CPA Counsellor

Newsletter of Counselling Psychology Section of the Canadian Psychological Association

Fall 2011

Message from the Chair

What research methods training should be required?

José Domene

This has been another year of growth for us as a section, and for the broader specialization of counselling psychology in Canada. Our section membership is up to about 450, evenly split between student and professional members, and the 2011 CPA Convention in Toronto featured more counselling psychology programming and posters than we have ever had. I was also astounded that we had over 30 people attend the section's annual business meeting, which reflects well on the level of interest that our members have in the future direction of our section. 2011 has also been an important year for our ongoing growth as discipline: This summer saw the publication of an article in the journal *Canadian Psychology*, presenting the Canadian definition of counselling psychology that has been formally adopted by the Canadian Psychological Association. Also, just published in the latest issue of *Canadian Psychology* is a Special Section of 5 articles about our specialization, generated from the work accomplished in the *Inaugural Canadian Counselling Psychology Conference* held in Montreal last November.

Several of those articles comment on the importance of qualitative research in Canadian counselling psychology, which begs the question of whether that importance is reflected in our training programs. Indeed, a colleague recently asked me why we continue to require quantitative methods courses but not qualitative methods courses in our programs, when so many of our students do qualitative research for their theses and dissertations? From my perspective, there are two parts in answering that question.

Even if we never intend on doing quantitative research ourselves, we are in a profession where we should be guided by the literature (for both practice and research). Much of our body of research evidence continues to be generated using quantitative methods. How can we evaluate the quality of that evidence if we do not have a thorough grounding in statistics and quantitative research design? Without required training in how quantitative research should be conducted, we are left with the choice of dismissing this kind of research out of hand, or uncritically accepting that a study has been conducted properly and moving straight to the Results or Discussion sections. However, these same arguments must be applied to qualitative research as well. Evidence generated using qualitative methods is growing across the range of issues that counselling psychologists are likely to encounter in practice and research. Unfortunately, just as quantitative research can be conducted poorly, so too can qualitative research, revealing the need for counselling psychologists to become familiar with how to evaluate qualitative research. This requirement to become familiar with both quantitative and qualitative methods is especially true in the Canadian context, where our discipline has been explicitly defined as accepting of multiple ways of knowing.

So the short answer to my colleague's question is that, to be able to graduate future counselling psychologists who are able to engage the evidence base in a literate and meaningful way, we need to continue requiring coursework in statistics /

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quantitative methods, and we also need to require coursework in qualitative methods. This training (especially if it is combined into a single course covering literacy in both qualitative and quantitative approaches to research) may not be sufficient to prepare students to implement the specific approach they require for their thesis or dissertation research, but it will allow them to critically engage with all the literature in their areas of study. Learning the method that they intend to use in their own research can be accomplished through elective courses or simply as part of the process of completing a thesis/dissertation (in much the same way that we expect students to become experts in their content area as part of conducting their research, rather than through coursework alone).

My challenge for our student members is to make sure that you become adequately familiar with both qualitative and quantitative methods as part of your education, even if this means taking courses beyond your degree requirements. My challenge for those of you involved in training the next generation of counselling psychologists is to consider how to ensure that all your students are able to engage with the full range of published research in our field. Virtually all counselling psychology programs provide students with the opportunity to take courses in both quantitative and qualitative methods, but does your program *require* it?

As always, please feel free to contact me at jfdomene@unb.ca with your feedback, reactions, and ideas. Also let me know if you would like your message to be published in our next newsletter, as a commentary on what I have written.

José Domene
Chair, Counselling Psychology Section
Canadian Psychological Association

Buffering the Stress of Cancer - The Strength of Relationship Quality

Danielle Brosseau

It is an honour to receive one of the 2011 Best Masters Thesis Awards from the Counselling Psychology section. My Masters thesis brought together theoretical and empirical knowledge in the areas of family systems, traumatic stress, and psychosocial oncology. Research from family systems provided a framework for the conceptual understanding of cancer as a dyadic stressor. In other words, a diagnosis of cancer was viewed to have a direct and/or an indirect impact on both members within an intimate relationship or dyadic system (Bodenmann 2005). Research examining the experience of cancer for couples has greatly developed but remains limited in its scope of partners' psychological responses to their loved one's cancer. For example, the past decade has been host to an increase in attention to traumatic stress reactions following a diagnosis of cancer but had yet to examine secondary traumatic stress responses among intimate partners of cancer patients. Secondary traumatic stress is defined as the "natural consequent behaviours and emotions resulting from knowledge about a stressful event experienced by a significant other" (Figley, 1998, p. 7).

In my Masters project I examined the buffering effects of relationship quality on the association of patients' and partners' traumatic stress responses to cancer. A heterogeneous sample of cancer patients and their intimate partners ($N = 90$ couples) were recruited through the British Columbia Cancer Agency. In total, 30% of patients and 23% of partners reported multiple symptoms of posttraumatic and secondary traumatic stress, respectively. Of these, 9% of patients and 10% of partners experienced symptoms at levels of clinical concern. As anticipated, patients' posttraumatic stress response predicted 19% of the variance in partners' secondary traumatic stress response, $R^2 = .19$, $F(1, 88) = 20.52$, $p < .001$, 95% CI [.10, .28]. An additional 11% of the variance in secondary traumatic stress was explained by relationship quality, $R^2 = .30$, $\Delta R^2 = .11$, $F(1, 87) = 13.04$, $p = .001$, 95% CI [.21, .38]. Further, relationship quality buffered the association between patients' posttraumatic stress and partners' secondary traumatic stress benefiting those in higher quality relationships, $R^2 = .34$, $\Delta R^2 = .05$, $F(1, 86) = 5.87$, $p = .018$, 95% CI [.25, .43]. These results provide support for the importance of considering the influence of relational factors when examining the psychological impact of cancer on couples. As the results demonstrate, patients' and partners' stress are related differently depending on the quality of the couples' relationship. Additional research is needed in order to increase our understanding and ability to effectively respond to the small but highly distressed group of patients and partners who experience traumatic stress symptoms as a result of their own or their partner's cancer.

Since completing my MA in Counselling Psychology at Trinity Western University, I have continued with my studies as a PhD student in Counselling Psychology at McGill University. To my knowledge, there is very little research in psychosocial oncology originating from students and professionals who are trained and/or working in Canadian Counselling Psychology programs. I believe that as Counselling Psychologists we are particularly well equipped to investigate the psychosocial concerns of cancer patients and their family members given our training in family systems, the focus of our work on assisting relatively healthy populations with adaptations to stress, and our acceptance of whole-person perspectives. The culmination of this training and outlook permit Counselling Psychologists to offer a unique and valuable contribution to the field of psychosocial oncology.

For a more detailed description of this study please see Brosseau, D. C., McDonald, M. J., & Stephen, J. E. (2011).

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Hindering Factors in the Working Alliance as Categorized by Clients

By Meagan Cook

The latest meta-analysis estimated that the working alliance holds a median effect size of 0.28 on the outcome of counselling (Horvath, Del Re, Fluckiger & Symonds, 2011), with client ratings out-predicting counsellor ratings (Horvath & Bedi, 2002). This effect is particularly evident when the working alliance is rated by the client. In fact, counsellors' ratings of the alliance only correlate about .36 with clients' ratings (Tryon et al., 2007). These differences between counsellor and client perspectives highlights the need for research in the context of a "client-as-expert" frame, especially in relation to hindering experiences within the working alliance (Henkelman & Paulson, 2006). In addition, Duff and Bedi (2010) found much of what clients *think* plays a role in the alliance formation is related to those factors that actually *are* involved, which gives more weight to the idea that clients can be a reliable and valid source of insight into the working alliance.

Despite the importance of the clients' perspective on the working alliance (Duff & Bedi, 2010; Horvath & Bedi, 2002), and the fact that it is fundamentally different from the perspective of the counsellor (Fitzpatrick et al., 2005), there is a distinct lack of research in this area. In order to best study how the clients' perspective differs from the counsellors' perspective, client and counsellor views of the working alliance should first be isolated and then compared. The Critical Incident Technique (e. g., Bedi, Davis & Williams, 2005) has been used to investigate what types of interactions and incidents are thought to impact the working alliance through isolating specific incidents that are critical to the alliance and exploring their impact (Fitzpatrick & Chamodraka, 2007). In order to truly understand how clients conceptualize the underlying themes of such incidences, clients, not researchers, should sort the statements into thematic piles representing different aspects of the alliance (Bedi, 2006).

The following study was conducted to preliminarily investigate factors that hinder the working alliance from the perspective of the client. The hindering factors used in this study were obtained via clients' videotape assisted recall of incidents in a previous study. In the current study, the factors were then sorted into conceptually homogenous groups and titled. The categories identified in this study represent how clients understand factors that they see as hindering to the working alliance.

Method

Participants

Five clients (three women and two men) took part in this study. All participants received counselling from master's level trainees as part of a counselling skills course in their graduate program at a medium sized university in a small city in the Pacific Northwest. Participants had a mean age of 28.22 (SD = 3.93) years and each self-identified as either "White" or "Caucasian". Two of the participants (40%) had received their own counselling or psychotherapy services within the previous five years while the other three had not. Three of the participants (60%) were married or common law while the other two were single.

Procedure

Participants sorted two sets of index cards: critical incidents (CIs) that were previously identified as hindering to the working alliance and the corresponding set of reasons how or why these particular incidents were hindering. Each set contained 74 cards, and participants were instructed to sort them into conceptually homogenous piles. Once the participants sorted the cards into as many piles as they saw fit, they designated each pile with a label that they believed represented the statements in the piles most accurately. Participants received $15 for their participation (about two hours).

The most representative sort across participants was identified through multivariate concept-mapping (MVCM), which consisted of unweighted, non-metric multidimensional scaling (MDS) analyses followed by the agglomerative hierarchical cluster analysis (CA) of MDS coordinates using Ward's (1963) algorithm.

Results

Three-dimensional solutions were selected for both data sets (CIs and how/why) based on the stress values of .244 for the CIs and .240 for the how-why statements. Interpretability and the agglomeration coefficients for each cluster solution were given priority in selecting the best cluster solution for each set of data. After titles that best described the items in each category were created based on reviewing the pool of participant-generated labels, an independent auditor suggested slight changes to category titles in order to better summarize the statements included in each category.

A four cluster solution was chosen for both the CIs and

how/why statements. The four clusters representing the CIs were termed: (a) *Client's Lack of Confidence in Counsellor,* (b) *Incongruent Interactions Between Client and Counsellor,* (c) *Counsellor is Overly Directive or Unresponsive to Client's Desired Direction,* and (d) *Counsellor's Body Language*. The four how/why clusters were: (a) *Client Does not Trust Counsellor Therefore Client Will not Open up to Counsellor,* (b) *Client Does not Feel Comfortable with Counsellor Therefore is not Willing to Share with Counsellor,* (c) *Counsellor is too Directive Therefore Client Stops Sharing and Follows Counsellor's Direction,* and (d) *Counsellor is Disengaged Therefore Client Does not Feel Accepted or Understood by Counsellor.*

Discussion

The results of this study provide a framework describing four potentially distinct domains of factors that can hinder the working alliance. The four CI categories identified in this study include both the client and counsellor's impact on hindering the working alliance. Two of the categories primarily fall within the counsellor's domain of agency and responsibility, one category clearly involves both parties, and one category primarily involves the client's negative response to counsellor behaviour. Despite four categories being used to summarize the 74 reasons how or why the alliance was hindered by these particular critical incidents, these reasons refer to one general idea—when the client feels uncomfortable, not listened to, has a lack of confidence in the counselor, the client will be less willing to open up in the session and explore the issues that brought them to seek mental health services.

This insight into what factors hinder the working alliance and how or why they do so appears to complement a theory developed by Fitzpatrick, Janzen, Chamodraka, Gamberg and Blake (2006) and Fitzpatrick, Janzen, Chamodraka and Park (2009). These authors hypothesized that a positive emotion-exploration spiral allows strong working alliances to develop and leads to better counselling outcomes. Client openness to exploration, combined with positive emotional responses to the counsellor's behaviour result in the relationship moving forward (e. g., the alliance deepening) and progress being made in counselling. Additionally, these researchers speculated that positive emotions are linked to bonding and confidence in the counsellor, while client exploration is linked to the goals and tasks involved in the working alliance (as per Bordin's [1979] tri-component model of the alliance).

Many of the critical incidents found to hinder alliance formation seem to be the diametrical opposites of what Fitzpatrick et al. (2006, 2009) propose relates the alliance to positive counselling outcomes. Because they represent the opposite of Fitzpatrick et al.'s positive emotion-exploration spiral, I propose the existence of a negative emotion-lack of exploration spiral. In other words, and for example, a lack of trust or uncomfortable feelings associated with the counsellor could lead to a lack of sharing and exploration by the client which, in turn, could create more negative emotions, reinforce the lack of trust and impair further or deeper exploration, eventually disabling the alliance.

This preliminary list of incidents and categorization of themes can be used to educate counselling trainees about what can possibly hinder the working alliance. This may improve outcomes because a strong working alliance is considered to have some causal influence on the outcome of counselling (Horvath & Bedi, 2002).

Limitations

The small sample size may increase sampling error, which may have interfered with the formation of distinct clusters. Furthermore, the generalizability of results is limited by the particular demographics of the sample. For example, all participants were university students. It is unclear if the same constellation of factors is important for clients with lower education levels. Finally, it must be recognized that the method used is descriptive rather than inferential in nature so it is premature to conclude that systematically manipulating any of the identified factors will guarantee an improvement in the working alliance.

Future Research

This study should be followed by larger scale, experimental or quasi-experimental research designed to better establish the causal impact of these client-identified factors that hindering the working alliance. Finally, a larger, more comprehensive list of critical incidents drawn from a more diverse population should be obtained in order to draw stronger conclusions and greater generalizability of these results.

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Exploring Quality of Life Changes and Counselling Utilization in New Brunswick Methadone Maintenance Treatment

By Nichole Pickett

Methadone maintenance treatment (MMT) has been employed for many years as an effective means for treating opiate dependence. Recently quality of life measures have been used to evaluate the efficacy of MMT programs from clients' perspectives. Methadone is a long acting medically synthetic opioid agonist that relieves intense cravings and withdrawal symptoms associated with opioid detoxification (Health Canada, 2002; New Brunswick Department of Health, 2005). While the effectiveness of MMT has been written about extensively within research literature, the majority of findings are representative of large urban centers, potentially limiting their transferability to small urban and rural settings. Thus, it remained unknown whether current MMT programs in smaller centres were capable of meeting the needs of the represented population. Ultimately, the purpose of this research was to explore quality of life changes and counselling utilization experiences of MMT participants within in an Atlantic Canadian province to develop an understanding of the efficacy of such programming in meeting client's needs. Thus, researchers proposed the following questions:

1. What changes in quality of life (physical, psychological, and social well-being) have been experienced by methadone maintenance treatment (MMT) program clients?
2. What is the perceived role of counselling services in the recovery process of MMT program clients?

Method

Participants were recruited from an approximate population of 400 clients at two MMT clinics. Inclusion criteria opened the study to current MMT clients that spoke English, had the ability to complete a paper and pen interview interest form, had a minimum of one year program participation, and were 18 years of age or older. A total of seven participants (4 males, 3 females) took part in semi-structured audio recorded interviews. Participants mean age was 42, participated in MMT for 30.57 months, all participants were Caucasian, and English was their first language. Interviews were transcribed verbatim, with all identifying material removed, and then analysed using an interpretative thematic analysis. Transcripts were read initially for explicit participant statements pertaining to the research questions. These statements were collected for each interview, assigned labels and further defined by written description of each individual MMT experiences. In the final stage, these labels were examined across the data and grouped together in terms of patterns of similarity of content to identify themes that emerged most frequently. A second reader was employed to improve the quality of the analysis.

Findings

Researchers identified 21 salient themes that participants experienced since entering MMT. Themes were organized into four distinct areas reflecting the research questions focusing on physical, psychological, and social well-being, and participants' understanding of the role of counselling in their recovery. For the purpose of this report a selection of findings will be presented in detail.

Physical well-being. Participants described a *therapeutic reliance* on MMT services, changing from dependent drug use to relying on methadone for its therapeutic qualities, explicitly withdrawal and pain management. A female participant described this change, "The big thing was it got me off the pills and I don't crave that high anymore. Like you know, I feel healthier, I'm happier. I can function more like I use to before." Participants also noted positive changes in their *health behaviours* and some manageable struggles with *methadone side effects*.

Psychological well-being. Psychological well-being presented a wide-variety of themes with participants noting areas where their lives have greatly improved, areas where they are striving for improvements, and continued challenges they were facing. With regard to improvements in psychological well-being the greatest level of change experienced by the majority of participants upon cessation of opiate use were *restored cognitive abilities,* participants were *calmer,* had renewed *ability to care* for themselves and others, and their *moods had stabilized.*

Participants also noted a number of psychological well-being changes that were either in transitory states or appeared to be presented on a continuum of potential feelings. Participants described a transition in *searching for and developing a self-concept* and conflicting feelings of persistent *dependence vs. independence*, which had been newly found. Participants described a range of feelings anchored by *shame and pride*. They expressed pride in themselves and their recovery efforts. However, feelings of guilt, shame, and embarrassment regarding past using behaviours and methadone participation persisted. Similarly feelings regarding *respect vs. stigmatization* were described. As a result of recovery efforts, participants experienced renewed respect from family and friends. However, some continued to endure difficulties with stigmatization concerning their past drug use and program participation. One female participant described the persistent and current stigmatization she faces, as a MMT client, "…and he was like, "…Oh those fucking people on that fucking monkey juice, those hep C monkeys' and everything. I'm sitting there and like only if you knew, I'm on the methadone, I'm a hep C monkey."

Some persistent emotional struggles remained for some participants. Participants noted they had experienced problems with *program-related stress* and emotional *adjustment difficulties*. A large proportion of participants all discussed numerous and varied incidents of *past emotional distress* and trauma. Participants had difficulty recalling these events and felt they have negatively impacted their lives. A male participant stated: "My whole life I've been running, not wanting to deal with that pain."

Social well-being. All participants were able to indicate improvements in their social life such as *active and meaningful reengagement* (employment, interpersonal relationships, and leisure) and *stability and responsibility* (living and financial situations, and elimination of criminal behaviour). However, to a lesser degree participants indicated some *adjustment and continued difficulties* that persisted in almost all areas of social well-being. Most participants expressed a desire for continued positive changes. However, one individual noted no positive changes in his social well-being since beginning methadone, stating, "I stopped having a life, the first drink I had of that stuff…I don't really have any friends, and I don't have a life at all."

Role of Counselling and Related Services. All participants openly discussed both the *counselling benefits* they received and the *barriers and challenges* they had endured. A small number of participants discussed a unique barrier that defined another theme, *perceived disclosure discrepancies*. This was characterized by participants expressing that they were uncertain of their rights as clients and were uncomfortable with potential sharing of treatment information between methadone care providers, without their consent. One female participants described the impacts of this practice on the counselling relationship, "…if I go into a counsellor, I don't want to be having to watch what I say…if you're going to go in there and tippy toe around what you say, what's the sense in seeing one anyway." Finally, clients spoke of different way they came to engage in counselling. *Types of engagement* included that counselling was entered into either through either mandatory or self-directed engagement. Mixed thoughts were voiced regarding mandatory engagement; participants actively engaged or distanced themselves during the process.

Implications for Counselling Psychology

The findings of this study clearly indicate that when counselling was employed in conjunction with MMT, it provided clients with additional support necessary to address a variety of their unmet needs. However, it was also apparent that counseling within a MMT program, serving small urban and rural settings, is still in its infancy and further development is needed. Given the persistent challenges faced by MMT client, counsellors would benefit from having an awareness of supportive services accessible to clients, including rehabilitation treatment programs, peer-support groups, and social welfare agencies. Furthermore, there is a need for continued and specialized training of MMT counsellors to attend to clients' unique psychological needs, specifically related to histories of complicated distress and trauma, and persistent feelings of continued dependence and stigmatization. These are incredibly complex and sensitive concerns that require specialized training among counselling professionals to work with clients surrounding these issues. Finally, MMT is an interdisciplinary field and client could benefit from collaboration between treatment professionals. However, from this sample it was evident that there is a need to reinforce collaborative counsellor-client relationships, concerning clients' decision making of how their treatment information is shared. Explaining the benefits to sharing such information with other professional and obtaining consent to do so would be valuable to sustaining a cooperative client-counsellor relationship. Overall, MMT clients within this sample noted the counselling they received was beneficial, but it is still evident that continued changes, training, and collaboration with clients is needed to improve the efficacy of counselling services available.

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Counselling Psychology Student Research Recognized

This year, six students were recognized by our Section for the high quality of research they have conducted. Three Best Doctoral Dissertation / Masters Thesis awards were awarded, to:

Chantelle Quesnelle, University of Calgary, for her research titled "Evaluating the Therapeutic Alliance: What matters to Teens?"

Danielle Brossseau, Trinity Western University, for her research titled "The Moderating Effect of Relationship Quality on Partner Secondary Traumatic Stress Among Couples Coping With Cancer."

Radha Messmer, University of British Columbia, for her research titled "Marital Satisfaction across the Transition to Parenthood: The Relationship Between Bed-Sharing and Marital Satisfaction for First-Time Parents."

Also, from a field of over 40 student poster presentations at the 2011 CPA convention, many of which were of very high quality, three posters were adjudicated as being outstanding.

The Best Doctoral Poster was awarded to Touraj Amiri, OISE-University of Toronto, for his poster titled "The Role of Personality and Emotional Regulation on Psychological Health in Trauma Survivors".

The Best Masters Poster was awarded to Nichole Pickett, University of New Brunswick, for her poster titled "Exploring Quality of Life Changes and Counselling Utilization in New Brunswick Methadone Maintenance Treatment Programs."

Additionally, the award committee wanted to recognize outstanding work presented by an undergraduate student, Megan Cook, Western Washington University, for her poster titled "Hindering Factors in the Working Alliance as Categorized by Clients".

Look for summaries of the work by Ms. Brosseau, Ms. Cook, and Ms. Pickett elsewhere in this newsletter.

Hot Off the Press!

Canadian Psychology, Vol 52(4), Nov. 2011
Special Section on Canadian Counselling Psychology
Guest Editor, Dr. Ada Sinacore, McGill University
http://psycnet.apa.org/index.cfm?fa=browsePA.volumes&jcode=cap

For the first time ever, *Canadian Psychology* features a Special Section on Canadian Counselling Psychology. The articles in the Special Section forward the development of the discipline by uniquely highlighting Canadian authored scholarship, mapping out the history and current state of Counselling Psychology, and considering how the unique Canadian context shaped literature reviewed. The topics covered in the Special Section are: the history and future of the field; professional identity and issues; counselling, training and supervision; research and scientific issues; and career development, health, wellness, prevention and multiculturalism. The articles include:

Canadian counselling psychology coming of age: An overview of the special section. **Ada Sinacore**

Canadian counselling psychology: From defining moments to ways forward. **Richard Young** & **Viviane Lalande**

Professional issues in Canadian counselling psychology: Identity, education and professional practice. **Beth HaverKamp**, **Sharon Robertson**, **Sharon Cairns** & **Robinder Bedi**

The power of multiple methods and evidence sources: Raising the profile of Canadian counselling psychology research. **Bryan Hiebert**, **José Domene** & **Marla Buchanan**

Canadian counselling psychologists' contributions to applied psychology. **Ada Sinacore**, **William Borgen**,

Judith Daniluk, **Anusha Kassan**, **Bonita Long**, & **Jennifer Nicol**

Section 24 Announcements

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Call for Nominations
Section 24 Distinguished Member Award

The Counselling Psychology Distinguished Member Award is intended to recognize someone who has made significant contributions to the field as a practitioner or as a researcher. We are looking forward to receiving nominations and presenting the 2012 award in Halifax. Nominees must be a member of the CPA Counselling Psychology Section and will preferably have been active in the profession for at least 10 years.

Nominees should have made a distinguished contribution in one or more of the following ways:

1. Outstanding counselling service.
2. Scholarly research, which has moved the profession of counselling forward.
3. Development of counselling materials which has contributed to the provision of service by others.
4. Outstanding service to professional associations, in particular to the CPA Counselling Psychology Section.

Other factors that will be considered are:

1. Influence of the work on the profession of counselling (e.g., is the work moving the profession forward?).
2. Breadth of influence (e.g., how many people have been affected by the work?).

Nominators should provide a rationale for nominating this individual for the award and additional supporting information, such as an up to date curriculum vitae of the nominee; detailed descriptions of work; samples of work; independent evaluations of work; letters of support from colleagues, students and/or clients; and description of positions held, and/or service contributions.

Please send completed nominations electronically to the section Chair, José Domene, by May 15, 2012, jfdomene@unb.ca

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Call for Nominations
Section 24 Student Awards

The Counselling Psychology Section of CPA offers annual awards for:

1. Best PhD Dissertation
2. Best Masters Thesis
3. Best Doctoral Conference Poster
4. Best Masters Conference Poster

These prizes are awarded for outstanding student research in the field of counselling psychology, and include a monetary prize ($100).

Best Poster Awards

Posters are evaluated for quality and relevance of content, and the student's engagement with the audience. All student-authored posters presented in the Counselling Psychology Section poster session at the CPA annual convention are evaluated for this award. Students do not need to be a member of the Counselling Psychology Section to be eligible.

Best Dissertation / Thesis Awards

The Best PhD Dissertation and Best Masters Thesis prizes are awarded based on a 10-page (maximum) summary of the dissertation or thesis, to be written by the student. The title page and references will not count against the 10 page limit. Additional material (e.g., appendices) will be removed prior to sending the summary to the evaluators. The student's work can only be nominated once for each award. The research must have been successfully defended within 2 years prior to the annual award submission date. The person who nominates the student's work must be a member of the Counselling Psychology Section; the student does not need to be a member.

The nominator should submit 2 electronic copies of the 10 page summary to:

Dr. Jessica van Vliet
jvanvliet@ualberta.ca

The Best Thesis/Dissertation Award submission deadline is May 15, 2012.

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Call for Nominations
Section 24 Section Executive

Nominations are now being accepted for the following Section Executive positions:

1. Secretary-Treasurer
2. Student Representative

The duties of these positions are described in the section by-laws, which can be downloaded from the Section page of the CPA web-site: *http://www.cpa.ca/aboutcpa/cpasections/counsellingpsychology/counsellingsectionbusiness/*

The term of office for the Member at Large positions is two years. These positions will commence following election at the Section's Annual Business Meeting, June 2012 in Halifax. Nominations will be open up to the meeting itself.

If you or someone you know would be interested in serving the section in any of the above roles, please send nominations to José Domene, Chair, at jfdomene@unb.ca

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Volunteers Needed
Section Committee on Nominations

We are looking for section members to volunteer to serve on a Section Nominating Committee. Members of this committee will work to ensure that the section has suitable nominees for CPA Awards, Sections Awards, and Fellows. Through highlighting the excellent work of counselling psychologists we will continue to enhance the profile of the discipline.

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Correction to "A resounding success! The inaugural Canadian Counselling Psychology Conference" (Spring 2011 Newsletter)

Correction: The ICCPC Committee would like to Thank McGill University for providing a Internal SSHRC Grant to help pay for part of the room rentals.

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Section 24 Executive

Chair: José Domene
E-mail: jfdomene@unb.ca

Chair-elect: Ada Sinacore
E-mail: ada.sinacore@mcgill.ca

Secretary-Treasurer: Helen Massfeller
E-mail: hfmassfe@ucalgary.ca

Member-at-Large (Student Awards): Jessica vanVliet
E-mail: vanvliet@ualberta.ca

Member-at-Large (Review Coordinator): Jennifer Thannhauser
E-mail: jennifer.thannhauser@uleth.ca

Student Rep: Lara Cross
E-mail: lara1@ualberta.ca

Web Master: Sasha Lerner
E-mail: alexandra.lerner@mail.mcgill.ca

Newsletter Editor: Michael Huston
E-mail: mhuston@mtroyal.ca