



SPECIAL ISSUE
ÉDITION SPÉCIALE

Military and Veterans Mental Health

La santé mentale des militaires et des anciens combattants



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Director of the Canadian Institute
for Military and Veteran Health Research**

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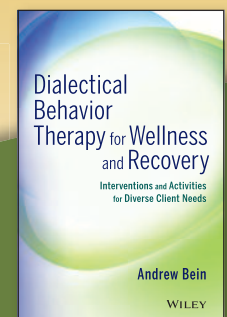
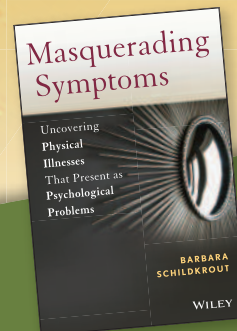
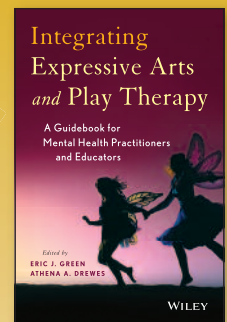
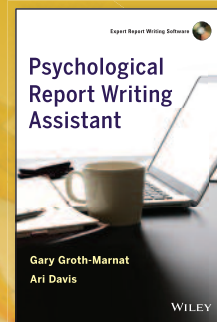
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CANADA POST PUBLICATION MAIL
POSTE CANADA POSTE PUBLICATION
AGREEMENT REGISTRATION NUMBER 40069496
NUMÉRO DE CONTRAT D'INSCRIPTION
ISSN 1187-11809

The Official Magazine of the Canadian Psychological Association
Le magazine officiel de la Société canadienne de psychologie

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Military and Veterans Mental Health

K.R. Cohen Ph.D., CPA, CEO

CPA is delighted to welcome Dr. Alice Aiken as Guest Editor of this issue of *Psynopsis*, dedicated to military mental health. Alice Aiken Ph.D., M.Sc., B.Sc.P.T., B.Sc. (KIN), is the Director of the Canadian Institute for Military and Veteran Health Research and an Associate Professor and Chair of the Physical Therapy Program at Queen's University. She proudly served in the Canadian Forces, first as a ship's navigator and then as a physiotherapist.

As Dr. Aiken points out, Canadian psychology has a tremendous amount to contribute by way of research and practice to military health and wellbeing. The articles in this issue highlight some of the work being done by Canada's psychology community. One of their common practice messages is the need for mental health care providers to fully understand the military culture within which care is provided. One of the common science messages is the need for evidence-based practice but also practice-based evidence – asking questions and examining the efficacy of intervention that is specific and responsive to military populations.

In 2013, military mental health has been one of CPA's key advocacy activities. We have consulted with those among CPA's membership with expertise and experience in military mental health. We have gone on to meet with Canada's Minister of Defence (then Minister McKay) and have met ongoing with Colonel Rakesh Jetly (Mental Health Advisor, Mental Health Directorate, Department of National Defence) with a

view to understanding and addressing how Canadian Psychology can respond to the acute mental health needs among soldiers and veterans. We have made several recommendations to the Surgeon General for the Canadian Forces which include:

- Creation of a federal residency program across area of need such as Veterans Affairs, Canadian Forces, Corrections. There can be no better way to engage an expert and talented resource than by participating in their training. Residents often stay to work where they train.
- Attention to conditions of work which are critical to successful recruitment and retention. Factors such as autonomy, responsibility, stability and remuneration and benefits all impact job satisfaction. Consideration of creating opportunity for practitioners to enlist might allow for psychologists to more fully engage, impact and commit to the culture in which they work.
- Attention to the culture of professional practice. Professional leadership, the opportunity to train and be trained are also important to job satisfaction. We have recommended the appointment of a Chief Psychologist for the Canadian Forces.

In addition, CPA was very glad to welcome Colonel Jetly to deliver a preconvention workshop in June 2013 based on mental health care within military populations. The workshop was very well attended and received and CPA hopes to use this and other means to engage its members' experience and expertise in the area of military mental health.



Recognition of the wider health effects of military service

Alice Aiken, Ph.D., , Director of the Canadian Institute for Military and Veteran Health Research and Associate Professor and Chair of Physical Therapy, Queen's University

While military personnel currently serving in the Canadian Forces have their own health-care system that is attuned to their needs, their families and Canada's veterans must rely on the resources provided by provincial/territorial health-care systems, which may not recognize their particular health issues and concerns.

By virtue of their military service, veterans, numbering more than 700,000, may have had occupational and operational exposures that put them at risk for a variety of health problems. These problems may be related to their physical health, such as early onset osteoarthritis or illness caused by unique environmental exposures, to their mental health, such as post-traumatic stress disorder and depression, or to their social health as they transition to civilian life. In addition, the families of the approximately 100,000 serving members face the unique challenges of frequent moves and potential lack of continuity of primary care.

A recent focus of much of the research about military personnel, veterans and their families focuses on the mental health issues faced by this unique segment of Canadian society. Many programs and practices have sprung up aimed at helping specifically these groups of people. On the surface, this can be wonderful, but unless the appropriate research is built in to these programs and practices, we do not know if they accomplish what they purport to accomplish. The help can and must be available immediately, but that does not negate the need to incorporate research into practice to ensure the best care is provided to those who need it.

Our mission at the Canadian Institute for Military and Veteran Health Research (CIMVHR) www.cimvhr.ca is to enhance the lives of Canadian military personnel, veterans and their families by harnessing the national capacity for research. CIMVHR is a hub for more than 25 Canadian universities that have agreed to work together to address this population's specific health research requirements. The institute serves Canadian stakeholders interested in military and veteran health research and provides a conduit between the academic community, government organizations such as National Defence and Veterans Affairs Canada, and similar international organizations.

It is only through essential linkages to the clinical and research community, such as this upcoming edition of *Psynopsis*, that CIMVHR can enhance the focus on research and care for Canadian military personnel, veterans and their families. With estimates of as many as 35,000 personnel leaving the Forces in the next few years, it is critical that health-care providers, program developers and policy-makers put the research into action to ensure that care is of the highest possible standard. This journal, with its special focus on military mental health, is one way in which the Canadian Psychologists Association is making this happen.





La santé mentale des militaires et des anciens combattants

K.R. Cohen, Ph. D., SCP, chef de la direction

La SCP est enchantée d'accueillir D^{re} Alice Aiken à titre de rédactrice en chef invitée du présent numéro de *Psynopsis*, consacré à la santé mentale des militaires et des anciens combattants. Alice Aiken, Ph. D., M.Sc., B.Sc. (physiothérapie), B.Sc. (kinésiologie), est la directrice de l'Institut canadien de recherche sur la santé des militaires et des vétérans. Elle est professeure agrégée à la Queen's University et est présidente du programme de physiothérapie de cette institution. Elle a servi fièrement dans les Forces canadiennes, d'abord comme marin, puis comme physiothérapeute.

Comme le souligne D^{re} Aiken, la psychologie au Canada peut apporter énormément à la recherche et la pratique dans le domaine de la santé et du bien-être des militaires. Les articles publiés dans le présent numéro mettent en évidence certains travaux réalisés par les psychologues au Canada. Dans tous les articles, le message est le même : les fournisseurs de soins de santé mentale doivent bien comprendre la culture militaire, et son influence sur la façon dont sont prodigués les soins. Pour la science, la pratique doit être fondée sur l'expérience clinique, et être à même de produire des données probantes – à l'aide de questions et de l'analyse de l'efficacité de l'intervention, propre à la population militaire, et adaptée à celle-ci.

En 2013, la santé mentale des militaires a été l'un des principaux objets des activités de représentation de la SCP. Nous avons consulté les membres de la SCP qui ont de l'expérience et des compétences dans le domaine de la santé mentale chez les militaires. Nous avons rencontré le ministre de la Défense du Canada de l'époque, Peter McKay, ainsi que le colonel Rakesh Jetly (conseiller en santé mentale, Direction de la santé mentale au ministère de la Défense nationale) afin de comprendre et d'examiner la façon dont les psychologues canadiens peuvent répondre aux besoins urgents en santé mentale des sol-

datés et des anciens combattants. Nous avons présenté plusieurs recommandations au médecin-chef des Forces canadiennes, notamment :

- Créer un programme de résidence fédéral dans tous les secteurs où il y a des besoins, comme le ministère des Anciens Combattants, les Forces canadiennes et le Service correctionnel. Pour parvenir à engager des experts et du personnel talentueux, il n'y a rien de mieux que participer à la formation de ces derniers. Il arrive souvent qu'un résident continue de travailler à l'endroit où il a été formé.
- Porter une attention particulière aux conditions de travail, lesquelles ont une importance cruciale dans le maintien en poste et le recrutement. Plusieurs facteurs – autonomie, responsabilité, stabilité, rémunération et avantages sociaux – ont une incidence sur la satisfaction professionnelle. En offrant de meilleures possibilités d'emploi pour encourager les praticiens à s'enrôler, on permettra peut-être aux psychologues de s'investir davantage dans leur travail, en tenant compte de la culture qui imprègne leurs interventions.
- Porter une attention particulière à la culture militaire, qui forme le contexte de la pratique professionnelle. D'autres facteurs, comme la possibilité d'occuper des postes de direction, de donner et de recevoir de la formation, jouent aussi un rôle important dans la satisfaction au travail. Nous avons recommandé que les Forces canadiennes nomment un psychologue en chef.

Par ailleurs, la SCP était fière d'accueillir le colonel Jetly au congrès de 2013. Le colonel Jetly a présenté un atelier précongrès portant sur les soins de santé mentale offerts aux militaires. L'atelier a attiré beaucoup de participants et a été bien reçu. La SCP compte utiliser cet atelier et d'autres moyens pour mettre à profit l'expérience et les compétences de ses membres dans le domaine de la santé mentale des militaires.



Reconnaissance des effets du service militaire sur la santé

Alice Aiken, Ph. D., directrice de l'Institut canadien de recherche sur la santé des militaires et des vétérans, professeure agrégée à la Queen's University et présidente du programme de physiothérapie

Si le personnel militaire actuellement en service dans les Forces canadiennes a son propre système de santé, adapté à ses besoins, les familles et les anciens combattants canadiens doivent compter sur les ressources des systèmes de santé provinciaux ou territoriaux, qui ne reconnaissent pas toujours leurs préoccupations et problèmes de santé particuliers.

Lorsqu'ils servent dans l'armée et participent aux opérations, les militaires sont exposés à des risques particuliers. Les anciens combattants – plus de 700 000 au Canada – sont donc plus vulnérables à une variété de problèmes de santé. Certains d'entre eux auront des problèmes de santé physique, comme l'arthrose précoce ou des maladies engendrées par l'exposition à des risques environnementaux, ou seront confrontés à des problèmes de santé mentale, comme le trouble de stress post-traumatique et la dépression. D'autres auront de la difficulté à réintégrer la vie civile. En outre, les familles des quelque 100 000 militaires actifs au Canada doivent surmonter les défis particuliers que représentent des déménagements fréquents et le manque potentiel de continuité des soins primaires.

Depuis quelque temps, les problèmes de santé mentale que vit ce segment particulier de la société canadienne prennent de plus en plus de place dans la recherche sur le personnel militaire, les anciens combattants et leurs fa-

milles. Plusieurs programmes et pratiques ont vu le jour dans le but d'aider précisément des groupes de personnes. En apparence, c'est merveilleux, mais tant que ces programmes et ces pratiques ne sont pas étayés par des travaux de recherche pertinents, nous ne saurons pas s'ils produisent les résultats escomptés. Bien sûr, l'aide est urgente et doit être offerte immédiatement, mais il ne faut pas nier le besoin d'incorporer la recherche à la pratique afin de s'assurer que les meilleurs soins sont prodigués aux personnes qui en ont besoin.

L'Institut canadien de recherche sur la santé des militaires et des vétérans (ICRSMV) www.cimvhr.ca a comme mission d'améliorer la qualité de vie des militaires, des anciens combattants et leurs familles, en mobilisant la capacité nationale en matière de recherche. L'ICRSMV est un réseau formé de plus de 25 universités canadiennes qui ont convenu de travailler ensemble pour étudier les besoins en matière de recherche sur la santé de cette population. L'Institut est au service des intervenants canadiens qui s'intéressent à la recherche sur la santé des militaires et des anciens combattants, et fait le lien entre les universités, les organisations gouvernementales, comme la Défense nationale et le ministère des Anciens Combattants, et des organisations internationales semblables.

Ce n'est qu'en rapprochant le milieu de la recherche et le milieu clinique, comme le fait ce numéro spécial, que l'ICRSMV pourra rehausser la place de la recherche et des soins destinés aux militaires, aux anciens combattants et à leurs familles. D'ici quelques années, 35 000 militaires quitteront l'armée. Il est donc essentiel que les fournisseurs de soins de santé, les concepteurs de programmes et les décideurs transforment la recherche en actions concrètes, de façon à maintenir des normes de soins les plus élevées possible. Avec, comme point de mire la santé mentale des militaires, le présent numéro de *Psynopsis* est l'un des moyens que choisissent les psychologues canadiens pour y arriver.



Treating Military-Related Posttraumatic Stress Disorder: Restoring Hope and Dignity for our Canadian Soldiers



*Maya Roth Ph.D., Shannon Gifford Ph.D.,
Alexandra McIntyre-Smith Ph.D., & Charles Nelson Ph.D.
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(OSI) Clinic, London, Ontario*

The year is 2006. It is September, and there is a planned airstrike against insurgents in the Panjwaii area west of the city of Kandahar. Two American A-10 Thunderbolts, operating under NATO command, respond to a call for support from soldiers trying to take a Taliban stronghold along the Arghandab River. The aircrafts mistakenly fire on a Canadian platoon taking part in NATO's massive anti-Taliban operation, killing one soldier and injuring dozens of others. Witnesses to the accident are disoriented, grief stricken, and angry about this tragic and senseless loss.

Traumatic events experienced in the context of military deployments differ in some important respects from traumas experienced in civilian contexts, and can lead to particular patterns of posttraumatic symptom expression and functional impairment. A Canadian Forces (CF) member may be exposed to

multiple traumatic events within and across deployments, each of which may have occurred during a period of prolonged “high alert,” sleep disruption, and physical discomfort. Emotional reactions to traumatic incidents may be delayed; during the actual event the individual may have been intently focused on responding to the crisis at hand, as training would dictate. Deployment-related traumas often occur in early adulthood, when identity issues are salient, and frequently involve the sudden, violent deaths of friends or leaders. Military service also exposes individuals to heightened risk of experiencing “morally injurious” traumatic events.

Moral injury is described as a reaction stemming from perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs¹. Deployments to war zones are inherently rife with scenarios that perpetuate moral injury: military members are forced to confront ethically ambiguous scenarios in high-intensity situations, where quick decisions are required and actions can result in injury, death, or failure to prevent the same. They may be exposed to the aftermath of atrocities, or confronted with consequences of perceived acts of betrayal or incompetence on the part of their own colleagues. Military members are often prepared to accept some casualties, but some injuries and deaths (e.g., those of children, or “pointless” harms suffered by comrades, as in friendly fire incidents) may be extremely difficult to reconcile with previously-held beliefs about the self, others and the world.

While a good therapeutic relationship is universally understood as a key ingredient in therapeutic engagement and outcome, certain aspects of establishing rapport with military personnel are unique and warrant attention. Research has identified perceived clinician credibility or competency as a key predictor of outcome in this population, where competency is defined as knowledge of military history, nomenclature, and structure, as well as expertise in treating military-related Posttraumatic Stress Disorder (PTSD). Soldiers witness to a friendly-fire incident, for example, may benefit from a clinician's ability to identify relevant aspects of the military context (e.g., the impact of the military structure and chain of command on decision-making) as they work together to establish an effective therapeutic relationship.

In our experience of treating military personnel, we have come to appreciate the importance of flexible application of evidence-based PTSD treatments. Essential elements in the deter-

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Cultural Narratives of Trauma, Resilience, and Healing: Exploring a Canadian Forces Perspective

Ruth Stewart, M.D., Athabasca University
(Graduate Centre for Applied Psychology)

A growing number of veterans, as well as serving Canadian military personnel, suffer from post-traumatic stress disorder and other operational stress injuries. The ability to deliver effective and relevant psychological intervention is an increasingly urgent concern. I have been personally involved with the Canadian Forces on a number of levels: as the wife of a CF member engaged in numerous frontline combat and peace-keeping deployments (and now a retired veteran), as a civilian family physician working on contract for the Canadian Forces for a number of years, and extensively involved at that time with the treatment of operationally induced post-traumatic stress disorder.

A number of concerns grew out of my personal observations in these capacities; chief among them, that individuals must be understood within their socio-cultural context. This is hardly an original concept, but one that is particularly critical and frequently overlooked in the care of military personnel and veterans suffering operational stress injuries. The Canadian Forces represent a distinct culture, containing distinct subcultures. They possess unique languages, norms, and customs, and are socially stratified to a degree completely foreign to most North American civilians. The culture is formed around a lifestyle high in adversity, and thus has unique conceptual frameworks (both doctrinal and actual) for understanding trauma, resilience, and threat response. The normative Western civilian conceptualization (on which mainstream psychological intervention tends to be predicated) of adversity as abnormal and unexpected can generate a great deal of dissonance when applied to military personnel. The CF is a workplace that is voluntarily entered, but once joined, personal freedom and self-determination are

far more restricted than in any civilian occupation. The concept of unlimited liability has significant implications for psychological case formulation and does not fit neatly into civilian models of occupational mental health. Finally, the CF is a relatively small, encapsulated, and intimately interconnected social system with limited exit options; consequently, the social reverberations of individual suffering are often considerably amplified compared to the civilian world, or even to the exponentially larger American military.

Psychological conceptualizations and intervention strategies need to be grounded in cultural understanding in order to be relevant. Trauma treatment tends to proceed on a supposedly culture-neutral biomedical model, and to be disproportionately conceptualized and delivered from a dominant-culture, civilian perspective. I propose that while there may be common human physiological responses to threat, the individual lived experience, interpretation, conceptualization, and verbalization of trauma, resilience, and psychological healing are both culturally mediated and culturally constructed, and cannot be adequately understood without an intimate understanding of the individual's cultural framework and socio-cultural context. The Canadian Forces are evolving beyond outdated notions of PTSD as cowardice or characterological weakness, but in order to assist this evolution, the profession of psychology needs to understand Canadian Forces culture as foundational, rather than peripheral, to the conceptualization of trauma, resilience, and psychological healing.

My personal area of interest, which I am developing in my Master's thesis, is to explore the culturally specific semantic, conceptual, and social constructs of trauma, resilience, and healing within the CF, its serving members, and its veterans, to facilitate the ongoing evolution of culturally congruent and effective mental health care and intervention.

Hope and Dignity

Continued from page 8

mination of a patient-centered treatment plan include careful and thorough assessment of the nature of the trauma, past experiences in psychotherapy, patient readiness and ability to access internal cognitive and emotional processes, and patient preference for treatment. As the psychotherapy zeitgeist changes and we shift from a stabilization approach to a

quicker initiation of evidence-based treatments (i.e., Prolonged Exposure Therapyⁱⁱ, Cognitive Processing Therapyⁱⁱⁱ), we recommend continued attention to individual differences and having the patient at the center of decision making. This could translate into beginning psychotherapy with an emotion engagement or motivational interviewing module prior to the application of evidence-based treatment, or including interventions with a focus on moral injury, such as Adaptive Disclosure^{iv}.

There are unique aspects of military-re-

lated PTSD as well as unique clinical considerations for treatment. These include systematically attending to the therapeutic relationship, being keenly observant of possible moral injury, and using a flexible application of evidence-based treatments result in improved outcomes across psychological, physical health, and quality of life domains, and facilitate the restoration of hope and dignity for our patients, who so deserve it.

For a complete list of references, please go to www.cpa.ca/psynopsis



Thriving after trauma:

Posttraumatic growth and the military experience

*Samantha C. Horswill, M.A., and Sophie Duranceau,
B.A.Hons., University of Regina, Regina, Saskatchewan*

Over the past several decades the prevalence of mental illness in the military has gained increasing attention in the public and within the Canadian Armed Forces. The focus on coping with negative consequences of combat exposure is timely and critically needed, and as our understanding of mental health issues in military populations increase hopefully so too will our ability to effectively manage and treat these issues. However, for some people the chaos and trauma of military combat exposure can have unexpectedly positive results. For some, the experience can result in significant, positive psychological change – termed posttraumatic growth.

Posttraumatic growth can take on many forms, from the development of stronger support systems and deeper intimacy with loved ones, to the discovery of new passions and career paths. There are three common elements of posttraumatic growth: greater strength emerging from trauma-related suffering, existential re-evaluation, and psychological preparedness or resilience [1]. Thus by reflecting on the emotional pain and cognitive distress following a trauma, a resilient worldview can be developed which allows for people to reframe traumatic experiences in a healthy way.

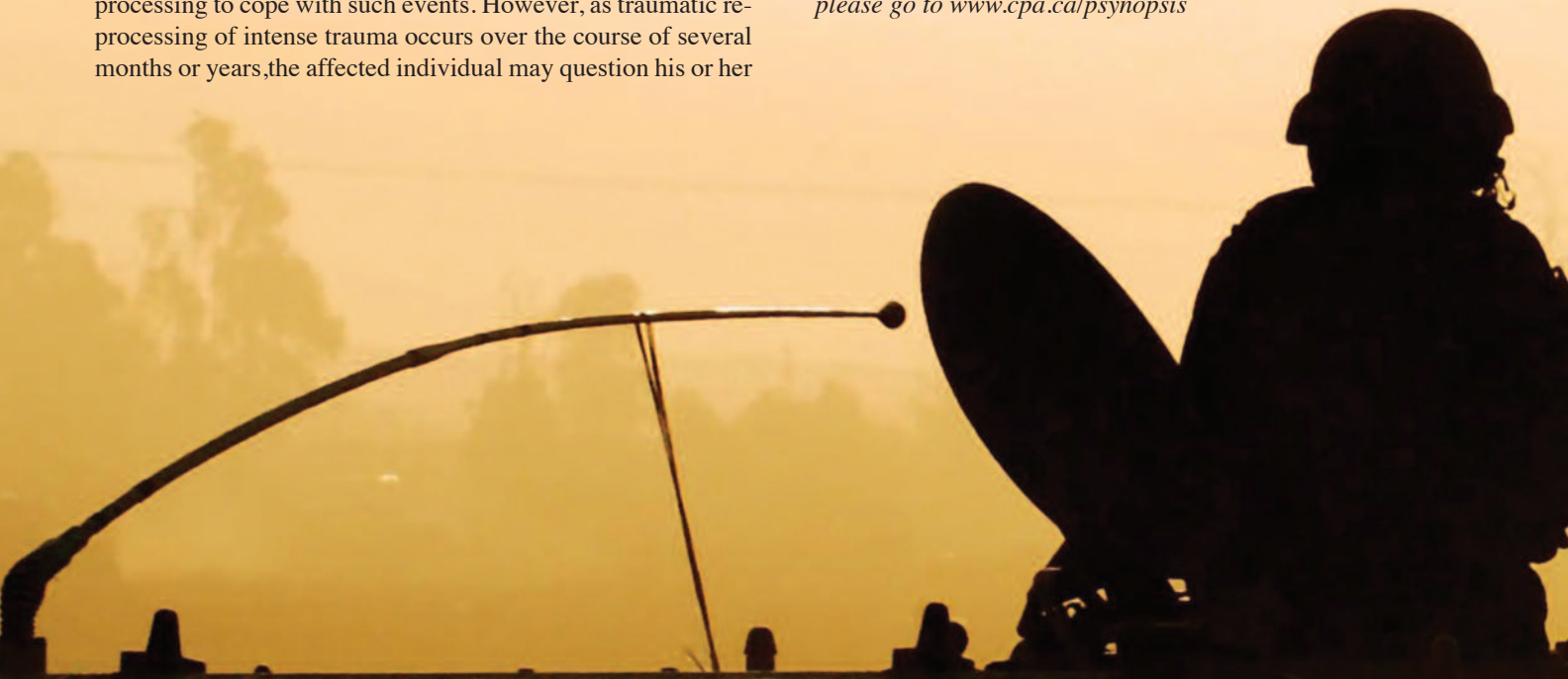
It appears as though individuals who go through more intense trauma, as is more common within military populations, will need to engage more fully in cognitive processing and re-processing to cope with such events. However, as traumatic re-processing of intense trauma occurs over the course of several months or years, the affected individual may question his or her

views of the world, allowing for alternative explanations or beliefs. In the context of a supportive and empowering environment, people can be encouraged to develop a stronger, more resilient outlook on life and their role in the world [2].

How can such knowledge be used to facilitate posttraumatic growth in the military? The most recent model of posttraumatic growth has identified variables which increase the possibility of growth, such as intentional disclosure of trauma-related concerns [2]. Some predominantly American programs, such as the Comprehensive Soldier Fitness program, have incorporated strategies such as companionship and developing a growth-focused trauma narrative. While this area of research is new and promising, it has also been criticized for placing too much responsibility on the individual when military-related traumas and trauma recovery often depends heavily on group dynamics and the environment [3]. Though institutional programs facilitating growth and resilience are underdeveloped and require longitudinal research, posttraumatic growth is a possible outcome of trauma for the men and women of the Canadian forces.

Posttraumatic growth does not endeavour to celebrate trauma [4]. What military men and women experience in the arena of war is gravely devastating and undeserving of minimization. Yet what must be recognized is that just as after a forest fire comes new growth, so too can strengthening and growth of the self occur after tragedy.

*For a complete list of references,
please go to www.cpa.ca/psynopsis*





L'épanouissement suite à un traumatisme: La croissance post-traumatique chez les militaires

*Samantha C. Horswill, M.A., and Sophie Duranceau,
B.A.Hons., University of Regina, Regina, Saskatchewan*

Au cours des dernières décennies, les troubles de santé mentale chez les militaires ont retenu l'attention du public et des forces armées canadiennes. Ce regain d'intérêt pour les conséquences négatives d'un déploiement au combat et les traumatismes qui y sont associés est justifié dans le contexte d'une recrudescence des interventions militaires canadiennes. Une meilleure compréhension des troubles de santé mentale au sein des forces armées devrait favoriser un meilleur modèle de gestion et de meilleurs traitements. Ceci dit, le déploiement au combat n'a pas que des conséquences négatives. Chez certains soldats, l'expérience au combat peut avoir des conséquences psychologiques positives inattendues, qualifiées de croissance post-traumatique.

La croissance post-traumatique peut prendre plusieurs formes passant de l'élargissement du cercle social et de l'amélioration des relations avec les êtres aimés, au développement de nouveaux centres d'intérêt ou encore de nouvelles orientations professionnelles. Trois éléments servent généralement à qualifier la croissance post-traumatique : l'émergence d'une plus grande force intérieure personnelle suite à la souffrance liée au traumatisme, la réévaluation existentielle, et la résilience [1]. Plus spécifiquement, la réflexion personnelle sur les émotions et la détresse cognitive faisant suite à un traumatisme favorise le développement d'une vision du monde positive permettant à l'individu de se réapproprier le traumatisme de façon constructive.

Il semblerait que les individus exposés à des événements traumatiques plus intenses, tel qu'il est fréquemment le cas chez les militaires, doivent s'engager dans un processus cognitif plus approfondi afin de comprendre et réévaluer les événements traumatiques vécus. Ce processus de réévaluation pouvant se dérouler sur plusieurs mois, ou même plusieurs années, permet-

trait à l'individu de se questionner sur le monde qui l'entoure et d'élaborer de nouvelles compréhensions et interprétations du traumatisme vécu. Un environnement social valorisant et enrichissant permettrait aux individus victimes de traumatismes de développer une vision positive du monde qui les entoure et une meilleure compréhension de leur rôle dans ce monde [2].

À la lumière de ces connaissances, de quelle façon la croissance post-traumatique peut-elle être favorisée chez les militaires? Le modèle de croissance post-traumatique le plus récent identifie certaines variables qui facilitent cette croissance tel le dévoilement, sur une base volontaire, des préoccupations liées au traumatisme [2]. S'appuyant sur ce modèle, des programmes militaires Américains (par ex. Comprehensive Soldier Fitness program) incorporent des stratégies telles la camaraderie et l'emploi d'un langage axé sur la croissance post-traumatique. Bien que prometteur, ces programmes ont été critiqués parce qu'ils mettent trop l'emphase sur l'individu alors que les traumatismes militaires et leurs conséquences sont largement le produit d'interactions dynamiques entre le groupe et son environnement [3]. Malgré le fait que les programmes militaires axés sur la résilience et la croissance post-traumatique sont encore peu développés et peu documentés dans le cadre de recherches longitudinales, il doit être souligné que la croissance post-traumatique demeure une issue possible pour les membres des Forces Armées canadiennes ayant vécu un traumatisme.

Le concept de croissance post-traumatique ne cherche pas à favoriser et à encourager les traumatismes [4]. Les expériences vécues par les hommes et les femmes au combat demeurent dévastatrices et ne doivent en aucun temps être minimisées. Par contre, tel le feu de forêt qui permet la croissance d'un nouvel arbre, le traumatisme peut favoriser la croissance personnelle.

*For a complete list of references,
please go to www.cpa.ca/psynopsis*



**The Dissemination of
Prolonged Exposure Therapy
in the Operational Stress
Injury Clinic Network:**

Challenges and Lessons Learned

*Maya Roth, Ph.D., Michele Boivin, Ph.D., Chris Enns M.S.W.,
Soledad Lucci, Ph.D., and Cindy Letts, Ph.D.*

The Operational Stress Injury Clinic Network was established by Veterans Affairs Canada with the collaboration of the Department of National Defense to provide mental health services to Veterans, members of the Canadian Armed Forces, and members of the RCMP. The network consists of nine outpatient clinics located across the country and an inpatient treatment program. Each clinic is constituted of an interdisciplinary team of mental health professionals. The term Operational Stress Injury (OSI) was developed to describe psychological difficulties resulting from operational duties, such as mood, anxiety and substance use disorders, to decrease stigma and increase access to services. Families can also receive services through the Clinic Network. The most recent VAC statistics show that 71% of mental health disability awards are given for Posttraumatic Stress Disorder (PTSD).



Prolonged Exposure Therapy (PE) is a cognitive-behavioural therapy (CBT) that was developed to treat PTSD¹. This manualized intervention consists of nine to twelve 90-minute individual therapy sessions, scheduled once or twice a week. The core components of PE include psychoeducation about common trauma reactions, breathing retraining, repeated imaginal exposure to the index trauma and repeated in-vivo exposure to trauma reminders. PE facilitates emotional processing of the index trauma, challenging of the network of unhelpful cognitions, emotions, and behaviours that develop post trauma, and results in the amelioration of PTSD symptomatology and improved functioning. The empirical basis for PE is well established and it has been identified as a first-line trauma-focused psychotherapy². PE has also been applied to the treatment of military-related PTSD with positive results³.

A strategic objective of the Clinic Network is to promote evidence-based treatment. Given that the majority of patients are diagnosed with PTSD⁴, the vast empirical support for PE's efficacy, and clinician interest in participating in PE training and building PE capacity in the Clinic Network, an extensive PE training program was developed. This program set out to create a self-sustaining network of PE certified therapists and supervisors, and foster and support the ongoing utilization of PE within the network. In February 2010, approximately 24 network clinicians participated in a 4-day training workshop facilitated by Drs. Foa and Nacasch. This workshop was followed by consultations, offered individually and in group format. In September 2012, ten network clinicians participated in a 5-day supervisor workshop with Dr. Foa and her colleagues at the Centre for the Treatment and Study of Anxiety, followed by monthly tele-consultations. The net result of the PE training program has been the establishment of PE-certified therapists and supervisors across the Clinic Network.

Once PE was disseminated across the Clinic Network, a PE Therapy Utilization survey⁵ was distributed to clinicians in 2012 to assess PE implementation and barriers to utilization. Among respondents, 64.5% had completed formal PE training and 38.7% had completed other PE training. Clinicians were asked which issue(s) prevented them from using PE. Identified patient factors included patient preference (45%), stabilization perceived as necessary prior to implementation (36%), presence of dissociation (22%), affect dysregulation (13%), and complex trauma history

(6%). Identified clinician factors included having trauma-focused therapy training in a different psychotherapeutic model (28%), absence of PE training (16%), reluctance to use a manualized treatment approach (10%), conflict with overall primary theoretical orientation (6%), and fear of exacerbating patient symptoms (3%).

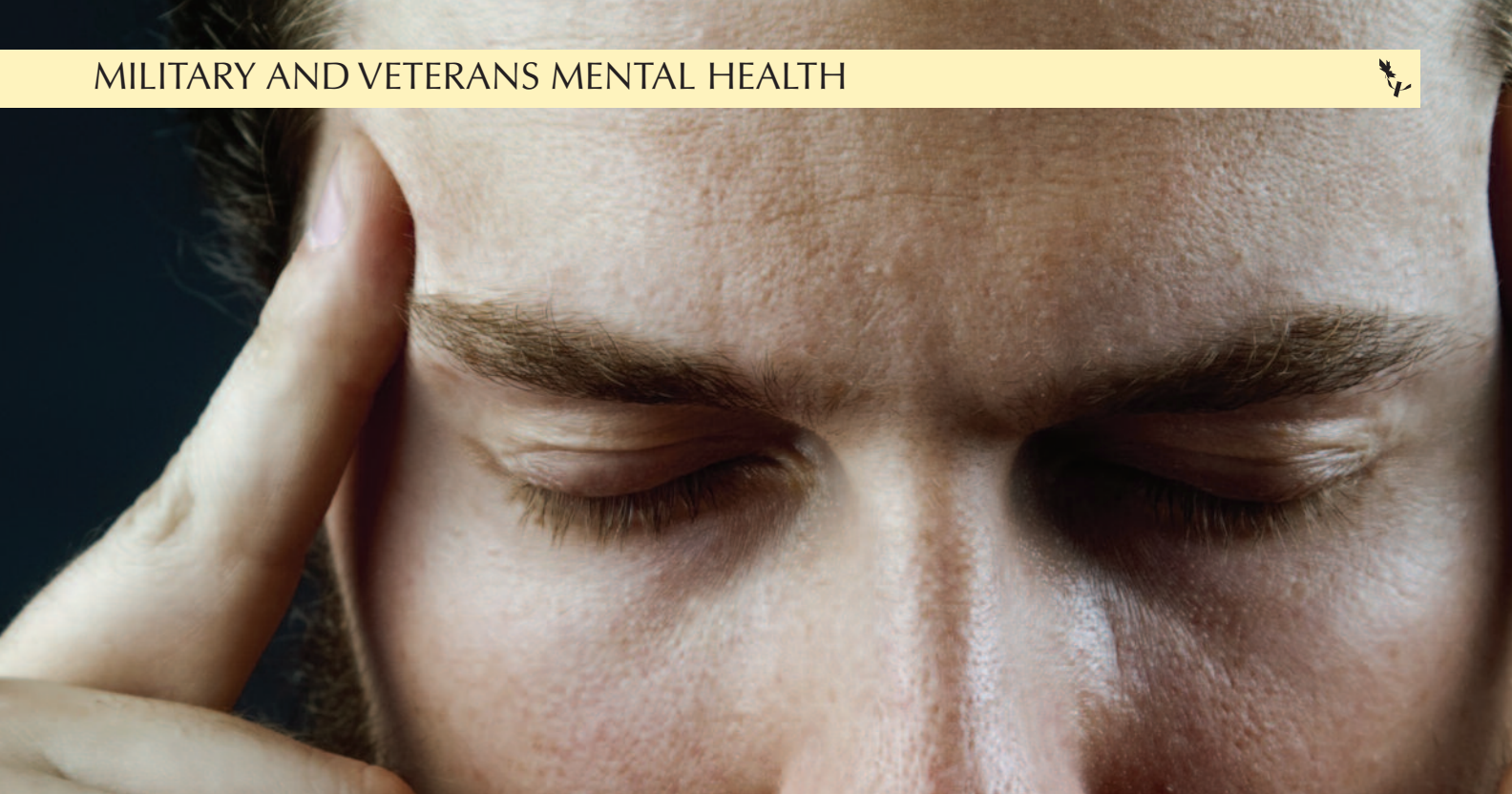
These results suggest systemic, clinic, and clinician barriers to optimal PE implementation and an opportunity to reflect upon lessons learned. Systemic solutions to increase utilization might include opportunities for ongoing consultation or supervision once the formal consultation period is concluded. Enhancing clinician competence and confidence in implementing PE through ongoing training opportunities may further increase utilization and ensure maintenance of skills. Other issues include retention of certified PE therapists and supervisors across the network and the launching of other training programs by the Clinic Network during the PE training program, which may have provided competing dissemination demands.

The Clinic Network is currently developing PTSD treatment guidelines, which may result in increased utilization of PE. Questions related to the successful dissemination and utilization of evidence-based treatments, regardless of diagnosis, remains an empirical question. Individual clinic barriers are largely related to the challenges of supervising one's own colleagues in the implementation of PE and the responsibility on the certified PE therapist or supervisor to promote PE when the psychotherapy zeitgeist within the clinic may be integrative or other than

CBT. Solutions may entail using the Clinic Network to alternate supervision such that clinicians within one clinic are not supervised by their colleague. As stated above, clinician barriers include negative perceptions of the potential consequences of PE that have not been supported by the scientific literature. PE utilization may be improved by providing information to clinicians regarding research findings, process and outcomes for PE.

These aforementioned challenges can be tackled to improve PE dissemination, utilization and maximize clinical outcome. The clinicians who use PE regularly experience firsthand the high effectiveness and efficiency of this treatment. Efforts to continue to improve PE utilization and dissemination require continuity, creativity, and engagement from clinicians and management across the Clinic Network.

A strategic objective of the Clinic Network is to promote evidence-based treatment. Given that the majority of patients are diagnosed with PTSD⁴, the vast empirical support for PE's efficacy, and clinician interest in participating in PE training and building PE capacity in the Clinic Network, an extensive PE training program was developed.



Treating chronic pain in a military population . . . when it hurts too much to attend a session

*Pamela L. Holens Ph.D., Kristin Klassen M.Sc., Heather Simister M.A., University of Manitoba
and Amber Gilberto B.Sc.P.N., Brandon University*

Chronic pain is a significant problem for individuals from a military population. According to Kerns and colleagues, nearly 50% of U.S. veterans report experiencing pain on a regular basis^[i]. At the Operational Stress Injury Clinic (OSIC) at Deer Lodge Centre in Winnipeg, our client base consists of active military members, veterans, and RCMP. In 2011, we began asking OSIC clients about their experiences with pain on an intake questionnaire.

Over a two-year period, 129 individuals responded to our intake questionnaire, and nearly 60% of those reported experiencing pain at a level of at least four-out-of-ten over the preceding week. In most cases, these clients were referred to OSIC for *other* mental health concerns such as posttraumatic stress disorder (PTSD) or depression. Substance abuse or dependence was frequently also a part of the clinical picture. Although chronic pain often contributed greatly to our clients' current level of suffering, it was often viewed as secondary to their other mental health concerns, at least in terms of the focus of the referral to the clinic. Nevertheless, when screened at intake, these clients typically reported they wanted assistance with their chronic pain.

While PTSD, depression, and substance abuse problems have historically been seen as within the purview of psychologists, chronic pain has traditionally been relegated to the world of physicians (often for medication), and professionals who manipulate the body in some way (e.g., chiropractors, physiotherapists, massage therapists, acupuncturists). That being said, the Society of Clinical Psychology, Division 12 of the American Psychological Association, lists a number of psychological treatments as having "strong research support" for their efficacy with chronic pain patients. These treatments are Acceptance and Commitment Therapy for Chronic Pain, Behavioral and Cognitive Behavioral Therapy for Chronic Low Back Pain, and Cognitive Behavioral Therapy for Chronic Headache (see www.psychologicaltreatments.org).

At OSIC we use an approach that combines elements of Acceptance and Commitment Therapy with elements of Cognitive Behavioural Therapy to assist our patients with chronic pain. This combined approach is referred to as Acceptance-Based Behavioural Therapy (ABBT). Acceptance-based treatments are relatively recent approaches to treating human suffering in general and chronic pain in particular^[iii,iii.v]. ABBT treatments have been shown to improve pain, activity avoidance, and other behavioural measures of disability^[iii.v]. Greater acceptance of pain

Continued on page 17



Mindfulness for Operational Stress Injuries: rationale and adaptations of a mindfulness program

R.F. Musten, Ph.D. and Lynette Monteiro, Ph.D.

Mindfulness-Based Interventions (MBIs) are emerging as an effective treatment of Operational Stress Injuries (OSIs)[1] that result from the demands of military service. In the military culture of pragmatism and conventional approaches to problem-solving, mindfulness is sometimes seen as counter-intuitive or even counter-productive. However, it has been proven effective for a broad range of psychological and physical disorders that are associated with the stresses associated with military life, including Post Traumatic Stress Disorder as well as trauma-related anxiety and depressed mood[2]. It is also been found to be effective with mild traumatic brain injury[3] and chronic pain [4]. While mindfulness can reduce the emotional distress and dysregulation[5] that typically accompanies OSIs, their implementation in this population requires creativity and sensitivity. Thus, an MBI will encounter two challenges: (1) presenting mindfulness in language and form that is congruent with military culture and (2) modifying the approach so that the techniques and strategies are consistent with best practice given the nature of OSIs.

In presenting on the usefulness of mindfulness, it is important to avoid the popular fears of creating “super-soldiers” or “automatons” who are hyper-zoned into their tasks. It is more helpful to address the outcomes of emotional dysregulation which accompanies OSIs. These compound difficulties with attention, cognitive processes, and behavior regulation which in turn compromise decision-making. Thus, the strategies of distress tolerance and mental steadiness learned in a mindfulness program are linked to cultivating discernment of limits and engaging in appropriate responses.

Specific to the nature of OSIs, modifications of several mindfulness approaches are necessary. Many of the techniques and strategies used in MBIs can exacerbate distress and require close monitoring, judicious application, and pragmatic modification. Meditations that train openness to inner experiences can trigger reactive responses and a belief that the experience means loss of control. Thus, teaching mindfulness requires attention to specific attitudes and needs of this population as well as incorporation of pragmatic emotion regulation skills for the symptoms associated with an OSI.

Three “Mindfulness for OSIs” courses have been conducted with military members referred to the Ottawa Mindfulness Clinic (OMC). The participants comprised a mix of occupations and ranks, diagnosed with a range of disorders including PTSD, mTBI, Anxiety, Depression, and Adjustment Disorder; most participants were diagnosed with more than one disorder. These were referred to globally as Operational Stress Injuries because they resulted from the external stress of deployment, general work-related stress, and work related interpersonal difficulties.

The mindfulness program curriculum was modified as nec-

essary. Challenges posed by the groups included job-related absences and a higher than normal skepticism about the usefulness of “sitting still and doing nothing.” To manage unique expressions of anxiety, practices such as the Body Scan (a meditation bringing awareness to parts of the body and done in a prone position) were closely monitored and adapted to foster a sense of safety (sitting instead of lying down, light placement of feet on ground instead of pushing into the ground which triggered fears of IEDs). For generalized practices, participants chose a pragmatic task during which they could pay attention to the breath, that they could do regularly, and had a physical component. Inquiry into the practices was focused on normalizing obstacles so that the need to achieve, typical of military members, fostered curiosity of the feeling that they were “not doing it right.” Reluctance to engage in practices was met with curiosity about the reluctance itself.

Over the eight weeks, the curriculum explored the awareness of experiences such as physical sensations, emotional experiences, and thoughts. Meditations were coached in ways that allowed for distress tolerance. That is, discernment of limits and tolerance for discomfort were cultivated through processes of approaching the discomfort, engaging the breath, and making an intentional choice to shift away from or stay with the experience. The physiology of stress and reactivity to threat were explored using language consistent with their experience and military training.

Self-compassion and compassion for others were the most challenging topic for this population. The lovingkindness meditation was modified in language and context to resonate with the participants. However, the idea of expressing lovingkindness to all persons was challenged by personal views of and experiences with others.

Feedback from completed course questionnaires suggests mindfulness has the potential to positively impact a population that might be resistant to new interventions, especially activities that seem counter-intuitive to their training and employment culture. It is also noteworthy that trauma-related symptoms and pain experiences are not exacerbated when managed with an open, curious approach that was also grounded in pragmatic strategies.

Conducting a mindfulness program for a fluid group, while rewarding, has several challenges. The military culture itself, the need to achieve, the need for concrete evidence, and the concomitant emotions about being unable to cope because of an OSI can be very prominent. The frequent job demands over which the member had no control also present a need to be creative about home practices and keeping up with the curriculum. Nevertheless, creative uses of mindfulness approaches can make the intervention acceptable to and beneficial for this population.



Old Boots, regrouping from invisible injuries: An Alternate Approach to Group Therapy with Veterans

Liz Massiah, M.S.W.

“**Old Boots Veterans Association: Regrouping from Invisible Injuries**” is an Edmonton based non profit association for military veterans with traumatic, invisible injuries, such as PTSD and MDD. Its goal is to increase veterans’ coping strategies, and to challenge the isolation that is so common in this population. The group is led by mental health professionals who volunteer their time as a way of giving back to our veterans.

Clinically, the approach is integrative, utilizing cognitive approaches; narrative approaches; journaling; various creative arts; homework; and lots of humour. We have subject matter experts who volunteer to help with some of the art skills.

Old Boots intentionally meets in community based settings, such as the public library. One member got her first-ever library

card while attending an Old Boots meeting. She felt like she had joined another ‘club’ when she got her first notice of an overdue book – her world was expanding.

We have found that our members more easily talk about difficult matters when they are occupied with another task. Feedback from the group members confirm that they feel more comfortable while they are busy. We use our clinical skills to create the chance to regroup and reconnect. We use the word ‘regroup’ deliberately as it carries no connotations of weakness. To regroup is seen as a positive step.

Military members are unique in that they are highly interdependent and simultaneously, highly competitive. Standards are often rigidly enforced. Group cohesion is mandatory. From the first day of enrollment, military personnel learn discipline, endurance, perseverance, and that the mission must come first. The standards are high; some extremely so. Soldiers learn to disconnect from their bodies in order ignore messages of pain and fatigue. There is little if any physical privacy in serving members day to day lives. One’s own thoughts and needs must come after the mission is accomplished.

Even then, there is little room for a range of emotional expression. This works well for combat environments, where life and death situations require it. But not so well in other aspects of life. And not so well for the psychological life of traumatized soldiers.

Additionally, there is a strong belief that to be ill or injured is to be weak or lazy, thereby failing your comrades. So, it is not a surprise that military members often struggle emotionally. Members speak of feeling invisible, of not fitting-in; of being afraid to share in case they are accused of being ‘baby killers’. And at the same time serving members are often confused and yet pleased when civilians, seeing them in uniform, perhaps at the grocery store, thank them for their service.





Various disciplines have explored the social nature of humans, and the results are essentially the same; we need positive relationships with others to be healthy. The saying, “it takes a village to raise a child” rings true for adults as well. And it is clearly evident that cancer survivors may not live longer but do have a better quality of life if they attend support/art therapy groups. We all do better with support and challenges. Veterans are no different in this need.

Veterans often perceive themselves as invisible to civilians; as unable to share their experiences and emotions without being misunderstood and negatively judged. This makes community harder to find in a meaningful way. Add to this, the stigma of a mental health diagnosis, and there is lots of silence in many of their lives. Often veterans describe not knowing how to respect their military selves and lives and yet be effective as civilians.

Old Boots meetings run in ten week rotations. We work at some sort of creative task, and that is where the subject matter experts come in. Learning to knit a sock takes skill and practice. The goal is twofold – to be able to share stories and feelings and to be more able to move into the community

The Weekly Word activity is integral to the group process. We have little cards with cartoons on them, and a word – enthusiasm, play, forgiveness are examples. At the end of group, each person picks a card from a bowl. The member reads it aloud to the group. Often there is laughter and kidding in response to the word. Somehow the word always seems to match the person. The homework is to write about the word and their experiences of it during the following week. They learn to observe the occurrence of the word and its context. At check in the next week, each reports on their experience of that word. This may include reading what they journaled but not necessarily. Lots of discussion, support, suggestions and often more kidding occurs.

Some members report that when they get home after Old Boots, spouses or others want to know the word of the week. This opens conversations and support. The word increases attention to environments of all types. . The facilitators work hard to ensure that members leave feeling stable, not agitated, since that is part of the healing process.

Old Boots Veterans Association, regrouping invisible injuries is but one approach to assist veterans to regroup and connect with community. To date the participants state the group is meeting its goals.

For more information, check out the Facebook page, **Old Boots Edmonton**, or www.oldboots.ca. The boots you will see there belong to a Canadian soldier.

Hurts too much

Continued from page 14

has been found to be associated with higher quality of life, fewer sick days, and fewer medical treatments as compared with treatment as usual^[vi,vii]. ABBT was investigated as a treatment for Fibromyalgia Syndrome (FMS) in a recent pilot study conducted at the University of Manitoba, and was found to contribute to significant improvements in self-reported pain intensity, sleep, pain-related fear of movement, and pain acceptance^[viii].

Clients at OSIC who suffer from chronic pain have generally been open to a group-based approach to treatment for this condition, more so than for other mental health concerns. As such, two ABBT groups for chronic pain patients were run between 2011 and 2012, and group members were asked to complete a series of questionnaires before and after completion of the eight-week group. After completion of the program, significant improvement was observed in a measure that looked at acceptance of chronic pain among the group members. Positive trends were noted in many of the other measures administered, but overall results were not as impressive as we had hoped. One of the issues noted by group leaders was that participants frequently missed group sessions due to flare-ups of their pain condition. Another issue was that group members often seemed to participate actively when they attended group, but did not seem to do much in terms of outside-of-the-clinic reading or practice of the material discussed in group.

A fortuitous meeting with two researchers involved in the ABBT for FMS study^[viii] evolved into a discussion about the advantages of using an online platform to deliver the ABBT materials. An online platform allows participants to work on the materials at their own pace when their pain levels are manageable, and allows them to do this from the comfort of their own homes. In collaboration with these researchers, an online format similar to one being developed for the FMS study was developed to deliver ABBT for chronic pain to members of a military population. OSIC participants who were invited to try this online format continued to wish to have group sessions, but these occurred with less frequency (i.e., four to five group sessions rather than eight over the course of the program).

Two small groups of participants have now completed the ABBT program using the online format, and the results are promising. Four measures were found to be significantly improved after completion of the program (i.e., acceptance, willingness, activities engagement, and rumination), and all other measures showed trends in the hoped-for direction. Furthermore, attendance at the group sessions was better among those who completed the online format of the program compared to those who completed the group-only version of the program.

Although the number of individuals who have completed the program is still small, we are encouraged by the early results from users of the online ABBT for chronic pain program. It would appear that factors such as ability to work through the material on one's own time and in the comfort of one's own home are important to individuals with chronic pain and lead to better adherence to the program, increased completion of practice assignments, and better end results for the participants.

For a complete list of references, please go to www.cpa.ca/psynopsis



The Importance of Collaborative Care in the Treatment of Military-Related PTSD: An Emphasis on the Psychology-Psychiatry Relationship

Maya Roth Ph.D. and J. Don Richardson, M.D.

Jane Doe is a female veteran of the Canadian Forces (CF). Her fifteen years of service within CF Health Services included a six-month deployment to Afghanistan as part of the Allied Forces' fight against the Taliban. During her tour of duty, Jane was exposed to numerous traumatic events on the backdrop of high-alert, sleep-deprivation, and stress that accompany deployment to a war zone. While she did not leave the Kandahar Airfield Base, her role within the Canadian built Role 3 hospital exposed her to the physical and psychological suffering and toll of warfare. Jane reflects on her tour with a pride that only fellow soldiers or veterans can wholly comprehend – she made it without breaking down, by keeping a tight lid on emotions and cognitions that would undermine her survival. Unfortunately, her façade crumbled following her return to Canada and she was diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) shortly after resuming her duties. She also experienced the distress and impairment in functioning that accompany these diagnoses.

At the time of her diagnosis, Jane was under the care of a CF psychiatrist, who prescribed first-line psychotropic medication for MDD and symptoms of PTSD, and initiated a course of Prolonged Exposure Therapy (PE), under the supervision of a psychology colleague. According to documentation and Jane's self-report, she partially responded to the prescribed medication and completed part of the PE protocol. Jane reported that her difficulty accepting her diagnosis served as a barrier to her engagement in psychotherapy. She attributed her denial to an interaction between her dominant symptoms of depression, the stigma of PTSD within the CF at that time, and her negative beliefs about health staff succumbing to PTSD. Thus, Jane admitted that she was not compliant with PE. Jane was scheduled to undergo a military transfer to a base in a different province and was referred to St. Joseph's Parkwood Hospital OSIC for follow-up care.

Jane was initially seen by Dr. Roth and following the establishment of a therapeutic relationship, PE was re-initiated. She engaged half-heartedly in session and was not compliant with the between-session homework. Her non-compliance was gently challenged in therapy; however, it became evident that the aforementioned barriers to engaging in treatment were continuing to interfere with psychotherapy. It was agreed that PE would be put on hold, and that the focus of treatment would be to address these barriers; specifically, acceptance of her PTSD diagnosis and addressing her MDD.





Jane was also referred for a psychiatric consultation and was assessed by Dr. Richardson. During this consultation, the severity and frequency of her PTSD and MDD symptomatology was reinforced and concern was raised about her increasingly excessive alcohol consumption, which resulted in an additional diagnosis of Alcohol Abuse. Dr. Richardson's consultation resulted in modifying Jane's psychotropic regimen to better target her MDD, psychoeducation regarding the physiological and psychological ill-effects of excessive binge drinking, and the recommendation that she undergo a sleep study to better understand the physiology of her chronic initial, middle, and terminal insomnia. As a result of Jane's modified psychotropic regimen, she reported decreased dysphoria, anhedonia, and increased attention, concentration, and energy. Jane had difficulty accepting the diagnosis of Alcohol Abuse but acknowledged the negative effect that her excessive alcohol consumption had on PTSD, MDD, and sleep, as well as the fact that she had been using alcohol to self-medicate.

Throughout the process from psychiatric consultation through regular medication management, Drs. Roth and Richardson communicated regularly about Jane's care. Active collaboration between psychology and psychiatry reinforced the importance of pharmacotherapy and psychotherapy for enhanced treatment. For example, when Dr. Richardson modified her psychotropic medication to target her MDD, Dr. Roth uti-

lized cognitive-behavioural therapy strategies, such as behavioural activation and cognitive restructuring, to augment the effects of the medication. When Dr. Roth addressed Jane's chronic insomnia with psychoeducation on sleep hygiene, Dr. Richardson reviewed the merits of medications to target insomnia.

Through the collaborative approach, Jane began to accept her diagnosis of PTSD. She noted that as her symptoms of depression remitted, she began to identify the negative impact of her PTSD-related emotional numbing on her day-to-day functioning. Jane expressed a commitment to reengaging in trauma-focused psychotherapy and has since initiated a course of Cognitive Processing Therapy. She became more engaged in psychotherapy, including adhering to the homework. Jane became determined to move beyond the traumatic events that have shaped much of her life over the past few years, and rebuild a life that is liberated from her PTSD and MDD. Jane's current PTSD Check List (PCL) score is currently 45 (usual cut-off score for PTSD is 50) and her Patient Health Questionnaire-9 (PHQ-9) score is currently 11 (low-end of the moderate range), compared to respective scores of 65 and 16 (high-end of the moderate range) at the initiation of collaborative care.

Report of CPA's Evidence-Based Task Force:

Evidence-Based Practice of Psychological Treatments - A Canadian Perspective

This work, led by psychology's most eminent psychotherapy researchers, operationalizes what constitutes evidence-based practice in psychology and makes recommendations about how psychologists can best integrate evidence into practice to better inform patient care. It includes guidance for clinicians as well as consumers of psychological services.

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Bob Rae — Honorary President

Bob Rae, over a career that has spanned three decades, including serving as Ontario's 21st Premier from 1990 to 1995, Bob Rae has worked at the highest levels of government in Canada, and has been elected eleven times to federal and provincial parliaments. From 1996 to 2007, he worked as a partner in the law firm, Goodmans LLP, one of Canada's leading international law firms. His clients included companies, trade unions, charitable and non-governmental organizations, and governments themselves. Bob Rae has proudly served the people of Toronto Centre in Ottawa as their Member of Parliament since March 2008, and was twice named "Best Orator" by Macleans Magazine in its annual survey of parliamentarians. Until recently, he served as Foreign Affairs Critic for the Liberal Party of Canada. In June 2011, he became interim Liberal Leader. Born and raised in Ottawa, Bob Rae has a B.A. and an LLB from the University of Toronto and was a Rhodes Scholar from Ontario in 1969. He obtained a B.Phil degree from Oxford University in 1971 and was named a Queen's Counsel in 1984. Bob Rae lives in Toronto with his wife Arlene Perly Rae. He and Arlene have three daughters, Judith, Lisa and Eleanor. Bob Rae was appointed to Her Majesty's Privy Council for Canada in 1998, was appointed an Officer of the Order of Canada in 2000, and was appointed an Officer of the Order of Ontario in 2004.



Susan Michie — The Family of Psychology Keynote Speaker

Susan Michie, B.A., M.Phil., D.Phil., C.Psych., Ac.SS, FEHPsS, FBPsS studied Experimental Psychology at Oxford University, obtaining a BA in 1976, and a DPhil in Developmental Psychology in 1982. She studied Clinical Psychology at the Institute of Psychiatry, London University, obtaining an MPhil in 1978. She is a chartered clinical and health psychologist, and elected Fellow of the Academy of Social Sciences, the European Health Psychology Society (EHPS) and the British Psychological Society (BPS). She is Past President of the EHPS and Past Chair of the BPS's Division of Health Psychology. Current editorial responsibilities include Associate Editor of *Annals of Behavioral Medicine* and of *Implementation Science*. Committee memberships include NICE's Public Health Interventions Advisory Committee and their Implementation Strategy Group; the cross-Government Scientific Pandemic Influenza Advisory Committee; and the Medical Research Council's Methodology Panel.



Scott Lilienfeld — Science & Applications Keynote Speaker

Scott Lilienfeld, Ph.D., is a clinical psychologist and Professor of Psychology at Emory University in Atlanta. Scott earned his bachelor's degree in psychology from Cornell University and his Ph.D. from the University of Minnesota. His principal areas of research are personality disorders, psychiatric classification and diagnosis, evidence-based practices in psychology, and the challenges posed by pseudoscience to clinical psychology. Scott received the 1998 David Shakow Award for Early Career Contributions to Clinical Psychology, is a Fellow of the Association for Psychological Science, and is a past president of the Society for a Science of Clinical Psychology. He is the co-author of *Science and Pseudoscience in Clinical Psychology* and *Psychology: From Inquiry to Understanding*.

Deadline for submissions: December 1, 2013

For more information please visit our website www.cpa.ca

Conférenciers d'honneur



Bob Rae – Président d'Honneur

Bob Rae, au cours de sa carrière, qui s'est étendue sur trois décennies, dont cinq ans (1990 à 1995) à titre de premier ministre de l'Ontario—le 21^e de la province—, Bob a travaillé aux plus hauts échelons des gouvernements provincial et fédéral. De 1996 à 2007, il a été associé chez Goodmans LLP, un des bureaux d'avocats du Canada les plus réputés à l'échelle internationale. Ses clients étaient des entreprises, des syndicats, des organismes de bienfaisance et des organisations non gouvernementales, ainsi que des gouvernements. Depuis mars 2008, M. Rae représente avec fierté les citoyens de Toronto—Centre, à titre de député fédéral, et a été nommé « meilleur orateur » à deux occasions par le magazine *Maclean's* dans le cadre de son sondage annuel sur les parlementaires. Jusqu'à tout récemment, il occupait le rôle de porte-parole responsable des affaires étrangères pour le Parti libéral du Canada. En juin 2011, il est devenu chef intérimaire libéral. Bob Rae est né et a grandi à Ottawa; il est détenteur d'un baccalauréat ès arts et d'un baccalauréat en droit de l'Université de Toronto. En 1969, il a reçu une bourse de la fondation Rhodes (Ontario). Il a obtenu, en 1971, un baccalauréat en philosophie de l'Oxford University et a été nommé conseil de la Reine en 1984. Bob Rae réside à Toronto avec sa femme Arlene Perly Rae. Le couple a trois filles, Judith, Lisa et Eleanor. Bob a été nommé au Conseil privé de la Reine pour le Canada en 1998, a été fait Officier de l'Ordre du Canada en 2000, et Officier de l'Ordre de l'Ontario en 2004.



Susan Michie – Conférencière « La famille de la psychologie »

Susan Michie, B.A., M. Ph., D. Phil., psy. agrée, AcSS, FEHPsS, FBPsS, a étudié la psychologie expérimentale à l'université d'Oxford, où elle a obtenu un baccalauréat ès arts en 1976, et un D. Phil. en psychologie du développement en 1982. Elle a étudié la psychologie clinique à l'Institute of Psychiatry, de l'université de Londres, qui lui a décerné une maîtrise en philosophie en 1978. Elle est psychologue agrée en psychologie clinique et psychologie de la santé et a été élue fellow de l'Academy of Social Sciences, de l'European Health Psychology Society (EHPS) et de la British Psychological Society (BPS). Ancienne présidente de l'EHPS et de la division de la psychologie de la santé de la BPS, elle assume présentement différentes responsabilités éditoriales, notamment, celle de rédactrice en chef adjointe des *Annals of Behavioral Medicine* et *Implementation Science*. Elle fait partie de divers comités, dont le Public Health Interventions Advisory Committee du National Institute for Health and Clinical Excellence (NICE) et l'Implementation Strategy Group qui s'y rattache, le Scientific Pandemic Influenza Advisory Committee (un comité pangouvernemental) et le Methodology Panel, du Medical Research Council.



Scott Lilienfeld – Conférencier « Science & Application »

Scott Lilienfeld, Ph. D., est psychologue clinicien et professeur de psychologie à l'Emory University, à Atlanta. Scott a obtenu son baccalauréat à la Cornell University et son doctorat à la University of Minnesota. Ses principaux intérêts de recherche sont les troubles de la personnalité, la classification des troubles et des diagnostics psychiatriques, les interventions psychologiques fondées sur des données probantes et les défis que représentent les pseudosciences pour la psychologie clinique. En 1998, Scott a reçu le David Shakow Award for Early Career Contributions to Clinical Psychology. Il est fellow de l'Association for Psychological Science et ancien président de la Society for a Science of Clinical Psychology. Il est co-auteur de l'ouvrage *Science and Pseudoscience in Clinical Psychology* and *Psychology: From Inquiry to Understanding*.

Appel de communications – Date limite de soumission : le 1 décembre, 2013

Pour plus d'information, visitez notre site web www.cpa.ca/fr



Practicum at the Canadian Psychological Association

Colin Capaldi, M.A. Candidate, Carleton University

From May to August 2013, I was fortunate enough to have the opportunity of being a practicum student at the Canadian Psychological Association. Twice a week for these four months I called the CPA head office home. My goal for this article is to shed light on the valuable experiences I had as a practicum intern and to encourage other students to consider a practicum at CPA.

Welcomed by the warm and supportive staff at head office, I began my experience in the midst of preparation for the annual CPA convention. Although many readers have attended academic conferences, I presume few can say that their first experience with one is working behind the scenes. From preparing delegate badges to flying to Quebec City and taking pictures as the official CPA photographer, I will never fail to remember my initial encounter with the wonderful exchange of ideas and findings that takes place at academic conferences and I look forward to submitting to and attending future CPA conventions.

Long after attendees return home, convention-related work continues at CPA. On this front, I was involved in the creation and analysis of data sets and the drafting of reports based on the feedback provided by attendees on events such as the pre-convention workshops and the HEAD DOCS film festival. The feedback provided by attendees gives a voice to members, allows CPA staff know what it is doing right, what can be improved, and also aids in the planning of subsequent conventions. I am proud that I could be a part of that important undertaking.

Being a relatively new graduate student, I brought my own set of experiences, thoughts, and strategies pertaining to the process of applying to graduate school. From this, I developed a comprehensive list of Canadian experimental psychology graduate programs and a Psychology Works Fact Sheet on “How to Choose a Grad School”. Expect to see each on the CPA website soon!

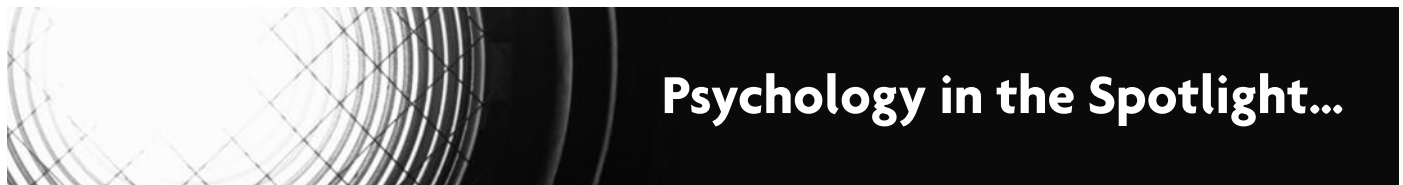
One of the most interesting projects I personally was involved in was a national survey that investigated practice variables and professional satisfaction of registered psychologists

from all across Canada. This project had me collaborate and connect with psychologists I would have never had the opportunity to work with were it not for my practicum at CPA. Other projects I was involved in included developing another Psychology Works Fact Sheet for the general public titled “What is Psychology?”, providing feedback on a booklet by the Canadian Cancer Society, and expanding CPA’s Wikipedia presence.

During my time at CPA, I also attended numerous meetings. From a National Emergency Psychosocial Advisory Consortium teleconference addressing the floods in Alberta and Toronto and the train derailment in Lac-Mégantic to taking minutes for the Canadian Consortium for Research as they strategized their budget submission to the federal government, I experienced a small snapshot of the partnerships CPA is a part of.

If you are a psychology student who is interested in pursuing your practicum at CPA after reading this, then here is some advice I am happy to offer you. First, get in touch with CPA to let them know you are interested – even if it is a semester or two in advance. I contacted CPA at the beginning of the fall semester in order to apply for a practicum in the summer semester. Second, since a lot of the work CPA focuses on changes throughout the calendar year, your decision on when to complete your practicum should take this into account. For instance, although I had a lot of opportunities to work on convention-related projects, I was not involved in more of the advocacy and government relations side of CPA due to the summer recess of Parliament. Third, you should also be open to work on and be involved in a variety of different projects and tasks. As you can see from this article, my roles and goals varied significantly week to week based on the time of year and the help needed by the different departments at CPA. And lastly, be prepared to have a dynamic and rewarding experience working for a great organization!

To contact CPA about a practicum, get in touch with Dr. Lisa Votta-Bleeker, lvottableeker@cpa.ca. Note that students from within all areas of research and practice specialization are encouraged to apply and CPA will do its best to align your interests with its opportunities.



Psychology in the Spotlight...

Have you received a grant, fellowship or research chair, started an innovative practice, achieved an important research finding, or received an award? If so, we want to know about it. Send us an article of 400 to 900 words that describes the work that led to your achievement and we will consider it for a new Psynopsis column called Psychology in the Spotlight. Note that depending on space and numbers of submissions, submissions may be queued and/or limited to 400 words. For more information, contact Tyler Stacey-Holmes publicrelations@cpa.ca



Educating the public: The role of graduate students

By Andrew E. Brankley, B.A.Hons, Department of Psychology, Ryerson University; Jeanine Lane, B.A.Hons and B.H.Sc.Hons, Department of Psychology, Ryerson University; Rebecca K. Metcalfe, B.A.Hons, Department of Psychology, Ryerson University; Jared C. Allen, M.A., Department of Psychology, Ryerson University; Justin Feeney, M.Sc., Department of Psychology, University of Western Ontario; John Walker, Ph.D., Department of Psychology, University of Manitoba

A recent American Psychological Association task force reported that the public's understanding of psychology is mainly based on media stereotypes, and that the public is largely unaware of both the scope and the impact of psychological research (Mills, 2009). This lack of awareness hampers psychologists' ability to positively impact the community. During her keynote address at the 74th Annual Convention of the

Canadian Psychological Association, Dr. Jennifer Frain argued that such misconceptions occur because psychologists rarely receive training as advocates. To rectify this problem, the current authors propose that graduate students should be trained in advocacy to increase the public's access to psychological research.

Training graduate students as advocates can benefit both the public and the discipline of psychology. Graduate students possess useful knowledge and often have flexible schedules, which make them ideally situated to educate the public. Increasing access to credible information can occur on a variety of scales; ranging from everyday conversations with individuals outside the discipline, to televised interviews showcasing research findings. Moreover, these exchanges can be mutually beneficial. By

Please see page 26



Graduate students

Continued from page 25

working as educators in the community, graduate students may become more aware of the community's current concerns. Furthermore, engaging in knowledge translation fosters critical thinking, which can help minimize the development of negative biases early in one's career. Interacting with the public will make will make graduate students more qualified to serve the community.

In order to be effective advocates, graduate students should start by implementing the following four skills. First, obtain a clear understanding of the audience's perspective. Adopting the audience's viewpoint can help the educator identify potential sources of bias or misunderstanding. Second, use the audience's language, context, and culture. Failure to do so can both alienate and create defensiveness among audience members. Third, present the audience with new information. Sometimes this may lead to disagreement, and if so, respect the individual's experiences and opinions. Avoid engaging in protracted debates, as this can be counterproductive, and instead present a concise and parsimonious point. Finally, do not be pedantic; for example, avoid dwelling on methodological concerns at the cost of the message being shared.

Although implementing this skillset can occur in a variety of settings, Mills (2009) found that the public perception of psychology is derived from the media. Therefore, the media should be a primary target for advocacy. Academic research, especially by students, is generally inaccessible to non-academics, thus limiting its potential benefit to the community. This is unfortunate as members of the media are often interested in, and present on, topics that are within the purview of psychology, such as group dynamics and behaviour, forensics, business, and mental health. While approaching media members may be daunting for graduate students, it does not have to be. For example, graduate students can write press paragraphs (short documents typically 100 words in length) summarizing the simple and non-theoretical findings of their research, and distribute them to media representatives to gauge interest. Engaging the media,

rather than waiting for the media to contact psychologists, will assuredly have positive benefits.

Mental health is an area that has already enjoyed some public advocacy from graduate students. For example, two of the authors have undertaken projects aimed at educating the public about mental health. Andrew Brankley provided informational sessions on a variety of mental health topics to at-risk youth in Toronto. In a discussion on substance use, Brankley utilized the first and second skills discussed previously by having the youth describe their motivations and benefits for use. He found that adopting a nonjudgmental and inquisitive approach was empowering to the youth, making them more receptive to discussing behavioural change and safety. Separately, Jeanine Lane collaborated with the *Stand Up for Mental Health* comedy group, founded by David Granirer. This organization successfully integrates humor and psychology as a therapeutic intervention, while reducing the public stigma of mental health. Educating the public using humor requires the use of multiple skills outlined above, including identifying with the audience, using language and examples the audience can relate to, and approaching discussions about mental health in an informal manner. These cases demonstrate that the skillset outlined above can assist graduate students in effectively providing the public with accurate information about mental health in innovative ways.

Successful dissemination of psychological findings is crucial to improve the public's perception of psychology. Graduate students can be a driving force in this process. Specifically, graduate students can maximize the impact of research findings by taking steps to ensure (1) the audience's opinions are understood, (2) the audience's framework is utilized in the discussion, (3) new information is presented in a non-confrontational manner, and (4) esoteric issues are avoided. Ryerson psychology graduate students have begun an advocacy initiative called *Graduate student Advocates for Psychology*¹ that is built on these principles. Promoting graduate students as public educators is a simple solution to increase access to meaningful information, while improving the way Canadians think about and understand psychology.



La psychologie sur la sellette...

Vous avez reçu une subvention, une bourse ou une chaire de recherche? Vous avez instauré une pratique novatrice, obtenu des résultats de recherche importants, reçu un prix? Nous voulons le savoir! Faites-nous parvenir un article d'au plus 900 mots, dans lequel vous décrivez vos réalisations, et nous le publierons dans une nouvelle rubrique de Psynopsis, appelée La psychologie sur la sellette. Pour en savoir plus, communiquez avec Tyler Stacey-Holmes, à l'adresse publicrelations@cpa.ca.



Karen R. Cohen Ph.D., Chief Executive Officer;
Lisa Votta-Bleeker Ph.D., Deputy CEO and Director Science;
and Meagan Hatch, Manager Public Affairs
and Communication

What follows is an update of activity undertaken by Head Office staff and leadership since June 2013. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen (kcohen@cpa.ca) on national activities for practice. Lisa Votta-Bleeker leads our science activity (lvottableeker@cpa.ca). Amy Bernard staffs our Practice Directorate which focuses on inter-jurisdictional practice (abernard@cpa.ca). For information on accreditation and continuing education, contact Melissa Tiessen at mtiessen@cpa.ca. Meagan Hatch is responsible for public affairs (mhatch@cpa.ca) but is going on maternity leave in October at which time advocacy related inquiries can be directed to Karen Cohen.



Fact Sheets. Over the summer, oversight for CPA’s Fact Sheets transitioned from Dr. Melissa Tiessen to Dr. Lisa Votta-Bleeker. While we are currently in the process of identifying needs and gaps in our fact sheet collection, two new fact sheets (What is Psychology and How to Pick a Graduate School) are currently under review. The membership should feel free to propose the development of a fact sheet, by contacting Dr. Votta-Bleeker.



Summer Interns. In March 2013, CPA welcomed Melissa Vloet, a doctoral intern at the Children’s Hospital of Eastern Ontario (CHEO). Melissa joined us one-half day per week. In addition to assisting meetings of some of CPA’s practice alliances, Melissa took the lead developing a survey of Canadian practitioners in hospital practice to be able to gather information about psychology’s ability to open charts and accept direct referrals from the community. Melissa continues to work on this project, the results of which will be shared with the membership once-completed. Also this past summer, CPA was pleased to welcome a practicum student, Colin Capaldi, a masters-level graduate student from Carleton University. Colin spent several days a week at CPA engaged in a number of activities: assisting with the convention, data analysis of surveys, literature searches, and fact sheet development (see Colin’s article about his CPA experience this issue). The CPA wishes Melissa and Colin all the best in their future endeavours. Students from within all areas of research and practice specialization are encouraged to contact the CPA if interested in doing a practicum or rotation with the CPA. It presents a unique opportunity to meet with CPA’s partners in science and practice, contribute to policy development, and learn about advocacy. For information, contact executiveoffice@cpa.ca



Psynopsis. The theme for Winter 2014 is criminal justice and mental health, Spring 2014 is on diversity in the science and practice of psychology and Summer 2014 is Public Health and Health Promotion. Submissions are enthusiastically invited. Send 900 words or less to Tyler Stacey-Holmes at styler@cpa.ca (Spring by March 1st and Summer by June 15th). If you have ideas for Psynopsis themes, please contact kcohen@cpa.ca



CPA Summit. The CPA is in the midst of planning a Summit on the *Supply, Need and Demand of Psychologists*. Scheduled for November 8-9, 2013 in Ottawa, ON, the Summit will look at *who we need, to do what, to and for whom* when it comes to psychological science and practice. We have invited a number of stakeholders to discuss issues related to Canada’s psychologist resource – both academic and practitioner. Proceedings from the Summit will be used to update the recommendations from CPA’s 2010 Supply and Demand Task Force report and, hopefully, enable us to chart some concrete steps forward for the discipline and profession.

Issues identified for discussion include: early career issues, internship demand and limited supply, training needs, continuing education, science funding, filling knowledge translation and transfer gaps, barriers and opportunities to training and recruiting academics, and filling data gaps. This work is being led by CPA Board member, Dr. Dorothy Cotton.



Canadian Coalition for Public Health in the 21st Century (CCPH21). The CPA continues to be a member of this coalition, speaking to the inclusion of mental health as a key public health issue. This past summer, the CCPH21 contributed to the development of a short video entitled *Public Health: A Return on Investment* to advocate for making investments in public health a priority.



National Emergency Psychosocial Advisory Consortium (NEPAC). With her return from maternity leave, Dr. Votta-Bleeker has resumed her role as Chair for NEPAC. In response to the recent floods in Alberta and Toronto, as well as the tragic train derailment in Lac-Mégantic, the CPA participated in various meetings regarding psychosocial responding and posted various resources on coping on our website.





Health Action Lobby (HEAL). HEAL continues to work with the Health Care Innovation Working Group (HCIWG) of the Council of the Federation (CoF) <http://www.councilofthefederation.ca/keyinitiatives/Healthcare.html>. As co-Chair of HEAL, Dr. Cohen helps represent the alliance at the HCIWG. In June 2013, she attended a meeting of CoF where, along with colleagues from the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA), she met with the outgoing and incoming Co-Chair premiers of the HCIWG. HEAL, CMA and CNA were glad to understand that the HCIWG has been given a three year mandate. The HCIWG will focus on the following priorities: generic drug pricing, appropriateness of care (clinically and cost effective care from the right provider delivered to the right patient at the right time in the right place), and seniors health. Priorities for HEAL also include primary care reform, mental health, and catastrophic drug coverage. In addition to its attention to the HCIWG, HEAL is working on its vision and activity related to the role of the federal government in health and healthcare. HEAL, and alliance of 42 of the country's national health care organizations and associations, has been guided by its historic mandate to call for the federal role in Canada's health. Dr. Cohen's HEAL Co-Chair is Mr. Glenn Brimacombe who was formerly the CEO of the Association of Canadian Academic Healthcare Organizations and, as of August 2013, the CEO of the Canadian Psychiatric Association.



Canadian Alliance of Mental Illness and Mental Health (CAMIMH). CAMIMH held its Champions' Award Gala in Ottawa in May 2013. The awards recognize the leadership and contributions of Canadians to advance the mental health and illness agenda. In October, CAMIMH will host its Faces Campaign during Mental Illness Awareness Week (MIAW). The Faces Campaign celebrates the stories and accomplishments of five Canadians living in recovery from mental illness. On October 8th, the Faces will join CAMIMH in a breakfast of stakeholders and parliamentarians where we will launch public service announcements created for MIAW. More information available from <http://camimh.ca/mental-illness-awareness-week-english/about-miaw/> The October MIAW event will mark the completion of Dr. Cohen's two year term as Chair of CAMIMH's mental illness awareness activities. CPA will continue its active involvement in CAMIMH.



Mental Health Commission of Canada (MHCC). In September of 2013, Dr. Cohen and Ms. Hatch attended a meeting at the MHCC to present an overview and recommendations of CPA's commissioned report on access to psychological services for Canadians (http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf). Access to evidence based psychotherapies was among the recommendations of the MHCC mental

health strategy for Canada. The access report costs out the means and mechanisms available to Canadian jurisdictions to enhance access to the services of psychologists; important providers of mental health care in Canada. The CPA has asked the MHCC for its support. CPA also continues to sit on two steering committees organized by the MHCC who are working with stakeholders to develop a framework for e-mental health in Canada and a national collaborative for suicide prevention.



Department of National Defence. CPA continues to work with the Department of National Defence on the issue of recruitment and retention of psychologists.



Access to psychological services for Canadians: At its June meeting, the CPA Board met with the principal author of our 2013 commissioned report *An Imperative for Change. Access to Psychological Services for Canadians* http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf. The report includes a series of recommendations for enhanced access including the positioning of models and mechanisms. These recommendations follow from a series of surveys and stakeholder conversations about needs and opportunities for psychological services as well as a review of models and policies used internationally. Companion pieces to the report include a tool kit of briefs and advocacy materials which we have made available for CPA's leadership, and its provincial and territorial partner organizations, to use in their advocacy work with their respective governments and funders.



Effectiveness of psychological services. In August 2013, Dr. John Hunsley completed a revision of his 2002 report on the effectiveness of psychological services. The 2013 revision focuses on the effectiveness of psychological treatments with three sentinel health conditions: depression, anxiety and heart disease. Once received by the CPA Board in September, Dr. Hunsley's report will be publicly released.



Entry to practice: As mentioned in the Winter 2013 Update, CPA has developed a letter of intent (LOI) focussed on the need to align **entry to practice standards** across the country with training programmes and standards that govern quality assurance for training. The LOI is based on CPA's 2012 position supporting the doctoral degree as the entry to practice standard for psychology in Canada. CPA plans to submit the LOI to provincial/territorial ministries of health when they reconvene in fall 2013.



International Congress of Applied Psychology (ICAP) 2018: Following our successful bid pitch in July 2012 to host the ICAP 2018, CPA has been working with the IAAP to develop a model and agreement with which to deliver the 2018 Congress. A site visit of IAAP and CPA officers is being planned for November at the proposed Congress venue in Montreal. CPA is pleased to work with Mitacs on this event <http://www.mitacs.ca/>



Federal Standing Committee on Finance. Over the summer, CPA submitted a pre-budget brief to the Federal Standing Committee on Finance as part of its objectives to promote the science, practice and education of psychology. This process allows individual Canadians, organizations, associations and other stakeholders to contribute their views on the priorities that should be reflected in the federal budget in 2014. The submission contains a number of recommendations such as improving the extended health care plans for federal public employees, increasing core research funding for the granting councils by \$50 million per year, and providing additional funding for students through scholarships, internships, and travel grants.



Treasury Board. In July 2013 CPA met with Treasury Board to discuss the Federal government’s announcement that it will be examining its disability management practices to get sick and injured workers back to work faster. It is CPA’s view that the limit of \$1000 for psychological services under the Federal Public Service plan is too restrictive in that it does not afford a clinically meaningful amount of psychological service. In addition, the requirement of a physician’s referral under the plan poses an unnecessary and burdensome restriction on access to necessary psychological treatment. The federal government is the largest employer in the country.



HST/GST. As noted previously, budget 2013 (Pg. 375) makes changes to the HST/GST attached to reports and services for non-health care purposes. It notes that taxable supplies would include reports, examinations, and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy. CPA met with the Department of Finance and Canada Revenue Agency about our concerns that the proposed changes may lead to unintended consequences for Canadians seeking mental health treatment and that Canadians will now have to pay taxes on some psychological services that were once exempt. It is CPA’s position that a psychological assessment or intervention, even when delivered

in a medical/legal context, or when privately insured, is a necessary basic health service and should therefore remain tax exempt. Dr. Cohen also presented our concerns to the Standing Committee on Finance. CRA is developing a guidance document upon which we will be able to provide feedback.



Journals and Publications. Visit CPA’s home page (www.cpa.ca) for a new feature “Now in CPA’s Journals” to see the most recent releases of CPA’s three journals. While you’re there, you can also sign up for an email alert that will notify you about each journal release. This free-service alert will detail the journal issue and include a table of contents.



Canadian Consortium for Research (CCR). With her return from maternity leave, Dr. Votta-Bleeker has been affirmed as Chair of the CCR for 2013-2015. In August, the CCR submitted a Brief to the House of Commons Standing Committee on Finance. The CCR’s asks focused on the need for more research funding, more funding to expand graduate scholarships and internships, and more financial support for Canada’s national research infrastructure, specifically Library and Archives Canada and Statistics Canada. Over the next few months CCR will be updating their website, convening another breakfast meeting of the Funding Council Presidents, and organizing meetings with Federal politicians.



NSERC. The CPA welcomed an NSERC representative attend and speak at this year’s CPA Convention in Quebec City. The presentation focussed on changes to the Discovery Grants and Fellowships programs.



Other Science Partnerships. The CPA, represented by Dr. Votta-Bleeker, continues to be a member of the following associations/networks:

- Canadian Federation of the Humanities and Social Sciences (CFHSS)
- Canadian Primary Health Care and Research Innovation Network (CHPCRIN)
- Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC) (*as a member of the Program Advisory Committee*)
- Canadian Young Scientist Journal (*as a Director of the Board*)





Annual High School Science Awards. Following another successful competition of the Annual High School Science Awards, CPA staff members have begun putting together the call for submissions for the 4th Annual High School Science Awards. These awards, which are made possible by the generous support of Scotiabank, are presented at CPA's Annual convention in June.



Research Support and Document Review/Development. CPA is increasingly being asked to write letters of support and/or become a collaborator on psychology-related research projects. Recent invitations and involvements include projects on innovations in the delivery of mental health care to children, needle fear among children, managing anxiety among children, best practices in ethics education in psychology, a psychotherapy practice research network, and nutritional guidelines for women.

In addition to supporting funding requests, CPA can help in knowledge transfer at multiple project stages.

In addition to its increasing number of requests for research support, the CPA also often receives requests for input into the development/review of documents. Most recently, the CPA received and agreed to contribute to three documents.

- *Living with Advanced Cancer*, being developed by the Canadian Cancer Society (expected completion date is 2015).
- *Family-Centred Maternity and Newborn Care (FCMNC) National Guidelines*, currently being updated by the Public Health Agency of Canada (expected completion date is 2015-2106).
- *Nutritional Needs of Women throughout the Lifespan. Clinical Guidelines*, currently being developed the Society of Obstetricians and Gynecologists of Canada.

Thank you to our Site Visitors! Merci aux visiteurs d'installation!

The CPA Accreditation Panel wishes to offer our sincere appreciation to all the psychologists who have contributed their time and expertise to act as site visitors in the 2012-2013 academic year. A huge thank you goes to Drs:

Le Jury d'agrément de la SCP tient à exprimer sa reconnaissance à tous les psychologues qui ont fait don de leur temps et leur expertise en tant que visiteur d'installation au cours de l'année civile 2012-2013. Nous remercions de tout cœur :

John Arnett
Joan Backman
Patrick Baillie
Jennifer Connolly
Kenneth Craig
Deb Dobson
Anna Beth Doyle
Tony Dugbartey
Sheryl Green

Paul Greenman
Thomas Hadjistavropoulos
Peter Henderson
George Hurley
Charlotte Johnston
Debra Lean
Carrie Lionberg
Sam Mikail
Kerry Mothersill

Mary Ann Mountain
Ian Nicholson
Kerri Ritchie
Joanne Savoie
Bruce Shore
Mike Teschuk
Michael Vallis
Judith Wiener

Karen R. Cohen Ph. D., chef de la direction
Lisa Votta-Bleeker, Ph. D., directrice générale associée
et directrice de la Direction générale de la science
Meagan Hatch, gestionnaire, affaires publiques
et communications

Dans les pages qui suivent, nous vous présentons une mise à jour des activités entreprises par le personnel du siège social et la direction depuis juin 2013. Pour avoir des renseignements supplémentaires sur les activités décrites ici, n'hésitez pas à communiquer avec nous. Nous voulons connaître votre opinion. À moins d'indication contraire, la personne avec laquelle communiquer pour toute question relative aux activités nationales touchant la pratique est Karen Cohen (kcohen@cpa.ca). Lisa Votta-Bleeker dirige nos activités relatives à la science (lvotta-bleeker@cpa.ca). Amy Bernard s'occupe de la Direction générale de la pratique, qui s'intéresse aux activités de représentation dans les provinces/territoires (abernard@cpa.ca). Pour avoir de l'information sur l'agrément et l'éducation permanente, communiquez avec Melissa Tiessen à mtiessen@cpa.ca. Meagan Hatch est responsable des affaires publiques (mhatch@cpa.ca), mais sera en congé de maternité à partir d'octobre. Après son départ, les questions relatives aux activités de représentation doivent être acheminées à Karen Cohen.

• • • • •

Fiches d'information. Au cours de l'été, la supervision des fiches d'information de la SCP, assurée auparavant par D^{re} Melissa Tiessen, a été transférée à D^{re} Lisa Votta-Bleeker. Bien que nous travaillions en ce moment à identifier les besoins et les lacunes de notre série de fiches d'information, deux nouvelles fiches (« Qu'est-ce que la psychologie » et « Comment choisir son école d'études supérieures ») sont en cours de révision. Nous invitons les membres intéressés à rédiger une fiche d'information à communiquer avec [D^{re} Votta-Bleeker](mailto:Dre Votta-Bleeker).

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Stages d'été. En mars 2013, la SCP a accueilli Melissa Vloet. Melissa effectue un stage de doctorat au Centre hospitalier pour enfants de l'est de l'Ontario (CHEO) et passe avec nous une demi-journée par semaine. En plus d'assister à certaines réunions organisées par des associations de praticiens, Melissa a pris l'initiative de développer un sondage s'adressant aux psychologues canadiens qui exercent en milieu hospitalier. Ce sondage a pour but de recueillir de l'information sur la capacité de la psychologie à ouvrir des dossiers médicaux et accepter des personnes référées par un établissement de santé communautaire. Melissa continue de travailler à ce projet, et en communiquera les résultats aux membres dès qu'il sera achevé. Toujours l'été dernier, la SCP a accueilli un autre stagiaire, Colin Capaldi, qui a un diplôme de maîtrise de l'Université Carleton. Colin a passé plusieurs jours par semaine au siège social de la SCP pour prendre part à un certain nombre d'activités : aider à l'organisation du congrès, faire l'analyse des données des sondages, re-

cherche documentaire et rédaction de fiches d'information (voir dans le présent numéro l'article de Colin, dans lequel il parle de son expérience à la SCP). La SCP souhaite à Melissa et Colin tout le succès possible dans leurs projets. La SCP invite les étudiants de tous les domaines de recherche et spécialités de pratique, intéressés à faire un stage à la SCP, à communiquer avec nous. Il s'agit d'une occasion unique de rencontrer les partenaires de la SCP qui s'intéressent à la science et la pratique de la psychologie, de contribuer à l'élaboration de politiques et de s'informer sur les activités de représentation. Pour obtenir des renseignements supplémentaires, écrire à executiveoffice@cpa.ca.

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Psynopsis. Le thème du numéro d'hiver 2014 est « Justice pénale et santé mentale », celui du printemps 2014 sera « La diversité au sein de la science et la pratique de la psychologie », tandis que le numéro d'été 2014 portera sur la promotion de la santé publique et de la santé. Nous invitons chaleureusement les membres à présenter un article. Les textes ne doivent pas dépasser 900 mots. Nous vous prions d'envoyer votre article à Tyler Stacey-Holmes (styler@cpa.ca), au plus tard le 1^{er} mars, pour le numéro du printemps, et le 15 juin, pour le numéro d'été. Si vous avez des idées de thèmes à nous proposer pour les prochains numéros de *Psynopsis*, veuillez écrire à kcohen@cpa.ca.

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Sommet de la SCP. La SCP se consacre présentement à la planification d'un sommet sur l'offre, le besoin et la demande de psychologues. Prévu pour les 8 et 9 novembre 2013, à Ottawa, en Ontario, le sommet se penchera sur les questions suivantes : lorsqu'il est question de la science et la pratique de la psychologie, *de qui avons-nous besoin? Que feront ces personnes? Et à qui bénéficieront leurs services?* Nous avons invité certains intervenants afin de discuter des enjeux entourant les ressources en psychologues – autant dans le milieu universitaire que dans celui de la pratique. Le compte rendu du sommet servira à mettre à jour les recommandations formulées dans le rapport du groupe de travail sur l'offre et la demande de services psychologiques présenté en 2010. Nous espérons que cela nous aidera à établir certaines mesures concrètes à appliquer dans l'intérêt de la discipline de la psychologie et de la profession de psychologue.

Les questions suivantes seront abordées : les psychologues en début de carrière, la demande et la faible offre de stages, les besoins de formation, l'éducation permanente, le financement de la science, le transfert des connaissances et la correction des lacunes en matière d'application des connaissances, les obstacles et les possibilités à l'égard de la formation et du recrutement des universitaires et la correction des lacunes statistiques. Ce projet est dirigé par une membre du conseil d'administration de la SCP, D^{re} Dorothy Cotton.

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Coalition canadienne pour la santé publique au 21^e siècle (CCSP21). La SCP est encore membre de ce réseau, qui fait valoir la nécessité d'inclure la santé mentale parmi les enjeux fondamentaux de la santé publique. L'été dernier, la CCSP21 a participé à la production d'une courte vidéo intitulée *La santé publique : un excellent rendement de l'investissement*, afin d'appuyer les interventions qui visent à faire des investissements en santé publique une priorité.



National Emergency Psychosocial Advisory Consortium (NEPAC). De retour d'un congé de maternité, D^{re} Votta-Bleeker reprend ses fonctions de présidente du NEPAC. À la suite des récentes inondations en Alberta et à Toronto, et du tragique déraillement de train à Lac-Mégantic, la SCP a participé à différentes réunions portant sur les interventions psychosociales, et a publié sur son site Web différentes ressources et fiches d'information pour aider les gens à surmonter de telles situations.



Groupe d'intervention action santé (HEAL). HEAL continue de travailler avec le Groupe de travail sur l'innovation en matière de santé (GTIMS) du Conseil de la fédération (<http://www.councilofthefederation.ca/fr/initiatives-fr/204-groupe-de-travail-sur-l-innovation-en-matiere-de-sante>). À titre de coprésidente de HEAL, D^{re} Cohen aide à représenter la coalition auprès du GTIMS. En juin 2013, elle a assisté à une réunion du Conseil de la fédération, où, avec des collègues de l'Association médicale canadienne (AMC) et de l'Association des infirmières et infirmiers du Canada (AIIC), elle a pu rencontrer les premiers ministres qui coprésident le GTIMS. HEAL, l'AMC et l'AIIC ont été heureux d'apprendre que le GTIMS aura un mandat de trois ans. Le GTIMS se penchera sur les priorités suivantes : la fixation des prix des médicaments génériques, le caractère approprié des interventions (soins cliniques et rentabilité des soins, lorsque ceux-ci sont donnés par le bon fournisseur, au bon patient, au bon moment et au bon endroit) et les soins aux aînés. Les priorités de HEAL sont, notamment, la réforme des soins de santé primaires, la santé mentale et la couverture désastreuse des médicaments. En plus de s'intéresser à ce que fait le GTIMS, HEAL s'affaire présentement à élaborer sa vision et ses activités en ce qui touche le rôle du gouvernement fédéral dans la santé et les soins de santé. Les activités de HEAL, une coalition de 42 organisations et associations nationales de soins de santé du pays, sont orientées par son mandat initial, c'est-à-dire voir à ce que le gouvernement fédéral maintienne ses responsabilités à l'égard des soins de santé au Canada. HEAL est coprésidé par D^{re} Cohen et M. Glenn

Brimacombe, auparavant directeur général de l'Association canadienne des institutions de santé universitaires, et depuis août 2013, directeur général de l'Association des psychiatres du Canada.



Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM). En mai 2013, l'ACMMSM a tenu son gala de remise des prix des champions de la santé mentale. Ces prix soulignent le travail de Canadiens dont le leadership et les contributions font avancer la cause de la santé mentale et des maladies mentales. En octobre, l'ACMMSM tiendra sa campagne intitulée « Visages de la maladie mentale » dans le cadre de la Semaine de sensibilisation aux maladies mentales (SSMM). Cette campagne présente les témoignages et les réalisations de cinq Canadiens qui souffrent de problèmes de santé mentale, et sont en voie de rétablissement. Le 8 octobre, ces cinq personnes, qui dévoilent le visage de la maladie mentale, seront conviées, avec l'ACMMSM, à un petit-déjeuner auquel participeront des intervenants et des parlementaires. À cette occasion, nous lancerons les communiqués d'intérêt public créés pour promouvoir la SSMM. Pour en savoir plus, rendez-vous à <http://fr-ca.camimh.ca/>. L'événement de clôture de la SSMM marquera la fin du mandat de deux ans, qu'occupait D^{re} Cohen à titre de présidente des activités de sensibilisation aux maladies mentales de l'ACMMSM. La SCP continuera de s'investir activement auprès de l'ACMMSM.



Commission de la santé mentale du Canada (CSMC). En septembre 2013, D^{re} Cohen et Mme Hatch ont participé à une réunion organisée par la CSMC afin de présenter un aperçu du rapport commandé par la SCP sur l'accès aux services psychologiques au Canada, ainsi que les recommandations qui en ont émané (http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf). L'accès aux psychothérapies fondées sur des données probantes était l'une des recommandations de la stratégie en matière de santé mentale de la CSMC. Le rapport établit les moyens et les mécanismes disponibles dans les provinces et les territoires canadiens en vue d'améliorer l'accès aux services des psychologues, qui sont des fournisseurs de soins de santé mentale importants au Canada. La SCP a demandé le soutien de la CSMC. En outre, la SCP siège toujours à deux comités directeurs relevant de la CSMC, qui travaillent avec les intervenants dans le but d'élaborer un cadre de prestation par voie électronique des soins de santé mentale et d'un cadre de collaboration nationale pour la prévention du suicide.



Ministère de la Défense nationale. La SCP continue de travailler avec le Ministère de la Défense nationale sur la question du recrutement et du maintien en poste des psychologues.



Accès aux services psychologiques au Canada : à sa réunion de juin, le conseil d'administration de la SCP a rencontré l'auteur principal du rapport commandé en 2013, intitulé *An Imperative for Change. Access to Psychological Services for Ca-*

nadians http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf. Ce rapport comprend une série de recommandations visant à améliorer l'accès aux psychologues, notamment la mise en place de modèles et de mécanismes. Ces recommandations découlent d'une série de sondages et de discussions avec les intervenants, concernant les besoins et les possibilités de services psychologiques, ainsi que l'examen des modèles et politiques utilisés ailleurs dans le monde. Le rapport est accompagné d'une trousse d'outils qui renferme des mémoires et des documents de représentation que nous avons mis à la disposition de la direction de la SCP et de ses organismes partenaires des provinces et des territoires. Cette série d'outils servira à appuyer les activités de représentation que ceux-ci mènent auprès de leur gouvernement et bailleurs de fonds respectifs.

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L'efficacité des services psychologiques. En août 2013, D^r John Hunsley a effectué la révision du rapport sur l'efficacité des services psychologiques qu'il a produit en 2002. L'édition de 2013 porte sur l'efficacité des traitements psychologiques du point de vue de trois états physiques sentinelles : dépression, anxiété et cardiopathie. Lorsque le conseil d'administration de la SCP aura reçu le rapport de D^r Hunsley, en septembre, celui-ci sera rendu public.

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Accès à l'exercice de la profession. Comme nous l'avons mentionné dans le numéro d'hiver 2013 de *Psynopsis*, la SCP a rédigé une lettre d'intention portant sur le besoin d'harmoniser à la grandeur du pays les **normes d'accès à l'exercice de la profession** des programmes de formation et des normes en matière d'éducation qui régiront l'assurance de la qualité de la formation. La lettre d'intention s'appuie sur la position adoptée par la SCP en 2012, selon laquelle le diplôme de doctorat devrait être la norme d'accès à l'exercice de la profession de psychologue au Canada. La SCP prévoit présenter la lettre d'intention aux ministres de la Santé des provinces et des territoires, lorsqu'ils se réuniront à nouveau, à l'automne 2013.

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International Congress of Applied Psychology (ICAP) 2018. Après avoir été désignée en juillet 2012 organisation hôte de l'ICAP 2018, la SCP a travaillé avec l'Association internationale de psychologie appliquée (AIPA) afin d'élaborer un modèle et une entente établissant les modalités de l'organisation du congrès de 2018. En novembre, les représentants de l'AIPA et les dirigeants de la SCP se rendront à Montréal afin de faire la visite du lieu proposé pour la tenue du congrès. La SCP se réjouit de travailler avec Mitacs pour l'organisation de l'événement <http://www.mitacs.ca/>.

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Comité permanent des finances. Au cours de l'été, la SCP a présenté une proposition prébudgétaire au Comité permanent des finances de la Chambre des communes. Il s'agit d'un des objectifs que la SCP s'est fixés pour promouvoir la science, la pratique et l'enseignement de la psychologie. Ce processus permet aux Canadiens, aux organisations, aux associations et à d'autres intervenants de faire part de leur point de vue sur les priorités à retenir dans le budget fédéral de 2014. Le mémoire comporte une série de recommandations, notamment l'amélioration du régime d'assurance-maladie complémentaire offert aux fonctionnaires fédéraux, une augmentation du financement de la recherche fondamentale octroyé aux conseils subventionnaires de 50 millions \$ par année et la bonification de l'aide financière aux étudiants, sous forme de bourses d'étude, de stages et de subventions de voyage.

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Conseil du Trésor. En juillet 2013, la SCP a rencontré le Conseil du Trésor afin de discuter de l'annonce du gouvernement fédéral, dans laquelle il fait part de son intention d'examiner ses pratiques de gestion des limitations fonctionnelles afin d'accélérer le retour au travail des travailleurs malades et blessés. Selon la SCP, la limite de 1 000 \$ pour les services psychologiques, incluse dans le régime de la fonction publique fédérale, est trop restrictive car la durée du traitement psychologique qu'elle couvre est insuffisante du point de vue clinique. De plus, le fait d'exiger une recommandation médicale, comme le prévoit le régime, restreint inutilement l'accès au traitement psychologique, en plus d'ajouter à la lourdeur du processus. Le gouvernement fédéral est le plus grand employeur du pays.

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TVH/TPS. Comme nous l'avons déjà mentionné, le budget de 2013 (p. 418) apporte des modifications à l'application de la TVH/TPS à l'égard des rapports, examens et autres services fournis à des fins autres que la santé. On y mentionne que seront des fournitures taxables les rapports, les examens et les autres services visant exclusivement à déterminer la responsabilité dans le cadre de procédures judiciaires ou aux termes d'une police d'assurance. La SCP a rencontré le ministère des Finances et l'Agence du revenu du Canada (ARC) afin de leur faire part de ses préoccupations, quant au risque que les changements proposés aient des conséquences non intentionnelles pour les Canadiens qui sollicitent un traitement pour soigner un problème de santé mentale, et que les Canadiens aient désormais à payer des taxes sur certains services psychologiques auparavant exonérés de taxe. La SCP estime qu'une évaluation ou une intervention psychologique, même si elles sont fournies dans un contexte médical/juridique, ou assurées par un régime privé, sont des services de santé de base nécessaires et devraient, par conséquent, demeurer exemptés de taxe. D^{re} Cohen a également fait part au Comité permanent des finances de nos préoccupations. L'ARC prépare actuellement un document d'orientation que nous pourrions examiner afin de faire des commentaires.



Revue et publications. Si vous vous rendez sur la page d'accueil de la SCP (www.cpa.ca), vous remarquerez une nouvelle section, « Now in SCP's Journals », qui vous permet de consulter les plus récentes parutions des trois revues de la SCP. Profitez-en pour vous inscrire à notre service de notification par courriel, qui vous avise lorsque les numéros les plus récents de chaque revue sont disponibles. Ce service gratuit vous donne des détails sur chaque numéro publié et comprend la table des matières des nouveaux numéros.



Consortium canadien pour la recherche (CCR). À son retour de congé de maternité, D^{re} Votta-Bleeker a été confirmée dans son rôle de présidente du CCR pour la période de 2013-2015. En août, le CCR a présenté un mémoire au Comité permanent des finances de la Chambre des communes. Dans ce mémoire, le CCR réclame un financement accru de la recherche, des dépenses plus importantes pour développer les bourses de chercheur-boursier des cycles supérieurs et les stages, ainsi qu'un soutien financier accru pour développer l'infrastructure de recherche nationale du Canada, plus précisément Bibliothèque et Archives Canada et Statistique Canada. Au cours des prochains mois, le CCR fera une mise à jour de son site Web. On y trouvera des détails sur le prochain petit-déjeuner de travail avec les présidents des conseils subventionnaires et les réunions prévues avec des représentants politiques du gouvernement fédéral.



Conseil de recherches en sciences naturelles et en génie (CRSNG). La SCP a invité un représentant du CRSNG à faire une présentation au congrès de cette année, qui s'est tenu à Québec. Sa présentation portait sur les changements apportés au Programme de subventions à la découverte et aux programmes de bourses du CRSNG.



Autres partenariats scientifiques. La SCP, représentée par D^{re} Votta-Bleeker, est toujours membre des associations et réseaux suivants :

- Fédération canadienne des sciences humaines (FCSH)
- Réseau canadien de recherche et innovation en soins de santé primaires (RCRISSP)

- Programme « Transdisciplinary Understanding and Training on Research – Primary Health Care » (TUTOR-PHC) (*en tant que membre du conseil consultatif du programme*)
- *Revue canadienne des jeunes scientifiques* (à titre de membre du conseil d'administration)



Prix scientifiques annuels destinés aux élèves du secondaire. Après le succès remporté encore cette année par le concours des Prix scientifiques annuels destinés aux élèves du secondaire, les membres du personnel de la SCP ont commencé à préparer l'appel de propositions en prévision de la quatrième édition des Prix scientifiques annuels destinés aux élèves du secondaire. Ces prix, rendus possibles grâce au généreux appui de la Banque Scotia, sont remis au congrès annuel de la SCP, en juin.



Soutien à la recherche et élaboration et révision de documents. On demande de plus en plus à la SCP de rédiger des lettres d'appui ou de collaborer à des projets de recherche liés à la psychologie. Nous avons reçu dernièrement des invitations et des demandes de collaboration à des projets portant, notamment, sur le développement d'approches novatrices en matière de prestation des soins de santé mentale aux enfants, la peur des aiguilles chez les enfants, la gestion de l'anxiété chez les enfants, les meilleures pratiques éthiques dans le domaine de l'enseignement de la psychologie et les recommandations nutritionnelles s'adressant aux femmes. En plus d'appuyer des demandes de financement, la SCP aide au transfert des connaissances à différentes étapes des projets.

Outre le nombre grandissant de demandes d'appui à la recherche auxquelles elle répond, la SCP est souvent invitée à contribuer à l'élaboration ou la révision de documents. Tout récemment, la SCP a reçu des demandes à cet effet et a accepté de contribuer à la rédaction de trois documents.

- *Living with Advanced Cancer* : en cours d'élaboration par la Société canadienne du cancer (date d'achèvement du document prévue en 2015).
- *Les soins à la mère et au nouveau-né dans une perspective familiale : lignes directrices nationales* : mise à jour en cours par l'Agence de la santé publique du Canada (date d'achèvement de la mise à jour prévue en 2015-2106).
- *Clinical Guideline on the Nutritional Needs of Women through the Lifespan* : en cours d'élaboration par la Société des obstétriciens et gynécologues du Canada.

Notice to Members about elections in light of new Canadian Not for Profit Corporations Act (CNCA) and new CPA by-laws passed June 2013

As many of you will recall, CPA's new bylaws, in accordance with the new CNCA, were passed at our AGM in June 2013. Since then CPA has successfully filed papers of continuance under the CNCA.

Since June we have had some clarification from legal counsel about how the new CNCA impacts our electoral process. There are two major changes to how CPA has traditionally handled its elections.

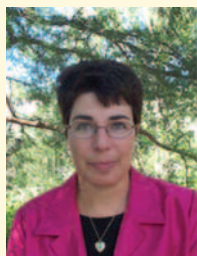
As the membership knows, historically we run our elections early in the New Year with members voting by paper or electronic ballot. The election results are then presented to the membership for acceptance at the Annual General Meeting in June of that same year. According to the CNCA, this will no longer be permissible since all elections must actually take place at an Annual General Meeting. This change is to enable any member to make a nomination from the floor.

The challenge for us is that only a small number of members attend the AGM. Accordingly, we will do two things. First, we will run a poll, rather than an election, early in each New Year. We will make a call for nominations as usual in the Summer and Fall Psynopsis and present the nominees as usual in the Winter Psynopsis. Polling will take place in February as usual and per our traditional election procedures. The results of the poll will be announced to the membership at the poll's close and at the AGM, before the membership in attendance will be asked to vote on the nominees. This way, the views of the broader membership can inform the vote of the members at attendance at the AGM.

Second, we will put a by-law change before the membership at the June 2014 AGM allowing for proxy voting. In this way, a member could give his or her proxy to a colleague attending the AGM who can vote on their behalf. If however, a member in attendance at the AGM makes a nomination from the floor (something the new CNCA now allows members to do), the proxy vote cannot be counted since it would no longer be a vote based on all the nominees. The procedures for proxy voting will be presented with the presentation of the motion and detailed in CPA's operating regulations.

We need to handle acclaimed or designated seats somewhat differently now than we have in the past. Any acclaimed or designated seats will be presented to the membership as a slate. Acclaimed seats are those where there was only one nominee for a particular position. Designated seats are those held for partner associations who then put forward a representative. The Canadian Council of Departments of Psychology (CCDP), the Canadian Council of Professional Psychology Programs (CCPPP), the Canadian Professional Associations of Psychology (CPAP) and the Canadian Society of Brain and Behavioural Science (CSBBCS) have all been offered designated seats on CPA's Board. Most often each association sends its Chair to take up the seat. If the membership wants to overturn the slate, they must put forward another slate which, as mentioned, they can do from the floor of the AGM. The membership then votes on the two (or more) slates.

New Member of the CPA Board of Directors representing the Canadian Council of Departments of Psychology



Valerie Thompson is a Professor of Cognitive Psychology at the University of Saskatchewan. Her research interests include intuitive judgments, thinking and decision-making, and metacognition (that is, how we evaluate the accuracy of our thought processes). She is a Past President of the Canadian Society of Brain, Behaviour, and Cognitive Science, and Editor-in-Chief of the Journal *Thinking & Reasoning*. Her research program has been continuously funded by the Natural Sciences and Engineering Research Council of Canada since 1991.



Avis aux membres concernant les élections : changements consécutifs à la nouvelle *Loi canadienne sur les organisations à but non lucratif* et aux nouveaux règlements généraux de la SCP adoptés en juin 2013

Comme plusieurs d'entre vous se souviennent, les nouveaux règlements de la Société canadienne de psychologie (SCP), modifiés en conformité avec la nouvelle *Loi canadienne sur les organisations à but non lucratif* (Loi BNL), ont été adoptés lors de notre assemblée générale annuelle (AGA) tenue en juin 2013. Par la suite, la SCP a déposé les documents relatifs à la prorogation conformément à la Loi BNL. Dans l'intervalle, nous avons obtenu certaines clarifications de notre conseiller juridique au sujet des répercussions de la nouvelle Loi BNL sur notre procédure électorale. Deux changements majeurs affecteront la façon dont la SCP gèrera, jusqu'ici, ses élections.

Comme les membres le savent, nos élections se tiennent, depuis longtemps, au début de chaque année. À ce moment-là, les membres votent par correspondance au moyen d'un bulletin de vote ou par voie électronique. Les résultats de l'élection sont annoncés aux membres afin qu'ils les acceptent lors de l'assemblée générale annuelle, qui se tient en juin de chaque année. En vertu de la Loi BNL, cela ne sera plus permis, car toutes les élections doivent se tenir au cours d'une assemblée générale annuelle. Ce changement vise à permettre à tous les membres présents de proposer des candidatures sur place, durant l'AGA.

Pour nous, le problème qui se pose vient du fait que très peu de membres assistent à l'AGA. Nous ferons donc deux choses. Premièrement, nous organiserons un vote, et non une élection, au début de chaque année. Nous procéderons, comme d'habitude, à un appel de candidatures dans les numéros du printemps et de l'automne de *Psynopsis* et présenterons les candidats, comme cela se fait déjà, dans l'édition d'hiver de *Psynopsis*. Le vote se tiendra comme toujours en février, et suivant nos procédures d'élection habituelles. Les résultats du vote seront annoncés aux membres à la clôture du vote et à l'AGA, avant que les membres présents soient invités à élire les candidats. Ainsi,

les points de vue exprimés par un grand nombre de membres pourront orienter le choix des membres présents à l'AGA.

Deuxièmement, nous soumettrons aux membres une modification aux règlements généraux, à l'AGA de juin 2014, visant à permettre le vote par procuration. De cette façon, un membre pourrait autoriser un collègue à voter par procuration, en son nom, à l'AGA. Si toutefois un membre présent à l'AGA propose un candidat durant la séance (la nouvelle Loi BNL y autorise désormais les membres), le vote par procuration ne peut être comptabilisé, car il ne prend pas en compte toutes les candidatures. Les procédures de vote par procuration seront décrites au moment où sera présentée la motion et expliquées dans le détail dans les règlements de fonctionnement de la SCP.

Quant aux membres désignés ou élus par acclamation, nous devons procéder relativement différemment. Tous les postes élus par acclamation ou désignés seront présentés aux membres sur une liste. Un membre est élu par acclamation lorsqu'il est le seul à avoir été proposé pour un poste particulier. Les postes désignés sont réservés à des associations partenaires, qui nomment par la suite leur représentant. Le Conseil canadien des départements de psychologie (CCDP), le Conseil des départements de psychologie du Canada (CDDPC), le Conseil des sociétés professionnelles de psychologues (CSPP) et la Société canadienne pour le cerveau, le comportement et la science cognitive (SCCCSC) ont chacun un siège désigné au conseil d'administration de la SCP. La plupart du temps, les associations envoient leur président pour siéger au conseil. Si les membres veulent rejeter la liste de candidats, ils doivent en proposer une autre sur place pendant l'AGA, comme nous l'avons mentionné précédemment. Les membres font alors leur choix parmi les deux listes (ou plus, le cas échéant).

Une nouvelle membre du conseil d'administration de la SCP au Conseil canadien des départements de psychologie

Valerie Thompson est professeure de psychologie cognitive à l'Université de la Saskatchewan. Ses intérêts de recherche sont, notamment, le jugement intuitif, la pensée et la prise de décision, et la métacognition (c'est-à-dire, la façon dont les êtres humains évaluent l'exactitude de leurs processus cognitifs). Elle a été présidente de la Société canadienne pour le cerveau, le comportement et les sciences cognitives et est rédactrice en chef du *Journal Thinking and Reasoning*. Depuis 1991, son programme de recherche est financé par le Conseil de recherches en sciences naturelles et en génie du Canada.



SECOND CALL FOR NOMINATIONS FOR ELECTION TO THE STATUS OF FELLOW OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION 2014

The Committee on Fellows invites you to recognize the distinguished contributions of your colleagues by nominating them for consideration by the Committee. Nominees must be Members in good standing of the Association.

Any Member, except current members of the CPA Board of Directors, can be nominated for Fellow status. Members may not nominate themselves and current CPA Board members may not nominate. As noted in the By-Laws, there are three ways to achieve Fellow status: (1) distinguished contributions to the advancement of the science of psychology; (2) distinguished contributions to the advancement of the profession of psychology; and (3) exceptional service to national or provincial associations of psychologists.

Nominations must be made as follows:

Nominations must include a current curriculum vitae for the nominee and **at least three endorsing letters** written in the last calendar year by current Fellows or Members. Preferably, the nominators should be drawn

from three different institutions, with no more than one coming from the nominee's home institution.

The letters of nomination should be specific about the ways in which the nominee's research or practice has contributed to the advancement of the science or profession of psychology or as to ways the person's service to national or provincial associations of psychologists have been exceptional. In the case of nominations based upon accomplishments other than published theory or research, the specific innovative contributions and their impact on psychology should be described.

The letters of nomination should point out evidence of the quality of journals in which the nominee has published, awards received, etc. In the case of nominations based upon exceptional service to national or provincial associations of psychologists, the letters of nomination should point to the nature of the associations (e.g., nature of the associations, number of members, services they provide).

Normally, the nominee should have completed his or her post-secondary training 10

years prior to being nominated for Fellow status. Someone with less than 10 years experience following graduation, but more than 5 years of experience, could be elected Fellow if his or her contributions or services have been found by the Committee to be truly exceptional.

Nominations must be submitted preferably by email (in PDF format) **by NOVEMBER 30**, and must be accompanied by the nominee's curriculum vitae/resume, together with **supporting statements by at least three nominators**, to:

governance@cpa.ca

Dr. Jennifer Frain
Chair, CPA Committee
on Fellows and Awards

Canadian Psychological Association
141, Laurier Ave. West, Suite 702,
Ottawa, Ontario K1P 5J3

The list of CPA Fellows is available
on the CPA Web Site at

<http://www.cpa.ca/aboutcpa/cpaawards/fellows/>

RAPPEL DE MISES EN CANDIDATURE POUR LE TITRE DE FELLOW DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE POUR 2014

Le Comité des fellows vous invite à souligner la contribution de vos collègues en lui présentant leur candidature. Les candidats doivent être membres en règle de la Société.

Tous les membres, sauf les membres actuels du Conseil d'administration de la SCP, peuvent être mis en candidature au titre de fellow. Les membres ne peuvent pas se mettre eux-mêmes en candidature et les membres du Conseil d'administration actuels ne peuvent pas proposer de candidature. Comme il est indiqué dans le règlement, il y a trois façons d'obtenir le statut de fellow : 1) une contribution éclatante au développement scientifique de la psychologie; 2) une contribution éclatante au développement professionnel de la psychologie; et 3) un service exceptionnel aux associations nationales ou provinciales de psychologues.

Les mises en candidature doivent être faites de la façon suivante :

Les mises en candidature doivent inclure le curriculum vitae à jour de la personne en nomination et **au moins trois lettres d'appui** rédigées au cours de la dernière année civile par des fellows ou des membres actuels. Préféablement, les personnes qui font les mises en can-

didature devraient provenir de trois organismes différents, un seul au plus venant du même organisme que celui de la personne mise en candidature.

Les lettres de mise en candidature doivent être précises quant aux façons dont la recherche ou la pratique de la personne en nomination a contribué au développement scientifique ou professionnel de la psychologie ou aux façons dont le service de la personne à son association nationale ou provinciale de psychologues a été exceptionnel. Dans le cas de mises en candidature fondées sur des réalisations autres que de la théorie ou de la recherche publiée, les contributions novatrices précises et leur incidence sur la psychologie devraient être décrites.

Les lettres de mise en candidature devraient mettre en valeur la qualité des revues où la personne en nomination a publié, les prix qu'elle a reçus, etc. Dans le cas d'une mise en candidature fondée sur un service exceptionnel à son association nationale ou provinciale de psychologues, les lettres de mise en candidature devraient souligner la nature des associations (p. ex. la nature des associations, le nombre de membres, les services fournis, etc.).

Normalement, la personne mise en candidature devrait avoir terminé sa formation post-secondaire dix ans avant sa mise en candidature au titre de fellow. Une personne possédant moins de dix ans d'expérience après avoir obtenu son diplôme, mais plus de cinq années d'expériences, pourrait être élue fellow si sa contribution ou son service a été trouvé vraiment exceptionnel par le Comité.

Les mises en candidature doivent parvenir préféablement par courriel (en format PDF) au plus tard **LE 30 NOVEMBRE** et doivent être accompagnées du curriculum vitae du candidat ou de la candidate et **au moins trois lettres d'appui** à l'adresse suivante :

governance@cpa.ca

D^{re} Jennifer Frain

Présidente du Comité des fellows et des prix
Société canadienne de psychologie
141 avenue Laurier ouest, bureau 702,
Ottawa, Ontario K1P 5J3

Veuillez consulter la liste des fellows actuels
sur notre site web

<http://www.cpa.ca/aproposdelascp/prixdelascp/fellows/>



SECOND CALL FOR NOMINATIONS FOR PRESIDENT-ELECT AND ONE DIRECTOR ON THE CPA BOARD OF DIRECTORS FOR 2014

Nominations are required for President-elect and one section-nominated practitioner director who will assume office at the 2014 Annual General Meeting. The President-elect is nominated by all members as defined in By-Law 7.02. Please note that nominations President-elect require the support of five Members/Fellows.

INSTRUCTIONS FOR NOMINATIONS FOR PRESIDENT-ELECT

Members and Fellows of the Canadian Psychological Association are invited to nominate for the President-elect. Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. **It must be accompanied by a letter from the nominator and four letters of support** that states the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination.

The names and supporting materials of nominees must be received by **November 11, 2013** at CPA Head Office and should be sent preferably by email to:

governance@cpa.ca
Dr. Jennifer Frain
Chair, Nominating Committee
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

INSTRUCTIONS FOR NOMINATIONS FOR ONE SECTION-NOMINATED DESIGNATED PRACTITIONER DIRECTOR.

Designated Directors who are nominated by the Sections represent the three categories of Scientist, Scientist-Practitioner and Practitioner. For the 2014 elections, nominations are required for **one Practitioner seat**.

Any CPA Member or Fellow who is a member of a section(s) may submit a nomination(s) to any section(s) of which they are a member. The sections shall establish their own procedures for the consideration of nominations received from their members for designated board seats.

All sections are invited to submit nominations for the section-nominated designated position of **Practitioner**.

Practitioners are persons who indicate that their major professional activity involves service delivery, and whose CV's are judged by the nominating section to meet these criteria.

The submission of each nomination will include the written consent of the nominee, the curriculum vitae of the nominee, and a supporting letter from the nominator.

The name(s) of section nominee(s) for the designated director of practitioner position must be received at CPA Head Office by **November 11, 2013** and should be sent preferably by email to:

governance@cpa.ca
Ms. Dawn Hanson/Dr. Judi Malone
Co-Chairs, CPA Committee on Sections
Canadian Psychological Association
141 Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3

PRESENT BOARD REPRESENTATION

So that you may be aware of the present balance of the Board, its current voting membership is as follows:

President: Wolfgang Linden, University of British Columbia, Vancouver, BC: Clinical

Past-President: Jennifer Frain, New Directions for Children, Youth, Adults & Family, Winnipeg, MB

President-elect: Kerry Mothersill, Alberta Health Services, Calgary, AB: Clinical

Director retiring 2014

Practitioner: Dorothy Cotton, Kingston, ON: Neuropsychology, Criminal Justice System

Director retiring 2015

At-large reserved for a Francophone: Marie-Hélène Pelletier, Private Practice, Vancouver, BC

Director representing the CPA's Section on Students:

Justin Feeny, Doctoral Student, University of Western Ontario, ON: I/O

Directors retiring 2016

Scientist: John Meyer, University of Western Ontario, ON I/O

Scientist-Practitioner: Donald Saklofske, University of Western Ontario, ON: Clinical,

At-large reserved for a Masters level member: Dawn Hanson, Winnipeg, MB :Private Practice

At-large: Judi Malone, Athabaska University, AB :Health Psychology

Experimental Psychologist Conducting Basic Research:

Aimée Surprenant, Memorial University, NL

Director representing the Council of Canadian Departments of Psychology (CCDP):

Valerie Thompson, University of Saskatchewan, SK :Brain and Cognitive Science

RAPPEL DE MISES EN CANDIDATURE AU CONSEIL D'ADMINISTRATION DE LA SCP POUR UN POSTE DE PRÉSIDENT DÉSIGNÉ ET UN POSTE D'ADMINISTRATEUR POUR 2014

Des mises en candidature sont requises pour un poste de président désigné et un poste d'administrateur désigné praticien qui assumeront leur fonction lors de l'assemblée générale annuelle de 2014. Le président désigné est nommé par tous les membres comme le stipule le règlement 7.02. Les mises en candidature **doivent être appuyées par cinq membres ou fellows.**

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LE POSTE DE PRÉSIDENT DÉSIGNÉ

Les membres et fellows de la Société canadienne de psychologie sont invités à faire des mises en candidature pour le poste de président désigné. Chaque candidature devra être accompagnée du curriculum vitae du candidat et devra inclure ses antécédents en matière de formation, le(s) poste(s) qu'il occupe présentement et qu'il occupait auparavant ainsi qu'un résumé de ses activités professionnelles ou dans le domaine de la recherche. **La mise en candidature devra être également accompagnée d'une lettre du présentateur et quatre lettres d'appui** mentionnant le poste pour lequel ce candidat est nommé et, finalement, la mise en candidature devra renfermer une déclaration à l'effet que la personne nommée accepte de se porter candidate à l'élection.

Les mises en candidature pour le poste de président désigné accompagnées des pièces nécessaires pour appuyer ces candidatures devront être acheminées au plus tard le **11 novembre 2013**, préférablement par courriel, à l'adresse suivante :

governance@cpa.ca

D^{re} Jennifer Frain

Présidente du Comité des mises en candidature
Société canadienne de psychologie
141 avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5J3

DIRECTIVES POUR LES MISES EN CANDIDATURE POUR LE POSTE D'ADMINISTRATEUR DÉSIGNÉ PRATICIEN NOMMÉ PAR LES SECTIONS

Les administrateurs désignés nommés par les sections représentent les trois catégories de membres de la SCP : scientifique, scientifique praticien et praticien. Pour les élections de 2014, des candidatures pour un poste de praticien sont requises.

Tout membre ou fellow de la SCP qui est également membre d'une ou de plusieurs sections peut présenter une mise en candidature à la section (ou sections) dont il est membre. Les sections ont la responsabilité de déterminer leurs propres procédures pour examiner les mises en candidature reçues de leurs membres pour les postes désignés.

Toutes les Sections sont invitées à faire des mises en candidature pour le poste vacant de **praticien.**

Les **praticiens** sont des personnes qui ont indiqué la prestation de services comme principales activités professionnelles et dont le curriculum vitae est jugé conforme à ces critères par la section faisant la mise en candidature.

Chacune des sections doit faire parvenir le nom de leurs candidats aux postes d'administrateur désigné praticien au siège social **avant le 11 novembre 2013** préférablement par courriel à l'adresse suivante :

governance@cpa.ca

Mme Dawn Hanson/Dr Judi Malone
Coprésidentes du Comité sur les Sections
Société canadienne de psychologie
141, avenue Laurier ouest, bureau 702
Ottawa, Ontario K1P 5H3

COMPOSITION ACTUELLE DU CONSEIL D'ADMINISTRATION

Président : Wolfgang Linden, University of British Columbia, Vancouver, BC : Clinique

Présidente sortante : Jennifer Frain, New Directions for Children, Youth, Adults & Family, Winnipeg, MB

Président désigné : Kerry Mothersill, Alberta Health Services, Calgary, AB : Clinique

Administrateur dont le mandat se termine en 2014

Praticien: Dorothy Cotton, Kingston, ON : Neuropsychologie et justice pénale

Administrateurs dont le mandat se termine en 2015

Non-désigné réservé à un(e) psychologue francophone : Marie-Hélène Pelletier, pratique privée, Vancouver, CB

Administrateur représentant la Section des étudiants de la SCP :

Justin Feeney, Doctorant, University of Western Ontario, ON : Industrielle et organisationnelle

Administrateurs dont le mandat se termine en 2016

Scientifique : John Meyer, University of Western Ontario, ON : Industrielle et organisationnelle,

Scientifique-praticien : Donald Saklofske, University of Western Ontario, ON : Clinique

Non désigné réservé à un(e) psychologue détenant une maîtrise : Dawn Hanson, Winnipeg, MB : pratique privée

Non désigné : Judi Malone, Athabaska University, AB : Psychologie de la santé

Psychologue expérimentale menant de la recherche fondamentale : Aimée Surprenant, Memorial University, TN

Administrateur représentant le Conseil canadien des départements de psychologie (CCDP) : Valerie Thompson, University of Saskatchewan, SK : Cerveau et science cognitive

A Psychologist's Guide to Psychopharmacology

The Canadian Psychological Association is pleased to announce the launch of our latest professional development course, "A Psychologist's Guide to Psychopharmacology", through our new online multi-media learning partner, ScholarLab.

**For a limited time only,
CPA Members & Affiliates
Save \$30* off the price of registration!**

Use promo code: **CPD2013**

~~\$229~~ **\$199** CPA Members and Fellows
~~\$329~~ Non Members
~~\$99~~ **\$69** Student Affiliates
~~\$129~~ Student Non Affiliates

*Funds are in CAD. Taxes not included. \$30 off offer valid only until November 30th, 2013.



ABOUT THE COURSE:

- Taught by leaders in the field: Dr. David Nussbaum and Dr. Morgan Sammons
- Topics covered: neural transmission, pharmacodynamics, pharmacokinetics, and various classes of psychotropic medications
- Relevant whether you have never had any formal training in psychopharmacology, or are looking for a refresher
- Eligible for 10 CPA & APA approved CE credits

WHY TAKE THE COURSE:

- Learn at your own pace, anytime, anywhere
- The online learning platform keeps track of your progress, so you always start where you last left off
- Pause, go back, and fast-forward — view the content as often as you would like
- Keep your knowledge relevant and up-to-date

Check out the course website for more details, as well as to see a preview of the multi-media course content.

Visit cpa.scholarlab.ca today for a free preview of the course and to register!



CANADIAN PSYCHOLOGICAL ASSOCIATION
CONTINUING PROFESSIONAL DEVELOPMENT

FORMATION PROFESSIONNELLE CONTINUE
DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE



News from the Jurisdictions

*Andrea Piotrowski, Ph.D.,
Chair CPA Council of the Practice Directorate*

Meeting in Québec City

The Practice Directorate met in Quebec City following the CPA Convention. We welcome our newest delegates, Dr. Ted Altar (British Columbia) and Dr. Kiran Pure (Nova Scotia). We would also like to thank Dr. Anne Dietrich (British Columbia) and Ms. Lesley Hartman (Nova Scotia) for their contributions to the Practice Directorate.

The Practice Directorate was invited to attend a presentation by Dr. David Peachy, one of the authors of the Access Report commissioned by CPA. Following the presentation, the group participated in a workshop on Advocacy Training that was co-sponsored by CPA. These opportunities have surely provided the associations with the knowledge and skills to better advocate for an increase in access to psychological services in their own jurisdictions. We look forward to organizing future training opportunities for the members of the Practice Directorate that are relevant to advocacy efforts.

New Manager of the Practice Directorate

We are pleased to announce that Ms. Amy Barnard has accepted the position of Manager of the Practice Directorate. Ms. Barnard has completed a Bachelor of Arts degree in Psychology from the University of Victoria as well as Masters of Public Administration from Carleton University with a specialization in Public Management. She has over five years' experience working in the federal Government and in her most recent role within Health Canada she was the project manager for a large-scale,

pan-Canadian evaluation. Ms. Barnard has been busy providing support for the Practice Directorate as a whole (e.g., updating the website, campaigns) and for individual jurisdictions.

Summit on the need, supply and demand of Psychologists

The Practice Directorate delegates have been invited to participate in the Summit on the Need, Supply and Demand of Psychologists to be held in Ottawa on November 8 and 9, 2013. The Practice Directorate is represented on the Steering Committee for this Summit.

Psychology Campaigns

With the assistance of Dr. Karen Cohen and Mr. Tyler Stacey-Holmes, CPA has generously agreed to adapt Manitoba 'Mind Your Mental Health' campaign (www.mymh.ca) nationally. With the assistance of Mr. Stacey-Holmes, the adapted national campaign will include information specific to each jurisdiction. A soft launch of the campaign happened in August and a hard launch is scheduled for February 2014, to coincide with Psychology Month. In addition to the website, national print advertisements, t-shirts, and celebrity endorsements are being planned.

Independent campaigns have been developed by some associations, including the 'Solutions' campaign from the Ontario Psychological Association and a Psychotherapy campaign by L'Ordre des Psychologues du Québec (to be launched in September, 2013). For more information, please visit the associations' websites. A number of other jurisdictions are in the midst of planning for future campaigns.

75th Annual CPA Convention

CPA Call for Submissions for the 2014 Convention now online at www.cpa.ca/convention

The Convention Committee invites submissions to the Canadian Psychological Association 75th Annual Convention, Thursday, June 5 to Saturday, June 7, 2014 at the Hyatt Regency Vancouver, BC

Your completed submission must be received online by December 1, 2013.

75^e congrès de la SCP

Appel aux soumissions de la SCP pour le congrès 2014 maintenant disponible à l'adresse www.cpa.ca/congres

Le comité du congrès vous invite à présenter des propositions pour le 75^e Congrès annuel de la SCP qui aura lieu à l'hôtel Hyatt Regency Vancouver (Columbia-Britannique) du jeudi 5 juin au samedi 7 juin 2014.

Votre soumission doit être complétée en ligne au plus tard le 1 décembre 2013.



International Students in Canada: Some Pedagogical Implications

Gira Bhatt, Ph.D.

The Canadian Bureau of International Education (CBIE) reports that in 2010, Canada ranked 7th as the most popular destination for the world's international students. The other popular destinations were USA, UK, France, China, Australia, and Germany. *Citizenship and Immigration Canada 2012 Facts and Figures* indicates that currently there are 265,404 international students who have arrived from 201 countries from across the world. The top source countries of Canada's international students are China, India, Korea, France, US, and Saudi Arabia. A vast majority of these students; 82%, choose to study in Ontario (41.9%), BC (25.7%) and Quebec (14.4%). About 43% of the total international students in Canada are at the post-secondary level.

The number of Canada's international students has been growing steadily over the past decade. The year 2013 was a record breaking year of the new intake of international students; over 100,000 which marked an increase of 60% from the year 2004. It is estimated that at this growth rate, by 2015 we should anticipate over 350,000 international students in classrooms across Canada. The implication is that the student population at our universities and other post-secondary institutions is becoming increasingly international. At UBC, for example, of the total 57,000 students, one in six is an international student

While recognizing the multiple positive outcomes of bringing international students into Canada, the economic gain certainly remains salient. It is estimated that international students spend about \$7.7 billion in tuitions, accommodations, and discretionary spending, and in terms of the government revenues; they contribute about \$445 million. The Advisory Panel on Canada's International Education Strategy recommended in its report released in August 2012 that by 2022, Canada's government should aim to double its international student intake.

Given this trend, our classrooms across education institutions will continue to see an increase in the young, upwardly mobile international students with very diverse national, social, cultural, and linguistic backgrounds. With the steady growth of international students on our campuses, psychology classes will likely see a fair portion of these students. Since psychology courses complement many career courses (e.g., business, law, medicine, management, public relations, communications), it is to be expected that the presence of international students in our class-

rooms will remain significant. Making these courses relevant to the international newcomers is therefore vital.

Adding the international newcomers to our classrooms, which already have culturally diverse immigrant-resident student population, will make the shift in the pedagogy an absolute necessity. Importantly, the shift will be twofold on how learning strategies and outcomes may be determined. One, it will be critical to find ways to make the course content relevant to the psychological world of the international students in our classrooms. Secondly, it will be just as critical to create a certain awareness and openness among the local Canadian students about the larger world that exists not only outside the classroom, but also about the world that is represented in a microcosm in their own classroom.

Adapting and modifying the curriculum and course content is but one of the many changes needed to internationalize a classroom. Although some courses; e.g., social psychology, cross-cultural and cultural psychology, adolescent psychology, may seem more amenable to inclusion of international and cross-cultural research content, other courses (e.g., cognition, memory, neuropsychology) may seem less so. However, courses deemed relatively hard core are not necessarily devoid of international and cross-cultural

research. Illustrations as well as research on a range of neurological, cognitive, and affective processes reflecting cultural diversity are now well-documented and available for classroom teaching.

Another major implication for an internationalized classroom pertains to the teaching-learning environment including the tools and techniques of course delivery. There are many approaches to impart psychological knowledge to both local and international students in ways that has global and cross-cultural relevance. Critical thinking tasks, questioning current knowledge, group projects, class discipline protocol etc. need to be tailored so that they do not benefit one group of students while putting other groups at a disadvantage. Also, encouraging everyone including the instructor to make efforts to pronounce and spell the names of each other correctly would go a long way. Fostering familiarity with the unfamiliar would require some innovative approaches.

Creating a classroom where a global village is represented requires a climate that facilitates effective knowledge gathering, positive interactions and harmonious relations among all -just as we would envision our larger ideal world.

Since psychology courses complement many career courses (e.g., business, law, medicine, management, public relations, communications), it is to be expected that the presence of international students in our classrooms will remain significant.

Environmental Psychology 2013 Robert Sommer Award for Best Student Paper

Jennifer A. Veitch, Ph.D., Past Chair, Environmental Section

At the Quebec convention, the Section on Environmental Psychology awarded the third annual Robert Sommer Award for Best Student Paper in Environmental Psychology to Ph.D. student Maxine Crawford of the University of British Columbia - Okanagan for a paper titled "Effect of exposure to nature on subsequent stress, as moderated by personality and connectedness to nature". Here is a short summary of the paper:



Research indicates that exposure to nature following a stressful event can reduce the stress evoked by that event. However, research has largely ignored the possibility that exposure to nature may prevent or reduce the effects of a subsequent stressor. Moderated multiple regression was used to assess whether personality and connectedness to nature moderate the inoculative effects of virtual nature and urban exposure on subsequent emotional stress. Participants completed self-report measures and took their own heart rate and blood pressure before and after watching one of three videos, and also before and after viewing emotionally negative pictures. Individuals high in neuroticism had a significant reduction in positive affect when exposed to virtual urban videos, and individuals high in openness had a significant reduction in diastolic blood pressure when exposed to a virtual nature video. Significant findings were found for the personality traits of openness and neuroticism. The findings suggest that exposure to virtual nature may have inoculative benefits to subsequent stress, but future research on duration of exposure, exposure to real nature, and exposure to various stressors is necessary to define under what circumstances inoculative effects take place.

The award commemorates the role of psychologist Robert Sommer in the creation of the field with his research at the Saskatchewan Hospital in Weyburn in the 1950s, which was described in the landmark book *Personal Space: The Behavioral Basis of Design*. Robert Sommer's amazingly prolific body of work covers many topics, but the common theme has always involved staying close to the real world and trying to make a difference in what he sees around him.

The award is judged by an independent panel of three reviewers based on extended abstracts of original research in environmental psychology for which the first author is an undergraduate or graduate student. The work need not have been presented at a CPA convention, and the student need not be a member of the Section on Environmental Psychology. This year's review panel included Lorraine Lavalée, Jennifer Veitch, and Charlotte Young. Recipients receive a certificate and a cheque for \$300.

Students, watch for the call for the 2014 Robert Sommer Award competition, with dates and submission information to be announced in December.

Section on Women & Psychology Annual Student Awards

E.B. Brownlie, Ph.D., Student Awards Coordinator, Section for Women and Psychology.

The Section on Women and Psychology (SWAP) is pleased to announce that **Sara Crann** is the 2013 winner of the SWAP Student Paper Award. The winning paper, entitled "**The Experience of Resilience for Survivors of Intimate Partner Violence: A Phenomenological Inquiry**", was presented at the 2013 CPA annual convention. Ms. Crann is a graduate student in the Applied Social Psychology program in the Psychology Department at the University of Guelph, supervised by Dr. Paula Barata, who co-authored the paper. The \$500 award was presented to Ms. Crann at the SWAP annual business meeting at the SWAP convention.



Due to the large number of high quality applications, a Student Paper First Runner Up award (\$300) was also awarded to Sachiko Nagasawa, Lianne Trachenberg and Fiona Downie (University of Toronto). Their paper, "*Embodied Journeys of Older Women: Body as a Physical Site*" was co-authored by supervisor Dr. Niva Piran.

SWAP also awards \$250 travel bursaries to students presenting papers or posters particularly relevant to women and/or feminism at the CPA convention or a SWAP-sponsored pre-conference Institute. The 2013 travel bursary winners are Taslim Alani (Lakehead University), Sandra Dixon (University of Calgary), Jessica McCutcheon (University of Saskatchewan), Hillary McBride (Trinity Western University), Brianna O'Neil (University of Windsor), Emily Polak (University of British Columbia), and Courtney Williston (University of Windsor).



IN MEMORIAM

Lori M. Secouler-Beaudry

It is with profound sorrow that we announce the passing of Lori Secouler-Beaudry, Ph.D., Registered Psychologist, 70, of Chéticamp, Cape Breton, Nova Scotia. Lori passed away on the afternoon of June 18, 2013 at the Sacred Heart Community Health Centre in Chéticamp after a brief battle with metastatic cervical cancer. Born on November 7, 1942 and originally from Philadelphia, Lori was the daughter of Solomon Musican and the late Betty (Getz) Finkelstein and second cousin to legendary saxophonist Stan Getz. Lori received her Bachelor's (Cum Laude) and Master's degrees in Cultural Anthropology from Temple University and her Doctorate in Psychology from Union Institute in Cincinnati, Ohio. Lori fell in love with the Highlands of Cape Breton and husband, Roger Beaudry, during a visit to Nova Scotia in the late 1990s. She decided to leave her home in Philadelphia and settle in Nova Scotia with Roger, first in Halifax and later in Chéticamp. Lori was an accomplished Psychologist; a practicing clinician and published author with articles in several publications and journals. Lori was also a well-loved and respected Psychology professor at Saint Mary's University. Among her other professional activities, Lori acted as a Doctoral committee member for Union Institute, as Managing Director of a Geriatric Centre, and supervised NSBEP Candidates as well as Honours students at Saint Mary's University. In addition to her accomplishments in Psychology, Lori was a Gulf Aquarium and Marine Station Cooperative (GAMS) board member and a talented and accomplished photographer and visual artist. Lori leaves behind her grieving husband Roger, sons, Ian Anthony Secouler and Adam Craig Secouler, and her beagle-mix Pumpkin-Anne. Lori will also be fondly remembered and sorely missed by her students, supervisees, friends and colleagues in the Psychology community. Lori's ashes were scattered over the shoreline of Petit Etang beach, at the foot of her beloved Highlands of Cape Breton national park as part of a small ceremony attended by family, friends and colleagues on Saturday, July 13, 2013 with Eulogy and reading of the Mourner's Prayer (Yiskor/Kaddish) by husband Roger Beaudry.

Lori Secouler-Beaudry
 November 7, 1942 - June 18, 2013
 27 Cheshvan 5703 - 11 Tamuz, 5773

The Canadian Psychological Association (CPA) is pleased to announce the release of a new edition of *Psychology and Public Policy: A Government Relations Guide for Psychologists*. This updated guide is designed to encourage psychologists toward greater political participation and provides the basic tools and guidance needed for bringing issues forward to government. This new version includes expanded appendices with the tools you will need to craft letters and meet with elected representatives.

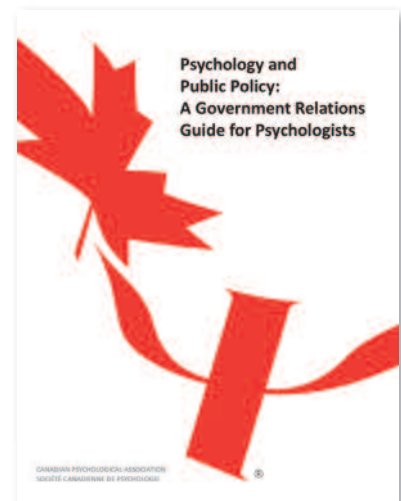
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Call for Nominations

for a Canadian Delegate To the General Assembly of the International Union of Psychological Science

The Canadian Psychological Association (CPA) is responsible for managing Canada's membership in the International Union of Psychological Science (www.iupsys.org). IUPsyS is the international body dedicated to the advancement of psychology as a basic and applied science around the world. The Canadian National Committee for IUPsyS (CNC/IUPsyS) is the CPA committee charged with the work.

Among the members of the CNC/IUPsyS are two delegates to the General Assembly of IUPsyS. These are the individuals who attend the formal meetings of IUPsyS (held every two years) and who vote for Canada at these meetings. CPA and the National Research Council of Canada contribute to the travel costs for the delegates to attend these meetings. The next meeting will take place in Paris, France, in July 2014 (in conjunction with the International Congress of Applied Psychology).

Each delegate holds the position for an 8-year term (or four General Assembly meetings). At this time, we seek nominations for ONE delegate, to serve a term from 2014-2022.

Nominees must be Members/Fellows in good standing of CPA. Preference will be given to psychologists who have been involved in national or international organizations in psychology and whose major professional activity involves research and teaching, and whose CVs are judged by the CNC/IUPsyS to meet these criteria.

The name of the preferred nominee will be submitted to the CPA Board of Directors for approval and appointment. The term will begin at the CPA Convention in 2014.

Each nomination shall consist of:

- a letter from the nominator that states the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate's willingness to stand for nomination;
- a current curriculum vitae of the candidate (including educational background, present and former positions, research and professional activities, organization membership and involvement, and international congress participation); and
- two supporting letters from individuals familiar with the nominee's contributions.

The deadline to submit nominations is December 31, 2013. For more information, or to submit nominations and supporting documents, send an e-mail to the Chair of the CNC/IUPsyS, Jennifer Veitch, at jennifer.veitch@nrc-cnrc.gc.ca.

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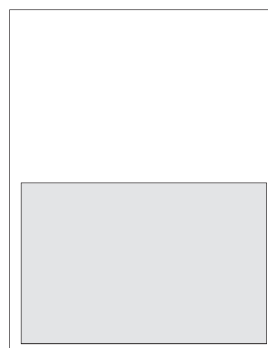
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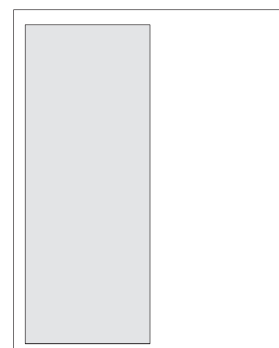
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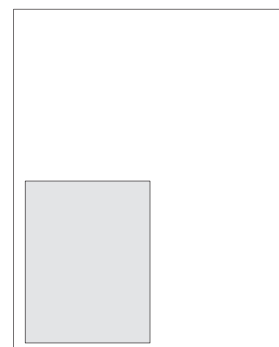
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Applicants should submit a curriculum vitae, a statement of research interests and teaching experience (including teaching ratings, if available), copies of representative publications, and arrange to have 3 letters of recommendation sent to: Dr. Albert Katz, Chair, Department of Psychology, The University of Western Ontario, London, Ontario, Canada N6A 5C2. Please ensure that the form available at: <http://www.uwo.ca/facultyrelations/faculty/Application-FullTime-Faculty-Position-Form.pdf> is completed and included in your application submission. Consideration of applications will commence on September 15, 2013 and will continue until the position is filled.

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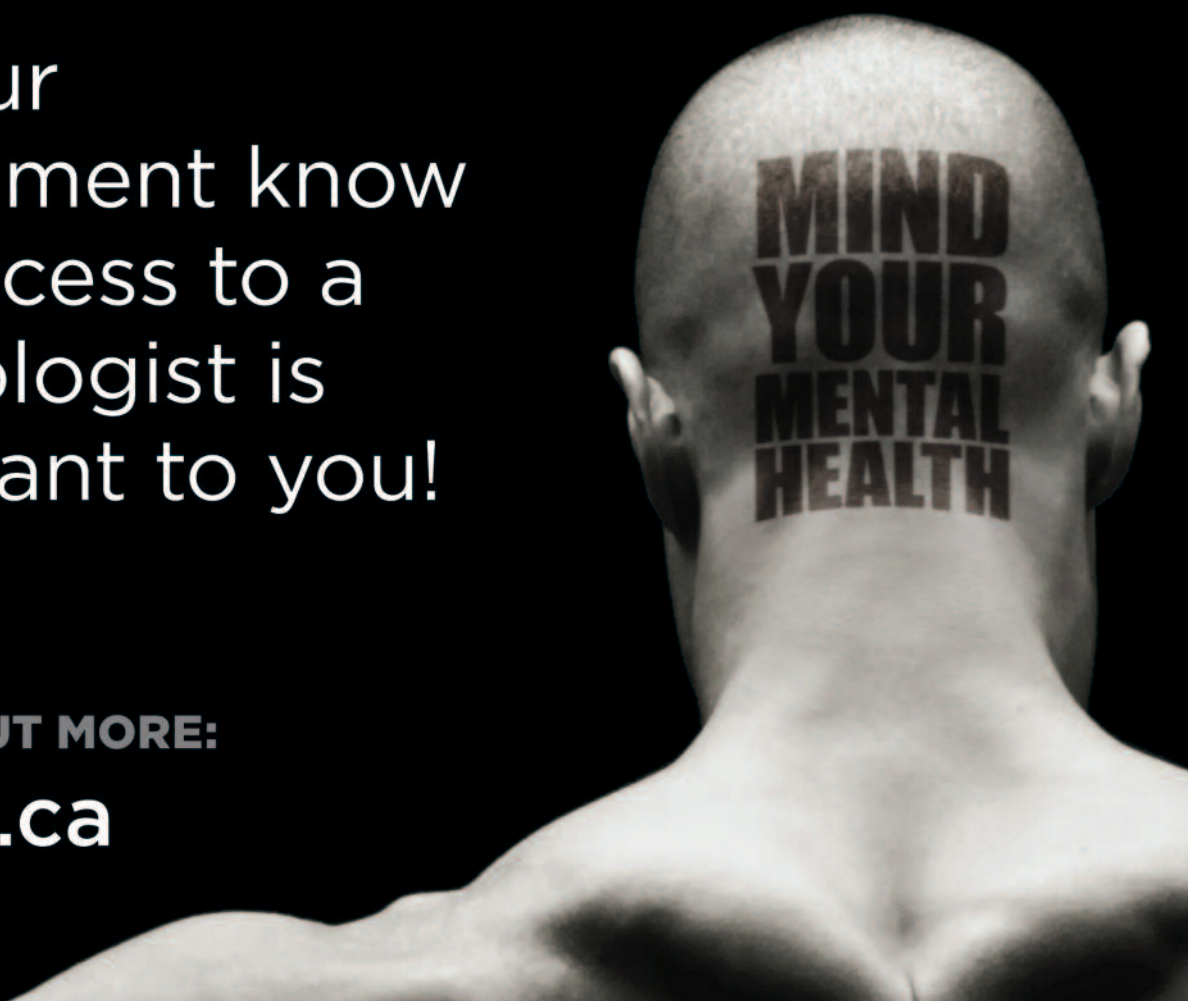
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Maya Roth, Ph.D., C.Psych., Michele Boivin, Ph.D., C.Psych., Chris Enns MSW, RSW, Soledad Iucci, Ph.D., and Cindy Letts, Ph.D., L.Psych.

References

Foa, E.B., Hembree, E.A., & Rothbaum, B.O. (2007). *Prolonged Exposure Therapy for PTSD: Therapist Guide*. New York, NY: Oxford University Press.

Institute of Medicine. (2007). *Treatment of PTSD: An assessment of the evidence*. Washington, DC: National Academies Press.

Cahill, S.P., Foa, E.B., Hembree, E.A., Marshall, R.D., & Nacasch, N. (2006). Dissemination of Exposure Therapy in the Treatment of Posttraumatic Stress Disorder. *Journal of Traumatic Stress, 19*(5), 597-610.

Richardson, J.D., St. Cyr, K.C., McIntyre-Smith, A.M., Haslam, D., Elhai, J.D., & Sareen, J. (2012). Examining the association between psychiatric illness and suicidal ideation in a sample of treatment-seeking Canadian peacekeeping and combat veterans with posttraumatic stress disorder PTSD. *Canadian Journal of Psychiatry, 57*, 496-504.

Boivin, M., & Bailliu, A. (2012, November). *Predictors of Prolonged Exposure outcome and factors affecting PE utilization*. Oral presentation to be presented at the Annual Forum of the Canadian Institute of Military and Veteran Health Research: Kingston, ON.

References

¹ Litz, B.T. et al. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695-706.

² Foa, E.B., Hearst, D.E., Dancu, C.V., Hembree, E.A., & Jaycox, L.H (1994). *Prolonged exposure (PE) manual*. Unpublished manuscript, Medical College of Pennsylvania, Eastern Pennsylvania Psychiatric Institute.

³ Resick, P.A., Monson, C.M., & Chard, K.M. (2006). *Cognitive processing therapy treatment manual: Veteran/military version*. Boston, MA: Veterans Administration.

⁴ Litz, B.T. et al. (2012). Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members With Combat-Related Psychological Stress Injuries. *Behavior Therapy, 43*, 407-415.

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Treating Military-Related Posttraumatic Stress Disorder: Restoring Hope and Dignity for our Canadian Soldiers

Maya Roth Ph.D., C.Psych., Shannon Gifford Ph.D., C.Psych., Alexandra McIntyre-Smith Ph.D., C.Psych. & Charles Nelson Ph.D., C.Psych. – St. Joseph’s Parkwood Hospital Operational Stress Injury (OSI) Clinic, London, Ontario

References

¹ Litz, B.T. et al. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695-706.

² Foa, E.B., Hearst, D.E., Dancu, C.V., Hembree, E.A., & Jaycox, L.H (1994). *Prolonged exposure (PE) manual*. Unpublished manuscript, Medical College of Pennsylvania, Eastern Pennsylvania Psychiatric Institute.

[Return to article](#)

³ Resick, P.A., Monson, C.M., & Chard, K.M. (2006). *Cognitive processing therapy treatment manual: Veteran/military version*. Boston, MA: Veterans Administration.

⁴ Litz, B.T. et al. (2012). Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members With Combat-Related Psychological Stress Injuries. *Behavior Therapy, 43*, 407-415.

Thriving after trauma: Posttraumatic growth and the military experience

L'épanouissement suite à un traumatisme: La croissance post-traumatique chez les militaires

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References

[1] Janoff-Bulman, R. (2006). Schema-change perspectives on post-traumatic growth. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.

[2] Calhoun, L. G., Cann, A., & Tedeschi, R. G. (2010). The posttraumatic growth model: Socio-cultural considerations. In T. Weiss & R. Berger (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe*. New York, NY: Wiley.

[3] Smith, S. (2013). Could Comprehensive Soldier Fitness have iatrogenic consequences? A commentary. *The Journal of Behavioral Health Services & Research, 40*(2), 242-246. doi: 10.1007/s11414-012-9302-2

[4] Tedeschi, R. G., & McNally, R. J. (2011). Can we facilitate post-traumatic growth in combat veterans? *American Psychologist, 66*(1), 19-24.

[Return to article](#)

What Doesn't Kill Us: Personality, Individual Differences, and Veteran Recovery from Guilt and Self-Blame

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Bryan, C. J., Morrow, C. E., Etienne, N., & Ray Sannerud, B. (2013). Guilt, shame, and suicidal ideation in a military outpatient clinical sample. *Depression and Anxiety, 30*(1), 55-60.

Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review, 29*(8), 707-714.

[Return to article](#)



Mindfulness for Operational Stress Injuries: rationale and adaptations of a mindfulness program

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References

Grenier, S., Darte, K., Heber, A., & Richardson, D. (2011). The operational stress injury social support program: a peer support program in collaboration between the Canadian Forces and Veterans Affairs Canada. In C. R. Figley & W. Nash (Eds.), *Combat stress injury theory research and management* (pp. 261-294). New York: Routledge.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2012). Association of participation in a mindfulness program with measures of PTSD, depression and quality of life in a veteran sample. *Journal of Clinical Psychology*, 68(1), 101-116.

Bedard, M., Felteau, M., Gibbons, C., Klein, R., Mazmanian, D., Fedyk, K., & Mack, G. (2005). A Mindfulness-Based Intervention to improve quality of life among individuals who sustained traumatic brain injuries: one-year follow-up. *Journal of Cognitive Rehabilitation*, 23(1), 8-13.

Cassidy, E. L., Atherton, R. J., Robertson, N., Walsh, D. A., & Gillett, R. (2012). Mindfulness, functioning and catastrophizing after multidisciplinary pain management for chronic low back pain. *Pain*, 153(3), 644-650.

Corcoran, K. M., Farb, N., Anderson, A., & Segal, Z. V. (2010). Mindfulness and emotion regulation: outcomes and possible mediating mechanisms. In A. M. Kring & D. M. Sloan (Eds.), *Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment* (pp. 339-355). New York: Guilford Press.

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Treating chronic pain in a military population . . . when it hurts too much to attend a session

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References

Kerns, R.D., Otis, J., Rosenberg, R., & Reid, M.C. (2003). Veterans' concerns about pain and their associations with the ratings of health, health risk behaviors, affective distress, and use of the healthcare system. *Journal of Rehabilitation Research & Development*, 40, 371-380.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY, US: Guilford Press.

McCracken, L. M. (2005). Social context and acceptance of chronic pain: The role of solicitous and punishing responses. *Pain*, 113(1-2), 155-159.

Roemer L, & Orsillo SM. (2009). *Mindfulness-and acceptance-based behavioral therapies in practice*. New York: Guilford Press.

McCracken, L. M., Vowles, K. E., Gregg, J., & Almada, P. (2010). Acceptance and mindfulness as processes of change in medical populations. In R. A. Baer (Ed.), *Assessing mindfulness and acceptance*

processes in clients: Illuminating the theory and practice of change. (pp. 252-280). Oakland, CA, US: Context Press/New Harbinger Publications.

McCracken, L. M., & Zhao-O'Brien, J. (2010). General psychological acceptance and chronic pain: There is more to accept than the pain itself. *European Journal of Pain*, 14(2), 170-175.

Vowles, K. E., & McCracken, L. M. (2008). Acceptance and Values-Based Action in Chronic Pain: A Study of Treatment Effectiveness and Process. *Journal of Consulting and Clinical Psychology*, 76, (3), 397-407.

Tkachuk, G., Simister, H., Bailly, M., Skrabek, R., & Shay, B. (2012) Multi-Disciplinary Acceptance Based Behavioral Treatment for Fibromyalgia. Poster presented at the International Association for the Study of Pain 14th World Congress on Pain conference, Milan, Italy. (August 27-31, 2012).

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Educating the public: The role of graduate students

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References

Mills, K. I. (2009). Getting beyond the couch: How does the general public view the science of psychology? *Monitor*, 40, 28. Retrieved from <http://www.apa.org/monitor/2009/03/public.aspx>

1 For further details see their YouTube Site (<https://www.youtube.com/user/MindTheGAPRyerson>) or follow them on Twitter (@MindTheGapRye)

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