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Psychologists in Hospital and Health Care Center's Newsletter

Message from the Chair: Dr. Deanne Simms, C. Psych



Hospitals and health centres are the backbone of communities. Psychologists working in these settings are able to provide care to individuals who otherwise may not be able to access our services. When I was recently asked to generate a list of three opportunities and three challenges for psychologists working in hospitals and health centres for a special issue of Canadian Psychology, I very quickly came up with many benefits to working in these settings. The ability to work on interdisciplinary teams can ensure psychologists are able to employ our specialized skills. Many hospitals and health centres champion research and evidence-based practice and often support psychologists in conducting clinically-relevant research and providing evidence-based care (e.g., protected research time, training, and resources). These settings are often rich with both informal (e.g., learning through observing colleagues from other disciplines) and formal educational opportunities (e.g., rounds, in-services) which may be inaccessible or only available at a cost to psychologists working outside these institutions. The employment environment of shared care allows psychologists to derive peer support from colleagues which can help to guard

against isolation, stagnation, and burnout.

Despite all of these benefits, I was also easily able to compile a list of challenges to working in these environments. Some of these issues are in the fore of my mind due to my own experiences and recent discussions with Section members. Generating this list of challenges gave me pause for reflection to evaluate what the section is currently doing to assist clinicians in the face of some of these common difficulties.

One challenge facing psychologists working in hospitals and health centres is the continuous need to advocate for ourselves and the profession in an atmosphere where other professionals including managers and administrators (and the general public) may not be familiar with our skills and scope of practice. This may include hierarchical structures and role competitions which may be difficult for psychologists to navigate while maintaining important relationships with colleagues. One way in which the Section has attempted to help support psychologists in these situations is through the development of the Guidelines for the Organization of Psychology in Hospitals and Health Centres (<http://www.cpa.ca/docs/File/Sections/Hospital/PHHC%202014-%20October%20Guidelines%20-%20Organization%20of%20Psychology%20in%20Hospitals.pdf>) These guidelines can be used as reference for psychologists, our colleagues, and our administrators to inform them of the scope and practice of psychology in these settings. For example, the guidelines

recommend "support for the full scope of psychological practice in keeping with provincial/territorial College requirements and legislation, and commensurate with the psychologists' training and competence" and "a work environment that includes adequate private space to ensure patient confidentiality... [and] freedom from distraction." Given the current economic climate, the issue of office space is increasingly becoming a problem for psychologists working in the public sector. As such, the Section also recently added a resource to our webpage called "Recommendations for Work Space - Open vs. Private Office Space for Psychologists" (<http://www.cpa.ca/docs/File/Sections/Hospital/office%20space%20research%20February%202016.pdf>). This document includes a brief literature review and recommendations for assigning work space for psychologists in hospitals and health centres. Members of our Section and other psychologists should consider sharing these resources with managers or administrators or consulting the Section Executive for additional helpful resources.

Another challenge for psychologists working in hospitals and health centres is that we are directly impacted by the decisions made by governments, organizations, and stakeholders on when, where, and how we practice. One important catalyst for change is developing awareness of different models of practice at other institutions. The Section Executive continues to publish our newsletter not only to discuss successes and current issues in the profession, but also to share information among regions and settings regarding practice models, services and activities of psychologists in hospitals and health centres



Message from the Chair continued...

Dr. Deanne Simms, C. Psych

across the country. For example, in the Winter, 2015 issue of our newsletter, Dr. McIlwraith described the fundamental role Dr. Bob Martin played in the development of the Clinical Health Psychology Program at the Winnipeg Regional Health Authority. Within this model, Clinical Health Psychology is a department within the Faculty of Medicine and an autonomous clinical program with responsibility for its own budget, hiring, and clinical service delivery. Psychologists working in this model hold medical staff privileges and academic appointments. Awareness of different models of practice (as well as pros and cons of each) can help to empower psychologists in advocating for and discussing ways in which to optimize the practice of psychology in their own work settings.

Finally, one of the most difficult situations facing psychologists in hospitals and health centres is the increasing demand for our services. There continues to be calls for access to psychological services to be increased, as can be seen in the following:

(e.g., <http://www.pulsus.com/journals/abstract.jsp?inlKy=5&atlKy=13922&isuKy=1298&isArt=>

<http://ottawacitizen.com/news/local-news/end-two-tier-mental-health-care-system-michael-kirby-urges>).

As psychologists, our high standards for providing evidence-based, ethical, and effective care can come under pressure in the face of diverging priorities of the hospitals and health centers in which we work (e.g., demands to see more patients in less time). Psychologists may find it challenging to work within systems that can, at times, seem to impose barriers toward providing quality care based on the best available evidence. The Section serves as a forum to help support psychologists working in these settings. Through our newsletter, email and social media contact, development and dissemination of resources and guides to assist psychologists "on the front line", it is our hope that we can continue to bolster and empower psychologists working in hospitals and health centres so that you can continue to provide exemplary service.

We have an exciting issue planned for you with diverse and relevant content from all across Canada. This issue is showcasing pre-doctoral psychology internship programs to highlight some of the great

training programs and initiatives taking place in hospitals and health care centers. There is also a compelling take on board certification in neuropsychology, how to build advocacy skills, how to inspire leadership within hospitals and health care centers, a couple short snappers and a member profile.

We look forward to seeing our members at the upcoming Convention in June to further discuss how we can best support and engage with members of our Section.

WE HOPE TO SEE YOU AT THE CPA CONVENTION!

<http://cpa.ca/Convention/>



MEMBER PROFILE

Dr. Lesley Graff

Dr. Lesley Graff has been appointed Medical Director of the Clinical Health Psychology Program of the Winnipeg Health Region (overseeing all psychologists working within the public health care system in Winnipeg) and Head of the Department of Clinical Health Psychology in the College of Medicine, Faculty of Health Sciences, of the University of Manitoba. Dr. Graff's appointment was jointly announced by Dr. Brian Postl, Vice-Provost and Dean of the Faculty of Health Sciences, and Dr. Brock Wright, Senior Vice-President Clinical Services & Chief Medical Officer, Winnipeg Regional Health Authority, and took effect January 1, 2016, for a five year term.

Lesley is well known to many in clinical and health psychology circles in Canada, for her work in the development and implementation of health psychology services in Winnipeg hospitals in areas including complex pain, bariatric surgery, joint replacement, and gastrointestinal disease. She has built strong partnerships with the departments of internal medicine, surgery, anaesthesia, family medicine and others. She has partnered with local and international colleagues in CIHR-funded research on psychological factors in the etiology and treatment of gastrointestinal disorders, and has published extensively in top GI journals and other medical journals.

Lesley has also been a much-sought-after supervisor of residents and a mentor for new staff in clinical health psychology treatment and research. Lesley currently serves on the Board of Directors of the University Medical Group at the University of Manitoba.



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Psychologists in Hospitals and Health Centers – CPA

Board Certification in Clinical Neuropsychology: The Canadian Landscape

Brenda J. Spiegler, Ph.D., C.Psych., ABPP (CN)

Board certification in the field of psychology began with the creation of the American Board of Professional Psychology (ABPP) in 1947 (<http://www.abpp.org/i4a/pages/index.cfm?pageid=3285>). This umbrella organization, currently encompassing 15 specialty boards, is charged with defining and measuring competence in the practice of professional psychology. The American Board of Clinical Neuropsychology (ABCN) became affiliated with ABPP in 1984. It took several decades to achieve a culture shift in the US such that board certification is now viewed as the standard demonstration of competence in clinical neuropsychology. There are currently 1077 clinical neuropsychologists board certified through ABCN, only about 40 of whom live and work in Canada.

Two other boards, the American Board of Professional Neuropsychology (<http://abn-board.com/>) and the American Academy of Pediatric Neuropsychology (<http://www.theaapn.org/>), also certify neuropsychologists. Both are stand-alone boards, meaning that there is no umbrella or oversight organization holding the board to external standards and few Canadians have sought certification through these boards.

This article briefly describes the process of ABCN board certification, presents the benefits of such an endeavor and begins to grapple with the challenges of cultural change required in Canada in order for this level of professional attainment to be recognized as the expected demonstration of competence in clinical neuropsychology.

What is ABCN?

The American Board of Clinical Neuropsychology is an ABPP specialty board charged with defining the specialty of clinical neuropsychology, determining relevant competencies, reviewing applicants, and examining candidates. This is done through the four steps of credential review, written examination, practice sample review and oral examination. The specific requirements and processes can be found at <https://www.theabcn.org/>; a high level overview will be presented here.

Despite the fact that ABCN has 'American' in its name, it is, in fact a North American board that is open and welcoming to Canadians. Canadians consistently serve on the board of directors, many have served as oral examiners, and even as ABCN Presidents. There are Canadian-specific guidelines for post-doctoral training, given the limited availability of formal post-doctoral programs in this country. Canadians who wish to demonstrate competency in clinical neuropsychology (or another psychology specialty) are welcome to apply.

Because clinical neuropsychology is ever-evolving, the education and training required for eligibility (credential review) has also evolved over the years and is tied to the date the doctoral degree was granted. Expectations based on the Houston Conference Guidelines for Education and Training in Clinical Neuropsychology (http://www.theaacn.org/position_papers/houston_conference.pdf) are applied for applicants who obtained the doctoral degree after January 1, 2005. Following successful credential review, candidates are eligible to take a 100-item written examination that covers the science, practice and application of neuropsychological principles across the lifespan (Neuropsychological Assessment, Clinical Neuropsychology, Basic and Clinical Neurosciences, Behavioral (Clinical) Neurology, and General Clinical Psychology). After passing the written examination, two practice samples, typical of one's clinical practice, are submitted. They are reviewed blindly by three ABCN-certified neuropsychologists. The final stage in the process is an oral examination, held twice a year in Chicago. The orals consist of three 1-hour examinations addressing Ethics and Professional Practice, review of the candidate's previously submitted practice samples, and a fact-finding exercise to assess the candidate's ability to gather and integrate relevant information, use and interpret neuropsychological data, make neuropsychological differential diagnoses and generate appropriate recommendations. For all but the written examination, the candidate may choose to focus on adult or pediatric cases (including the fact

-finding case). More detailed descriptions of each of these steps can be found in the candidate's manual to which there is a link on the ABCN website (<https://www.theabcn.org/>).

What are the benefits of board certification?

1) Board certification is a credential that clearly demonstrates specialty level training, knowledge and practice.

In Canada, there are diverse paths to practicing neuropsychology, rather than a standardized training experience such as in medical specialties such as neurology. At one extreme, psychologists with little formal coursework, perhaps a neuropsychology rotation in internship and workshop attendance can practice neuropsychology. They may have had minimal formal supervision in neuropsychology and "learned along the way". At the other extreme are psychologists with formal coursework in neuroanatomy, neurophysiology, clinical neurology and clinical psychology who have extensive supervised practice with diverse neurological populations at the internship and fellowship level. For hospital administrators making hiring decisions, the public seeking neuropsychological services for family members, or legal representatives seeking the opinion of a neuropsychological expert, board certification is an external, objective, standardized way of ensuring that a psychologist is competent in the speciality of neuropsychology.

Board certification may be even more important in Canada, because we have far fewer clinical neuropsychology PhD programs, neuropsychology-specific internships and post-doctoral training programs than in the U.S. Assessing competence in a specialty is not seen as the purview of most provincial licensing boards, as their role is to establish requirements for entry to the profession and most provinces license or register generic "psychologists" (Ontario is one exception). This leads to little comparability in specialty practice across the country. That is, a neuropsychologist entering practice in one province may not have the same preparation as one entering practice in another.

Board Certification in Clinical Neuropsychology continued...

2) Board Certification serves the public

For some of the reasons stated above, the public has no way to judge whether a psychologist has the depth and breadth of training and experience necessary to provide competent neuropsychological services. Board certification serves the public as it is a mechanism by which a consumer can rely on an impartial external agency that has reviewed the psychologist's work for competence, beyond the basic entry-to-practice knowledge and skills assessed by the provincial registration process.

3) The board certification process offers the practitioner a way to consolidate their knowledge base after having practiced in the field.

Preparing for the steps in the board certification process provides an opportunity for consolidation of prior education and experience within the context of real practice and ensures continued practice that is consistent with community standards. To quote one board certified neuropsychologist, "It is no exaggeration to say that I learned as much by going through the boarding process as I did in my graduate training and I'm grateful for having had the opportunity to learn and have my knowledge tested by others."

4) Neuropsychologists have the opportunity to pass a bar that physicians are expected to meet.

We work closely with physicians from many medical specialties who seek our input regarding differential diagnosis, patient safety, response to treatment, and future function. Physicians are expected to attain specialty board certification; by holding ourselves to the same standard, we promote parity between psychologists and physicians and advance the profession in doing so.

5) Enhanced Portability

Board certification allows enhanced mobility for jobs in the US, particularly for positions in academic health science centres. This may be especially helpful since APA no longer accredits Canadian doctoral or

internship training programs. It also eases portability of credentialing from state to state in the U.S.

6) Board certified supervisors may enhance training programs

Having some board certified faculty and supervisors is recognized as important in psychology training programs. The Houston Conference Guidelines (http://www.theaacn.org/position_papers/houston_conference.pdf) urge training directors and faculty to hold ABCN certification. They further recommend that Clinical Neuropsychology training should produce practitioners who are eligible for licensure and ABCN certification.

As supervisors, becoming board certified allows one to incorporate strategies developed during exam preparation into clinical supervision. ABCN training guidelines provide ideas about how to approach supervision of trainees so that they will be well prepared. Furthermore, the ABCN written exam study materials, practice sample guidelines and other resources can be helpful as teaching aids and in setting expectations for trainees.

7) Board certification may increase access to private and medical-legal work as well as credibility in the courtroom.

For neuropsychologists in private practice, board certification may increase referrals, especially medical-legal referrals as lawyers tend to be familiar with board certification. In the courtroom, one's expertise is quickly established by referring to board certification.

8) Networking

Participation on the list-serve for ABCN certified clinical neuropsychologists provides direct access to board certified colleagues and leaders in the field, allowing one to discuss ideas and seek consultation. This can be most valuable when challenging ethical and clinical issues arise.

9) Credibility, respect, self-esteem

Achieving board certification can increase credibility among peers and within work settings. Having met this bar, one's morale and confidence improves and some have felt more confident to take on additional professional roles and activities. As one Canadian ABCN board certified neuropsychologist stated, "Completing the process gave me confidence that I demonstrated the expected knowledge base. I had samples of my work reviewed by other neuropsychologists and was personally examined by well-respected, senior neuropsychologists".

The Canadian Landscape: Barriers and Opportunities

Barriers

There are a number of barriers to board certification becoming the accepted standard in Canada. Perhaps top among them is the continued availability of jobs that do not require post-doctoral training or board certification. As long as neuropsychology jobs remain readily available without the expectation of board certification, the incentive for psychologists to spend the time and money on this process will remain limited to personal and professional pride. While some organizations in the US require board certification for all their psychologists (e.g., the Mayo clinic) and others pay a salary premium (e.g., the Veterans Administration), most do not offer either of these incentives. Monetary inducements will not likely be a major incentive in Canada for the foreseeable future.

Another barrier is the relative scarcity of post-doctoral fellowship training programs in Canada. Such programs are highly cost efficient (relatively high level clinical services are provided for relatively low cost), and would make it easier for early career neuropsychologists to be eligible for board certification.

Board Certification in Clinical Neuropsychology continued...

Opportunities: How can we make board certification the standard for the practice of clinical neuropsychology in Canada?

I have argued that board certification should be the standard in Canada as it is in the US. How can we achieve this goal? As a first step, supervisors in graduate programs should begin to acculturate their neuropsychology graduate students to the model of board certification. Students will then search for practicum sites/internships/fellowship opportunities with similar values and expect to do a two year post-doctoral fellowship in order to qualify for board certification.

A second step is to educate health care administrators that board certification is the best external marker of knowledge, training, and competence in this complex field. A strong incentive would be for hospitals and other agencies to advertise preference for hiring neuropsychologists who are eligible to apply for board certification (i.e., having completed two years of postdoctoral training).

Summary

At this time, board certification is not accepted as the standard in the Canadian context. But why should we hold ourselves to a different standard than our American colleagues, especially when so many of the leaders in neuropsychology have been Canadian? Board certification promotes a standard of practice for the field that assures parallel expertise across North America. We all benefit when neuropsychologists practice at or above the minimal standards of competence. It took decades for this culture shift to occur in the US. I hope this article will begin to move us toward a similar shift in Canada.

I would like to acknowledge than the following ABCN certified neuropsychologists for their ideas and input: Anne Baird, Darcy Cox, Laura Janzen, Carolyn Lemsky, Eva Mamak, Larissa Mead-Wescott, Mary Ann Mountain, Arlin Pachet, James Schmidt, Noah Silverberg, Chand Taneja, Robyn Westmacott, Rosemary Wilkinson, Tricia Williams, Karen Wiseman, Keith Yeates.



A Short Snapper:

Developing an Acceptance and Commitment Therapy (ACT) Group Intervention for Parents of Youth with Type 1 Diabetes

Acceptance and Commitment Therapy (ACT) interventions have shown promising benefits for a wide variety of physical and mental health difficulties in adults and youth, including diabetes (e.g., Gregg et al., 2007; Moazzezzi et al., 2015). Newer work has begun demonstrating value of ACT-based approaches targeted specifically to parents of generally healthy children (Coyne & Murrell, 2009), and children with developmental, neurological, and medical challenges (Blackledge & Hayes, 2006; Burke et al., 2014; Whittingham et al., 2014). Positive outcomes following these interventions have been reported for both participating parents and their children. Psychology Resident, Katie Birnie, and Pediatric Psychologist, Dr. Elizabeth McLaughlin, are piloting a newly developed ACT group intervention for parents of youth with Type 1 Diabetes at the IWK Health Centre in Halifax, NS. The pilot group is planned for Spring 2016.

Any communication from others interested in this area is welcomed.
Contact: Kathryn.Birnie@iwk.nshealth.ca or
Elizabeth.McLaughlin@iwk.nshealth.ca



IWK Health Center - Halifax, Nova Scotia

CALL FOR NOMINATIONS

Section Awards and Positions on the Section Executive Committee

Section Award of Excellence

The Section is seeking nominations/self-nominations for the Section Award, to be bestowed annually upon a psychologist who has made significant contributions to psychology in hospitals and healthcare centres. Through efforts on a clinical or administrative level, the recipient of this award will have participated in the advancement of the role and the place of psychology in health-care settings in Canada.

Nominations should include a letter indicating the contributions of the nominee, two supporting letters from Section members, and a copy of the nominee's CV. Please note that, as per the policies and procedures of the Awards committee, candidates who are nominated but who do not receive the award in a given year will automatically be considered for the award the following year.

Please forward nominations to Dr. Bob McIlwraith, Past-Chair at mcilwrai@mymts.net by **April 1, 2016**.

Student Award

Each year the Section of Psychologists in Hospitals and Healthcare Centres recognize student members' contributions to research conducted in hospitals and healthcare centers by offering a Student Award.

To be eligible, student members of the Section should notify the Student Representative (fanicol@uvic.ca) by **April 1, 2016** that they wish to have their Paper or Poster presentation at the CPA Convention reviewed by the student award selection committee. Submissions will be evaluated based on their relevance to the Section's mission, originality, clarity and potential impact of the research on well being of Canadians and hospital service delivery.

Positions on the Section's Executive Committee

The section executive is seeking nominations/self nominations for the following positions:

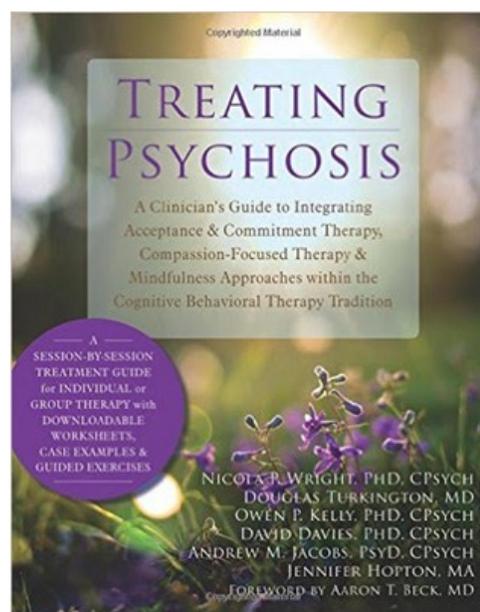
- (a) Chair-Elect
- (b) Member-at-Large

The Chair-Elect holds a 3 year term (Chair-Elect, Chair, and Past-Chair years), Member-at-Large has a 2 year term. Visit the Section's Terms of Reference at <http://www.cpa.ca/aboutcpa/cpasections/Hospitals/> or contact Dr. Bob McIlwraith for more information about the roles. Nominations/self-nominations should include a letter indicating interest and potential contributions of the nominee to the role, two supporting letters, and a copy of the nominee's CV. Please forward nominations to Dr. Bob McIlwraith, Past-Chair at mcilwrai@mymts.net by **April 1, 2016**.

A Short Snapper -

A Helpful Clinical Resource

Treating Psychosis was written to facilitate use in clinical settings such as hospital, community, and private practice settings. The co-authors (5 Canadian Psychologists Drs. Nicola Wright, Owen Kelly, Dave Davies, Andy Jacobs and Jen Hopton as well as a Scottish Psychiatrist, Dr. Doug Turkington) have provided clinical information and recommendations in the book based on their experiences working in hospital-based settings for both individual and group delivery. Client forms and worksheets are used in both individual and group therapy as well as for information transfer for families and caregivers. Dr. Nicola Wright also delivers CBT for Psychosis workshops to train mental health care professionals inter-professionally for implementation of Treating Psychosis. In addition, Dr. Doug Turkington provides workshops and training internationally based on the protocol in the book and other clinical materials. The website www.treatingpsychosis.com was developed by Ms. Julia Grummisch and Dr. Wright as part of a research study to provide resource information (websites, apps, videos, recommended books etc,..) in a centralized user-friendly way for health care professionals, clients, families and caregivers.



Highlights from CPA's Practice Directorate Leadership Conference, January 15 – 16, 2016: Ottawa

Jennifer Gould - CPA Undergraduate Campus Representative for Ryerson University



The lack of affordable access to psychological services is not a new phenomenon. With a new government now in place, this can be an opportune time for psychologists to rally together to advocate for change in our mental health system, whether that be in hospitals and health care centers, universities and colleges, or government. Psychologists are ideally placed to be leaders on such advocacy efforts, but in such attempts, many have realized the need for greater support and education on how to formally organize advocacy efforts. This is not a skill set that is formally taught in psychology graduate training and many psychologists do not also have a formal business degree. CPA's Practice Directorate responded by organizing a leadership conference to provide knowledge on the "how to" as it pertains to advocacy efforts to help psychologists mobilize resources, build coalitions, devise and improve constructive engagement tactics to be used in lobbying attempts with government and other decision-making bodies.

The facilitator for the conference was Sean Moore, lawyer by training and now Founder of the Advocacy School. His over 30 years of experience in Public-Policy advocacy was a wealth of knowledge. He introduced the conference's program and summarized results of the participant pre-workshop survey regarding participants' advocacy interests in three categories: government public-policy advocacy; training and education; and professional leadership in hospital and healthcare centres. Mr. Moore introduced the discourse related to public policy and advocacy, including grass tops and grassroots advocacy, astroturf lobbying, and backbone organizations.

Mr. Moore addressed seven common reasons organizations fail in their attempts to influence public-policy: (1) having the "wrong ask," (asking the decision-maker for something that cannot be committed to financially); (2) asking for something that is against the current decision-maker's political standing; (3) having the wrong "narrative" (not making clear the reason behind the advocacy cause, or not personalizing the nature of the problem); (4) getting active too late or quitting too soon on your

cause; (5) not helping the decision-maker think the decision through or not aiding them to reach your viewpoint of the change you seek; (6) ignoring the realities and limitations of the decision maker (such as focusing on the funds that you want, rather than the funds that are available); and (7) not having a sponsor or champion for your issue on the "inside" among the decision-makers. Strategies of how to "get your ask right" were discussed. This included developing one's understanding of the issue from the decision-maker's perspective and ensuring follow up after contacting the decision-maker; determining whether to have a "big ask" or a "little ask" (how much do I ask?), and using *strategic inquiry* to explore the current political and public-policy environment. Strategic Inquiry is an underestimated part of the advocacy process; Understanding the "lay of the land" around your issue is essential before one organizes formal advocacy efforts.

Strategic inquiry is an approach to better understand where the decision-maker is coming from, in order to explore the implications of their viewpoint of your issue, and use this knowledge to be better able to advocate successfully. Strategic inquiry should explore why an issue may or may not be important to your target, and what the public-policy and political dimensions of the goal are from your target's perspective. This can be done by understanding the time lines and bureaucratic processes involved in addressing your issue, identifying relevant decision makers, advisors, and stakeholders. Utilizing strategic inquiry includes accumulating a list of "key contacts" for your cause. Often during advocacy initiatives, individuals are quick to contact other organizations that will predictably partner with them for sake of similar political needs and standing. However, it is important to broaden your allegiances to organizations and individuals that would not typically be seen as your partner- these are the "strange bedfellows," who may share a similar interest with your advocacy group. This can be advantageous, as many people coalescing around a common goal is often of interest to decision-makers, especially if your target is the government.

Mr. Moore noted that often information presented by advocacy groups to decision-makers is too long, too wordy, self-serving, and not reflective of decision-makers concerns and realities; is not actionable. By adopting "Do It Yourself" Public Policy

proposes that the advocates package their ideas and propositions in a format that is easily accessible to the decision-makers. Such a format is amenable for "copy and pasting," so that your proposition is more likely to be something they want to use, and intelligently speak about to others. DIY public policy can include briefing notes, communication strategies, speaking notes, or even the first draft of a legislative document or cabinet submission that are created by your advocacy group in order to give your target something that is easy, useful and practical for them to use to begin to facilitate the advocacy or public policy change you wish to make.

In conclusion, the leadership conference provided an opportunity to broaden one's knowledge of advocacy and public policy, with Mr. Moore and a knowledgeable panel of experts providing useful strategies to approach and influence decision making bodies. The conference provided an opportunity for like-minded individuals within the psychology community across Canada to mobilize and form strategic relationships, remembering that there is no need to "re-invent the wheel," and that if we wish to make change within our community, we must first work with what we have, and work together.

For more information

Advocacy School:

<http://www.advocacyschool.org/>

To access a webinar by Sean Moore <http://innoweave.ca/en/modules/constructive-engagement>

CPA's Government Relations:

<http://www.cpa.ca/governmentrelations/>



BC CHILDREN'S HOSPITAL

Dr. Emily Piper, R. Psych—Director of Training



BC Children's Hospital Internship is CPA accredited, and located in Vancouver, BC. The internship has an emphasis on pediatric and child clinical psychology. BC Children's is a tertiary health care facility, serving the provinces of British Columbia and the Yukon Territory. The hospital has direct affiliation with the University of British Columbia and Simon Fraser University. There are two positions offered, where interns are provided with innovative training experiences across three main domains. Our interns choose rotations in mental health, pediatrics, and developmental disabilities. A variety of clinical opportunities exist, for treatment and assessment of children and youth, within each of these domains. The internship is breadth-based, with dedication to additional depth-based experiences. The interns choose their rotations, with direction from the Director of Training, based on individual interest and areas of training need. Overall, the experience is individually tailored, for each intern, ensuring exposure to a range of patient populations and clinical approaches. Individual, group, and family therapy are examples of intervention modalities that are offered, hospital-wide.

Our interns are expected to train beside their multidisciplinary team members, and build professional relationships. They attend a series of didactics with pediatric fellows and medical residents. A unique experience is the "Child and Adolescent Psychiatry/Psychology Subspecialty Training", which is a collaborative weekly lecture morning, where our interns and senior psychiatry residents learn together. Additionally, our interns will join with these same psychiatry residents, with play therapy training across the entire year, inclusive of a two-day seminar and then joint training and supervision. During the pediatric rotation, our interns fully immerse themselves within the host of medical teams at the hospital, providing treatment, assessment, and consultation. A similar paradigm holds true for the developmental disabilities rotation. Hospital-wide rounds and academic series are open to our interns. The Department of Psychology hosts our own academic series to the hospital, showcasing psychology research and clinical contributions. Our interns also complete a small research project, of which they also present their findings at these rounds. These projects can be original, or support a larger project that is ongoing, with one of their supervisors. BC Children's is an academic teaching hospital, valuing and expecting research expertise and knowledge. Additionally, BC Children's has a large Psychology Department, ensuring our interns receive diversity in clinical expertise and supervision experiences. Our internship values a high level of supervision, with the aim of providing exceptional training, while simultaneously emphasizing the importance of work-life balance.

There is ample group and individual supervision provided, where all methods follow a consistent "Five Step Mastery Model"- which is developmental in scope, and applied individually to each intern. This model is compatible across all theoretical orientations. Our interns are also provided with opportunity to supervise senior practicum students.

As listed above, these are examples of key distinguishing features of the internship. Our interns have been very successful finding employment after the internship, and many stay on site, as post-doctoral fellows or faculty, within our Department. In earnest, we believe this is the truest testament to our internship and overall experience. We welcome applications from Clinical Psychology programs, and we follow the APPIC guidelines for submission and matching deadlines, as listed in our online brochure.



Innovations in Cognitive Health and Aging - The Neuropsychology and Cognitive Health Program at Baycrest Health Sciences

Cameron Clarke - Neuropsychology Intern



As We Age, We Change

The transition from young to old is marked by a wide variety of changes that signal to ourselves and others that we are not as young as we once were. We wear many of these indicators as openly and publicly as we wear our clothing: Our hair becomes finer and turns gray in colour; our skin becomes less elastic and begins to show more lines, spots, and wrinkles; and we may eventually lose several centimeters off our younger or middle-aged stature. Despite what drug and cosmetic companies might tell us, science has failed to find any fountain of youth that convincingly rolls back the clock on these physical changes. In this way, these most visible correlates of aging are unavoidable, and often become easy topics of conversation as we progress in years – in part because we can see in others the same kinds of changes that we are experiencing ourselves.

Often difficult to discuss are the changes in *cognition* that occur with age because they are both outwardly invisible, and difficult to quantify. As a consequence, most people have the experience of greater difficulty over time with say, remembering names, phone numbers, or where they left their keys, but are much less certain of 1) precisely how much more difficulty they are having compared to the past; 2) whether their same-aged peers are experiencing similar difficulties; and most importantly 3) whether their difficulties are cause for concern. How many memory slips can be harmlessly attributed to normal age-related forgetfulness before they might represent the early warning signs of a serious neurodegenerative disorder like Alzheimer's Disease? Reasonable doubts like these can quickly turn into unreasonable fears, and subsequently impact quality of life regardless of the harmless or pernicious nature of the cognitive changes themselves. The distinction between completely expectable age-related forgetfulness and disorder can be further complicated by innumerable other medical and neurological conditions, like brain injury or stroke that can negatively impact cognition in addition to the normal aging process.

Quantification of Cognitive Change – Clinical Neuropsychology

Part of the solution to the above questions is the accurate quantification of cognition: turning the intangible and nebulous processes of thinking (e.g. attention, language, memory, decision-making, and problem-solving, among others) into something more concrete and objective, rather like a prescription for corrective lenses, or the number of hours we sleep in a night. In this way, an individual's current cognitive performance can be objectively compared to their past performance (or an estimate of it), and also to that of other people, to ultimately inform an answer to the question of whether or not present cognitive functioning is cause for concern. This is the purview of clinical neuropsychology, for which Baycrest has certainly built a strong reputation of clinical and teaching excellence. However, beyond simply assessing cognitive functioning and diagnosing disorders, the researchers and clinicians at Baycrest have done what surprisingly few other institutions have – innovated neuropsychologically informed treatments. As a pre-doctoral resident in clinical neuropsychology at Baycrest, I have been fortunate to gain exposure to several of these innovative interventions:

Group-Based Memory Interventions

The Memory and Aging Program is a five-week, group-format education and intervention program for older adults who are experiencing normal age-related changes in memory. Participants learn about various kinds of memory processes, with a particular emphasis on which types tend to change with age, and importantly, which types do not. So for example, while our memory for information or events from the recent past may decrease as we age, our memory for words (i.e. vocabulary), and our memory for routine procedures (e.g. how to operate a car) typically do not. Further, the program teaches participants about the many factors that affect memory like diet, physical exercise, cognitive engagement, and stress. Finally, the program provides participants with a variety of memory strategies that can be used to boost memory for information encountered in day-to-day activities.

Where memory concerns are deemed to be in excess of the normal aging process, patients may be referred to a similar memory intervention program optimized for people diagnosed with memory deficits: The Learning the ROPES program for Mild Cognitive Impairment. Also delivered in a group format, this seven-week program aims to include family members and close friends in optimizing the cognitive health of patients through lifestyle choices, memory training, and psychosocial support.

The Training of Executive Attention Program

The Training of Executive Attention Program is an 11-week group-format neurorehabilitation program for patients with neurologic or neuropsychiatric conditions (e.g. stroke, multiple sclerosis, mood disorder) who are experiencing significant difficulties accomplishing tasks in their day-to-day routines. Participants are taught about the crucial role of attention in both formulating and accomplishing realistic goals, as well as the importance of planning and prioritizing. Particular emphasis is placed on training the process of attention back to the task at hand when it wanders, and techniques for keeping the present task-related objective firmly in mind, and impervious to distraction.

Memory-Link

Memory-Link is an individual evaluation and treatment service for adults with severe memory impairments resulting from neurologic conditions such as traumatic brain injury, encephalitis, and stroke. Participants are trained in a variety of strategies to boost memory performance ranging from more traditional approaches such as making associations or practicing retrieval of information, to more novel and innovative approaches such as training on external memory aids like smartphones and digital calendars.

Transforming the Experience of Aging

These programs work to remediate cognitive processes when they are deficient, or reassure people when they are not. Not surprisingly, each of these programs is an instantiation of Baycrest's vision "[to] transform the experience of aging through leading innovations in brain health, wellness promotion, and approaches to care that enrich the lives of older adults."

Bridging Science and Practice: The Pre-doctoral Residency at University of Manitoba

Kristin Reynolds (M.A.) & Elizabeth Hebert (M.A.)

The Pre-doctoral Residency Program in Clinical Psychology offered by the Department of Clinical Health Psychology at the University of Manitoba (Winnipeg, Manitoba) provides a unique scientist-practitioner experience for its residents. This begins with the organizational structure of the department, being both a Winnipeg Regional Health Authority clinical program as well as an academic department situated within the College of Medicine in the Faculty of Health Sciences. Residents receive generalist training in one of five specialized streams: the Adult Stream (2 residents), Child and Adolescent Stream (2 residents), Adult Neuropsychology Stream (1 resident), Rural Stream-Generalist (2 residents), and Rural Stream-Adult Lifespan (1 resident). Each stream focuses on the application of research to the assessment, conceptualization, and treatment of a vast array of health problems across the lifespan. Residents are encouraged to develop the skills for ethical, autonomous practice with a variety of patient populations within Winnipeg's diverse cultural mosaic.

Residents receive evidence-based training in mental health care – the traditional bastion of psychology – as well as in broader areas of health promotion, disease prevention, and chronic disease management. Located within the College of Medicine in the Faculty of Health Sciences, the department's organizational structure is again a testament to its commitment to the expanding role of psychology in health care. Clinical Health Psychology residents belong to the Professional Association of Residents and Interns of Manitoba (PARIM), with benefits and pay commensurate to medical residents from other disciplines within the College of Medicine. As part of the integration within the College of Medicine, Clinical Health Psychology residents participate in training undergraduate medical students in behaviour change techniques, such as motivational interviewing and solution-focused techniques. Residents are thus considered an integral part of emphasizing psychology's unique role in advancing health care based on our research knowledge and applied clinical skills.

Residency Streams

Residents in the Adult Stream complete four major rotations at two local hospitals: St. Boniface Hospital and the Health Sciences Centre. Residents in this stream become proficient in psychodiagnostic and cognitive assessment, cognitive-

behavioural treatment for anxiety disorders, generalist evidence-based psychotherapy, and health psychology. Resident goals are emphasized within each rotation, with supervisors providing unique opportunities to serve diverse patient populations within a supportive learning environment. Experiences with both inpatient and outpatient assessment services are promoted using a variety of self-report, projective, neurocognitive, and diagnostic measures. Within each major therapy rotation, residents are encouraged to conduct evidence-based treatment in both individual and group formats. Residents take a leading role in multidisciplinary teams, including consultation with other professionals, co-supervising psychology practicum students, and assisting with the training of medical students.

Residents in the Child and Adolescent Stream complete two six-month rotations at the Health Sciences Centre, one in the area of consultation/assessment, and the other in the area of outpatient intervention. The current residents in the Child and Adolescent Stream – Andrea Hamel and Clio Pitula – reported valuing the breadth of training in the areas of assessment and treatment with children, adolescents, and families (in individual, group, and family therapy treatment modalities). They highlighted the diversity and complexity of cases (spanning mental health, developmental disabilities, and health psychology) and flexibility in case selection, which has been helpful in allowing them to meet their unique training goals.

Within the Adult Neuropsychology Stream, residents are able to further develop and refine neuropsychological assessment methods in their work with diverse patient populations. The three areas of focus in this stream include general neuropsychological assessment, pre-operative neuropsychological evaluation, and assessment with individuals who have experienced stroke, traumatic brain injury, spinal cord damage, limb amputation, and acute and/or chronic pain.

The Rural Stream-Generalist and Rural Stream-Adult Lifespan are unique in their focus on community mental health, clinical work (assessment and treatment) with patient populations across the lifespan, and consultation and collaboration with multi-disciplinary teams. These residents spend six months in urban settings (teaching hospitals and clinics in Winnipeg), and six months in rural settings (Interlake-



Eastern, Southern, and Brandon Health Regions). There are few streams with these foci across Canada. Reflecting on their experiences in the Rural Stream-Generalist and Rural Stream-Adult Lifespan thus far, Lauren Wysman, Jonathan Jette, and Laura Scallion highlighted the novelty and strengths of this stream for those who are interested in working across the lifespan in future practice. In addition to the broad generalist training in these streams, residents also reported valuing their ability to develop specialization in several key areas, including anxiety disorders, mental health problems in the peripartum period, trauma-related concerns, geriatric psychology, community mental health, and health psychology.

Emphasis on Diverse Science-Based Practice

The Pre-doctoral Residency provides a wealth of diverse opportunities to residents outside of its comprehensive major rotations. For instance, minor rotations are offered in a variety of specialized domains, including geriatric psychology, cardiac rehabilitation, forensic psychology, chronic pain, gastric surgery, gastrointestinal disease, and shared care settings with primary care physicians. In fact, residents often have difficulty selecting only two! For this reason, shadowing experiences are also made available to residents. Diversity is further reflected in our didactic training, including weekly seminars, departmental grand rounds, and community-based workshops. Our program has liaised with community organizations such as the Manitoba Schizophrenia Society, Rainbow Resource Centre, and local Aboriginal communities to promote cultural competency, clinical innovation, and global awareness.

The Scientist-Practitioner Model in Canada's Heartland

In a mid-sized Canadian city known for its harsh climate, our resident class has found incredible learning opportunities both in and outside of our training hospitals and community clinics. Psychologists within the Department of Clinical Health Psychology model the valued role of psychologists as behavioural experts in health care, inspiring the next generation of scientist-practitioners.

PSYCHOLOGISTS IN HOSPITALS AND HEALTH CARE CENTRES

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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, either 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 submission 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. Lara Hiseler
larahiseler@gmail.com

INTERESTED IN ASSISTING WITH THE NEWSLETTER? The Communication Sub-Committee is always looking for passionate members to become involved, especially if you have familiarity with Publisher or Adobe InDesign. Please email Dr. Lara Hiseler (larahiseler@gmail.com) regarding your interest.

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