



# Canadian Clinical Psychologist

Editor: David S. Hart

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Newsletter of the Clinical Section of the Canadian Psychological Association

Winter 1994

## MESSAGE FROM THE CHAIR

**Janice Howes**

Since the last Newsletter we have been busy making plans for Section activities at the 1994 CPA Convention in Penticton. We hope that you are planning to attend the convention at the end of June, as there are many presentations focusing on clinical issues.

We are pleased that Dr. James Garbarino, whom we co-nominated with the Developmental and Family Sections, was selected by the Convention Committee as invited speaker. His address, focusing on violence and its impact on children and the family, should be of interest to many members of the Section. We are now in the final stages of arranging funding for him.

In collaboration with the Canadian Council of Professional Psychology Programs and the Counselling Section of CPA we are presenting a pre-convention workshop entitled "Addressing the Cross-Cultural Challenge and Psychologists' Need for Cross-Cultural Competency" on June 29, 1994. Dr. Donald Taylor, Social Psychologist and Professor of Psychology at McGill University, and Dr. Arthur Blue, Clinical Psychologist and Professor in the Department of Native Studies at Brandon University, who are both first class scholars and speakers, have agreed to present this workshop. The workshop promises to be of interest to trainers and clinicians, given the cross-cultural issues we are faced with daily in our practices and training sites. We encourage all members of the Section who are attending the convention to consider this workshop. If we do not achieve sufficient registration, we may have to cancel the workshop. In addition to these activities, there will be clinical symposia and poster presentations, as well as a conversation hour focusing on Entry Level Requirements for Independent Practice at the convention.

Along with this issue of the Canadian Clinical Psychologist, we have included a copy of our brochure entitled "The Clinical Psychologist in Canada". You will recall that this brochure was approved by both the Section and the CPA Board of Directors last year. We are now in the process of sending this brochure to Federal Members of Parliament to make them more aware of the skills, expertise, and value of clinical psychologists. We will be arranging a mass printing of the brochures and will make Section members aware of unit costs, for those individuals who are interested in purchasing the brochure for use in their practices.

Our membership survey was helpful in updating our membership list, given the difficulties encountered last year with the computerized list from the CPA Central Office. At present, there are 269 members and 81 student members of our Section.

As you will recall from the Annual Business Meeting in May, 1993, we approved limited financial support (\$1,000) for the National Conference on Applied/Professional Psychology. This conference is being planned for the end of March, 1994. We have nominated 4 potential delegates to the conference, and have been assured that at least 2 will be invited to attend. This conference will focus on funding, advocacy, and training issues in professional psychology.

As you will note in this issue of the Newsletter, we are calling for nominations for the Chair-Elect and Secretary-Treasurer positions on the Executive Council. If you or a colleague is interested in being involved in the Executive, here is your opportunity. Also, we have called for nominations for Section Fellows. This is an opportunity to formally recognize psychologists who have made an outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology.

As always, we look forward to feedback and ideas from the members of the Section on Clinical Psychology. If you have any comments or suggestions for tasks that you think would be useful for us to undertake, please contact me.

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## POSTDOCTORAL TRAINING: A GOOD THING?

### Some Background: David Hart

The December 1993 American Psychologist published an article by Belar et al. "National conference on postdoctoral training in professional psychology." That article has as its appendix the policy statement which resulted from the conference and which has been presented to the CPA Board with a motion for endorsement which was deferred at the June meeting. No further action has been taken, but Canadian clinical psychologists may want to consider what additional professional regulations are being discussed.

The 1993 Ann Arbor National Conference on postdoctoral training was not an APA sponsored event, but was notable for including representation from many professional psychology organizations, including Canadians.

The notion of postdoctoral training has been discussed since the Boulder Conference in 1950. Belar et al. (1993) provide a thumbnail history of the discussions. A longer account of the history is given by Wiens (American Psychologist, 1993). Wiens is obviously a believer in the value of postdoctoral training as the route for specialty practice and envisages two to three year residencies.

Why have postdoctoral professional training? Many want it for, as Wiens (1993) tells us, there are at least 388 postdoctoral programs in North America. Postdoctoral training is a major route for competency in neuropsychology.

From discussions I have monitored, it appears that the Ann Arbor conference was largely motivated by directors of postdoctoral programs who are frustrated by the effects of the absence of accreditation standards. They suffer and postdoctoral students suffer from programs which provide little training, deserve no claim to specialty competence, and use their trainees as slave labour.

The Policy Statement addresses these issues of establishing accreditation procedures and standards for programs. This component of the statement has aroused little controversy; it seems to be a reasonable extension of current practice and principles. One short paragraph of the document has aroused not only controversy, but fear and indignation in some quarters because of implications that the nature of the profession and the governance of its training will be significantly altered. That paragraph will be taken out of its context and reproduced below.

For whom a postdoctoral residency is appropriate A postdoctoral residency is appropriate for any

psychologist who seeks to gain advanced competence and expertise in professional psychology. The following psychologists should have postdoctoral residency training.

1. Professional psychologists who plan to practice or supervise practice in a specialty or general practice setting.
2. Professional psychologists who wish to teach professional courses at the graduate level, supervise in or direct a professional psychology program.
3. Professional psychologists who are preparing for a career involving research on clinical problems.

This winter APA sponsored a conference on postdoctoral accreditation in Norman, Colorado. No report of this is available yet, although one participant commented that there did not appear to be a move towards revised professional entry requirements. Because there were no plenary sessions, few participants knew what had been decided.

The article which follows, by Dick Steffy and Jeanne Ridgely contains the comments sent to Cynthia Belar in response to her request for feedback about the draft policy statement. These comments reflect concerns presented to the Clinical Section executive at its winter meeting. The executive agreed to the following three-part motion.

That the Clinical Section take the position (a) that formal postdoctoral programs in professional psychology be offered accreditation similar to predoctoral programs; (b) we strongly oppose moves toward a requirement of formal postdoctoral training for professional practice; and (c) we recommend a joint CPA/CPAP task force to study the existing guidelines in Canada pertaining to the postdoctoral year of supervised experience typically required by the various provincial regulating bodies.

*CCPPP's Response to the "National Conference" Proposal to Foster Postdoctoral Training in Professional Psychology:*

### A View From the Trenches

Richard A. Steffy & Jeanne N. Ridgely  
University of Waterloo The Toronto Hospital

As a professional courtesy, recommendations from the "National Conference on Postdoctoral Training in Professional Psychology" (Ann Arbor meeting in October, 1992) were sent to the Canadian Council of Professional Psychology Programs (CCPPP) for consideration and comments. With content of obvious importance to directors of both academic and applied training programs, two members of the CCPPP executive

committee wrestled with the content of that position paper and drafted a reply, summarized here for Clinical Section members. We were assured that the editor would provide background information on the "National Conference" initiative in this newsletter, so our comments are stated as a response.

Our first blush reaction to the National Conference document was positive. The stated goals and many of the suggestions offer sound ideas about the training of advanced professional skills. Among other things they refresh our understanding of the need for quality control, solid training practices and standards of excellence. The document also calls for increased attention to teaching of ethical principles and a focus on public interest — all good directions. However, we wondered if many of the lofty goals were not already well covered in established predoctoral requirements, leading us to our first doubt concerning the need for more guidelines, more procedures, and more demands on our students. Indeed, the proposed post-doc requirement will double the amount of time that students will spend at the end of their graduate programs in formalized training centres. Although two years of formalized training may be better than one in some views, we feel there are diminishing returns and some problems to be realized from an extension of the training requirement.

In our reply to the National Conference officers, we listed several questions that need answers.

- (1) How much is to be gained? Will the postdoctoral training year offer substantially better training in specialty skills than what is currently offered in predoctoral internship rotations? Do our rotations not adequately focus on specialty skills? Is there a problem with the depth or extent of the rotations? In short, is there evidence that our internships leave our students underserved? CCPPP believes that for the most part Canadian professional program graduates show ample competence and sophistication after they have completed their internship. Although our graduates may still require on-the-job experiences to reach "full stride" — especially so if they take employment that is not a carbon copy of their internship training — it is obvious that anyone's fit will rarely be perfect even for those who have completed a post-doc residency.
- (2) For whom is a post-doc residency appropriate? The National Conference statement boldly proposes that every clinical practitioner should have a post-doc residency training. The verb "should" in their statement clearly conveys the idea of a requirement, an expectation that every new professional psychologist should undertake post-doc training. CCPPP cringed over the implications of these drastic changes, wondering about the need, and the direct and hidden costs to training programs and to students.

- (3) A costly solution for what need? Arguments raised in the National Conference document suggest that the proposed post-doctoral residency is offered to supplant the current licensing or registration requirements generally now provided by on-the-job training and supervision. While there may be complaints about the quality and thoroughness of that supervision, a full fledged residency program is an enormously expensive means to increase the quality of credentialing, which in many instances may be working quite well. If the current arrangements are perceived to have shortcomings, should we as a profession not consider ways to improve the on-the-job supervisory experience before we attempt the large scale renovation envisioned in this postdoctoral programming proposal? The supervisory time, financial support for trainees, and all of the costs associated with running, and monitoring post-doc programs will be enormous and prohibitive if we seek such training for all of our prospective professionals. In addition to the cost of the programs, this proposed extension places a major delay into graduate students' path to their professional goals. In short, it is another extension of their adolescent years, keeping them subservient for yet another year.

It has not been our intention to argue against further extension of opportunities for post-doctoral training. CCPPP strongly endorses efforts to increase the number and quality of post-doctoral training sites, the use of common standards of excellence and quality control procedures. However, we argue that the choice of post-doctoral residencies should continue to be elective rather than obligatory. The notion of a post-doc "requirement" sends shivers down our spines because it is excessive, unwarranted, and possibly insulting to the good efforts of graduate school and internship programs who go about the business of training students to a high level of competency during the five (plus) years that make up the typical Ph.D. route. Obviously no one after five years emerges in a completely formed level of competence, but we would wager that they would still be short of perfection even after a sixth, postdoc year. There is much to be said for growth in later life. Therefore, we are arguing that this postdoc "requirement" for all psychologists is excessive. We doubt very much that it would add a sizable increase in the competence, ethical sophistication, or any other measurable event that would warrant its terrible expense to programs, to trainees or to society.

Because of these considerations, the executive of CCPPP withheld endorsement of the National Conference post-doctoral program initiative.

## Networking

### Request for Help

We are a group of concerned individuals, including psychologists, other mental health workers and law enforcement personnel that is looking into the issue of children (aged 10 to 14) who are involved in prostitution in Calgary. We are considering developing a community network of interested professionals and possibly a training program for mental health workers or paraprofessionals to assist these children. Specifically, we would like to find out if anyone is involved in programs

for this population (such as counselling, accompaniment to police stations, hospitals, and/or court and follow-up treatment) or has experience or expertise in this or similar areas. Please contact:

Deborah Dobson  
Division of Psychology

Foothills Hospital  
1404-29 St. N.W.  
Calgary, AB, T2N 2T9

Karen Lee & Don Skilling  
Lee/Skilling Associates  
Ltd  
Suite 700, Esso Plaza  
P.O. Box 21  
425-1st St. S.W.  
Calgary, AB, T2P 3L8

## People

Janice Howes and Michael Vallis are now the proud parents of Emily. Janice can now list among her many distinctions that of being the first Chair of the Clinical Section to have become a mother while in office (completed two terms in one?). We have met Emily and

attest that she is quite delightful. She is developing rapidly and apparently has already administered tests to both parents. They appear to have passed. Congratulations.

## Events

### PENTICTON 1994 CPA CONVENTION

#### Invited Speaker 1994 CPA.

The Clinical Section collaborated with the Developmental section and the Family Section to arrange a nomination for one of the two CPA Invited Speakers for our 1994 Convention in Penticton. We are very pleased to inform you that we will be addressed by Dr. James Garbarino. The title of his address: Violence and its impact on children and the family. In case you do not know of him, here are some particulars.

President of the Erickson Institute for Advanced Study in Child Development, Chicago

Internationally recognized expert on child abuse, social policy and violence; Author of many books, including "The Psychologically Battered Child", "What Children Can Tell Us"; "No Place to be a Child: Growing up in a War Zone"; "Children in Danger: Coping with the Consequences of Community Violence"; "Towards a Sustainable Society: An Economic, Social and Environmental Agenda for our Children's Future"; Recipient of many awards including the 1992 Society for Psychological Study of Social Issues Prize and APA Award for Distinguished Contributions to psychology in the Public Interest;

Completed an assessment for the UNICEF on the impact of the Gulf War on Iraqi and Kuwaiti children, flown by

UNICEF to many war zones;

Consultant to numerous organizations including UNICEF; United States National Committee for the Prevention of Child Abuse; National Institute of Mental Health; American Medical Association, National Black Child Development Institute, National Science Foundation; United States Advisory Board on Child Abuse and Neglect.

#### Pre-Convention Workshop

"Addressing the cross-cultural challenge and psychologists' need for cross-cultural competency"  
Arthur W. Blue, Ph.D. & Donald M. Taylor, Ph.D.

The Clinical Section has collaborated with the Canadian Council of Professional Psychology Programs (CCPPP) and the Counselling Section of CPA to sponsor this pre-convention workshop. The full-day workshop will address the problems emerging from the fact that professional services are often offered by white, middle-class staff and students working to meet the psychological needs of a society characterized by racial and cultural diversity.

The morning session, "Clinical training in the post-modern era: coping with racial and cultural diversity," will be offered by social psychologist Donald Taylor from McGill University. He will offer a general understanding of the basic dimensions along which cultures may have an impact on individuals struggling to integrate their cultural heritage with mainstream cultures.

The afternoon session will be offered by clinical psychologist Arthur Blue of Brandon University and will present insights from his work with clients and from his research with native populations. His presentation will focus on the impact of cultural forces on psychopathologies, as well as an understanding of the place of the family and identification processes as vehicles of ethnic transmissions of trauma.

Fee: Members \$133.75 Non-Members \$171.20

**Preview of Clinical Program at CPA Convention**

The Clinical Psychology posters and presentations at the Conference in Penticton, B.C. cover a wide range of topics and should be interesting to the members of the Section. Posters focus on adult and child issues and examples of the topics covered include sexual abuse,

physical abuse, substance abuse, eating disorders, schizophrenia, and suicide. Symposia focus on the effects of psychosocial trauma, legal and ethical issues, and the marketing of clinical psychology. Theory review and workshop presentations during the Convention deal with a variety of clinical and professional issues.

Clinical Conversation Hour: Entry Level Requirements for Independent Practice. Given the recent changes in the Ontario legislation which provide for registration of Psychological Associates, the fact that many practitioners across the nation have Master's level qualifications, and the pressure by many to have not only the Ph.D. but post-doctoral residency as the requirement for entry to the profession, this promises to be a fascinating conversation. Perhaps we need more than one hour?

**Announcements**

**DISSOCIATIVE DISORDERS**

A full day workshop  
 Dr. George Fraser  
 Royal Ottawa Hospital

Sponsored by the Association of Psychologists of Nova Scotia

Date: 15 April, 1994  
 Place: Nova Scotia Hospital  
 Dartmouth, NS

Information and registration material may be obtained by calling the APNS office (902-422-9183).

**BROCHURE**

The brochure, The Clinical Psychologist in Canada, which represents one of the first projects of the Clinical Section, has now been approved by CPA. It provides information on the nature of Clinical Psychology, the training required to become a clinical psychologist, and the types of services and activities clinical psychologists provide (e.g., service provision, research, and teaching). A copy is included with this issue of the Canadian Clinical Psychologist. Copies of the brochure are

available at the initial price of \$.35. Supplies are limited, so get your order in early so that you can have them available for your students, your clinic waiting room, or as a response to that inevitable question about your profession. A fine job has been done preparing the brochure, now you can enjoy disseminating it about the populace eager to become fully informed about just what is a clinical psychologist.

**NEWSLETTER SCHEDULE**

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

The opinions expressed in this newsletter are strictly those of the author and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors or employees.

**ORDER FORM**  
**THE CLINICAL PSYCHOLOGIST IN CANADA BROCHURE**

TO: Allan Wilson, Ph.D.  
 Psychology Department  
 Nova Scotia Hospital  
 Dartmouth, NS B2Y 3Z9

FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I wish to order \_\_\_\_ brochures @ \$.35  
 My cheque for \$ \_\_\_\_\_ is enclosed.  
 (Make cheque payable to Clinical Section CPA)

## DEFINITION OF CLINICAL PSYCHOLOGY

*The Definition is being provided once again because some revisions in wording were made in conformity with proposals agreed at the 1993 Annual Business Meeting. The text presented here is thus the approved statement. You may find it valuable to preserve for reference.*

Approved by:  
Clinical Section May, 1993  
CPA Board of Directors May, 1993

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### 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/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.

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/territorial regulatory bodies. As a Section within the Canadian Psychological Association, the

Section on Clinical Psychology exists to serve the needs/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/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; Practice Guidelines for Providers of Psychological Services; Guidelines for Therapy and Counselling with 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.

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/territorial psychological associations. The provincial/territorial regulatory bodies are listed in Appendix B.

In addition, clinical psychologists often do work which is governed by 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 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 predoctoral internship, as the entry level requirement into the profession. This is consistent with the 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/systems. Multiple assessment methods are often utilized, and clinical psychologists must be sufficiently trained to be able to choose the most appropriate method or instrument from among the many available.

Assessment of an individual's development, behaviour, intellect, interests, personality, cognitive processes, emotional functioning, and social functioning are 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 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 psychologists 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/quality assurance programs as part of their activities. Research is an integral activity of clinical psychologists working in academic and clinical settings.

### Consultation/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/evaluation programs, and should obtain appropriate supervised experience in such activities during their training.

### APPENDIX A

#### DOCUMENTS GUIDING THE ETHICAL BEHAVIOUR OF CLINICAL PSYCHOLOGISTS

A Canadian Code of Ethics for Psychologists. (1986). Canadian Psychological Association. Old Chelsea, Quebec.

Sinclair, C., Poizner, S., Gilmour-Barrett, K., & Randall, D. (1987). The development of a code of ethics for Canadian psychologists. *Canadian Psychology*, 28:1.

Canadian Code of Ethics for Psychologists: Companion Manual. (1988). Canadian Psychological Association. Old Chelsea, Quebec.

Practice Guidelines for Providers of Psychological Services. (1989). Canadian Psychological Association. Old Chelsea, Quebec.

Guidelines for Therapy and Counselling with Women. (1980). Canadian Psychological Association. Old Chelsea, Quebec.

Pettifor, J.L., Larsen, C.C., & Cammaert, L.P. (1984). *Therapy and Counselling with Women: A Handbook of Educational Materials*. Canadian Psychological Association. Old Chelsea, Quebec.

Bias in Psychotherapy with Lesbians and Gay Men. (1990). American Psychological Association. Washington, D.C.

Guidelines for the Elimination of Sexual Harassment. (1985). Canadian Psychological Association. Old Chelsea, Quebec.

Guidelines for Assessing Sex Bias and Sex Fairness in Career Interest Inventories. (1978). Canadian Psychological Association. Old Chelsea, Quebec.

Standards for Employment of Paraprofessionals and Psychological Assistants. (1982). Canadian Psychological Association. Old Chelsea, Quebec.

Guidelines for Educational and Psychological Testing. (1987). Canadian Psychological Association. Old Chelsea, Quebec.

Ethical Principles in the Conduct of Research with Human Participants. (1982). American Psychological Association. Washington, D.C. Short Checklist for Nonsexist Research. (1983). Canadian Psychological Association. Old Chelsea, Quebec. Full text in: C. Stark-Adamec & M. Kimball (1984). Science free of sexism: A psychologist's guide to the conduct of nonsexist research. *Canadian Psychology*, 23:23-34.

Guidelines for the Use of Animals in Research and Instruction in Psychology. (1982). Canadian Psychological Association. Old Chelsea, Quebec.

### APPENDIX B

#### PROVINCIAL/TERRITORIAL REGULATORY BODIES

Psychologists Association of Alberta - (403) 424-5070

College of Psychologists of British Columbia - (604) 877-1454

Psychological Association of Manitoba - (204) 947-3698

College of Psychologists of New Brunswick - (506) 459-1994

Newfoundland Board of Examiners in Psychology - (709) 737-8874

Registrar of Psychologists, North West Territories - (403) 920-8058

Nova Scotia Board of Examiners in Psychology - (902) 423-2238

College of Psychologists of Ontario - (416) 961-8817

Psychologists Registration Board of Prince Edward Island - (902) 360-4430

Corporation Professionnelle des Psychologues du Quebec - (514) 738-1881

Saskatchewan Psychological Association - (306) 842-5461

### Call for Nominations of Officers of Clinical Section (1994-95)

One of the most obvious and meaningful ways you can show your support for the Clinical Section is to participate in the election process. For 1994-95 the Section requires nominations for the position of the Chair-elect (a three year term, rotating through Chair and Past-Chair) and Secretary-Treasurer (a two-year position). Continuing members of the executive will be Janice Howes (Past-Chair), Sam Mikail (Past-Chair), and David S. Hart (Member at Large). Although there is no requirement for the following, the Section does support equitable geographical representation and gender balance on the executive.

Nominations shall include (a) a statement from the candidate indicating his/her willingness to stand for office, and (b) a letter of nomination signed by at least two Members or Fellows of the Section. Deadline for receipt of nominations is 15 April, 1994.

Send nominations for the Executive to:

Rhona Steinberg, Ph.D.  
Elections Chair, Section on Clinical Psychology  
Counselling Service  
Simon Fraser University  
Burnaby, BC V5A 1S6

### CALL FOR NOMINATIONS - 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 organisations at national, provincial, or local level; (3) Leadership on clinical issues that relate to broad social issues; (4) service outside one's own place of work; (5) Clinical supervision should be equated with research supervision. In order for nominees to be considered for Fellow status by the executive council, nominations must be endorsed by at least three members or Fellows of the Section, and supportive evidence of the nominee's contribution to clinical psychology must accompany the nomination.

Nominations should be forwarded to:

Dr. Sam Mikail  
Chair, Fellows and Awards  
Department of Psychology  
The Rehabilitation Centre  
505 Smyth Road  
Ottawa, K1H 8M2

To facilitate nominations and recruitment of new members (please do), the membership list is presented below. The current list is not yet available to us although it will be used to provide our mailing labels for this number of *The Canadian Clinical Psychologist*.

### Section 26: Clinical Psychology Membership List 1993

Revised to 25/09/93

#### NEWFOUNDLAND: (3)

Hart, Dr. David S./Liddell, Marie Andree

#### Student Members:

Goodwin, M. Jacqueline

#### PRINCE EDWARD ISLAND: (2)

Kilne, Dr. Robert G.

Smith, Phillip Bruce

#### Student Members:

#### NOVA SCOTIA: (24)

Bilsbury, Christopher D.

Blood, Lowell

Brooks, Dr. William C.

Butler, Gordon S.

Byrne, Dr. Joseph M.

Courey, Dr. Linda

Danquah, Dr. A. Samuel

Ellsworth, Christine P.

Genest, Dr. G.E. Myles

Hayes, Dr. Charles J.A.

Howes, Dr. Janice

Hyde, Susan A.

MacDonald, Dr. G. Wayne

Mate-Kole, Dr. Charles

Pretty, Dr. Grace

Pye, Carol

Sarwar, Kaiseruddin

Vallis, Michael

Wilson, Dr. Allan R.

Wiser, Dr. Barry John

#### Student Members:

Corkum, Valerie Lynn

Dewolf, Nadine

Harvey, Natasha

Ingenmey, Rita

#### NEW BRUNSWICK: (10)

Boulay, Maurice A.

Byers, Dr. Elaine Sandra

D'Amours, Pierrette

Doddy, Kenneth

McNeil, Kevin

Ouellette, Richard

Roxborough, Charlene

Stoppard, Dr. Janet M.

#### Student Members:

Moorehouse, Susan

Whalen, Prof. Claudia M.

#### QUEBEC: (60)

Audet, Marie-Christine

Bergeron, Reine-Marie

Bergey, Annie

Boisvert, Dr. Jean-Marie

Bouffard, Dr. Gerard

Brown, Dr. Zavier W.

Charest, Anita

Costi, Tiziana

Debligare, Jacques

Delisle, Jean G.

Desrosiers, M. Francois

Dobkin, Dr. Patricia

Doyle, Dr. Anna-Beth

Dover, Arlene

Ferri, Andre Riccardo

Furlong, Dr. Allannah

Gardner, Dr. Thomas D.

Gavin, Dr. James

Gottlieb, Sandra

Jacobs, Donna

Kokin, Maurice

Kiely, Dr. Margaret

Lanouette, Jacqueline

Larose-Cuddihy, Louise

Larouche, Dr. Louise

Lautman, Claude J.

Lepage, Diane

Letendre, Dr. Robert

Morel, M. Gilles

Nemeth, Dr. George A.

Neron, Sylvain

Ouimet, Gilles Michel

Raicevic, Helen

Renaud, Andre

Roy-Cyr, Dr. Yolande

Savard, Christian

Shipton, Brian

Sirois, Jacques

Smith, Brian

Stalkas, Anastassios

Talbot, Catherine  
Taylor, Nancy D.  
Trano, Georges  
Van Grunderbeeck-Morval Dr. M.

**Student Members:**

Amato, Phyllis  
Slobodanka Gatarina, Pina  
Gottheil, Marlene  
Kandarakis, Helen Mary  
Peters, Patricia Lynn  
Sednaoui, Madeleine

**ONTARIO: (108)**

Annis, Dr. Helen M.  
Banman, Wayne  
Bebko, Dr. Jame  
Besner, Robert  
Black, Eugene R.  
Boulais, Dr. Gilles  
Dr. Harvey  
Butkowsky, Irwin S.  
Church, Michael  
Devins, Dr. Gerald M.  
Flintoff, Margaret  
Goodman, Dr. John T  
Groves, Dr. John  
Hunsley, John Desmond  
Johnston, Dr. Linda  
Kahgee, Sylvia  
Kleinplatz, Peggy J.  
Kumchy, Dr. C.I. Gayle  
Lee, Catherine Mary  
Macartney-Filgate Michele  
Meek, Frederick  
Milkail, Samuel  
Newman, Frances  
Nussbaum, Dr. David  
Petit, Patricia  
Polivy, Prof. Janet  
Rayko, Donald  
Ridgley, Dr. Jeanne N.  
Shapiro, Dr. Alvin H.  
Siddiqui, Dr. Masud H.  
Snow, Dr. W. Gary  
Stein, Dr. Steven J.  
Tasca, George  
Tremblay, Dr. Carole  
Wieland, Linda  
Woods, Robert B.  
Zivian, Ms. Marilyn T.

**Student Members:**

Birch, Diane  
Burnard, Stacey  
Conrad, Gretchen  
Derbyshire, Allison  
Fisher, Kirstie  
Gilchrist, Elizabeth  
Helmkay, Owen  
Ilaqua, Giorgio  
Kaufman, Ilana  
Lefebvre, Monique  
Manseau, Claude  
McGee, Robin A.  
Mester, Dr. Flore B.  
Rafter, Scott  
Ricci, Tamra  
Saxe, Brenda  
Smith, Kevin  
Thompson, Rita

Tardif, Nelson  
Tetreau, Dr. Bernard P.  
Tremblay, Dr. Carole  
Villemure, M. Jocelyn

Djakovic-Ducic  
Giannopoulos, Conatantina  
Hardy, Cindy  
Lower, Nancy  
Prostak, Michelle  
Watt, Lisa

Aubry, Tim  
Baxter, Sandra  
Bell, Ronald G.  
Biener, Dr. Helen  
Bond, Barbara C.  
Brickman, Dr. Julie Brooker,  
Bryntwick, Shirley Ann  
Chislett, Dr. Lise  
Clyne-Jackson, Dr. Shella  
Fleming, Dr. Stephen J.  
Frain, Jennifer  
Gragg, Marcla  
Hoff, Julia  
Jackson, Dr. Iris  
Josefowitz, Dr. Nina  
Kazarian, Shahe  
Kulack, Margaret  
Langdon, Leslie  
Leitner, Dr. Karen  
McKellar, Sandra M.  
Meyers, Susan  
Miller, Dr. Harold R.  
Nozick, David  
O'Hara, Thomas  
Pisteman, Susan  
Purdon, Scot E.  
Reesor, Kenneth A.  
Roldych, Dr. Geraldine M.  
Shepherd, Robert  
Silver, Dr. Albert  
Steffy, Dr. Richard A.  
Swanson, Lynn  
Toukmanian, Dr. Shake G.  
Turner, Jean  
Wieand, Sandra  
Worthington, Dr. Alan G.

Bourdeau, Patricia  
Campbell, T. Leanne  
Craig, Wendy  
Erickson, David  
Fradet, Christiane  
Girard Hacquard, Evelyne  
Home, Marilyn  
Kallas, A. Veronica  
Leblanc, Jean-Luc  
Looman, Jan  
Maxton, Elizabeth  
McIntyre, Joanne  
Pelletier, Marie  
Reitzel, Deborah  
Saunders, Douglas  
Sharp, Catherine  
Teichroeb, Ramona

**MANITOBA: (34)**

Adkins, Dr. M. Elizabeth  
Berger, Naomi  
Broder, Rebecca  
Enns, Kenneth Loewen  
Gretz, James  
Hartley, Susan  
Kaprowy, Dr. Eugene A.  
Kowalchuk, Brian Peter  
Martin, Dr. Robert M.  
Newton, Dr. James H.  
Richert, Dr. Ronald A.  
Smith, Robert E.

**Student Members:**

Boutet, Connie  
Boyes, Debby A.  
Furer, Patricia  
Grayston, Alana  
Hazen, Andrea  
White, Karen

**SASKATCHEWAN: (19)**

Arnold, W. James  
Carroll, Linda  
Conway, Dr. John B.  
Goff, Laurie  
Long, Carmen  
Mezey, Justine  
Stark-Adamec, Dr. Cannie  
Von Baeyer, Carl

**Student Members:**

Keele, A. Ross  
Pelletier, Petrina  
Katharina

**ALBERTA: (43)**

Allison, Dr. Madtha B.  
Bickley, Dr. Richard S.G.  
Brink, Harvey

Calderwood, Marla  
Dell, Lewis W.  
Dillon, C. James  
Dobson, Dr. Keith S.  
Henderson, Elizabeth  
Howard, L. Wayne  
Joyce, Anthony  
Konnert, Dr. Candace  
Martin, Janis  
Mayo, Laurel Lee  
Mothersill, Dr. Kerry J.  
Pelkie, Norma G.  
Robinson, Dr. Robert W.  
Scott, Carol  
Van Mastrigt, Dr. Robert  
Wilkie, Colleen F.

**Student Members:**

Constable, Dorothy  
Fraser, Barbara  
Saary, M. Joan

Arnett, Dr. John L.  
Blue, Arthur  
De Wet, Charles  
Feldgaier, Dr. Steven  
Gupton, Dr. Ted W.  
Hewitt, Paul  
Koverola, Catherine  
Lambert, Ms. Glenna A.  
Moore, W. Allan  
Norton, G. Ron  
Rowan, Vivienne Carole  
Walker, Dr. John R.

Doerksen, Clara  
Graff, Lesley  
Hanna, Cindy  
Huyghebaert, Valdeine

Bennett, Wayne  
Chartier, Dr. Brian  
Farthing, Dr. Gerald R.  
Kleisinger, Carmel  
McMullen, Dr. Linda M.  
Shepel, Dr. Lawrence  
Sveinson, Brian D.

Nieuwenhuis, James  
Rach-Longman,

Amundson, Dr. Jon  
Breault, Lorraine J.  
Cadman, Theodore  
Phillip  
Delehanty, Dr. Rosalyn D.  
Demjen, Stefan  
Dobson, Deborah J.G.  
Fong, Larry Sun  
Hodgins, David Carson  
Hrycenko, Igor  
Kling, Dr. Michael  
Mahoney, Dr. Anne  
Mash, Dr. Eric J.  
Mendelson, Dr. Roslyn  
Muir, Douglas  
Pettifor, Dr. Jean L.  
Schmaiz, Barbara  
Truscott, Derek  
Walther, Barnabas J.  
Wozny, Dr. M. Andrew

Egger, Lori  
Grimmer, Lee

**BRITISH COLUMBIA: (39)**

Acton, Bryan Vincent  
 Atkinson, Randy  
 Chan, Dr. David C.  
 Cohene, Dr. John Roy  
 Dr. Kenneth D.  
 Foreman, Michael E.  
 Grymaloski, Joel A.  
 Hallman, David W.  
 Koch, William  
 Lustig, Dr. Stephen  
 Runtz, Marsha  
 Schmidt, Dr. James P.  
 Spellacy, Dr. Frank J.  
 Steinberg, Dr. Rhona H.  
 Uhiemann, Dr. Max R.  
 Welch, Dr. Steven John

Arlinsky, Dr. Martin B.  
 Carmichael, Dr. John A.  
 Clarke, Edward  
 Cox, Dr. David Neil Craig  
 Ehrenberg, Marlon  
 Fransblow, Jerome I.  
 Hadjistavropoulls, Thomas  
 Johnston, Ms. Charlotte  
 Lane, Christopher  
 McMillan, Marcia  
 Samson, Deborah Christine  
 Schultz, Izabela Z.  
 Stein, Leonard M.  
 Turcotte, Dr. Shelly  
 Weiser, Judy  
 Wilson, Dr. Robert F.

Full Members: 269

Student Members: 81

Total Members: 350

**FELLOWS:**

1991 Dr. Harvey Brooker  
 Dr. Ken Craig  
 Dr. Charles Hayes  
 Dr. Jean Pettifore  
 Dr. Pierre Ritchie

1992 Dr. Anna-Beth Doyle  
 Dr. John Goodman  
 Dr. Richard Steffy

1993 Dr. Kieth Dobson  
 Dr. Andree Liddell  
 Dr. Robert Robinson

**Student Members:**

Connors, Angela

Gearing-Small,  
 Margaret  
 Roche, Diane

Hemphill, James  
 Thordarson, Dana

**YUKON: (1)**

Hutsul, Joanne

**NWT: (1)**

Leblanc, Manon

**OTHER: (6)**

Chan, Dr. David W. - Hong Kong

Morin, Charles - USA

Thomas, Dr. Samuel S. - USA

**Student Members:**

Eisen, Lisa - USA

Leung, Yiu Kin Freedom - Hong Kong

Muller, Robert - USA

**Clinical Section 26 Executive Officers 1993-94****Chair**

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