



## Psychologists in Hospitals and Health Centers Newsletter

Spring 2017

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Spring greetings to all of our members! In this issue, we are spotlighting stories from our student members alongside CPA Convention Content and links to centers across Canada.

### Message from the Chair: Dr. Deanne Simms, R.Psych.



As I sit, poised to write my final Chair's report for the Psychologists in Hospitals and Health Centre's Section, I'm fortunate enough to be able to look back proudly at all the Section has accomplished over the past 2 years of my term. We've made substantial changes to the goals and activities of the Section, have continued to strive to find ways to increase and enhance our communication with our members, and have been working hard to continue to deliver relevant, interesting content through our Convention program. I've been lucky enough to have met and worked with some of the most accomplished, knowledgeable and passionate psychologists working across the country through my role on the PHHC Executive. It truly has been an honor working with and in service of you all. As I step into the Past-Chair role, I am ever aware that this is also quite a large role to fill. Dr. Bob McIlwraith has been an invaluable role model and the Section will be quite different without his presence on the Executive. Bob, your hard work and dedication to the Section has been fundamental in shaping the successes we've had, and the goals that we're sure to accomplish in the future. Thank you so very much!

Now, I'm happy to transition out of my role as Chair, I've been working hard this year with Dr. Dawn Phillips, Convention Coordinator for the PHHC Section to ensure that our Section is able to host exciting and interesting content. Please enjoy looking at the CPA program in this issue for the wonderful content we are hosting this year:

As one of the final undertakings in my role as Chair, I've been working hard this year with Dr. Dawn Phillips, Convention Coordinator for the PHHC Section to ensure that our Section is able to host exciting and interesting content. Please enjoy looking at the CPA program in this issue for the wonderful content we are hosting this year:

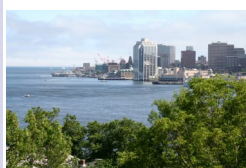
I'm very much looking forward to seeing many of our members over the course of the Convention. Be sure to check out our Twitter feed (@cpa\_phhc; twitter.com/cpa\_phhc) [https://twitter.com/cpa\\_phhc](https://twitter.com/cpa_phhc) for up-to-the-minute updates and Section-related news over the course of the Convention.

*Take care and see you all soon in Toronto!*

Dr. Deanne C. Simms, R. Psych.

Chair, Psychologists in Hospitals and Health Centres Section, CPA

Members: Please keep your eyes peeled for future emails from me regarding proposed changes to our Terms of Reference.



IWK Centre Halifax





## Psychologists in Hospitals and Health Centers Newsletter

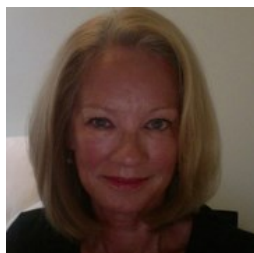
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### Message from Incoming Chair: Growth & Change at IWK

Dr. Vicky Veitch Wolfe, R.Psych.



As I near the close of my 10<sup>th</sup> year as Professional Practice Chief at IWK Health Centre in Halifax, I thought I'd take a look back at how our discipline has grown and changed over the years. Psychology has historically had a strong presence at IWK, and has long been the primary employer in the Halifax region for government supported psychological services for children and adolescents. We have been fortunate over these years to grow in many ways! In 2007, we employed 43 psychology staff, 30 at the doctoral level, 12 at the MA level, and 1 at the BA level. We now employ 57 psychologists, 50 at the doctoral level, 6 at the MA level, and 1 at the BA level. So, where have these changes taken place?

Psychologists at IWK primarily serve two programs – Child Health and Mental Health and Addictions (MHAA). For Child Health, our psychologists support over 10 health teams (e.g., Oncology, Feeding, Developmental Services, Rehabilitation), and provide comprehensive psychological assessment services for Neuropsychology, Preschool, and Autism Spectrum Disorder. In 2007, our Child Health services included 14 doctoral level psychologist, 5 MA level psychologists, and 1 BA level staff; today, we include 17 doctoral level psychologists (4 part-time), 5 MA level psychologists, and our 1 BA level staff. Our growth included an increase in our preschool services, and an increase in our pain services, which includes research support. Thus, our service complement in the Child Health program has remained stable over this period, with some small growth in positions primarily supported by research programs that include small clinical FTEs.

Our growth in psychology positions has primarily occurred in MHAA, particularly in community mental health outpatient services, with a positive growth in the number of psychologists at the doctoral level. In 2007, IWK MHAA employed 24 psychologists, with 17 at the doctoral level (with others either ABD or MA prepared). Today, we have 33 psychologists, with 32 at the doctoral level and one at the MA level. In 2007, of those 24 MHAA psychologists, 7 provided services in CMH, with others working in day treatment, residential, inpatient, and forensic services. However, in 2017, CMH now has 19 doctoral level psychologists. Our growth in community mental health services was linked with a general expansion of community mental health services, which are spread across three clinics in different geographical regions of the Halifax region. This expansion grew out a number of strategies, including cost savings in the ways that intensive services (residential care) were delivered (greater focus on day treatment and CMH services), new strategies for managing maternity and other leaves (creating permanent positions rather than hiring temporary positions), as well as advocacy for funds to support new psychologists positions.

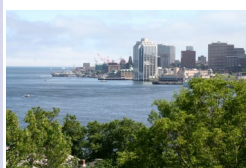
With this service reorganization and growth in community mental health services, several improvements in care have already been noted, including stronger management of patient flow through the mental health system, which has resulted in reduced wait lists and enhanced evidence-based services. As well, more youth are served with shorter-term day treatment programs, which are better able to work with families, community schools and other services, and provide additional services such as recreation and occupational therapies.

With this growth in psychological services, maintaining a full workforce has been a challenge. Our ties with Maritime doctoral training programs at Dalhousie University and the University of New Brunswick, along with our CPA accredited Predoctoral Residency in Clinical Psychology, have been our primary resources for recruitment. Many of our students and residents have roots in the Maritimes, or once here, they want to stay! Stay tuned! We continue to seek growth in our services over the next years, particularly with services to our Women's Health program, prevention and early intervention services, and leadership for strong empirically validated treatments.

Dr. Vicky Veitch Wolfe, R. Psych.

*Psychology Professional Practice Chief; Psychologist, Child Welfare Mental Health Clinic.*

Incoming Chair, Psychologists in Hospitals and Health Centres Section, CPA



IWK Centre Halifax

# In The Spotlight: Students Across Canada

## Student Representative—Fanie Collardeau, PhD Student in Clinical Psychology at University of Victoria



Greetings student members!

My name is Fanie Collardeau; I am the student representative for the Psychologists in Hospitals and Health Care Centres (PHHC) section. I am excited to continue representing students on this rapidly growing and dynamic section of the CPA. I will be stepping out of the Student Committee in June 2017 and we are currently looking for an energetic and motivated student representative for June 2017-June 2018.

This year, we are happy to host again the graduate student symposium at the CPA Convention in Toronto (June 8th—10th, 2017), to showcase research done by student members of our section. Our student presenters will discuss how using a patient centered approach increased the efficiency of a bariatric surgery unit, how varying levels of regulated health professionals' psychological knowledge in inpatient teams impacts patient outcomes, and women's experiences in a spirituality-based 12-step program for addiction recovery.

The PHHC section is growing, and we hope you will consider becoming more involved with us, and be on the "look-out" at CPA for events sponsored by our section. We hope that our current initiatives and the nature of the PHHC section will pique your interest:

- We are in the process of creating more opportunities and resources for our student members. A student column showcases a student's work or reflections on key issues pertaining to hospital and health centers, in every newsletter. In addition, we are creating resources to help students in clinical and counselling psychology apply to internships across Canada!
- Our twitter account is very active (@cpa\_phhc) and we tweet regularly about evidence-based treatments, current events relevant to our profession and section-specific news.
- Hospitals encompass a wide breadth of clinical populations, as well as diverse patient demographics, numerous cultural groups and social economic strata. With the wide array of relevant topics, there is a high chance that what is of interest to you, is also of interest to us!
- Professionals of the section often need to advocate for our profession at their institutions and work in interdisciplinary teams.
- Benefit from their leadership skills and knowledge!

Follow us on social media and stay tuned! I look forward to meeting you all in Toronto!

~~~~~  
Fanie Collardeau  
faniecol@uvic.ca



University of Victoria



# In The Spotlight

## In the Spotlight: Julia Grummisch



**What is your role on the PHHC committee:** I manage the social media accounts for the PHHC Section. I'm frequently on Twitter, tweeting about news related to the PHHC section, hospital-based psychology, research articles, and anything about mental health in general that I think others working in a hospital-based setting would find interesting. For those interested, consider following @CPA\_PHHC on Twitter! I will also be helping to organize events held by the PHHC Student Committee in the future, including the Annual Graduate Student Symposium and the Meet and Greet at the CPA 2017 Convention in Toronto.

**Tell us what you do in 1 or 2 sentences:** I am a first year graduate student in Clinical Psychology at the University of Regina, working under the supervision of Dr. Jennifer Gordon in the Behavioural Neuroscience Research (BNR) Laboratory. I completed a B.Sc. in Psychology at the University of Ottawa and an M.Sc. in Neuroscience at Carleton University.

**What are you working on right now?** I am currently working on coursework to fulfill my masters-level clinical course requirements before transferring to the doctoral level. I am also working on a large research study alongside my colleagues in the BNR Laboratory investigating the mechanisms by which reproductive hormones like estradiol can influence mood and well being, specifically within the context of menopausal depression. At the same time, I am getting started on my doctoral research, which will investigate the relationship between hormone fluctuations and cognitive performance during the menopause transition. As someone highly interested in neuropsychology and brain health, I am hopeful that this research will help to lay the groundwork for identifying potential interventions for midlife women reporting disruptive cognitive deficits.

**What's your favourite thing about your studies thus far?** My favourite thing about my studies thus far is that I am able to engage in both research and clinical work. Having come from a purely research-focused background, it is exciting to be able to do clinical work alongside research work. I am currently completing an observation practicum and a number of clinically-oriented courses and feel grateful to be able to add this clinical experience to my range of competencies.

**What is important to you at this stage of your career?** Given my early career stage, I think it is important for me to gain as broad a range of experiences as possible, clinically and in terms of research and course work. Clinical psychology is a broad field so I am trying to gain exposure to a variety of areas (i.e., assessment, interventions) and populations (i.e., children, adults) before delving into more specialized training.

**What would you like to have an impact on in the future?** I would like to advance research in the fields of women's health, endocrinology, and neuropsychology, and to help those living with or affected by mental illness. Clinical psychologists have the unique ability to both conduct empirical research and use evidence-based practice to transform the lives of people suffering from mental health problems in ways that are meaningful, strengths-oriented, recovery-focused, and client-centered. I am hopeful that my current training, combined with my cumulative experiences thus far, will allow me to achieve these goals and help those struggling with mental health issues achieve improved functioning and a better quality of life.

**What's a fun fact that would be interesting to know about you?** I consider myself technologically savvy and enjoy all things related to science and technology. In my spare time, I create videos on a range of topics, including most commonly how-to hair tutorials and post them on my YouTube channel, which now has over 1 million views. I also created a website alongside a colleague which is dedicated to providing resources for clinicians, caregivers, and clients affected by mental illness, specifically that of psychosis and schizophrenia. It features videos and resources including reference books, articles, and websites that focus on facilitating positive recovery for individuals with mental illness and help them to better cope with their symptoms. Check it out at [www.treatingpsychosis.com](http://www.treatingpsychosis.com)

**Who or what inspires you these days?** I am inspired by the hard-working and dedicated individuals who surround me at the University of Regina. I am also inspired by the brave and tenacious individuals I meet on a daily basis who suffer from mental illness.



University of Regina

# In The Spotlight

## Innovations in Health Care: Mobile Health



In the era of technology, it is no wonder mobile health is a rapidly developing application that has permeated into the field of psychology. Mobile health focuses on the development of smart phone applications to improve medical and mental health care (Olff, 2015). Mental health “apps” (MHA) are becoming increasingly complex in design and programming, while maintaining an intuitive and appealing interface. They are readily available, facilitating the provision of convenient, accessible and remote psychological services.

Downloading apps onto mobile devices is simple, and if they aren’t free they usually only cost an initial small fee. This nuanced method in the provision of psychological treatment has the potential to serve both adult and adolescent populations with a variety of mental health disorders and symptoms.

The literature discusses ample advantages and benefits to MHA, although there are undoubtedly drawbacks to using technology for the provision of psychological services. Table 1 summarized the benefits and costs associated with MHA.

**Table 1** Advantages and Disadvantages of Mental Health Apps

| Advantages                                        | Disadvantages                           |
|---------------------------------------------------|-----------------------------------------|
| Participant Retention                             | Battery failure/ connectivity issues    |
| Portability                                       | Data security/ privacy/ confidentiality |
| Flexibility of use                                | Crisis management                       |
| Tailored Feedback/ motivation                     | Losing the device                       |
| Improved Adherence                                | Efficacy of the app                     |
| User Autonomy/ Independent Access/ 24-7 Use       |                                         |
| Helpful prompts                                   |                                         |
| Linkage to other hardware – phones etc.           |                                         |
| Low cost                                          |                                         |
| Accessibility/ general & rural (e.g. Rural India) |                                         |
| Customization (Medics Mobile)                     |                                         |

(Bhatt, Edwards & Evans, 2016; Donker, 2013; Olff, 2015; Seko et al., 2014).

In recent years, a myriad of MHA have become commercially available on multiple app stores. However the efficacy of these apps has not been rigorously examined. Typically, app designers are independent entrepreneurs and the involvement of clinicians and specialists in the development process is not guaranteed. A review on existing commercial mobile health apps targeting the eight most prevalent conditions according the World Health Organization concluded that the development of health apps were commercially and economically derived, rather than empirically supported (Martínez-Pérez, Torre-Diez, & López-Coronado, 2013).

However, a handful of exclusively clinical apps have been developed, although similarly, the literature pertaining to efficacy is not on pace. These MHA are typically used for assessment, diagnosis and in conjunction with treatment. Others clinical MHA are patient oriented standalone apps, facilitating self-management and psychoeducation (Marley & Farooq, 2015). Below is a non-exhaustive list of some of the MHA that have demonstrated efficacy in the clinical setting.

### Not Available Commercially

- **MobileType** (See Reid et al., 2012) is a stand-alone experience sampling MHA used for the assessment and self-monitoring of stress, mood and everyday activities so that practitioners can identify those in need of services.

# In The Spotlight

## Innovations in Health Care: Mobile Health—Continued



- Demonstrated to significantly increase emotional self-awareness (Kauer et al., 2012; Reid et al., 2011), which was subsequently associated with a decrease in depressive symptoms in adolescence with mild to moderate mental health issues (Kauer et al., 2012).
- **Mobile Mood Diary** (See Matthews, Doherty, Sharry, & Fitzpatrick, 2008), designed with a CBT framework in mind, requires users to record their mood at regular intervals in order to recognize precipitating factors and how they manage their mood when they feel depressed.
- Meta-analyses revealed that compliance was significantly higher than paper chart administration, not any more difficult to complete, and participants regarded the MHA as private and secure.

### Available Commercially

- **Mobile Stress Management based on the Stress Inoculation Training (SIT)**. This MHA exposes participants to video clips designed based upon SIT framework (proactively changing emotional responses and behaviours in response to stress).
- Donker (2013) reports that three studies found a significant decrease in state and trait anxiety, and an increase in coping skills among oncology nurses (Villani et al., 2012; Villani et al., 2013) and female university students (Grassi, Gaggioli, & Riva, 2011) (although only one study compared outcomes to a control group, noting a significant difference) *\*available in Italian only*
- **DBT Coach** is used in conjunction with face-to-face DBT therapy, aiming to reduce substance use in patients with borderline personality disorder.
- This MHA has been demonstrated to reduce emotional intensity and urge to use substances, depression, and global symptom severity, while increasing emotion regulation skills in a pre- to post-test design (Rizvi, Dimeff, Skutch, Carroll, & Linehan, 2011), although this study was not an RCT, and the exact change in the quantity of substance use was not reported.

In conclusion, as Donker (2013) points out, there are over 300 MHA on Android, Apple, and Microsoft marketplaces, freely available to download. However, less than 1% of these apps have been validated and deemed efficacious through scientific investigation. The following are considerations for using MHA in psychological practice

NHS Choices website (<http://apps.nhs.uk>) reviews and recommends regulated commercial apps. Typically, these are used as a resource for clients

The specific security features of the technology (see Martínez-Pérez, Torre-Díez, & López-Coronado, 2015 for a review of the security features app designers are encouraged to consider)

Competency in using the app

Framework in place for crisis situation

The following are considerations for consumers of popular MHA

Awareness of the development of their app of choice

cognizant that there are no regulatory bodies for the development of apps, and the possibility that clinicians and researchers were neglected from app development

Monitor well-being to determine the personal utility of the app and seek professional services if required.

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## Psychologists in Hospitals and Health Centers Newsletter

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PHHC

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**Wednesday, June 7<sup>th</sup> Pre-Convention Workshop.** Drs. Newlove, Stanford, and Dhariwal from BC Children's Hospital: **Pediatric Somatization: Connecting the Mind and Body – Advances in Assessment, Diagnosis and Treatment**. This interactive, day long workshop which encourages skill development will include case vignettes as well as written and video material. Further, our presenters will share comprehensive treatment resources developed at BC Children's Hospital to augment treatment of children and families experiencing pediatric somatization. *Be sure to register early for this workshop as spaces are limited!*

**Thursday, June 8<sup>th</sup> 1:45-3:45 p.m. in Salon A (Main Mezzanine).** Workshop: **Hospital Psychologists and Scope of Practice: Workshop**. This workshop will be chaired by our Past-Chair **Dr. Bob McIlwraith**. This exciting and interactive workshop will explore and discuss practice scenarios based on *real-world experiences of psychologists in hospitals*, with input from the facilitators: Rick Morris (Registrar and Executive Director of the College of Psychologists of Ontario), Todd Burke (Partner, Gowling WLG), Karen Cohen (Chief Executive Officer of the CPA), Deanne Simms (Chair of the Section of Psychologists in Hospitals and Health Centres, Psychologist at IWK Children's Hospital), and Bob McIlwraith (previously Medical Director of the Clinical Health Psychology Program of Winnipeg Region). Participants will increase their knowledge and skills to effectively navigate the regulatory, legal, professional, inter-professional, ethical and organizational environments of hospitals in order to practice to their full scope for the benefit of their patients. This promises to be an exciting event and an unprecedented opportunity to have direct feedback from various stakeholders regarding psychologists' most pressing practice questions/matters. Be sure not to miss this one!

**Thursday, June 8<sup>th</sup> 4:15-5:15 p.m. in Salon A (Main Mezzanine).** Round-Table Conversation: **Learning to be a "Team Player": Interprofessional Training in Psychology Practice Sites** from chaired by **Dr. Olga Heath**. This interactive session builds on the successful Interprofessional Practice Workshop Dr. Heath and colleagues hosted at the 2016 Convention. In this session, eight psychology educators and supervisors from a variety of practice settings across the country (i.e., Drs. Heath, Holmqvist, Goodwin, Guger, Mills, Nicholson, Whelan and Fulton) will discuss the collaborator competencies required for psychology trainees in practice settings and share their experiences of the barriers and enablers related to integrating these competencies into professional psychology practice settings for trainees. Last year's session was dynamic, synergistic and impactful. This year's session promises to be the same!

**Friday, June 9<sup>th</sup> 10:00-11:00 am. in the British Columbia Room.** Section Featured Speaker: **Ms. Janet Kasperski**, CEO of the Ontario Psychological Association (since 2013): **People, Purpose and Passion – They Key to Government and Media Relations**. Under Ms. Kasperski's leadership, the OPA's government and media relations activities have expanded greatly. In addition to achieving greater respect for clinical and academic psychology in the province, Ms. Kasperski's advocacy activities have resulted in invitations for the OPA to join various government planning tables. Specifically, Ms. Kasperski is ensuring that psychology is elevated to a position of prominence in Ontario and across Canada. In her dynamic talk, Ms. Kasperski will impart details of how psychologists working in public sector settings across Canada can work to build successful government and media programs. This is definitely a session not to miss for psychologists hoping to learn more about advocacy and leadership within organizational and political arenas.

**Friday, June 9<sup>th</sup> 2:30-2:55 p.m. in Foyer 1.**  **"GIMME-5" Session!** Come on out and support our members as we explore rapid-fire findings related to *capacity to consent in a forensic setting, access to community healthcare resources for patients presenting to hospital with a mental health crisis, effective ingredients of verbal de-escalation, outcomes associated with differential labeling of active versus ambivalent suicide ideation in an Emergency Department, and facilitating a breast cancer support group in a Primary Care Clinic*. This is an exciting and new platform for the CPA Convention, and we look forward to having our PHHC members support each other through sharing their enthusiasm for learning about psychology-related practices and issues across the country.

**Friday, June 9<sup>th</sup> 3:30-4:30 p.m. in Tutor 7 Room.** **Section Annual Meeting.** We look forward to seeing as many of our members at the meeting as possible as we'll be reviewing proposed changes to our Terms of Reference, our financial report, election of new Executive positions, and retirement of past Executive members.







## PHHC

Spring 2017

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# Psychologists in Hospitals and Health Centers

## CPA Schedule of Events Psychologists in Hospitals and Health Centres

**Friday, June 9<sup>th</sup> 4:45-5:45 p.m. in Tutor 7 Room. Section Reception with host bar.** Come join us for treats, complimentary drinks for our members, and a great opportunity to chat, network and make meaningful connections with practitioners across the country. As was the case last year, to reward our student members and our general members, *the Section is happy to offer a host bar throughout the Section Reception to celebrate the hard work our members demonstrate throughout the year. Can't wait to see you all there!*

**Saturday, June 10<sup>th</sup> 10:15-11:45a.m. Salon B and Ballroom. Posters and CPA Marketplace.** Please be sure to stop by to see the great content of our poster submissions including:

- Performance Benchmarking To Standards For Children And Adolescent Inpatient Mental Health Care;
- Evaluation of Youths' Experiences With Canine Visitation While Admitted To An Acute Inpatient Mental Health Program;
- An Interdisciplinary Model Of Mental Health Care And The Use Of Technology; Existential Concerns In Patients With Pulmonary Arterial Hypertension.
- Posters are another great format through which we can all learn more about the great work our members are doing across the country. **Please make a point to stop by our poster session!!**

**Saturday, June 10<sup>th</sup> 2:45-3:45 p.m. Nova Scotia Room. Dr. Brad MacNeil** will be hosting a symposium, *The application of innovative outpatient group treatments for Canadian adults struggling with a DSM-5 diagnosis of an eating disorder.* In this session, Dr. MacNeil will (1) To provide an overview of trait-based thinking styles in Canadian adults with an eating disorder at intake assessment and their relationship with later treatment engagement in novel group-based care; (2) Describe three established innovate group treatment approaches (i.e., acceptance and commitment therapy [ACT], cognitive remediation therapy [CRT], and cognitive remediation and emotion skills training [CREST]); and (3) Review both outcomes and patient satisfaction with the services they received as part of their hospital-based outpatient care. This session promises to deliver rich, clinically-relevant, empirically-driven content that will surely be of great value to many of our members!

**Saturday, June 10<sup>th</sup> 4:00-5:00 p.m. Graduate Student Symposium. Nova Scotia Room. Host: Fanie Collardeau,** Student Representative for the PHHC Section. Back by popular demand is the PHHC Section Graduate Student Symposium. Building on the exceptional content presented during the Graduate Symposium last year, this year's symposium will feature three presentations on mental health in hospitals and health centers:

- Discussing Interventions In An Inpatient Unit
- A New Service Increasing The Efficiency Of A Bariatric Program At The Toronto Western Canada Hospital
- Psychological Intervention delivered at the Sophia Recovery Center.

Graduate students' contribution to the literature will be featured and will illustrate the diversity of psychologists' work in hospitals and health centers. The PHHC Section values our Student Members and we are so happy to be able to continue to highlight the great passion and innovation that continues to drive our profession forward. Looking forward to seeing many of our members at this session!





Be sure to follow us on Twitter and Facebook

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

**Join us online for information and resources!**

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

**Follow us on Twitter**



**@cpa\_phhc**

**Message from the Chair Communications Committee: Theo De Gagne, Ph.D., R.Psych.**

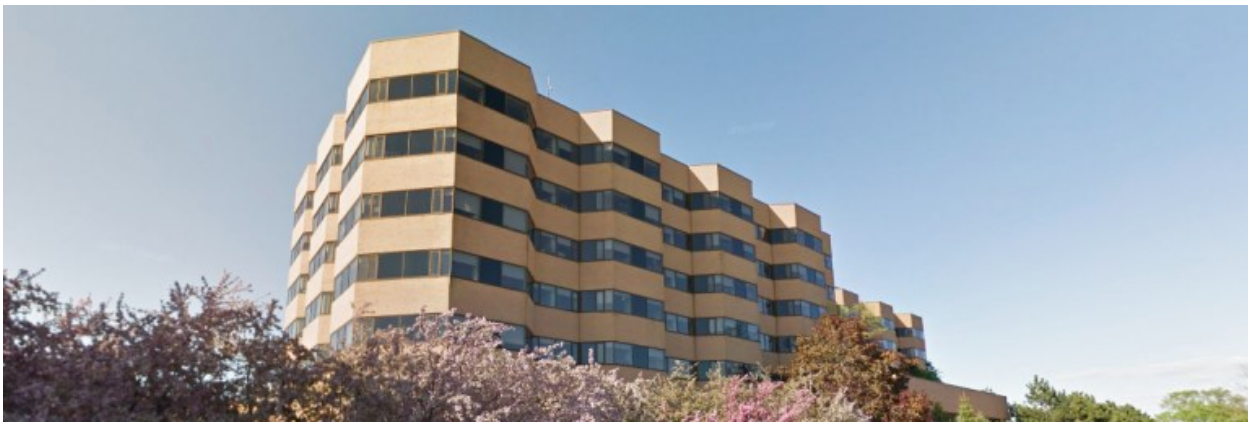
### Psychology Links Across the Country?



We have begun collecting information on the great work psychologists and their colleagues passionately provide across the country to share this with others; a way of getting to know each other virtually. If you have any online content that you would like to share in our newsletter, please submit a link to [Theo.DeGagne@vch.ca](mailto:Theo.DeGagne@vch.ca)

We also have created a Google Listserv to facilitate conversation among our members. Stay tuned for updates on the Listserv shortly.

**Baycrest Health Sciences, Toronto** Angela Troyer, Ph.D., C.Psych. Professional Practice Chief, Psychology, Baycrest  
[www.baycrest.org/neuropsychology](http://www.baycrest.org/neuropsychology)



**University Health Network (UHN) in Toronto** Susan Wnuk, Ph.D., C.Psych.

[UHN Psychology Website](#)

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[Psychology Month 2017 Intern Profile: Katy Curtis](#)

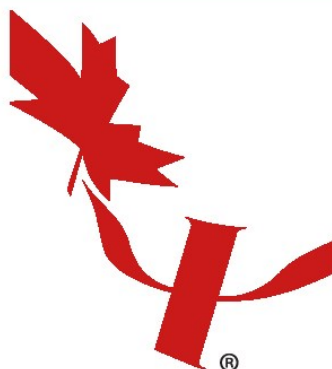




# PSYCHOLOGISTS IN HOSPITALS AND HEALTH CARE CENTRES

## SECTION OF THE CPA

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

# PSYCHOLOGUES EN MILIEUX HOSPITALIERS ET EN CENTRES DE SANTÉ

## SECTION DE LA SCP

<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, 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. Theo De Gagne  
[Theo.DeGagne@vch.ca](mailto:Theo.DeGagne@vch.ca)

**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 the committee's chair, Dr. Theo De Gagne, with your interest. [Theo.DeGagne@vch.ca](mailto:Theo.DeGagne@vch.ca)**

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