



Canadian Clinical Psychologist

Editor: David S. Hart

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Newsletter of the Clinical Section of the Canadian Psychological Association

Fall 1994

Message from the Chair

Sam Makall

In the Spring, the National Conference on Professional Psychology was held in Mississauga, Ontario. I was fortunate to serve as the delegate of the Section on Clinical Psychology. Several other of our Section members were in attendance in other capacities. Thus, Clinical Psychology had a clear presence and a loud voice during the discussions. In the last issue of the Canadian Clinical Psychologist three of the delegates shared their views and reactions to the conference. In this column I hope to outline the implications of the recommendations of the conference as they apply to the Section on Clinical Psychology.

From the outset it was made clear that the outcome of the conference would be the development of a blue-print outlining the future direction of Canadian professional psychology. What emerged was a set of recommendations that were operationalized into specific action plans and time frames. Several of the recommendations implicated the Sections directly with regard to their implementation, and others would likely require significant involvement from the Sections if they are to be realized.

To begin with, delegates agreed that "specialties and subspecialties within professional psychology should be recognized." Professional psychology should articulate a core curriculum that is common to all specialties. Additionally, each specialty area should define its unique core curriculum. The task of identifying both sets of core curricula is to be shared by CPA, the relevant Sections, CPAP, CRHSPP, and CASP.

The Section on Clinical Psychology has a head start in this process, having agreed upon a definition of clinical psychology. The definition should serve as a useful guide in our efforts to define a core curriculum for clinical psychology. However, as a Section, we are left with the task of collaborating with other Sections, such as Neuropsychology, Educational and School, Health, I/O, Counselling and Family in attempting to define a shared core curriculum for professional psychology. According to the proceedings of the Mississauga Conference, a national conference on core curriculum should be held by 1996, with recommendations being implemented by 1998.

As a starting point, the Section will endeavour to host two symposia at the Charlottetown

convention addressing these recommendations. The first symposium would be directed at the core curriculum for professional psychology, and would be led by representatives of several of the sections listed above. At this point, I have contacted several of the section chairs to enquire about their willingness and interest in contributing to such a meeting. The second symposium would focus on the core curriculum for clinical psychology. It would be led by several educators from academia and internship settings, with participation from the membership of the section. In order to give this latter task a sense of direction, I would ask you to complete the brief survey regarding core curriculum and return it to me as soon as possible.

I would envision both forums to serve as a starting point for a broader discussion of the issues raised by delegates of the Mississauga Conference regarding specialization and subspecialization in professional psychology.

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Delegates of the Mississauga conference also recommended that "CPA/CPA Sections/ CHRSP/CCPP/CCDP and other relevant training departments should develop and make available to prospective and beginning graduate students a professional orientation kit containing information on Psychology as a science, profession and business." This recommendation stems from the view that talented undergraduate students are sometimes lost to professional psychology as a result of not being familiar with potential career options in professional psychology. Of those that are attracted to one of the specialties within professional psychology, often they view career options in a narrow manner. Thus, it was felt that an orientation kit may expand students' awareness of possible choices at an early point in their training. In our efforts to respond to this recommendation, I would once again ask you to complete the brief questionnaire in the newsletter and return it to me by the new year.

Sam Mikall

Recommended Readings:

Service, J., Sabourin, M., Catano, V.M., Day, V., Hayes, C., & MacDonald, G.W. (1994). Specialty designation in psychology: developing a Canadian model. *Canadian Psychology*, 35, 70-87.

Byrne, J.M. (1994). Specialty designation in psychology: conceptual issues. *Canadian Psychology*, 35, 88-94.

Kline, T.J.B. (1994). Specialty designation: an industrial/organizational perspective. *Canadian Psychology*, 35, 94-98.

Fox, R.E., & Barclay, A. (1989). Let a thousand flowers bloom, or weed the garden? *American Psychologist*, 44, 55-59.

Hewett, P.L., & Mikall, S.F. (1990). A survey of clinical psychology educators: recommended readings. *Canadian Psychology*, 31, 89-93.

Student Research Award 1994

The annual Student Research Award is made for the best paper submitted to the CPA annual convention by a student member. This year the jury selected the paper presented by Bryan Acton of Simon Fraser University. We are pleased to include a summary of the study especially prepared for the *Canadian Clinical Psychologist*.

Empirical Development of Human Figure Drawing Scales for Anxiety, Anger, Social Maladjustment, and Thought Disorder by Bryan Acton and Marlene Moretti, Simon Fraser University, Burnaby, B.C.

Human figure drawings continue to attract the interest of clinical psychologists. Studies over the last 30 years have consistently placed such drawings as among the top ten tests used by these professionals (e.g., Sunberg, 1961; Wade and Baker, 1977). Further, new research interest in these measures continues (e.g., Naglieri and Pfeiffer, 1992; Tharinger and Stark, 1990). Of particular interest to those who use such tests is the relationship between specific types of psychopathology and individual drawing features, for example, the relationship between shading and anxiety. The validity of drawing features as measures of psychopathology, however, has been questioned in a number of comprehensive reviews (Kahill, 1984; Roback, 1968; Swensen, 1957; 1968). Further, some authors, such as Tharinger and Stark (1990), have argued that scoring systems for human figure drawings should not seek to measure specific states at all, but should focus on the global assessment of psychological well-being.

In an meta-analysis which surveyed over 40 years of empirical research examining the

relationship between individual drawing features and several psychopathological constructs, Acton and Moretti (1993) came to a very different conclusion. They concluded that individual drawing features can be used to measure psychopathological states. Their analysis indicated that many drawing features demonstrate significant correlations with independent measures of psychopathological constructs (i.e., anger/hostility, anxiety, and thought disorder) when results are aggregated across studies. However, they also pointed out that single drawing features do not possess the psychometric properties necessary to function as tests. The average validity coefficient in their study, for a drawing feature demonstrating a significant correlation with an independent measure, was $r=.26$.

Theory and research suggest that a more appropriate use for drawing features would be to aggregate them into drawing scales. Numerous studies have aggregated drawing features into scales with good results (e.g., Naglieri and Pfeiffer, 1992). Among these studies, however, effect sizes have ranged from small, e.g., $r=.29$, to large e.g., $r=.82$. The most successful of these studies, defined in terms of the magnitude of the observed effect, have employed empirical methods in the selection of drawing features for inclusion in their scales. Unfortunately, these same studies have focused exclusively on gross distinctions between normal and pathological groups. As yet, no study has employed rigorous item selection procedures in the development of drawing scales for specific psychopathological states.

One approach to item selection, which may prove nearly as rigorous as the methods used in the more successful studies of drawing scales, is to use meta-analysis to identify those drawing features which have demonstrated potential to measure specific psychopathological constructs in past research. The present investigation reports on the development of drawing scales for the constructs and anger/hostility, anxiety, social maladjustment, and thought disorder using the results from Acton and Moretti's (1993) meta-analysis to provide the selection of potential drawing scale members.

Method Subjects

Subjects were selected from among 1,000 consecutive admissions to a young offender program, Youth Court Services, in Burnaby, B.C. between 1986 and 1990. All subjects were between 12 and 18 years of age, had been charged with at least one criminal offense, and were referred for a psychological or a psychiatric services. To be selected for the study a subject had to have completed the core tests of the psychological assessment battery used at the centre and have drawn a valid human figure. The final sample consisted of 410 males and 75 females.

Scoring Manual and Inter-rater Reliability

Prior to the rating of the human figure drawings a scoring manual was devised. Items included in the scoring manual were taken from those which achieved significance in Acton and Moretti's (1993) meta-analysis. Scoring criteria provided in the manual were adopted from previous work which attempted to provide reliable coding schemes for the scoring of drawing features. The resulting manual provided detailed scoring instructions for 109 drawing features. Obtained correlations between raters ranged from .52 to 1.00, with an average of .88.

Independent Measures

Criterion measures used in the development of drawing scales came from two self-report inventories, the Minnesota Multiphasic Personality Inventory (Hathaway and McKinley, 1967) and the Jeness Inventory (Jeness, 1983). The three scales used from the MMPI were the Hostility scale (Cook and Medley, 1954), the Manifest Anxiety scale (Taylor, 1953), and the Schizophrenia (Sc) scale (Hathaway, 1956). The revised version of the Social Maladjustment scale (Jeness, 1983) was used from the Jeness Inventory. As well, two measures were chosen for the assessment of discriminant validity. These measures include the Repression scale of the Jeness Inventory (Jeness, 1983), and the Full Scale IQ score from either the Wechsler Adult Intelligence Scale - Revised (WAIS-R) (Wechsler, 1981), or the Wechsler Intelligence Scale for Children - Revised (WISC-R) (Wechsler, 1974).

Design

Regression analyses were used to select drawing features for inclusion in the drawing scales and test the adequacy of the resulting aggregations. The decision to use regression analysis hinged on the argument that this statistical approach looks at the combined effects of a group of variables. While the performance of individual drawing features is of interest, the ultimate goal of the study was to produce drawing scales. As such, it was most important to determine how drawing features performed as groups.

Initially, the regression analyses were carried out with the features in their original scoring format. However, very different metrics were employed across features, from dichotomous scoring to continuous measures, and many scoring practices produced skewed distributions when applied to the drawings. To correct as much as possible for these influences, analyses were completed using transformation of the originally scored variables.

It was decided to use liberal criteria when selecting features for the drawing scales from the regression analyses in hopes that subsequent studies would weed out non-contributing items. The criterion employed was the exclusion of any features which failed to achieve a significance level of $p=.10$.

Results and Discussion

None of the combinations of features suggested by Acton and Moretti's (1993) meta-analysis produced significant multiple correlations when regressed onto the criterion scales in this study. Attempts to identify more predictive subsets of these features were successful. However, the resulting sets of features contained small numbers of items and produced weak multiple correlation.

Subsequent exploratory analyses employed all of the 109 scorable drawing features. These analyses focused on identifying subsets of drawing features that more strongly predicted the criterion measures. Several subsets of features were identified which produced moderate sized multiple correlations when regressed onto the criterion measures. These feature sets included sufficient numbers of items to be considered as scales. Further, examination of the adjusted R-square for each regression equation suggested that the observed significant effects were unlikely to be a product of chance alone.

At the next stage of the analysis age effects were considered in the selection of scale members. The finding that additional items contributed significantly to the regression equations when age was taken into account indicates that age effects moderate the content of drawing scales. The small number of additional features selected suggests that, at least for the present study, this effect was minimal.

The newly developed drawing scales were then assessed in a series of correlational analyses looking at the patterns of convergence and discrimination between measures. To demonstrate their validity the performance of the drawing scales needed to match the observed pattern of correlations among the independent measures employed in the study (i.e., high inter-correlation among criterion measures and low to non-significant correlations between criterion and discriminant measures.) The drawing scales produced a very similar pattern of correlations both among themselves and in relation to the independent measures, supporting their validity. However, the magnitude of the correlations between drawing scales and independent measures was low, with correlations ranging from $r=.14$ to $r=.38$. This combination of findings suggests that while the drawing scales developed in the present study inter-relate with each other and independent measures in a valid fashion, they do not share a great deal of variance with the self-report measures used in the study.

There are two possible reasons why the correlations between the drawing scales and the criterion measures were not greater in the present investigation. One possibility is that there is a method factor which has not been taken into account. Human figure drawings are non-verbal tools which seek to measure psychopathology through the graphic productions of self-projection (Koppitz, 1968; Machover, 1949). Clearly, drawings differ from the self-report measures used as criteria in the present study in several important ways. For one, drawings are non-verbal. It is quite possible that methods of expressing one's emotional or other difficulties through drawings differs in important ways from reading and checking off questions or self-descriptive statements. Drawings are also projective devices and are expected to be influenced by unconscious factors more so than conscious ones. This, once again, is very different from the reading and decision-making required in a self-report measure which relies on effortful, conscious processing. Small correlations observed in the present study may well be a result of using two different methods of measurement. It would be interesting in the regard to see how the drawing scales would fare relative to self-report measures in a multi-trait, multi-method study employing other projective measures or, possibly, measures of different metrics, such as behavioral observations or interview measures.

A second explanation for the observed of correlations might be that the drawing of a single human figure, the method used herein, produces and measure having only weak reliability and, therefore, leading to only a poor demonstration of the potential validity. Several authors have employed two or more drawings in their protocol (Hiller and Nesvig, 1965; Koppitz, 1968; Naglieri, McNeish, and Bardos, 1991). All of these studies have found strong correlations between their scales and independent measures. Possibly, then, the present results were not more robust because the protocol produced insufficient material for reliable scoring. Future research could explore this possibility by comparing the reliability and validity of scoring approaches which use one versus those which use more than one human figure drawing.

The most important concern at this time, however, is the replication of the present results. This is initial study, employing a large number of variables, and liberal selection criteria. To gain confidence in the utility of human figure drawing scales as measures of psychopathology, results such as these need to be replicated. Once replication has been achieved, then future research can explore changes in protocols and employ alternative research designs to expand our knowledge of drawing scales and improve their psychometric properties.

References

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SURVEY

CORE CURRICULUM IN PROFESSIONAL AND CLINICAL PSYCHOLOGY

The following survey is intended to provide us with an idea of what members of the Section on Clinical Psychology view as the core competencies in clinical psychology for beginning clinical psychologists (i.e. someone just completing graduate training, and just beginning to look for employment). The first section simply asks you to define the contexts in which you function and the manner in which you define your professional activities. The second section asks you to specify areas of core competency.

SECTION 1

1) Primary Place of Employment

(A) University Department _____

(i) Clinical Program (Core Faculty) _____

(ii) Non Clinical (specify area of focus and
undergrad./grad.,etc.)

(iii) Rank _____

(B) Hospital or Public Clinic
(specify area of concentration)

(C) Correctional Facility _____

(D) School Board _____

(E) Private Practice _____

(F) Other (Specify)

2) Secondary Place of Employment

(A) University Department _____

(i) Clinical Program (Core Faculty) _____

(ii) Non Clinical (specify area of focus and
and undergrad./grad.,etc.)

(iii) Rank _____

(B) Hospital or Public Clinic
(specify area of concentration)

(C) Correctional Facility _____

(D) School Board _____

(E) Private Practice _____

(F) Other (Specify)

3) How do you define your self?

(A) Scientist

(B) Practitioner/Consultant

(C) Scientist/Practitioner

4) Highest Degree completed in psychology _____

5) Number of years since completion _____

6) Primary Theoretical Orientation _____

SECTION 2

7) Under each of the headings below list what you feel to be the core set of competencies all new clinical psychology graduates should possess. Please be as specific as possible.

| Area | Core Competency | Specific Competencies |
|--|-----------------|---|
| Psychological Assessment | Yes No | Eg. test construction, projective testing, intellectual testing, specific tests, etc. |
| Treatment/Intervention | Yes No | |
| Research Methods | Yes No | |
| Consultation | Yes No | |
| Business Practice | Yes No | |
| Administration | Yes No | |
| Law, Public Policy, Health Care System | Yes No | |
| General Psychology | Yes No | |
| Other | Yes No | |

8. Do you feel that the clinical section should compile a professional orientation kit orienting senior undergraduate students to possible career opportunities in clinical psychology as a science, profession, and business.

Yes No

9. Would you be willing to be involved in putting together such a kit.

Yes No

If yes, please provide:

Name: _____

Address: _____

Phone: _____ FAX: _____ EMAIL: _____

10. Other Comments:

RETURN COMPLETED SURVEY TO:
Sam Mikail, Ph.D.
Psychology Department
Rehabilitation Centre
505 Smyth Road
Ottawa, K1H 8M2
Tel 613-739-5317
Fax 613-737-7056

Clinical Section Business

Financial Report

Financial Statement: May 28, 1993 To July 1, 1994

BUDGET

INCOME

| | | | |
|--------------|------------------------------------|-----------------|-----------------|
| <u>4,700</u> | Membership Dues (To June 30, 1994) | | <u>5,621.25</u> |
| | Other Income (Brochure) | | 52.50 |
| | | 5,673.75 | |
| | EXPENSES | | |
| 1,600 | Newsletter | 1,819.62 | |
| 1,000 | Brochure | 497.06 | |
| 250 | Awards | 250.00 | |
| 800 | Telephone/Fax | 781.11 | |
| 2,500 | Winter Meeting | 1,708.11 | |
| 1,000 | P.D. Fund | NIL | |
| 1,000 | Conf. On Applied Psych. | <u>1,000.00</u> | |
| 100 | Miscellaneous Expenses | <u>50.51</u> | |
| 8,250 | | <u>6,106.41</u> | <u>6,106.41</u> |
| | Excess Income Over Expenses | | <u>(432.66)</u> |
| | Balance Forwarded May 28, 1993 | | <u>8,556.28</u> |
| | Balance On Deposit July 1, 1994 | | <u>8,123.62</u> |

Proposed Budget (1994-95)

INCOME

| | | | |
|----------------------------------|--|---------------|-----------|
| Balance Forwarded (July 1, 1994) | | 8,123.62 | |
| Estimated Membership Dues (1995) | | 5,500.00 | |
| Estimated Other Income | | <u>400.00</u> | |
| | | | 14,023.62 |

EXPENSES

| | | | |
|--------------------------------|--|-----------------|-----------------|
| Canadian Clinical Psychologist | | 1,700.00 | |
| Telephone And Fax | | 800.00 | |
| Winter Executive Meeting | | 2,300.00 | |
| Brochure & Definition | | 1,000.00 | |
| Awards | | 250.00 | |
| Stationary | | 200.00 | |
| Special Projects | | 300.00 | |
| P.D. Fund | | 2,000.00 | |
| Miscellaneous Expenses | | <u>100.00</u> | |
| | | <u>8,650.00</u> | <u>8,650.00</u> |

Estimated Assets (As Of June 1995) 5,373.62

Psychological Assessment: A Journal of Consulting and Clinical Psychology, 4, 156-159.

Roback, H.B. (1968). Human figure drawings: Their utility in the clinical psychologist's armamentarium for personality assessment. Psychological Bulletin, 70, 1-19.

Sunberg, N.D. (1961). The practice of psychological testing in clinical services in the United States. American Psychologist, 16, 79-83.

Swensen, C.H. (1957). Empirical evaluations of human figure drawings. Psychological Bulletin, 54, 431-466.

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Tharinger, D.J. & Stark, K. (1990). A qualitative versus quantitative approach to evaluation the Draw-A-Person and Kinetic Family Drawings: A study of mood-and anxiety-disorder children. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2, 365-375.

Wade, T.C. & Baker, T. B. (1977). Opinions and use of psychological tests: A survey of clinical psychologists. American Psychologist, 32, 874-882.

Wechsler, D. (1981). Manual for the Wechsler Adult Intelligence Scale - Revised. New York, N.Y.: The Psychological Corporation.

Wechsler, D. (1974). Manual for the Wechsler Intelligence Scale for Children - Revised. New York: The Psychological Corporation.

Events

A new Ph.D. Clinical Psychology programme at Lakehead University Psychology Department, under the leadership of Ken Rotenberg, has gained approval for its proposal, the first Ph.D.

programme at LU. Fall 1995 is the probable date of enrolment of their first students. Northern Canada can expect to benefit from improved psychological services. Congratulations Lakehead!

Networking

Cross cultural factors In clinical training and practice are more salient to us at present than they were a few years ago. But what can we do to incorporate our sensitivity to these factors in our work? I had a stimulating discussion on this topic with Josephine Tan at Lakehead University recently. She is interested in participating in a symposium on this topic for the 1996 convention - actually the International Congress. If you are interested in contributing or simply in entering into a discussion on the issues, do contact Josephine or me, the Editor. We will arrange an informal or even a formal conversation session at CPA Charlottetown to make definite plans.

Continuing Education Is a topic dear to the Editor's heart at present. The reason is not a perverse love affair but my having the Chair of the CPA Continuing Education committee. There is a stirring in the associations across the country. Questions are being asked: Should we have mandatory CE credits for re-certification? Should CE credits really be given for workshops on techniques which have no empirical support? If I attend a workshop in Quebec will I get CE credits in Alberta? Does NAFTA have implications for CE?

You may not have actually asked yourself or your generally-knowledgeable colleague any of these questions, but consider them now. You do not know the answers, do you? There may be committees of your association working on proposals which can not only help you continue your professional education but possibly add to the complexity and stress of your career. Expect to read about CE in coming issues of the Canadian Clinical Psychologist. Do write to the Editor about your views as to how those questions should be answered.

Pre-Convention Workshops

The pre-convention workshop is an excellent way to learn something new or to refresh your knowledge. You can simply hope that someone will offer the workshop you need or want, or you can act to make your dreams come true. Send suggestions to David S. Hart, Psychology Department, Memorial University, St. John's, NF, A1B 3X9 (email: dhart@play.psych.mun.ca) (fax: 709-737-2430). The Clinical Section will endeavour to seek experts to present workshops that suit the interests of our members, but we need to know what you perceive those needs to be. So tell me!

Business of Psychology

The Mississauga Conference on Professional Psychology was persuaded that business principles constitute an area of expertise that psychologists require much increased sophistication. The Clinical Section will be responding to this perceived need. Look for articles in the next issue of Canadian Clinical Psychologist summarizing papers presented at a symposium on this topic at CPA Penticton. Let us know of your reactions to the proposition that psychologists, whether in private practice or employed in a publicly owned agency, need to know modern business principles.

Ethical Issues in Trauma Work

Lois Rosine was not there to appreciate the fruits of her initiative, but the Conversation Hour on ethical issues in trauma work had a full room attendance for a lively discussion which would have continued well beyond the hour permitted, had not the next group assigned to the room been eager to get their session underway. It is beyond my capacity to provide a cogent summary of the discussion, but one conclusion was that several issues that appeared to be ethical problems were actually problems of "treatment" procedures.

People

1994 Fellowship Award

Dr. John Conway was honoured with the award of Fellow of Section 26 for 1993-94 in recognition of this extensive contribution to psychology in Canada across the past twenty years. Dr. Conway received his Ph.D. from Department of Psychology at the University of Saskatchewan since that time. He has been integrally involved in their clinical training program, has been the director and currently holds the rank of Professor. His research and theoretical interests are diverse, including personality theory and clinical psychology, and extending into

conceptual, interpretative and philosophical hermeneutic understanding of human experience. Another interest has been the history of psychology, specifically the biographical study of historical figures. An example was Dr. Conway's evocative Presidential address at CPA drawing forth from William James' history.

Dr. Conway is a Fellow of the Canadian Psychological Association, and was its president in 1990-91. He and his family are currently on sabbatical at the University of Victoria, anticipating a reprieve from the harsh winter of Saskatoon.

Announcements

Charlottetown for 1995 CPA Convention

Charlottetown and P.E.I. have a great reputation for hospitality and charm. The Clinical Section Executive is planning another programme of value to the clinical psychologist. Plan now to attend CPA 1995 to enhance your professional knowledge and meet colleagues from across the country while you enjoy Island delights. June 15 - 17 are the dates to circle on your calendar.

Accredited Pre-Doctoral Internships in Clinical Psychology 1995-1996

Psychology Department at Camp Hill Medical Centre invites applications for Pre-Doctoral Internships in Clinical Psychology. Our Program is fully accredited by the Canadian and American Psychological Associations and we offer two full-time internship positions from September 1, 1995 to August 31, 1996.

Camp Hill Medical Centre is a 700-bed adult teaching hospital affiliated with Dalhousie University. A broad range of psychological services are provided to general medicine, geriatric medicine, and psychiatry. Interns select three, four-month rotations from the following: Geriatrics; Health Psychology I, Health Psychology II; Neuropsychology; and Psychiatry. Opportunities are available for work with inpatients or outpatients, team consultation, multidisciplinary

team involvement, psychotherapy, health promotion, adjustment to chronic illness, assessment and research.

Applications should include a detailed curriculum vitae, a statement of interest and goals, and the names of three references. Applications should also include a letter from the University Director of Clinical Training supporting the application for internship. Applications should be received by December 30, 1995, although late applications will be considered. A brochure describing the Internship Program is available upon request.

Our Internship Program is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centres (APPIC) and we follow the APPIC notification and acceptance procedures.

Correspondence should be directed to:

Dr. T.M. Valls
 Director, Internship Program
 Psychology Department
 Camp Hill Medical Centre
 1763 Roble Street
 Halifax, NS, Canada
 B3H 3G2
 Telephone No: 902-496-2509

Call for Nominations of Officers of Clinical Section (1995-96)

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 1995-96 the Section requires nominations for the position of the Chair-elect (a three year term, rotating through Chair and Past-Chair) and Member-at-Large. Continuing members of the executive for 1995-96 will be Allan Wilson (Chair), Sam Mikail (Past-Chair), and Debbie Dobson (Secretary-Treasurer). 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 31 March, 1995.

Send nominations for the Executive to:

Janice Howes, Ph.D.
Elections Chair, Section on Clinical Psychology
Psychology Department
Camp Hill Medical Centre
Halifax, NS B3H 3G2

Call for Nominations - Sections 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 by March 31, 1995 to:

Allan Wilson, Ph.D.
Chair, Fellows and Awards
Department of Psychology
The Nova Scotia Hospital
Dartmouth, NS B2Y 3Z9

NEWSLETTER SCHEDULE

The The Canadian Clinical Psychologist will circulate three times per year: August, November, and March (or late February).

Clinical Section (26) Executive Officers 1993-94

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