



PHHC Newsletter

Hospital Psychology

Fall 2014

Inside this issue:

Message from the Chair	1
Award of Excellence Recipient	2
Student Member Award	2
Call for Submissions for 2015 Convention	3
Leadership and Mentoring Committee Report	4
Special Report : Training Hospital Psychologists for the Future	6
Cross Country Check Up: Increasing Capacity online at Vancouver Coastal Health	8
Student Column	9
Member Profile: Dr. Deanne C. Simms	10
Instructions to Authors	11
Annual Business Meeting Minutes	12

Message from the Chair:

Bob McIlwraith, Ph.D.



First I want to thank Dr. Kerry Mothersill, the founding Chair of the CPA Section of Psychologists in Hospitals and Health Centres. His remarkable efforts harnessed the energy in the room at that first organizational meeting in Halifax in June of 2012 to bring us to where we are today – one of CPA's largest sections, with membership of 185 hospital psychologists and 398 students. Thank you, Kerry!

As the new Chair of the Section, I see great activity in many areas:

- The Guidelines Committee, still chaired by Kerry (now past-chair of the Section, as well as being CPA President) continues its development of practice and organizational guidelines for psychologists working in hospitals and healthcare facilities. The goal is a published set of CPA – endorsed guidelines that can be used to guide best practices in hospitals and to lobby for appropriate psychological services. Please send in any existing guidelines for specialty psychology ser-

vices that you know of, or documented “best practices” that can become guidelines.

- The Leadership Committee, chaired by Peggy O’Byrne, is working on leadership development and mentorship programs to support those psychologists who are in leadership roles in hospitals and similar institutions, or who aspire to leadership.
- The Communications Committee, chaired by our Chair-Elect, Deanne Simms, continues to publish the Section Newsletter to inform members of what’s happening across the country. Deanne welcomes contributions of all types and sizes. One surprisingly popular way for members to get involved has been for them to just send a photograph of their hospital for inclusion in the newsletter – it makes the Section feel more like a community. Keep those pictures, news items and articles about your local innovations and best practices coming!
- The Student Committee, chaired by Lara Hiseler, encourages students to get involved particularly by submitting posters or papers on hospital-related topics to the CPA convention program. There is an award for best student submission to our Section.

Those of us who work in hospitals or manage psychology services in public institutions are delighted to see that so many students have an interest. Please let Lara, or any of us on the Executive, know how the Section can meet your needs.

- The Convention Program Committee, chaired by Theo DeGagne, would love to hear your suggestions for sessions we can sponsor at the 2015 convention in Ottawa that will be of interest to our members. The deadline for submissions for the convention is December 1.

Hospitals – whether small community hospitals or giant tertiary-teaching hospitals – are special and complex places with their own cultures, challenges and rewards. Hospitals and primary healthcare centres (along with schools and prisons) are the places where Canadians can get publicly-funded psychological services. Psychologists can make great contributions to public health through their work in hospitals and primary healthcare centres, as these places facilitate –in fact, demand – collaboration with other healthcare providers on patient care and clinical research. As hospital psychologists, we can learn a lot from each other and share in the celebration our (sometimes hard-won) successes. This Section can be a vehicle for all of this.



Award of Excellence Recipient

Kerry Mothersill, Ph.D., R. Psych.



Each year, the Section of Psychologists in Hospitals and Health Centres presents an award of excellence to a psychologist who has made significant contributions to psychology in hospitals and health centres. This year, the Section Excellence Award was presented to Dr. Jonathan Eustace .

Over his 31-year career, Dr. Eustace made significant contributions to the development of the profession of psychology in Alberta. As noted in one of the nomination letters, he was a “tireless advocate for promoting

psychologists’ role in the health care system.” He played a major role in the formation of the Edmonton Consortium Clinical Psychology Residency Program, and as a result “there are increasing numbers of highly skilled Ph.D. psychologists obtaining employment in Edmonton improving patient care, participating in research, supervising and mentoring staff, and teaching.” Dr. Eustace has also served as the director of Clinical Psychology Services at the University of Alberta Hospital and Stollery Children’s

Hospital. He established working committees in the Edmonton area to enlarge the scope and influence of psychology in hospital settings there.

Dr. Eustace is a person of diverse talents and interests, who has acted as psychologist, teacher, administrator, supervisor, mentor, and friend. He has held a number of leadership positions, including with international, national and regional psychological associations, including Assistant Regional Director, Mental Health Services, for Alberta Health; Psychology Practice Advisor for the Psychologists’ Association of Alberta; and Professional Practice Manager, Edmonton Zone. He is deeply admired and respected by his colleagues not only for his professional achievements, but for his sincere, genuine interest in the well-being of his clients, students, friends, and colleagues.

For these reasons, 2014 Excellence in Hospital and Healthcare Psychology Award is presented to Dr. Jonathan Eustace of the University of Alberta Hospital.

Student Member Award

Every year the Section of Psychologists in Hospitals and Health Centres recognizes student members’ contributions to research conducted in hospitals and health centers. Submissions are evaluated based on their relevance to the Section’s mission, originality, clarity and potential impact of the research on wellbeing of Canadians and hospital service delivery. This year, the 2014 Award for Outstanding Student Poster for the CPA PHHC Section was awarded to Chanealle Fuchs for her poster entitled: Development and Initial Evaluation of a Psychoeducational Resource to Facilitate Social Support for Cancer Survivors, as presented at the CPA Convention, June 2014 in Vancouver. Ms. Fuch’s poster was co-authored with Nicole M. Alberts and Heather D. Hadjistavropoulos, University of Regina.

Abstract: Most survivors appear to adjust emotionally to having a cancer diagnosis over time (Zucca et al., 2012), but research has shown that a subset of individuals experience clinical levels of anxiety and depression (Boyes et al., 2009). In addition, it has been shown that social support often decreases after cancer treatment (Lethborg & Kissane, 2003). Wellbeing After Cancer (WAC) is an online cognitive behavioural therapy program designed to treat anxiety and depression among cancer survivors. Feedback from program participants suggested that information and strategies regarding social support would be beneficial. To date, no known online psychoeducational resource has been developed to address social support among cancer survivors and family members. The objectives of the study were to (1) develop a supplementary psy-

choeducational resource focused on social support, and (2) conduct a preliminary evaluation of this resource as assessing face validity is an important first step in implementing educational materials. Survivors (n =19) and family members (n = 15) reviewed the resource, provided relevant ratings, and responded to open-ended questions pertaining to the acceptability and helpfulness of the resource. The resource was found to be highly acceptable, with participants indicating the resource was informative, accurate, and easy to understand. Qualitative analysis revealed areas for improvement such as integrating more specific examples and information on additional challenges faced by survivors. Recommendations for potential methods of delivery and areas of future research are discussed.

Call for Submissions to 2015 Convention

This year the annual CPA convention will be in Ottawa, Ontario from June 4-6th. This year's conference promises to be an exciting one full of even more section-sponsored events! Our section is new and rapidly growing, so attending the conference is a great way to network and meet other members with similar interests and passions. We encourage submissions to the Section of Psychologists in Hospitals and Health Centres, to help all of our members stay abreast of all the hard work members are doing across Canada. Remember, submissions are due December 1st, 2014 so be sure to get yours in on time!

CALL FOR SUBMISSIONS NOW OPEN

The Convention Committee invites submissions to the *Canadian Psychological Association's 76th Annual Convention* in partnership with the *3rd North American Correctional and Criminal Justice Psychology Conference (NACCJPC)*, Thursday, June 4 to Saturday, June 6, 2015 in Ottawa at the Westin Ottawa and the Ottawa Conference Centre.

www.cpa.ca/Convention/callforsubmissions

DEMANDE DE COMMUNICATIONS EST MAINTENANT OUVERT

Le comité des congrès vous invite à présenter des propositions pour le *76e congrès annuel de la Société Canadienne de Psychologie* en partenariat avec la *3e Conférence nord-américaine de psychologie de la justice pénale et criminelle (CNAPJPC)*, Jeudi le 4 juin au samedi le 6 juin 2015 au Westin Ottawa (Ontario) et le centre des congrès d'Ottawa

www.cpa.ca/Congres/demandedecomunications/

76th Annual Convention
e Congrès annuel

CANADIAN
PSYCHOLOGICAL
ASSOCIATION

SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

June 4-6 juin 2015

OTTAWA

WESTIN OTTAWA, OTTAWA, ONTARIO

Leadership and Mentoring Committee Report: Results from Practice Leaders/Chiefs Survey



Toronto Western Hospital

In the spring of 2014, the Leadership and Mentoring Committee of the Psychologists in Hospitals Section of CPA conducted a survey to gather information about the role of Professional Practice Leaders/ Chiefs across Canada. Our goal was to glean a better understanding of how PPLs function in hospitals, provide the bases for forming benchmarks for PPL responsibilities, and identify areas where our profession may need to advocate for improvements. In total, we had 22 responses from PPLs across Canada: Alberta (2), Manitoba (1), New Brunswick (2), Nova Scotia (1), Quebec (5), and Ontario (10). About half of the respondents were from university affiliated teaching hospitals and 69% had CPA-accredited predoctoral internship/ residency programs. Respondents represented a broad spectrum of services for children and adults, health and mental health, tertiary care, and military. Most respondents were well seasoned in their positions, averaging 5 years (range < 1 year to 11 years). In total, respondents represented 348 doctoral (range 0 – 125; = 17) and 253 masters (range 0 – 150; = 12) prepared psychologists. On average, .5 FTE was allocated for PPC/PPL responsibilities, ranging from no specifically allocated time to full time. Most health centres had program or matrix types of

organizational structures, with only 23% of PPLs/PPCs holding psychologists' salaries in their budgets (reflecting more department-based models). However, most PPLs had budgets for staff professional development (63%) and some held budgets for social activities, testing supplies, research, and funds acquired through revenue-generating activities.

Because of the protected nature of most tests and restrictions on purchasing of some psychological tests, we were particularly interested in testing budgets and test-ordering practices. In most situations, either the PPL or individual psychologists were responsible for ordering tests even though the testing budget was held by program leaders in many cases; however, in 35% of cases program managers and directors held the responsibility of both ordering and purchasing tests. Further, in most cases, either PPLs and/or individual psychologists were responsible for protecting test integrity and test storage; however, 18% reported that program managers, directors, or the hospital records staff took on this responsibility. As part of the test ordering process, Level B and C tests typically require the signature of a psychologist or other qualified professional with graduate level psychometric training, and the signature attests to a commitment to provide oversight for appropriate use of tests. Thus, the lack of formal oversight of testing materials in some health centres may deserve attention.

Workload measurement tools differed both across and within provinces, which is unfortunate as workload data might be a useful tool for creating benchmarks and workload expectations across settings. Although 59% of PPLs had access to workload data, 71% of program directors and managers had access to the data. Although workload measurement data appears to be an under-utilized resource for decision making, when it is used, PPL involvement can be very important. Psychologists activities vary significantly across different patient populations and service goals, and activities and responsi-

bilities can vary within service areas as compared to other professions. Thus, it is important that someone knowledgeable about psychological practice patterns be involved when psychology workload data is examined. Further, given psychologists' extensive training in program evaluation and statistics, psychology PPLs have much to offer in terms of how these data can best be used.

Hiring is a key area for PPLs as it is a fundamental aspect of assuring ethical, responsible, and evidence-based practice. Further, PPL involvement in the hiring process creates awareness of staff strengths and areas in need of further development, and can enhance the capacity for the PPL to ensure and enhance excellence in patient care. Indeed, 88% of respondents indicated that they are involved in the interview process for psychology job candidates, 65% were involved in selecting candidates for interviews, and 47% were involved in making decisions about job offers. PPLs indicated that they are often involved in creating job descriptions, development of job postings, and advocacy for needed positions (59% for each). However, PPLs reported little involvement in decisions about salaries or benefits, likely related to the predominance of unions for many psychologists working in hospitals, and because budgets are held in programs rather than psychology budgets. When asked about their level of involvement in the hiring processes, most PPLs rated their involvement as either "significant" or "very significant" in some key areas: helping to develop or modify existing or new services, recruitment practices, candidate selection, and establishment of credentials. However, 45% reported either "neutral" or "very insignificant" involvement in planning for new or existing services and 37% reported "neutral" or "insignificant" involvement in recruitment and selection practices.

Other areas where PPLs played a strong role included: orientation and mentoring, performance management, and monitoring, educating, and addressing professional practice issues (e.g., documentation standards, confidentiality guidelines).

Leadership and Mentoring Committee Report: Results from Practice Leaders/Chiefs Survey (cond't)

PPLs also played a key role in supporting student training and development of innovative practices. Surprisingly, PPLs felt less strongly about their roles in promoting access to continuing education, and involvement in policy development relevant to psychology practice.

In an open ended format, we asked about the most pressing challenges faced by PPC/PPLs. Several themes emerged. Several respondents felt the time allocation for their role was inadequate, and noted that it was difficult to manage both clinical and leadership roles. Many respondents expressed concern about role clarity and decision making power within program management systems, with many having an advocacy rather than operational role. With Program and Matrix models of leadership, several expressed concerns about the number of meetings that were required, high turnover in other hospital leadership roles, and gaps in flow of information. As well, concerns were expressed that program leaders were often not aware of the varied and unique skills that their psychologists could offer the organization.

When asked "What works for you?" some sage advice was offered. Forming effective partnerships was

key in three areas: other hospital leaders, other PPC/PPLs and Professional Practice Councils, and within psychology. Communication was also key, with interprofessional educational opportunities, annual reports, and high profile Psychology Month events noted as effective strategies for informing others of the breadth of psychologists' skills, abilities, and interests. Several promoted advocacy for psychologists' capacities to work to their full scope of practice, including clinical, research, evaluation, and interprofessional consultation responsibilities and leadership roles.

In the concluding sections of the survey, we sought to find areas for future directions. Over 90% indicated a desire to create an annual venue for PPLs to discuss common issues, goals, and initiatives. Two strategies were equally supported – annual meetings at the Canadian Psychological Association Convention and virtual "webinar" type meetings either in conjunction with or independent of CPA meetings. High priority topics for discussions at future meetings included the following: benchmarks for specific service areas; leadership development; legal and ethical issues in hospital-based practice; how to make psychology

discipline meetings interesting and meaningful; effective strategies to support professional development; working collaboratively with program leaders in program-based care; and supporting clinical research and evidence-based practice. Other topics included protecting patient privacy, protecting test integrity, interprofessional practice, and understanding the Canadian health care system.

To sum things up, the survey highlights the need for an annual meeting for PPC/PPLs to work collaboratively toward some mutual goals. Whereas PPC/PPLs tend to advocate strongly for their profession, the survey suggests we also need to advocate for ourselves! Several key areas were identified: sufficient time allocation to support our responsibilities, greater clarity of role within program management systems, and enhanced decision making power in matters that directly affect psychological practice. Some hotspots for further discussion and development include clarifying and enhancing Psychology PPC/PPL roles in managing protected psychology tests, hiring, and utilization of workload data for institutional decision making. Next step: organizing a Psychology PPC/PPL meeting for 2015!

Let your government know that access to a psychologist is important to you.

**MIND YOUR
MENTAL HEALTH**

mymh.ca

Special Report - Training Hospital Psychologists of the Future: Are We Becoming Extinct?

Lorne Sexton Ph.D C.Psych

Hospital Psychology has asked me to contribute an article expanding on my CPA Convention talk entitled “Publicly Funded Psychology Services In Canada” (Sexton 2014). The gist of the convention presentation was that there is a crisis in the supply and training of psychologists for the public sector in hospitals, primary health care, schools, and criminal justice.

Access to psychological services is determined by two key factors: (1) how psychological services are delivered: and (2) who pays (Peachey, Hicks & Adams, 2013). Canadian publicly funded access to psychological services in health and mental health is almost exclusively through hospitals. The recent *CPA Task Force on the Future of Publicly Funded Psychology Services in Canada* (2014) identified current threats to the delivery of hospital based public psychology services, largely based on input from members of the CPA Section of Psychologists in Hospitals and Health Centres:

- erosion of professional organizational structures and leadership roles with loss of budgetary control over psychology services and training programs,
- substitution of other professionals or para-professionals for psychologists in many areas of service,
- little growth in public sector psychology as well as some areas of contraction,
- long waiting lists for psychology services,

- many institutional psychology positions remaining unfilled and potentially lost permanently.

Some of these problems are beyond psychology’s immediate control; for example, program management structures are a restricting reality within which psychology needs to function more effectively. However, a theme running through many of these difficulties is a core recruitment and retention issue for psychologists in health care, resulting in an insufficient supply to meet the demand. Recruitment and retention of psychologists in the public sector are affected by remuneration, attractiveness of positions, and the supply of psychologists. Before anything else can happen, there must be an adequate supply of adequately trained psychologists. If you can’t hire an adequately trained psychologist in a timely manner, the risk of losing the position and of further devolution of roles to other professions grows exponentially.

The supply of psychologists is thus the first factor in improving access. The profession directly controls the supply of new graduates, but is failing to deliver an adequate supply. The *CPA Task Force on the Future of Publicly Funded Psychology Services* (2014, p.16) reported that “Overall there is some concern that there is a growing undersupply of hospital psychologists, but this is not currently quantified.” The *CPA Task Force on the Supply of Psychologists in Canada*

(2010) similarly noted that supply and demand issues could not be quantified. But possibly we can quantify the supply side of the problem. Most hospitals seek to employ doctoral level psychologists, and the doctoral level is the standard of practice supported by CPA (2012). Most hospital psychologist positions require the breadth and depth of training that only doctoral programs provide. Thus, one can make a simple assumption: in order to recruit a sufficient supply of psychologists to health care one needs to have a sufficient supply of new doctoral graduates from comprehensive professional programs. Minimally, the number of new graduates needs to equal the number of psychologists leaving public practice, though preferably the supply is also sufficient to support some expansion and to fill newly-created positions that improve overall access.

Data currently available from the Canadian Institute of Health Information (October, 2014) indicate that psychology has a significant under-supply. As illustrated in the following table, psychology’s graduation rate, which CIHI bases on CPA accredited programs, lags far behind all other Canadian health professions.

CIHI data	Psychology	Dentistry	Medicine	Physiotherapy	OT	Social Work
Current registered practitioners: 2012 database	16,853	21,292	75,142	18,469	13,830	41,845
New graduates per year: 2011 database	156	508	2,528	789	745	3,334
Replacement years	108	42	30	23	19	13

Special Report - Training Hospital Psychologists of the Future:

Are We Becoming Extinct? (Cond't)

A straightforward way to compare graduation rates across professions would be to consider the rate required for replacement. Replacement rates need to be in the range of 30 to 40 years simply to offset retirement. Accredited Canadian universities are producing psychologists at a rate that would require over 100 years just to replace the existing registered psychologist work force. All other comparable health professions have significantly higher rates of graduating new professionals proportional to their existing work force, with replacement rates ranging from 13 to 42 years. If we hope to increase access to psychology services, we need to have a rapid and dramatic shift in the numbers trained by university programs. To regard this as anything other than a crisis is to have one's head planted firmly in sand.

Thus it is clear that changes are required in the training of psychologists for health care practice. There need to be changes in the quantity, efficiency, and the quality of training. It is noteworthy that a Health Service Psychology Education Collaborative (2013) organized by APA also perceived a need to re-emphasize health care training, and has taken a major step in that direction with the publication of its recommendations entitled "Professional Psychology in Health Care Services: A Blueprint for Education and Training." APA gathered the relevant stakeholders, including representative from the Council of Graduate Departments of Psychology and the Council of Chairs of Training Councils, with the goal of training students to be prepared to work in 21st century health care. They recommended that adequate health care preparation requires training that is (1) intensive and comprehensive, (2) biopsychosocial; (3) interprofessional; (4) competency based, and (5) keyed to ongoing workforce analyses for required skill, supply and demand, and societal needs. Recommended health service training requirements encompassed both hospital and school psychology and were perceived as

relevant to all doctoral training whether PhD or PsyD.

The American "blueprint" makes many proposals worth examining. Training is proposed to be more intensively practitioner-based with research requirements relevant to work in clinical settings. Graduates of doctoral programs should be generalists, less specialized, and thus more adaptable to various employment opportunities. Graduate programs are directed to embrace the emerging identity of psychologists as health professionals, not just mental health professionals, and evolve from a psychosocial to a biopsychosocial foundation. Inter-professional collaboration skills are to be emphasized with graduates understanding how to function within the healthcare system and understand the basics of common health problems.

The blueprint also advocates for an efficient intensive full-time training model that can be completed within five years for entry into practice registration. Years to graduation are to be reduced through emphasis on undergraduate prerequisites. Entry to practice can be expedited by including professional examination requirements in the academic curriculum (e.g. students would write the EPPP during their graduate education). Requiring program accreditation for entry to practice, as is the case in most professions, can reduce post-graduation requirements (as is the case in Quebec where students from OPQ recognized programs can be registered immediately).

Reducing entry to practice time to five years is a realistic and achievable goal that could dramatically accelerate the supply of psychologists entering the field. This can only happen if our universities, our regulatory bodies, and our professional associations are committed to making this happen, and understand the dire need to act quickly in this direction. We cannot afford for these groups not to be committed. The CPA Section of Psychologists in

Hospitals and Health Care Centres can take a leadership role.

References

- Canadian Institute of Health Information (2014). Canada's Health Care Providers. Retrieved on October 6 2014 from <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC314>
- Canadian Psychological Association (2010). CPA Task Force on the Supply of Psychologists in Canada. Retrieved from http://cpa.ca/docs/file/Task_Forces/CPA_SDTaskForceFinalReport_Oct2010.pdf
- Canadian Psychological Association (2011). Canadian Psychological Association (CPA) position on the Entry to Practice for Professional Psychology in Canada. Retrieved from <http://www.cpa.ca/docs/file/Practice/EntryPracticeProfPsychologyCanada2012.pdf>
- Canadian Psychological Association (2014). CPA Task Force on the Future of Publicly Funded Psychology Services. Retrieved from http://cpa.ca/docs/File/Task_Forces/taskforceonthefutureofpubliclyfundedpsychologicalservicesincanada_2014final.pdf
- Health Service Psychology Education Collaborative (2013). Professional psychology in health care services: A blueprint for education and training. *American Psychologist*, 68, 411–426.
- Peachey, D., Hicks, V., & Adams, O. (2013). An Imperative for Change: Access to Psychological Services for Canada. Retrieved from http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf
- Sexton, D. L. (2014, June). Publicly funded psychology services in Canada. Paper presented at the 75th annual convention of the CPA. Vancouver, B.C.
- *The opinions expressed are solely those of the authors and do not necessarily reflect the views of the CPA .

Cross-Country Check-Up: Increasing Capacity Online at Vancouver Coastal Health

Christine Korol, Ph.D., R.Psych. and Theo De Gagne, Ph.D., RPsych.



Vancouver General Hospital

An exciting new treatment option for those struggling with mental health concerns will be available in early 2015. The Kelty Online Therapy Service at Vancouver Coastal Health is currently under development and will consist of a diverse library of online therapeutic courses, including depression, anxiety, panic, addiction, grief and more. Asynchronous communication between therapist and patient will take place within the security of a well-designed learning management system (LMS) previously developed at the University of British Columbia. Families won't be forgotten either! Special supplementary classes are being developed to address the special needs of families who are affected when their loved one is struggling with mental illness.

Patients and family members will be able to log in to the online therapy service and work at their own pace on the courses that are most relevant to them. The courses themselves will include documentary-style videos that explain cognitive therapy for various concerns, a workbook, journal, cartoons and assessment tools to track mood and evaluate outcomes. In addition to the comprehensive self-help platform, therapists will be able to log in, review their patients homework and provide written feedback and support. Limited literacy skills will not be a barrier to service with this program as even the written content can be presented as audio. Plans are also underway to translate the content into other languages, as well as create special culturally sensitive content to meet the needs of Vancouver's ethnically diverse population.

Psychologists and physicians are excited about the development of this service in Vancouver. Therapists working with pa-

tients in hospital will be able to accomplish more during their stay. This resource acknowledges there are simply not enough hours in the day for inpatient psychologists to offer all the possible interventions that would meet the needs of their diverse patient populations – even when they are well-versed in a number of areas. With the online therapy service, patients can be assigned the courses that would benefit them the most and even watch them during their admission, like they might if they were catching up on an online television series. The inpatient therapist can then check in on their progress and offer helpful feedback and assistance when they are on the unit.

Once discharged, patients will be able to continue to access the online courses and review the feedback they received while in hospital. If those same patients are discharged to other resources offered through Vancouver Coastal Health, their therapists in the community will be able to review the work their patients completed while in hospital and then continue that work with them more seamlessly.

Primary care physicians in Vancouver have also voiced their strong support of the program. Family doctors let us know that they wanted the ability to be kept up to date on how their patients are progressing in the program. Although they won't be able to review their patients' homework or online journals, they will be able to see which classes their patients have completed and track improvements or decreases in their mood. We plan to coordinate this service with our recently launched integrated care service, where psychologists are now integrated into primary care settings.

Patients not seeing a therapist within the Vancouver Coastal Health system will not be left out either. Eventually, the Kelty Online Therapy Service will be accessible as a self-help resource to all. Although private therapists or therapists in other health regions will not be able to use the

therapist assisted side of the program, patients will be able to print off their self-help materials to present to their therapists anywhere in Canada – or around the globe. There are plans to eventually share the platform with other health regions so that therapists who would like to use an online therapy platform for their patients will be able to have access to this system. A key mandate of the Kelty Online Therapy Service at VCH is to increase patient access to evidence-based treatment, collaborate with our colleagues in health care and facilitate research into this exciting new area of service delivery.

This program is inspired by similar online therapy services now available in Australia and Saskatchewan and will be the first program to use content that is entirely made in Canada. Dr. Heather Hadjistavropoulos, the director of the Online Therapy Service for Education and Research at the University of Regina has found in her own research that Therapist Assisted Internet-CBT (TAI-CBT) is as effective as best practice face to face interventions, with patients often reporting higher satisfaction levels. Patients report enjoying the convenience of TAI-CBT and feel a strong connection with their online therapist. Therapists have also reported that they enjoy the experience of working online as it adds variety to their day and keeps them up to date on best practice in cognitive therapy. We are very excited to develop this innovative service in B.C. as another way to increase access to evidence based psychological services.

The Kelty Online Therapy Service at VCH is made possible through the generous donation from the Kelty Patrick Dennehy Foundation, an organization dedicated to preventing depression related suicide in youth. For more information or inquiries about The Kelty Online Therapy Service at VCH, please contact the project lead, Dr. Christine Korol at christine.korol@vch.ca.

Student Column

Lara Hiseler, PHHC Executive Student Representative



Greetings student members!

My name is Lara Hiseler; I am the new student representative for the Psychologists in Hospitals and Health Care Centres (PHHC) section. I have been involved with the CPA for many years representing students, including on the Counselling Psychology Section and Section for Students. I am energized and excited to continue representing the student voice on this rapidly growing and dynamic section of the CPA. Student members create more than 60% of our section membership!

A little bit about me; I am completing my doctoral degree in counselling psychology at the University of Alberta. I completed my undergraduate degree at Western University and my master's degree at University of New Brunswick. Three degrees in three different provinces has afforded me the privilege of working with different groups of professionals, which helped shape my passion and interest for the practice of psychology in a public setting. I completed my CPA accredited pre-doctoral internship at Ontario Shores Centre for Mental Health Sciences, a psychiatric hospital in Whitby, Ontario, where I specialized in treatment of adults found Not Criminally Responsible Due to Mental Disorder. After completion of my doctorate, I intend to register as a psychologist with the College of Psychologists of Ontario.

A few things of interest:

CPA Convention 2015

Abstract submissions are currently underway for CPA Convention 2015, June 4 to 6th, which will take place in Ottawa. Last year, we had very few student submissions for the convention, so let's change that this year. Here are some reasons why you should submit an abstract to the Psychologists in Hospital and Health Care Settings section:

a) *Get noticed!* We are a new section, thus, quite an opportunity to get your research noticed by the section and make your mark! You don't risk your work getting lost in even bigger sections, especially during the poster session.

b) *Showcase your experience:* Many students have completed clinical training/research in the public healthcare system, hospital or primary health care setting. Submit something of interest on your work in this area, or some work you have collaborated on.

c) *Breadth of submission content:* Hospitals encompass a wide breadth of clinical populations, as well as diverse patient demographics, numerous cultural groups and social economic strata. This creates a unique opportunity for a wide variety of relevant research that can be submitted to the section.

d) *Breadth of transferability:* Rather than considering whether the research/practice currently takes place in hospitals or health care centres, consider how research/practice could possibly be translated to these settings. This may include submissions on interprofessional practice/education and anything relevant to clinical practice/research in hospitals or health care centres.

e) *Awards for students:* Students are eligible for a Top Submission award, adjudicated by the PHHC Awards Committee, which includes \$150 and a certificate. There is also a recognition award (honorary mention and certificate) for runner up.

The submission portal is currently open and will close DECEMBER 1, 2014. Submit your abstract online: <http://cpa.ca/Convention/callforsubmissions/>

Student Executive Committee

It is important for me to find new and creative ways of connecting with the student members. Our section consists of subcommittees, one of which being a student executive. This committee is led by myself and will meet two to three times per year as needed, by teleconference or skype, and once at the annual CPA convention. It currently consists of myself, and Fanie Colardeau, a graduate student enrolled in the Master-PhD combined program in Clinical Psychology at the University of Victoria. I am currently seeking one other student to sit on this committee and get involved.

Primary roles: (a) assist the PHHC Executive Student Representative in connecting with PHHC student members across Canada to establish an ongoing information-feed and network based on student activities such as practica, internship, research, teaching, and publishing; (b) propose ideas for inclusion in the annual CPA convention program based on student members' interests (c) propose content for the newsletter's student section, and (d) help host PHHC student events, such as CPA convention meet-and-greet and represent the PHHC Student Committee at other CPA student related events.

Duration: Now until CPA convention 2015, and may be renewed.

Interested? Please email (a) statement indicating your willingness to volunteer, and (b) a brief biographical statement to myself (larahiseler@gmail.com).

Feel free to contact me with any questions you may have. Student input is always welcomed and valued. Stay tuned for our next newsletter, where there will be more student member presence. See you in Ottawa!

Lara Hiseler

larahiseler@gmail.com

Member Profile — Dr. Deanne C. Simms

With her breadth of training in hospital settings (primary to tertiary) in diverse locations across Canada, Deanne is excited to assume the roles of Chair-Elect, and Chair of the Communications Committee of the Psychologists in Hospitals and Health Centres section of the CPA. Passionate about the role of Psychology, both in multidisciplinary settings and in Canada in general, Deanne is looking forward to focusing her energy on increasing the visibility of the section through her role as Chair of the Communications Committee. In this role, Deanne will be working to produce the section newsletter, and to increase the section's presence on social media. Please do not hesitate to contact Deanne to share letters, discussion pieces, photos and any other content related to the role of psychologists in hospitals and health centres. Also, please contact Deanne if you are interested in getting involved in the efforts of the Communication Committee (i.e., helping with newsletter preparation, social media, and member communication). Deanne is looking forward to hearing from the members of the section, and to providing a forum to share and discuss the issues that matter to psychologists working in hospitals and health centres.

Deanne can be reached at Deanne.simms@iwk.nshealth.ca

Dr. Deanne C. Simms is an early career psychologist currently working at the IWK Health Centre in Halifax, Nova Scotia. In her role at the IWK, Dr. Simms works at the Garron Centre for Child and Adolescent Mental Health (the Inpatient Mental Health Unit) and in the Dialectical Behavior Therapy Clinic.

Deanne earned her Honours Undergraduate Psychology degree at Queen's and McGill Universities. She earned her Ph.D. in Clinical Psychology at the University of New Brunswick, Fredericton where her doctoral research focused in the area of Human Sexuality/Interdyadic Research. While pursuing her graduate degree, Deanne also worked at the National Research Council of Canada at the Institute for Information Technology. Here her research focused on national projects evaluating clinicians' use of telemental health, technology use in the treatment of Operational Stress Injury (e.g., PTSD), and technology-mediated mental health service provision in First Nation communities in Canada.

Deanne completed her doctoral residency at the London Health Sciences Centre Clinical Psychology Residency Consortium as an intern in the Health and Rehabilitation track. Following this, she worked at London Health Sciences Centre in London Ontario in a Primary Care setting where she treated patients with complex, comorbid mental and physical illness.



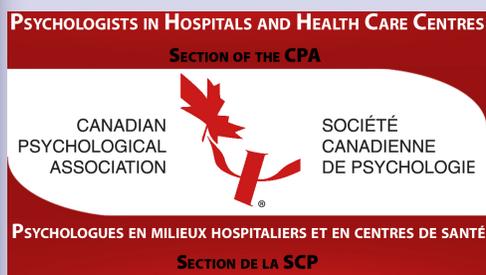
IWK Health Centre in Halifax, Nova Scotia

Section Chair:

Dr. Bob McIlwraith

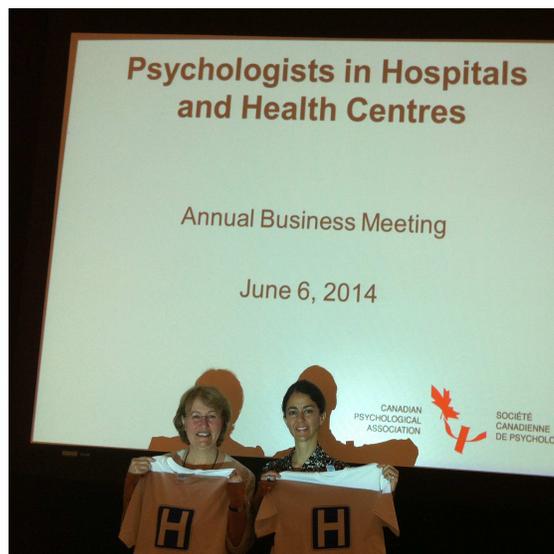
Professor and Head,
Department of Clinical Health Psychology,
College of Medicine, Faculty of Health
Sciences, University of Manitoba
& Programme Medical Director,
Clinical Health Psychology Programme,
Winnipeg Regional Health Authority
771 Bannatyne Ave, Winnipeg, MB R3E 3N4
Phone: 204-787-7972

BMcIlwraith@exchange.hsc.mb.ca



2014 Annual Business Meeting

Pictured are Dr. Joyce D'Eon, past Secretary Treasurer, and Jessica Flores, past Student Representative at the Annual Business Meeting of the Section at the CPA conference in Vancouver. Joyce and Jessica have been very involved in the development of this section. Thank you both for all of your efforts in making this section the success it has become!



<http://www.cpa.ca/aboutcpa/cpasections/Hospitals/>

Newsletter Contributions Welcome – Instructions to Authors

We welcome submissions from section members to our newsletter. We are interested in hearing from our members to share knowledge, successes and challenges of the hospital based psychologist.

We have developed some recurring columns, but are open to other ideas. The following columns are available for contributions:

- 1) Open submissions: 500-1000 word column outlining a specific issue; historical review of a department; or any other topic of interest to the section.
- 2) Leading Practices: 500-1500 words Reports of psychological services that are considered leading practices, ei-

ther as a result of recognition by accrediting bodies such as the Canadian Council on Health Services Accreditation (CCHSA: "Accreditation Canada") or similar organizations, or through outcome data that demonstrate the effectiveness of an innovation or an exemplary service model.

- 3) Recommended reading: 100-150 word summary of any article, book, website, journal, etc that would be of interest to the section.

- 4) Cross country check up: 500-750 word article outlining an issue or experience that may apply across the country .

- 5) Student focus: 250-1000 word sub-

mission from a student member.

- 6) Short snappers: 150-175 words describing a new initiative, a promising practice, a summary of a research study, etc.

- 7) Member profile: 250 word biography including picture of a member.

- 8) Other areas: announcements, job postings, clinical practice guidelines, management structure.

Please send submissions to:

Dr. Deanne Simms
deanne.simms@iwk.nshealth.ca

Canadian Psychological Association

Section on Psychologists in Hospital and Healthcare Centres (PHHC)

Business Meeting Minutes

Friday, June 6, 2014, 8:00-8:55 a.m.

Vancouver, B.C.

Present:

Kerry Mothersill (Chair), Joyce D'Eon (Secretary), Bob McIlwraith, Peggy O'Byrne, Jessica Flores, Deanne Simms, Lorne Sexton, Vicky Wolfe, Andrea Piotrowski, Robin Adkins, Brent Hayman-Abello, Susan Jerrott, Theresa Newlove, Marilyn Ransby, Kerri Ritchie, Lana Hawkins, Peter Henderson, Trish Furer, Lara Hiseler, Bonnie Purcell, Fanie Collardeau, Suja Srikameswaran, Theo De Gagne, Simone Kortstee, Janice Cohen, David Pilon

1. Approval of the Agenda

Kerry Mothersill welcomed attendees to the Section's second business meeting.
The agenda was approved as circulated.

2. Approval of the Minutes of the June 14, 2012 Meeting

The minutes were approved as circulated. Moved: Bob McIlwraith; Seconded: Jessica Flores and passed unanimously, with no abstentions.

3. Chair's Report

Kerry Mothersill, PHHC Section Chair, noted that:

There are now 417 members of the Section with 160 regular members and 81 student affiliates. This represents a 25% increase from this time last year and this is now the 2nd largest CPA Section.

- The dues were purposely kept low to help grow the Section and it has worked as there are many student members.
- The Section Executive have met through seven teleconferences
- A fantastic newsletter has been produced and circulated by email.
- We have our first Student Section Award today and will review the policies and procedures for awards

There are three retiring members: Joyce D'Eon (Secretary Treasurer), Paul Greenman (Member-at-Large), and Jessica Flores (Student Representative).

Continuing members are: Bob McIlwraith (Chair), Kerry Mothersill (Past Chair) and Peggy O'Byrne (Member-at-Large).

The Executive positions that need to be filled are member-at-large, and a student member.

4. **Secretary Treasurer's Report**

Joyce D'Eon, PHHC Section Secretary/Treasurer noted that the Sections' balance at the end of the fiscal year (December 31, 2013) was \$802.26. The balance as of May 30, 2104 was \$1,877.84

Seven PHHC Executive teleconference meetings took place on:

September 16, October 25, December 3, 2013, and
January 14, February 25, April 28 and May 27, 2014.

The idea of raising fees for Regular members from \$10 to \$15, and for students from free to \$5 was discussed.

The ways in which funds could be spent included:

- supporting invited speakers
- increasing number or amount of awards for students
- expanding the number of awards for members (e.g. lifetime achievement)
- subsidize the student representative on Executive Committee to travel to the ABM at the CPA convention
- sponsor a preconvention workshop
- support the development of additional guidelines relevant to hospital Psychology

An additional suggestion for additional funds was offering webinars. Vicky Wolfe, who from the leadership committee, noted their survey results indicated members in leadership positions want more direct contact with others in similar positions. Offering a workshop during convention was suggested to facilitate the kind of interaction you don't get during webinar.

There was some concern about costs associated with webinars, however Theo De Gagne noted he could help support communications for the Section.

Two motions were brought forward.

- To raise regular member Section fees from \$10 to \$15.
Moved: Robin Adkins; Seconded: Susan Jerrott, passed unanimously, with no abstentions.
- To adopt a student member Section fees of \$5.
Moved: Kerri Ritchie, Seconded: Brent Hayman-Abello, passed with 13 in favour, 11 against, with no abstentions.

5. **Communications Committee Report**

Bob McIlwraith, Chair of the Communications Committee, reported that:

- 4 issues of the Newsletter were circulated.
- The newsletter consists of: Leading Practices, Member Profiles, "Cross-Country Check-up", Recommended Reading, Section Business, and Hospital Photos
- Bob encouraged people to submit in any of these areas
- Bob thanked all the contributors and the committee of: Debbie Emberly, Mary Pat McAndrews, Dawn Phillips, as well as Josée Paliquin of CPA.
- The Section is now looking for someone to take over the Newsletter as Bob takes over as Section Chair.

6. Guidelines Committee Report

Kerry Mothersill, Chair of the Guidelines Committee, reported that one member, Camillia Clarke, retired on January 30th. The other members are Margaret DeCorte, Joyce D'Eon, and Lorne Sexton.

The Committee has developed a collection of existing guidelines. In addition they have developed two documents, one which is aspirational – a Guideline for the Organization of psychology in Hospitals and Health Centres. The second one is a Resource Guide for Managers of Psychologists, an operational guide which is designed as a template that can be modified to suite the needs of various organizational structures.

Copies of the two documents were circulated for discussion; they have not yet been approved.

7. Leadership Development Committee Report

The members of the Committee are Peggy O'Byrne, Vicky Wolfe and Simone Kortsee and they outlined the committee goals and actions as follows.

Goal

1. Enhance systems of communication among Psychology Professional Practice Chiefs and Leaders, and Psychology Department Chiefs

Actions Taken

- further developed leadership list with email addressed – goal completed

2. Develop strategies to gather information on key issues related to psychology leadership practice and roles in hospitals (e.g., leadership structures, leadership roles and responsibilities, best practices for assuring strong psychology practice in hospitals and health centres; benchmarks for key areas of practice)

Action Taken

- developed survey and established workshop to start ball rolling for on-going leadership contacts and communications

- Prepare article for the newsletter for each edition

3. Develop leadership capacity both within the discipline of psychology but also within other sectors in hospital settings (managers and directors, team leaders, in mental health, health, community services).

Actions Taken

- At our workshop this year, we will have a discussion around leadership development, incorporating what brought each of us to our roles and how we developed our styles; discussion to ensue related to how to further develop our leadership skills.

- Established a three person group to work on these issues and worked together throughout year.

- Developed a list of current psychologists that hold leadership roles in health centers.

Projects to consider for 2014-15

- Consider a pre-conference workshop next year at CPA on this topic (e.g., a combination of a training session and a meeting of Psychology chiefs and leaders)

- Consider organizing a full conference on leadership roles in Canadian health centres in the future, perhaps including other disciplines as well) – for discussion at workshop

- Identify key responsibilities of psychology chiefs and leaders in hospitals and health centres (e.g., hiring; quality assurance); Identify the institutional supports needed so that psychology chiefs and leaders can successfully carry out our roles (e.g., budgets for continuing education, integral role in hiring processes)

Other Goals for 2014-15

- Recruit one or two new members of our committee
- Collecting documents related to leadership and leadership roles in health care centres:
- document ideas and information pertaining to Leadership issues in hospital settings

The workshop was held the previous day and the committee plans to go forward with the following projects for 2014-15: recruiting new members, collecting documents and information pertaining to leadership issues in hospitals

8. Awards Committee Report

The Committee consists of Paul Greenman (Chair), Joyce D'Eon and Peggy O'Byrne. As Paul was unable to attend Kerry Mothersill presented the report.

As per the policies and procedures adopted in 2013:

- Each year, the awards committee of the PHHC section of the Canadian Psychological Association accepts nominations for the *Excellence in Hospital and Healthcare Psychology Award*.
- The award is bestowed upon a psychologist who has made significant contributions to psychology in hospitals and healthcare centres in Canada.
- The award may not be given out every year.

The Award Criteria are:

- Significance of contributions to psychology as a profession
- Impact of contributions on patient access to psychological services
- Impact of contributions on the hiring and retention of psychologists
- Creation of new opportunities and development of positions for psychologists in healthcare service
- Other significant contributions to hospitals and healthcare centres

Three new nominations were received in 2014, and one was carried over from 2013.*

**Nominees who do not receive the award in a given year are automatically considered for the two years following their initial nomination.*

The 2014 Excellence in Hospital and Healthcare Psychology Award Recipient is Dr. Jonathan Eustace and Kerry Mothersill read the citation.

For the first time in 2014 there will be an award for the best student poster presentation at the PHHC poster session of the Convention. The submissions will be adjudicated during the Convention and the Award recipient will be announced via email to all members

9. Student Representative's Report

Jessica Flores presented the report

Convention Program:

- Advocated for program content that can both:
- Inform practitioners and administrators on advances in psychology in hospital and clinic settings, *as well as*
- Inform students on how to effectively integrate into such a unique practice and research environment.
 - Outcome: Two symposia at CPA 2014
 - Future: Canvass for submissions and suggestions for the section's sponsored content no later than September with a reminder on 1 November through the professional and student membership listserv, website,

- Goal: Encourage more student submissions to the section through supervisors, administrators, and student contacts

Social Events:

- Proposed a student Meet-and-Greet after the Section's Annual Meeting to:
 - Network
 - Share experiences re: internships, programs, research
 - Outcome: Approved by section with the first try-out at CPA 2014
 - Future: Obtain student feedback to decide
 - Goal: Motivate student participation at the Section's Annual Meeting and begin a sense of community through connections in an informal setting

Student Awards:

- Requested financial support for students to help them defray costs to attend CPA
- Developed submission guidelines and selection criteria
- Outcomes:
 - Submission guidelines and selection criteria approved by section
 - Funds to top submission (\$150 and certificate) and recognition (Honorary Mention and certificate) for runner-up approved by section
 - Announced in the section's newsletter volume 1.3 and 14-NOV-2013 e-mail
 - Future: Announce in student quarterly e-mails, section's non-student e-mail listserve to tap submissions prodded by supervisors, and newsletter: Obtain feedback from Executive on 2004 regarding improvements to process and logistics
 - Goal: To give visibility to valuable work done in hospital and clinic settings that may be discounted as routine work and to encourage more submissions to the section

Engaging Student Members:

- Newsletter
 - Highlighted student participation and award opportunities
 - Outcome: Contributed content to two volumes of the section's newsletter
 - Future: Include content in each newsletter
 - Goal: Maintain a student-based perspective
- E-mail Listserve:
 - Encouraged participation in the section's Executive deliberations about ongoing and emergent student issues on 14-NOV-2013
 - Outcome: No replies from student membership
 - Future: E-mail students with updates and news on a quarterly basis
 - Goal: Maintain the gateway to participation open in order to increase students' familiarity with the section with the aim to increase comfort and interest in engaging with the section
- Website
 - Proposed that the student award, student roles' nominations, and student relevant information is posted on the website when ready
 - Outcome: Work in progress
 - Future: Include the PHHC student award on the CPA Student Section's Student Award webpage
 - Goal: Increase section's visibility, student's role in the section, and encourage student submissions to the convention

- Executive Student Representative
 - 2014-2015 Executive Student Representative role opened to student membership, with ongoing collection of expressions of interest and pending vote at the June 2014 Section's Annual Meeting
 - Outcome: 1 expression of interest received
 - Future: Invitation to student members to submit expressions of interest was sent in the section's newsletter 2.2 and in an early May-2014 email
 - Goals (most immediate): Increase student contact with the section and increase student submissions to the annual convention
- New Student Committee
 - First-steps taken to set-up the section's Student Committee, with ongoing collection of expressions of interest and pending vote for 2-3 members at the June 2014 Section's Annual Meeting
 - Outcome: Invitation to student members to submit expressions of interest was sent in the section's newsletter 2.2 and in an early May-2014 email
 - Future: Support the Executive Student Representative
 - Goals: Facilitate an on-going cross-Canada information feed and network based on student activities such as internships, research, publications, and potential collaborations

Jessica Flores noted that the main goal was to increase student participation.

10. Election of New Members of the Executive Committee

Kerry Mothersill reported on the following nominees:

Chair Elect – Deanne Simms
 Secretary Treasurer – Peter Henderson
 Member-at-Large – Theo DeGagne
 Student Representative - Lara Hiseler

Kerry asked if there were any nominees from the floor. None were received so a motion was brought forward to approve all of the new members of the Executive Committee together; moved by Lorne Sexton and Seconded by Brent Hayman-Abello and was passed unanimously, with no abstentions.

11. New Business

Kerry Mothersill noted that the documents discussed in the Guideline Committee Report will be posted. The Guideline for the Organization of Psychology in Hospitals and Health Centres will have to be reviewed by the CPA Board.

Bob McIlwraith and Kerry Mothersill thanked the members who are leaving – Joyce D'Eon, Jessica Flores, and Paul Greenman. They were given a gift from the Section which they much appreciated.

12. Adjournment

Motion to adjourn Theo De Gagne; seconded, Bob McIlwraith.
 The meeting was adjourned at 8:55.