorial association to set policy.

The revised Definition is included in this issue. **Please review it carefully**. It is this revision, not the previous one, that will be voted upon at the upcoming Section Business Meeting at the CPA Convention in Montreal. You will note in the CPA conference material that we have scheduled a Discussion Hour, immediately preceding the Business Meeting, to discuss the Definition. Again, it will be the revised Definition that will be the subject of the Discussion Hour. Please plan to attend.

In closing, we would like to thank all those individuals and organizations who provided feedback on the previous draft of the Definition.

Definition of Clinical Psychology

Revised Draft - April, 1993

NOTE: The opinions expressed in this document are strictly those of the Executive of the Section on Clinical Psychology and do not necessarily reflect the opinions of the Canadian Psychological Association, its Officers, Directors, or employees.

Preamble

The Section on Clinical Psychology of the Canadian Psychological Association has identified a need to define the skills, activities, and training of clinical psychologists. It is believed that such a definition will facilitate the development of the field in several ways. First, a definition will enable advocacy efforts within the profession by identifying training requirements and providing a platform to discuss strategies for maintaining and improving competency, autonomy, etc. Second, a definition of clinical psychology may stimulate discussion with other professional psychology groups, and, in this way, facilitate the development of criteria for specialty designation, a current issue for professional psychology. Third, a definition will aid in public education. An all-too-often heard comment regarding clinical psychology from non-psychologists is that they are unaware of our training, skills, and value.

"Definition of Clinical Psychology: Revised Draft, April 1993" continued

Several comments about this Definition are in order. First, we regard this Definition as a "living document," which reflects the current state of the profession. As we grow and develop further the Definition should, and will, be revised. Thus, this Definition is proposed to be an accurate description of clinical psychology at the present time, and is intended to stimulate development and encourage advocacy.

Second, this definition should not be considered to define clinical psychology to the **exclusion** of other professional groups within psychology (e.g., counselling psychology, clinical neuropsychology). Many of the skills, activities, and training of other professional psychology groups overlap with the skills, activities, and training of clinical psychologists.

Finally, this definition is in **no way** a legal or quasi-legal document. It is intended as a description of the field, and as a means of presenting the position of the Section on Clinical Psychology on issues relevant to clinical psychology, such as training standards. We clearly recognize that the regulation, and legal definition, of clinical psychology is the mandate of the provincial or territorial regulatory bodies. As a Section within the Canadian Psychological Association, the Section on Clinical Psychology exists to serve the needs and interests of clinical psychology and its Section Members. Similarly, this definition is intended to describe the extent of clinical psychology and in no way should it be taken to imply a limitation for other professional groups.

General Principles

Clinical psychology is a broad field of practice and research within the discipline of psychology, which applies psychological principles to the assessment, prevention, amelioration, and rehabilitation of psychological distress, disability, dysfunctional behaviour, and health-risk behaviour, and to the enhancement of psychological and physical well-being.

Clinical psychology includes both scientific research, focusing on the search for general principles, and clinical service, focusing on the study and care of clients, and information gathered from each of these activities influences practice and research.

Clinical psychology is a broad approach to human problems (both individual and interpersonal) consisting of assessment, diagnosis, consultation, treatment, program development, administration, and research with regard to numerous populations, including children, adolescents, adults, the elderly, families, groups, and disadvantaged persons. There is overlap between some areas of clinical psychology and other professional fields of psychology such as counselling psychology and clinical neuropsychology, as well as some professional fields outside of psychology, such as psychiatry and social work.

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

Importance of Ethical Standards

The conduct of psychological activities in a highly ethical manner is an essential aspect of the behaviour of clinical psychologists. All clinical psychologists, by requirements of their provincial or territorial registration, are required to be familiar with the ethical standards relevant to their activities, and to follow these standards at all times. A number of relevant documents have been published to help guide the ethical behaviour of clinical psychologists. Example documents include: The Canadian Code of Ethics for Psychologists; Standards of Professional Conduct; Guidelines for Providers of Psychological Service; Guidelines for Therapy and Counselling of Women; Guidelines for the Elimination of Sexual Harassment; and Guidelines for the Use of Animals in Research and Instruction in Psychology. A more complete list, including references, is contained in Appendix A.

Activities of Clinical Psychologists

Clinical psychology is an active and evolving field of practice. Given the nature of the training of many clinical psychologists (i.e., academic doctoral level training), there is ongoing development of knowledge and service in new areas of practice. Doctoral level training well equips clinical psychologists to develop new knowledge. Although it is difficult to provide a comprehensive listing of the activities of clinical psychologists, common activities can be identified, which, while not exhaustive, are representative.

"Definition of Clinical Psychology: Revised Draft, April 1993" continued

Populations Seen

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

Service Settings

Clinical psychologists are found in a number of service settings, including the following: General Hospitals and Medical Clinics; Mental Health Clinics and Psychiatric Hospitals; Rehabilitation Hospitals and Clinics; Community Service Agencies; Private Practice; Universities and Colleges; Industry; the Military; Prisons and Correctional Facilities; Private and Government Research Agencies; and Schools.

Services Provided

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

Clinical Psychology and the Law

Clinical psychologists are aware of the legal aspects of their practice. Psychology Acts in each province and territory regulate the practice of psychology; they define the conditions for registration, the process for handling complaints, disciplinary actions, as well as the structures and powers of provincial or territorial psychological associations. The provincial or territorial regulatory bodies are listed in Appendix B.

In addition, clinical psychologists often do work which is governed by of the Criminal Code of Canada, the Young Offenders Act, the Mental Health Act, as well as legal precedents which relate to the practice of psychology (e.g., the duty to warn, the reporting of child abuse). Clinical psychologists providing psycho-legal services (e.g., child custody assessment, forensic assessment, expert witness) have learned to be particularly knowledgeable of the law and legal requirements for their areas of practice, including proper preparation of reports, testimony in court, and so on.

Knowledge Base

The training of clinical psychologists requires course work, practical experience, and research, of biological, social, cognitive, and affective bases of behaviour, as well as individual differences, statistics, and research methodology. These areas of psychological knowledge are not unique to clinical psychology, but are generic, and overlap with other areas of professional psychology (such as clinical neuropsychology or counselling psychology), as well as other disciplines, such as sociology and biology.

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

The knowledge base within clinical psychology is so broad that no individual clinical psychologist can become competent in all areas of clinical psychology. Therefore, clinical psychologists must function within the specific limits of their competence (i.e., knowledge and expertise), and are expected to clearly acknowledge the limitations of their scope of practice. Clinical psychologists are responsible for referring to others (either within or outside the area of clinical psychology) when they are faced with a task outside of the limits of their knowledge and skill.

Training of Clinical Psychologists

Training standards for clinical psychologists are closely tied to registration standards set by individual provincial or territorial regulatory bodies. Within Canada, different standards are used by different regulatory bodies. Some regulatory bodies require the Doctoral degree for registration, whereas other regulatory bodies require the Master's degree for registration.

A mechanism for maintaining high standards has been established by the Canadian Psychological Association through the CPA Accreditation Panel, by which clinical psychology doctoral and clinical psychology internship programmes are reviewed and accredited on a regular

"Definition of Clinical Psychology: Revised Draft, April 1993" continued

basis. Some doctoral and internship programmes also seek and receive accreditation by the American Psychological Association, which coordinates with the CPA Panel.

There are many Master's level clinical psychologists practising in Canada, and the Section on Clinical Psychology recognizes that these psychologists play an integral role in clinical psychology. Given the complex tasks facing clinical psychologists, and the need for continuing development of the profession, the Section on Clinical Psychology of the Canadian Psychological Association recommends that all Canadian and provincial jurisdictions plan to adopt the doctoral degree in clinical psychology, involving a one-year pre-doctoral internship, as the entry level requirement into the profession. This is consistent aspirational policy of the Canadian Psychological Association that the doctoral degree be the entry level standard for the practice of psychology generally. The Section on Clinical Psychology further recommends that jurisdictions plan to require for registration that psychologists entering the profession have completed accredited doctoral and internship programmes. Finally, The Section on Clinical Psychology recommends the development of opportunities for mid-career training programmes, whereby Master's level clinical psychologists can upgrade their formal training.

Professional Skills of Clinical Psychology

The fundamental skill areas that are essential for competent functioning as a clinical psychologist within the areas of health and mental health include the following:

Assessment

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

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

Diagnosis

Clinical psychologists are trained to assess, make functional diagnoses regarding intellectual level, cognitive, emotional, social, and behavioural functioning, as well as mental and psychological disorders. Diagnoses may be made formally, using widely accepted criteria, such as the criteria for evaluating intellectual level or psychiatric diagnosis (i.e., the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders), or informally, such as diagnosis of family dynamics using a particular theoretical model. In many jurisdictions in Canada, diagnosis is included in the psychologist's scope of practice.

Intervention

A major activity of clinical psychologists is intervention or treatment. All psychological intervention rests on the ability to develop and maintain functional therapeutic relationships with clients This is an important skill, as clients seen by clinical psychologists are often highly distressed and sensitive. The major purpose of intervention is to empower individuals to make adaptive choices and to gain healthy control of their own lives.

Most clinical psychologists have been trained to use a variety of treatment procedures, although the wide range of interventions available is far too great for any single practitioner to master. Clinical psychologists are responsible for selecting clients for whom their intervention skills are appropriate, and referring others to colleagues who have the requisite skills. All interventions require skill in the following tasks: conceptualization of the problem (i.e., assessment, diagnosis, and interpretation); formulation of a treatment plan; implementation of the treatment plan; and evaluation of the accuracy and completeness of the conceptualization, formulation, and implementation, as well as outcome of the intervention.

Research

Clinical psychology research can be both basic and applied. Among the health care professions, clinical psychology is one of the few to provide extensive research training. Thus, clinical psychologists are well suited to design, implement, and evaluate research and conduct program evaluation and quality assurance programs as part of their activities. Research is an integral activity of clinical psychologists working in academic and clinical settings.

"Definition of Clinical Psychology: Revised Draft, April 1993" continued

Consultation and Program Development

Clinical psychologists typically work with other professionals, either directly or indirectly, who are also providing professional services to the client. As such, clinical psychologists must be skilled in interacting with other professionals in a respectful and helpful manner. Clinical psychologists are often asked to contribute to the development of treatment and evaluation programs, and should obtain appropriate supervised experience in such activities during their training.

Note:The appendices to this Revised Draft include a list of documents guiding the ethical behaviour of clinical psychologists, and a list of provincial and territorial regulatory bodies.

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

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

The SECTION 26 NEWSLETTER will circulate three times per year: August, November, and March (or late February).