THE NEWSLETTER OF THE CLINICAL SECTION OF CPA / JOURNAL DE LA SECTION DE PSYCHOLOGIE CLINIQUE DE LA SCP

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MESSAGE FROM THE CHAIR

Keith Wilson

This will be my last "message from the chair" before handing over the reins to my worthy replacement, Charles Morin. A transition like this is always a good place to stop and reflect on things, and in my case, I find myself reflecting on the interview with Nicholas Cummings that appeared in the last issue of the newsletter. As a former president of APA, Dr. Cummings is certainly an illustrious psychologist, and his successful entrepreneurial career in the American managed care environment suggests that his vision of the future of psychology, if not exactly pretty, is worth taking seriously. I certainly heard a number of comments about it from Section members.

Dr. Cummings' basic message was that in the world of managed care, free-market economics wrests control from the professional "guilds" in dictating how much of what kind of therapy will be provided to which clients by what type of professionals. If everything else (i.e. outcome) is equal, then the economic rule of thumb is that therapy, if provided at all, should be as short as possible and administered by the cheapest person who can competently do the job. This makes a certain amount of sense, frankly, but it is a vision that may result in change in some areas of the "guild". In the expectation that whatever happens in the U.S. eventually makes a big impact in Canada, I find myself wondering what the future holds for us.

Like most psychologists, I wear a number of clinical, research, and administrative hats. By serving on the Section Executive, I have also had the chance to see some of the political developments that are currently facing the discipline. In some jurisdictions, we are seeing greater enfranchisement of M.A.-level providers, combined with various institutional interests in hiring less expensive professionals. This ongoing M.A.-Ph.D. tug-of-war may soon take on a new twist with proposals to establish the first Psy.D. program in Canada. Thus, the debate around credentialing at various levels of the discipline is likely to remain vigorous for some time, perhaps (as Dr. Cummings suggests), with an even greater emphasis on cost-consciousness.

This issue is also related, although perhaps indirectly, to other trends in the discipline. Third-party payers and scientist-practitioners are on the same side of the fence when it comes to calling for the use of treatment protocols that are empirically validated. In fact, the Section has recently moved to sponsor a task force on the role of empirically validated treatments in psychology. In some of my own research, we are attempting to empirically validate a brief group psychoeducational therapy for insomnia in patients with medical conditions. However, there is a certain irony in the fact that this highly structured intervention could certainly be

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MESSAGE DU PRÉSIDENT

Keith Wilson

Voici mon dernier «message du président» étant donné que je cède les rênes à mon digne remplaçant Charles Morin. Une transition comme celle qui se présente est toujours l'occasion de réfléchir. Pour ma part, j'ai réfléchi à l'entrevue avec Nicholas Cummings, qui est reproduite dans le dernier numéro du bulletin. Ancien président de l'APA, Dr Cummings est sans contredit un illustre psychologue. La carrière d'entrepreneur réussie qu'il a menée dans l'univers américain des soins dirigés donne à penser que sa vision de l'avenir de la psychologie, bien que loin d'être séduisante, mérite d'être prise au sérieux. J'ai entendu à cet égard de nombreux commentaires de la part des membres de la Section.

Le message fondamental de Dr Cummings se résume comme suit : dans le monde des soins dirigés, l'économie de marché arrache le contrôle aux «guildes» professionnelles et dicte la quantité de services de thérapie, la nature des services de thérapie, le type de clients à recevoir ces services et le type de professionnels à les offrir. Si toutes autres choses (c.-à-d. le résultat) sont égales, la règle empirique d'ordre économique est que les services de thérapie, s'il en est, devraient être aussi brefs que possible et offerts par les personnes compétentes qui imposent les coûts les plus bas. Honnêtement, c'est un message qui n'est pas dépourvu de sens, mais il dénote une vision qui risque de modifier certains secteurs des «guildes». Puisque toute situation aux États-Unis finit par se répercuter au Canada, je me demande ce que l'avenir nous réserve.

Comme la plupart des psychologues, j'exerce diverses activités : cliniques, administratives et recherches. En tant que membre du Comité exécutif, j'ai également eu la chance d'être témoin de changements politiques qui touchent la discipline. Dans certains secteurs de compétence, on assiste à l'émancipation accrue des fournisseurs de services qui possèdent une maîtrise, sans compter que divers établissements souhaitent embaucher des professionnels à moindres frais. Avec les propositions visant l'instauration du premier programme Psy.D. au Canada, le duel acharné maîtrise-doctorat pourrait bientôt prendre une nouvelle tournure. Il y a donc fort à parier que le débat sur la délivrance des titres et des certificats à divers niveaux de la discipline demeurera vigoureux encore quelque temps et qu'il sera peut-être (comme l'indique Dr Cummings) davantage axé sur la notion de coûts.

Cette question se rattache également, quoique peut-être indirectement, à d'autres tendances de la discipline. Tiers payeurs et scientifiques-praticiens sont du même côté de la barricade quand il est question de l'utilisation de protocoles de traitement validés de façon empirique. En fait, la Section a décidé récemment de parrainer un groupe de travail sur le rôle des traitements validés empiriquement en psychologie. Dans certaines

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... Message du Président

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des recherches que j'ai moi-même menées, nous tentons de valider empiriquement une courte thérapie de groupe psychopédagogique pour soigner l'insomnie chez des patients souffrant de troubles médicaux. Il y a toutefois une certaine ironie dans le fait que cette intervention hautement structurée pourrait certainement être enseignée à des thérapeutes sans formation doctorale. Dr Cummings laisse entendre que le rôle des futurs psychologues oeuvrant dans les établissements de santé sera de plus en plus confiné à l'élaboration de programmes, à la supervision et à l'évaluation. Je crois qu'il est possible de voir comment cela pourrait se produire.

En terminant, j'espère que les membres de la Section considèrent celle-ci comme une importante tribune où ils peuvent exposer leurs préoccupations au sujet de la discipline et où ils peuvent partager des idées avec leurs collègues de partout au pays. Il s'agit d'une époque non dépourvue d'intérêt pour les psychologues cliniciens, et il serait avantageux de pouvoir profiter plus largement de l'expérience et de la sagesse d'autrui. Les psychologues ont d'ordinaire tant à dire. Nous les invitons à utiliser la Section, et le bulletin en particulier, pour exprimer leurs points de vue.

... Message from the Chair

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taught to therapists with much less than Ph.D. - level training. Dr. Cummings suggests that the role of future psychologists in health-care settings will increasingly be one of program development, supervision, and evaluation. I think it is possible to see how this could happen.

In closing, I hope that Section members look at the Section as being an important forum where they can bring up their concerns about discipline-related matters, and share ideas with colleagues across the country. These are "interesting times" in which to be a clinical psychologist, and it would be nice to benefit more broadly from the experience and wisdom of others. Usually, psychologists have so much to say. It would be great if they could use the Section, and the Newsletter in particular, as a vehicle to express their views.

CONVENTION UPDATE

Canadian Psychological Association
Update: May 21, 1997

Have you registered for the CPA Convention?

Friends and colleagues:

Just a friendly reminder that the CPA national convention is fast approaching. CPA will be hosted in Toronto at the Sheraton Centre, June 11-14. The 1997 programme is more exciting and dynamic than ever, with invited presentations from Drs. Norman Endler, Albert Bandura and Louise Nadeau, a full slate of over 800 individual paper and poster presentations, over 20 section meetings, and a wide variety of social events and activities to take full advantage of Canada's largest city!

For more information, or to receive a registration form by fax, contact CPA. More detailed information on the convention is located in the CPA web site:

www.cpa.ca/convent/Qtoron.html (choose Home).

We hope to see you in Toronto!

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Shyness and Social Phobia: Japanese and Western views

Lynn Alden and Ishu Ishiyama, *University of British Columbia*

At the XXVI International Congress of Psychology, the Clinical Section sponsored an integrated paper session entitled: "Japanese and North American perspectives on shyness and social phobia. In this session, speakers from Japan, Canada, and the United States compared western cognitive-behavioral approaches to social anxiety with concepts and treatments arising from the Japanese Moritan perspective, based on the work of psychiatrist Shoma Morita. The papers addressed three topics: personality vulnerabilities, social and cognitive factors, and treatment perspectives. In the first section of the symposium, Jonathan Cheek and Kei Nakamura compared the western concept of shyness as a personality disposition with the Japanese concept of the shinkeishitsu personality. In the second section, Kyoichi Kondo presented a Japanese socio-cultural model of taijin-kyofu-sho (TKS), and Lynn Alden examined western cognitive models of social phobia. In the third section, Ishu Ishiyama compared Morita therapy with cgnitive-behavioral treatment regimens for social anxiety. The talks revealed a number of similarities, as well as some striking differences, between the two cultural perspectives. The primary conclusions of the session will be summarized below.

"... shinkeishitsu individuals are believed to have the ability to choose whether their innate personality features will lead to personal and social impairment."

Personality Vulnerabilities

According to both Japanese and western theories, personality dispositions contribute to the development of social phobia and taijin-kyofu-sho (TKS), its Japanese counterpart. Western writers propose that shyness, or social timidity, is one personality factor that increases an individual's vulnerability to social phobia. Moritan writers believe that TKS and other anxiety conditions arise from the shinkeishitsu personality configuration. Shinkeishitsu is a multi-faceted concept that is somewhat broader in focus than shyness. The shinkeishitsu individual is said to be characterized by a tendency toward nervousness, sensitivity, attentiveness to detail, an active inner life, and a strong desire to do well.

Within both perspectives, personality features are seen to have physiological underpinnings that are to some extent heritable. However psycho-social factors are proposed to influence the behavioral expression of these dispositions. Jonathan Cheek discussed how western theories center around interactionist models in which individual developmental experiences and socio-cultural factors are seen to either buffer or exacerbate temperamental shyness or timidity. Within the Moritan framework, shinkeishitsu individuals are believed to have the ability to choose whether their innate personality features will lead to personal and social impairment. Perhaps the most striking difference between the two perspectives is that Moritan writers view the shinkeishitsu personality as "bilateral", or two sided, having both positive and negative aspects. The person can choose to use the sensitivity and attentiveness to detail that arise from this personality style in either a positive way (e.g., to help others) or a negative way (in self-preoccupation and emotional symptoms). In contrast, only a very few attempts have been made by western writers to consider positive features of shyness, most notably in Gough's distinction between positive and negative shyness (e.g., Gough & Thorne, 1986). However, this distinction has not been widely adopted, and the prevailing view of shyness is of a predominantly negative personality feature.

Kei Nakamura suggested that another difference between the two perspectives is the emphasis on obsessional thinking within the Japanese model. Shinkeishitsu is seen as similar in some ways to the obsessive-compulsive personality, although the shinkeishitsu individual is characterized by sensitive introver sion and lacks the organizing or compulsive behaviors of the obsessive-compulsive individual. Western writers consider self-critical cognitions to be a central feature of shyness and of social phobia, however, this has not been placed in the context of an underlying personality trait.

Social and Cognitive Factors

Both Moritan and western cognitive-behavioral theories highlight the contribution of cognitive processes to social phobia/ TKS. According to both viewpoints, individuals with pathological social anxiety are characterized by self-focused attention, which creates or exacerbates self-critical thinking and intensifies emotional symptoms. Within western cognitive theories, self-focused attention has been the subject of detailed consideration. Distinctions have been drawn between private self-awareness, i.e., awareness of one's thoughts, feelings, and opinions, and public self-awareness, awareness of oneself as an object of social scrutiny (e.g., Buss, 1980). Furthermore, within western models self-focused attention is viewed as having both good and bad aspects. Private self-awareness strengthens one's ability to express and act on one's opinions, which is viewed positively in many western cultures, particularly North America. Even public self-awareness is not seen as negative in and of itself. Although public self-awareness activates self-evaluation, it is the outcome of this evaluative process that is crucial in producing anxiety and avoidance. The self-confident person may even benefit from public self-awareness. Overall, within western thought, being aware of and true to one's self is viewed as positive, as is having the confidence and ability to command social attention.

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In contrast, Moritans believe that self-centeredness is inherently problematic because it distracts the person's attention from "doing what needs doing". To the extent that self-awareness leads to withdrawal or to attempts to attract attention, it is seen within the Moritan framework as potentially disruptive to social harmony and therefore negative. The ideal, according to Moritans, is that of "no-self", i.e., to lose the self in constructive action. According to Kyoichi Kondo, exposure to western influences is seen by some Japanese writers and social critics to have increased self-centeredness to an unhealthy level among young people in Japan and to have contributed to a growing number of social problems.

Another cognitive feature shared by the two viewpoints is the notion that self-critical cognitions arise from an inner conflict between the how the person views him or herself and some standard of evaluation. Western researchers, such as Strauman and Leary, emphasize socially anxious people's sense of discrepancy between how they see themselves and what they believe others expect or require of them (Leary, 1995; Strauman & Higgins, 1988). Strauman (1989) describes this as an "actual -ought other" discrepancy in the person's sense of self, that is, the anxious person perceives a discrepancy between their actual self and the self others think they ought to be. Moritans write about "shiso no mujun", or a "contradiction" between what one should be and what one actually is. Within the Strauman system, this translates into a discrepancy between actual self and ideal self, or the self one wishes to be. Thus, within both viewpoints the social phobic/TKS individual has a sense of personal inadequacy, but the goal or standard used as the benchmark to evaluate one's adequacy differs. The emphasis on falling short of one's ideal self is also seen in the Moritan emphasis on the role of perfectionistic thinking in TKS. Both Japanese and western writers have speculated on whether perfectionism contributes to social phobia (e.g., Bieling & Alden, In press), however, this idea is more central to Japanese theories of social anxiety than to western cognitive theories.

> **" Moritans emphasize acceptance of emotions as a natural part of life..."**

The two perspectives differ on the appropriate resolution of these cognitive conflicts. In the west, phobic patients are taught strategies to reduce their sense of falling short of others expectations, either by enhancing their behavioral skills or by changing their perceptions of their own abilities or others' expectations. The goal in Morita therapy, on the other hand, is to accept conflicts as inevitable, stop dwelling on them, and engage in constructive action with a full awareness that one will never achieve one's ideal.

Writers in both traditions believe that focusing on emotional symptoms exacerbates the individual's distress and social avoidance. Western cognitive theorists, such as A.T. Beck and D.M. Clark, write about emotional reasoning, i.e., using symptoms of anxiety to infer that danger is present, that one is inadequate, and that others will see anxiety-related symptoms and disapprove of the anxious person (e.g., Beck & Emery, 1985; Clark & Wells, 1995). Moritan theorists, such as Nakamura and Ishiyama, write about psychic interaction, i.e., the anxious person's focus on anxiety-symptoms and their desire to control their emotional symptoms (e.g., Ishiyama, 1987; Nakamura, Kitanishi, & Ushijima, 1994). One significant difference between the two theoretical frameworks, however, concerns their understanding of the basic nature of social anxiety. Within CBT theories, social anxiety is treated as a predominantly negative state that should be reduced or controlled. Cognitive therapies are based on the assumption that emotions can be willfully brought under control through increased awareness of the relationship between thoughts and emotions and a rational examination of the accuracy of social beliefs. By contrast, Moritan writers believe that emotional reactions are natural phenomenon that cannot be directly controlled or changed through acts of will. Instead Moritans emphasize acceptance of emotions as a natural part of life, "like the weather". Some Moritan writers view the western focus on "fixing" feelings as counterproductive and believe that asking patients to examine their emotions only perpetuates their unhealthy preoccupation with controlling what are basically uncontrollable events. In Morita therapy, patients are encouraged to accept their anxiety without letting it direct their behaviors. As with the shinkeishitsu personality structure, Moritans view social anxiety as bilateral in nature. Although social anxiety has negative aspects, it is also seen to be an expression of an underlying desire for life and for meaningful relatedness to others. One strategy in treatment is to help the patient reframe social anxiety as a universal human response which has a positive self-actualizing meaning that can be put into concrete and adaptive actions.

Treatment Perspectives

The treatment strategies that arise from the two theoretical frameworks share some common elements. In both, therapists are active and function as teachers to educate patients about the nature of anxiety and the way that cognitive processes contribute to emotional distress. Moreover, within both frameworks, intellectual understanding alone is viewed as inadequate, and the central goal of treatment is to encourage the patient to engage in experiential exercises (or "taking anxious action" within the Moritan model).

As noted above, there are differences in how anxiety and cognitive processes are explained to patients. Moritans devote more time and attention to positive reframing of social anxiety and shinkeishitsu traits. There are also differences in the types

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f experiential exercises that are the focus of treatment. In CBT, patients are encouraged to take a systematic, rational approach to their problems. Typically they are asked to monitor their thoughts and behaviors and then to engage in a process of graduated exposure to social situations. Behavioral rehearsal, at times supplemented by skills training, is commonly used to prepare patients for social encounters. The goal of this process is to disconfirm the patients' inaccurate negative beliefs and thereby extinguish anxiety (e.g., Heimberg & Juster, 1995). The patient who complies with the treatment plan is viewed positively. In contrast, the Morita therapist does not spell out specific steps to be taken, and blind obedience to therapist dictates is viewed negatively. At least in theory, an emphasis is placed on enhancing the patient's free will and spontaneity in social situations. The central element in treatment is an attitudinal change in which the patient is encouraged to "accept reality" (arugamama) , i.e., accept life's inherent conflicts, uncertainties and painful aspects, and choose to lead a constructive life despite these experiences. Part of arugamama for socially anxious patients is to accept anxiety and personal inadequacies, move beyond mental preoccupation with these inner experiences, and take constructive action ("do what needs to be done"). The goal of treatment is to lose the self in action and constructive living.

Summary

In western cognitive-behavioral models, social anxiety is generally viewed as a characteristic of the individual, primarily negative in nature, and the product of distorted cognitive processes or skill deficits. Cognitive-behavioral therapy attempts to correct faulty beliefs and distorted information processing though graduated exposure exercises and the rational examination of thoughts and beliefs, supplemented where necessary by skill training. The goal of treatment is to enhance the self by correcting faulty patterns of thinking and behavior. In the Japanese Moritan model, social anxiety is viewed as a natural reflection of the desire for social harmony that is shared by all people. Problems arise when dispositionally sensitive people become fixated on symptoms of anxiety and self-critical thinking, become demoralized and passive, and withdraw from constructive action. Through recognizing the true nature of emotions and negative thoughts and recognizing the futility of focusing on these inner evens, the patient learns to accept reality and engage in constructive action. The goal of treatment is to lose the self in constructive living.

"the Morita therapist does not spell out specific steps to be taken, and blind obedience to therapist dictates isviewed negatively. "

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CLINICAL HOME PAGE

Home Page of the

CLINICAL SECTION

LA SECTION DE LA PSYCHOLOGIE CLINIQUE DE LA SCP

Canadian Psychological Association

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http://play.psych.mun.ca/~dhart/clinical/

That is the URL for the Clinical Section Home Page. Visit and give some feedback to any of the Executive or to the current webmaster, David S. Hart.

Webpages can be feasts for the eye and mines of information. We have made a humble start with some basic information about the section and its outreach. Adding the entertaining touches is low on the priority list. Adding useful information and provision for exchange of knowledge is the primary concern.

It is a simple matter to put executive notices on the page. However, there are many possibilities for constructing an information resource. These possibilities can only be realized through joint effort in which you can contribute. Useful clinical materials can be made available, as well as various announcements and links to existing resources on the web

Our page should be considered as work in progress. Much of what is present was placed to indicate possibilities. Please feed information to ensure that the Clinical Page will be worth repeated visits. Think of it as a zoo which you will enjoy visiting at least once a week to find our what's new with your friends. I constructed a feedback form to provide for interactive use of the clinical page, but was unable to establish it on the server. Eventually...

😐☹☺

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networking

Clinical Section E-Mail Directory

The email directory lists those addresses submitted to the editor for inclusion. You are invited to submit your name for inclusion so that more of your colleagues can correspond with you on the internet.

Are you interested in having a Canadian Clinical mail-list forum? Let us know. Send your email address to the editor : **(dhart@play.psych.mun.ca)**

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New E-Mail List:

DisastMH - Disaster Mental Health Professionals Online

The DisastMH e-mail discussion forum serves as on ongoing conference for disaster mental health professionals. Through DisastMH, colleagues can discuss mental health issues in disaster preparedness, disaster response, and disaster recovery. (However, individuals needing professional assistance are asked to seek mental health professionals in their own geographic area.)

Relevant topics may include but are not limited to:

* Planning, development, and operations of disaster mental health
* Volunteer issues of solicitation, maintaining interest, recognition
* DMH and interfacing with agencies, schools, government, etc.
* Construction of protocols for disaster response
* Handbook preparation and maintaining records
* Training issues including American Red Cross training, critical incident stress debriefing, and other models
* Issues of risk management (referral systems, liability, safety, etc.)
* Ethical considerations
* Media and public relations issues
* Debriefings and interventions for disaster response
* Communication trees and classification of volunteers
* DMH leadership issues at local, state, national levels
* Clinical issues for disaster response
* Clearinghouse for material available in disaster psychology
* Peer consulting for disaster mental health services
* Communication about DMH during an ongoing disaster

If you are a mental health professional or invited associate in disaster psychology, you are welcome to this forum. To subscribe, send the following message to

listserv@maelstrom.stjohns.edu:

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For additional information, contact the list owner/moderator: Denruth Lougeay, Ph.D.; e-mail: deneelou@znet.com.

URLs OF INTEREST !

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CLINICAL INTEREST SITES

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Our Clinical Section Home Page

http://play.psych.mun.ca/~dhart/trauma_net/
The home page for the Canadian Traumatic Stress Network

http://www.sscp.psych.ndsu.nodak.edu
Home page of the Sociaty of the Scientific Study of Clinical Psychology (SSCP), SectionIII of Division 12 of APA. See the list of Manuals for Empirically Validated Treatments.

http://www.istss.com/
Web site of the International Society for Traumatic Stress Studies. Full information about the ISTSS meeting in Montreal this November.

The Elder Abuse Home Page
http://healthy.uwaterloo.ca/bear/

The IntTernational Society for the Study of Dissociation has now posted its revised treatment guidelines for DID in adults at the following URL: **http://www.issd.org/isdguide.htm**

There are a number of sites which have material useful for informaing clients. You can review these quickly and print them out cheaply if you find them useful.

http://www.mhsource.com/help/ref.html
Mental Health Infosource

National Alliance for the Mentally Ill (NAMI or AMI) has a web site at: **http://www.nami.org/**
Check their "Help Line" for lay person oriented write-ups on all major mental illness.

The APA homepage, specifically the "Psychology in Daily Life" page at:
http://www.apa.org/pubinfo/pubinfo.html

Do let us know of any sites you have created or visited that could be valuable for your colleagues. We will add them to our directory (i.e., publish them in the next newsletter).

NEWSLETTER SCHEDULE

The **Canadian Clinical Psychologist** will circulate three times per year: November, February, and May.

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