



Canadian Council of Professional Psychology Programs
Conseil canadien des programmes de psychologie professionnelle

CCPPP NEWSLETTER

Join us for the once-in-a decade Joint Conference of Training Councils in Psychology “Assuring Competence in the Next Generation of Psychologists”, 10 -13 February 2010, Walt Disney World Hilton, Orlando, Florida! Full details inside.

2009-2010 Executive


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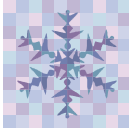
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President's Message

Dr. Josephine Tan

I would like to extend a warm welcome to three new board members to our 2009-2010 Executive Council: Dr. Ian R. Nicholson (President-Elect), Dr. Douglas French (Member-at-Large), and Ms. Theresa Dever Fitzgerald (Student Representative). We would also like to acknowledge the departure of Dr. Nancy Link, Dr. Andrew Starzowski, and Ms. Robin Moszkowski, following the completion of their term on the Executive.

Drs. Link and Starzowski (2006-2009 Members-at-Large) made several substantial contributions to our organization that included reviewing of nominations for the annual CCPPP Award of Excellence and applications for CCPPP membership, and presentation at the 2009 CCPPP preconference workshop. Dr. Link also contributed to issues relating to the definition of supervision that was being looked into by the CPA CoA, and strategies to reduce competition for clinical hours among students. She also presented in workshop on excellence in internship training at last year's CPA convention. Dr. Starzowski was our liaison with the CPA Counseling Section, CPA Criminal Justice section and CPAP, and shared information with CCPPP membership via liaison reports. Ms. Moszkowski (2007-2009 Student Representative) was very effective as a representative of the students and brought issues for discussion to our meetings. She also assisted us with the surveys among the students to find out their needs and concerns and was one of the presenters at the CCPPP 2009 preconference workshop. We are very pleased to note that Dr. Sandra Clark (2008-2009 Past President) was open to continuing serving on the Executive Council and was elected to the Member-at-Large position at our 2009 Annual General Meeting. Her presence will help to ensure continuity on the Executive.

For our 2010 preconvention workshop, we are delighted that Dr. Elizabeth Church from Mount Saint Vincent University will be presenting on the issue of competency in supervision (please see details on page 4). Several of our members have identified this skills area as one on which they wish to have more information and training. Supervision is recognized as a foundational competency area for professional psychology and is included as part of the training requirements for CPA accredited programs under Standard II.F.3.vi in the Draft Revision of the Accreditation

Standards and Procedures for Doctoral Programs and Internships in Professional Psychology 2009 (for more info, please visit http://www.cpa.ca/cpasite/userfiles/Documents/Accreditation/Accreditation_2009.pdf). Members are reminded that CPA will accept feedback on the draft document until 15th January 2009.

One matter that has been occupying the CCPPP Executive Council's time to a significant extent is the 2010 Joint Conference of Training Councils in Psychology that will be held on 10-13 February in Orlando, Florida (see page 8 for more details). This joint meeting is shaping up to be an incredible convention where the membership from 10 training councils from the Canada and the United States will converge on one location, all with a common goal: to ensure competency not only in ourselves or also in the next generation of professional psychologists.

Please consider joining us at the 2010 joint meeting in Orlando. This will be an opportunity for you and in some cases, for your family as well, to get a break from the winter. We would like to acknowledge the hard work that Dr. Nicola Wright has been putting into the organization of the joint meeting on our behalf. She has been contributing to the development of the meeting webpage (please see <http://www.psychtrainingcouncils.org/Event2010/index.html>) and continues to look after other logistical details of the meeting as we count down to February 2010.

We will be looking to fill the position of the President-Elect at our next AGM that will be held just before the 2010 CPA convention in Winnipeg. We welcome nominations anytime before or during the AGM. Please forward them to me at jt@lakeheadu.ca, and do feel free to contact me or any member of the Executive for more information.



Notice of 2010 Annual General Meeting

The Annual General Meeting of the CCPPP will be held from 3:00 p.m. to 5:00 p.m. on June 2, 2010, at the Canadian Psychological Association Convention in Winnipeg, Manitoba. This meeting follows the CCPPP Preconvention Workshop entitled, *Competent to Supervise? How We Can Prepare Students for Supervision*. Please submit agenda items to: jt@lakeheadu.ca.



**2010 CCPPP
Pre-convention Workshop
June 2, 2010
Winnipeg, Manitoba**

Dr. Ian R. Nicholson, President-Elect

***COMPETENT TO SUPERVISE? HOW WE CAN
PREPARE STUDENTS FOR SUPERVISION***

Presenter:

**Dr. Elizabeth Church
Mount Saint Vincent University**

The Canadian Council of Professional Psychology Programs (CCPPP) is pleased to sponsor this pre-convention workshop at this year's CPA Annual Convention in Winnipeg on the important topic of competence in supervision. Supervision is one of psychologists' most frequent activities and has increasingly been recognized as an essential competence for professional psychologists. Yet, most Canadian psychologists have received little or no formal instruction and training in how to supervise, and many Canadian psychology programs and internships are grappling with how to incorporate training in supervision. In this workshop, participants will learn about the knowledge base, skills, and attitudes that are required for competence in supervision and will be presented with models for developing and evaluating competence in supervision. Participants will have the opportunity to identify current barriers to training in supervision, as well as some strategies for integrating this training into already demanding programs and internships. The workshop will also engage participants in a discussion about how to articulate a framework for training in supervision that might help move our profession towards Canadian standards for competence in supervision.

Our speaker and facilitator for the day will be Dr. Elizabeth Church, Professor and Program Head of School Psychology at Mount Saint Vincent University in Halifax. Until 2003, she was the Training Director of a CPA- accredited pre-doctoral internship at Memorial University of Newfoundland, where she also taught in the Faculty of Medicine and Women's Studies. Dr. Church has extensive experience in supervision, having supervised candidates for registration and masters and doctoral students from clinical, counseling, and school psychology programs across

Canada and the United States for over 20 years. She has presented many workshops on different aspects of supervision. She currently co-chairs the CPA Task Force on Supply and Demand of Psychology and was the CPA Chair of the Education and Training Committee while she served on the CPA Board of Directors 2005-2008.

The workshop is open to anyone who is interested in professional training, such as training directors, supervisors, students, faculty, administrators, and legislators. **The CCPPP highly values the participation of students and would like to especially encourage them to attend.** The workshop represents a professional development opportunity and participants will be awarded CPA Continuing Education credits. The workshop will run from 9:00-2:30 and will include lunch and health breaks in the registration costs. The CCPPP annual general meeting will follow from 3:00-5:00 and is open to everyone. Registration is required only for the workshop



Highlights of the 2009 AGM

Dr. Josephine Tan, President

The annual general meeting was held on June 10th in Montreal. It was attended by 39 individuals of whom 29 were CCPPP members, representing approximately 39% of the membership. The Past President (Dr. Sandra Clark), two Members-at-Large (Dr. Nancy Link and Dr. Andrew Starzomski), and the Student Representative (Ms. Robin Moszkowski) stepped down from their respective Executive positions having completed their term. Dr. Ian R. Nicholson was nominated for the President-Elect position, and Drs. Sandra Clark and Douglas French for the two Member-at-Large positions. All three nominees were approved by the membership to their respective roles. Ms. Moszkowski very kindly agreed to stay on temporarily as the Student Representative on the Executive Council until we could find a successor to her position in the near future.

Dr. Wright gave the President's report which was also published in the May 2009 CCPPP Newsletter, and went over some highlights in the report. She thanked the members and the Executive for their contributions to CCPPP over the past year and mentioned Dr. Josephine Tan's intention to look into short-term and 5-year planning for CCPPP which might include a review of policies and procedures and the archiving of some of our records. The 2008 financial statement was reviewed with no discussion. The 2009 financial statement was reviewed and discussed particularly with respect to the cost of the 2010 mid-winter meeting which will be held during the joint conference of

training councils in psychology in Orlando. The budget was tabled and then discussed again at the end of the AGM. Financial support for the Student Representative on the Executive needs to be worked into the budget. It was approved by the membership with the agreement that Dr. Rebecca Mills would distribute a revised budget to the members by September 15th 2009.

Dr. Wright provided some information on the February 2010 joint conference of the training council in psychology. CCPPP contributed to the conference in the form of its website development. All CCPPP members were encouraged to attend. Student and training issues will be featured.

CCPPP membership stood at 75 members (34 academic and 41 internship programs). Two programs had withdrawn and four programs joined as new members. The CCPPP would like to recruit more francophone members. There was a brief discussion on recruitment strategies and a general consensus that it would be positive to have a francophone member on the Executive if possible. Work on overhauling the CCPPP website has begun.

Discussion on training matters focused on the possibility of coordinating internship interviews geographically and using tele- or video-conferencing to reduce costs for the applicants, professional/personal balance in training, the clarification of number of clinical hours needed to be competitive for internships versus quality with a balance of breadth and depth, and the definition of supervision as per the CPA accreditation standards which might be too restrictive. The 2009 CCPPP Award of Excellence in Professional Training was awarded to Dr. John Fisk from Halifax. Congratulations are extended to Dr. Frisk.



Highlights of the 2009 CCPPP Pre-convention Workshop

Dr. Josephine Tan, President

The 2009 preconference workshop entitled *Professional Training Issues: Challenges, Conundrums, and Constructive Solutions* was held on 10 June 2009 at the Fairmont Hotel in Montreal, Quebec. It was attended by 47 people. The workshop was presented by the 2008-2009 CCPPP Executive Council and covered three issues that had been identified as important by the 2008 preconference workshop attendees. The first topic, *Competency and Benchmarks*, focused on the definition, development, and evaluation of competency areas. The second topic *Student Issues* examined the topics/challenges faced by students and

training programs, as well as the students' evolving needs. The third topic, *Supply/Demand and Mobility Issues* examined the imbalance between the supply and demand for accredited internship training sites.

The workshop adopted a format that allowed the workshop attendees to participate actively and interact with one another. Following each topic presentation by members of the Executive, the attendees broke out into small group discussions. Each group then shared with the others a summary of its discussion. At the end of the workshop, an integrated discussion ensued in which general themes were derived. This article provides a summary of the feedback from the groups for each topic area, followed by an integrated summary in which general themes from the workshop were developed jointly by the workshop attendees.

COMPETENCY AND BENCHMARKS (Presenters: Drs. Sandra Clark, Rebecca Mills and Don Saklofske) - Report submitted by Dr. Saklofske.

Overview of Competency. While competency is a frequently heard descriptor in psychology linked with training, internship, and post degree and registration practice, it is important to make explicit the benchmarks that would allow for the determination and assessment of competency. The presentation began with a general definition offered by Epstein and Hundert (2002) and highlighted the nature of competency in relation to development, context, ethics, and public verification. It was agreed that competency was not a vague abstraction but rather is derived by experts and verifiable by the public; i.e., competencies are observable, measurable, practical, and flexible. A brief overview of the CPA accreditation standards together with the MRA core competencies (intrapersonal relationships, assessment and evaluation, intervention and consultation, research, ethics and standards, supervision) is further elaborated by the BEA benchmarks focusing on the foundational and functional competencies. This background led to the following discussion summarized around three broad headings related to a student's readiness for practicums, internship, and entry into practice.

Developmental model. There was general agreement that a developmental model of competency, such as the Dreyfus model of skill acquisition, would be useful. General and foundational areas of skills are critical at the beginning of training, and some areas of competency could be acquired later, including at the post-doctoral level. Functional and foundational knowledge are equally important and training/teaching clinics in academic settings would be useful, and confidence needs to be built into the training. Diversity and multicultural issues need to be

included as part of the competencies although it might be difficult for the supervisors to implement. Academic programs are different and it is not easy for all internship sites to provide identical training for students from different programs and for students with varying levels of abilities. For some clinically-focused trainees, the academic focus is difficult. For other trainees who enter internships equipped with fewer skills, more training time might be required. Do we need benchmarks at admission? The question of whether we should have one standard across Canada and whether that should apply to all practice areas was raised. Equally important, how do we provide training not only for each area of competency but also for building self-assessment skills to properly ascertain one's own strengths and limitations? The importance of having opportunities for lifelong learning was mentioned. There have been a lot of changes in the profession in the last seven years.

Communication. It was acknowledged that good communication among the student, internship setting, and the university program is essential so that program expectations of training can be communicated clearly and in a transparent manner.

Evaluation. It is very challenging to evaluate competencies in a consistent manner. There is still the matter of quality versus the number of hours of training that needs to be further defined. Various programs have different meanings for the term "readiness", and there might be a gap between the minimum level of readiness and the standards set by each training setting. Written, verbal, and quantitative indicators of evaluation do not necessarily match, and it is essential that reliable and valid methods and tools of evaluation be adopted. It is also difficult to decide what to do with incompetent trainees.

STUDENT ISSUES

(Presenters: Ms. Robin Moszkowski and Drs. Nicola Wright and Josephine Tan)

Overview of Student Issues. The CCPPP had conducted a survey among students in the spring of 2009 as part of its undertaking to increase awareness of student-related issues among training programs and training sites. The survey asked the student respondents for their views on five issues identified by the membership and the Executive during the previous year's convention: work/life balance prior to and during the internship, expectations for students while on internship, the process of applying for internships, interviews for internships, and evaluation of supervisors. The results were presented.

The respondents found the internship application process to be very expensive and suggested some cost-saving strategies such as the use of videoconferencing and

telephone calls in place of face-to-face meetings and geographically coordinated scheduling of interviews. They noted that the difficulty of providing anonymous and confidential feedback to clinical supervisors could potentially be circumvented by collecting evaluations from several students and providing aggregate instead of individual feedback. The availability of an ombuds-person to intervene was deemed to be helpful in the event of difficulties with the supervisor. The survey respondents also noted that support for leaves related to parental responsibilities, health, and emergencies would help in balancing out their professional training and their personal lives. Recognition and/or reinforcement for the accomplishment of academic milestones, mentorship, and the opportunity for students to be involved in generating solutions were also mentioned as desirable. Following the presentation of the survey results, the workshop attendees were asked for their views on student issues and potential solutions, and the role that CCPPP could play towards addressing those problems. The discussion that followed is summarized below.

Supervision competency. The workshop attendees acknowledged the importance of supervision competency because being a great psychologist does not necessarily equate with being a great supervisor. The training of supervisors could follow a developmental model of progression of supervisory skills, and supervision groups could be constituted to help develop competencies. It is beneficial to have more than one supervisor especially when problems with the supervisor develop. There are many situations where the student does not have a choice about who would be his or her supervisor. Training Directors would find out about problems earlier on if there is good communication flow. However, there is a recognition that power differential between students and supervisors exist. Power issues could be covered in education and could be accommodated within existing structures of the training program. As well, there is an acknowledgment that the evaluation of supervisors can be difficult, especially if the students are interested in a position with their internship site. Combined confidential and anonymous feedback from several students might be helpful. It was suggested that a developmental process to increase students' comfort with evaluating their supervisors be built starting in academic programs through to internship settings.

Internship application process and interviews. The application process was viewed to be lengthy and some workshop attendees asked how it could be shortened. Would a cover letter, a curriculum vita, and letters of reference be sufficient? The use of a dynamic website where applicants could post their biographies for internship sites to view was also suggested. Applicants feel the need to apply to many sites. Some workshop attendees wondered about the source of this pressure and the

Canadian perspective on this. Others asked what the most relevant part of the APPI might be for internship applications. Several individuals noted that internship applicants spend considerable time and expenses attending *in-situ* interviews. Proposed solutions to reduce costs included the use of video-conferencing, Skype, and telephone calls to carry out the interviews. However, it was noted that students generally desire face-to-face interviews because it is not known whether other less direct and less personal means of interviewing might adversely impact their ranking. A coordination of interview dates across geographical regions might also be helpful in reducing costs so that applicants could travel into a particular region just once to attend interviews in different sites located within that area.

Progress in dissertation. There was agreement that uncompleted dissertations do not serve students well. Training sites prefer students who have defended when choosing interns. The uncompleted dissertations distract interns from their training and might make them less desirable to potential employers because they cannot serve as training supervisors to other students. It is not known why Canadian students lag behind American students in their dissertation progress when they commence their internship. There were suggestions that perhaps some research time could be set aside during internship for students to complete their dissertation. It was felt that students generally seek additional practicum hours to the detriment of their dissertation progress because they wish to be competitive in their internship applications. Perhaps one possible solution might be adopting a rule that applicants who exceed a certain number of practicum hours would be considered equal, regardless of the number of hours they have accumulated.

Value of interns. Interns contribute to organizations where they train by virtue of the work that they do. It was suggested that the workload measurement system could be used to document the interns' value for advocacy efforts. Quality of life was also mentioned as a retention tool in training.

Role of the CCPPP. It was suggested that the CCPPP could take a survey on the issues that had been raised and to take a stand by developing some guidelines, and assist in the communication across sites to coordinate the interview process.

SUPPLY/DEMAND AND MOBILITY

(Presenters: Drs. Nancy Link and Andrew Starzomski) – Report submitted by Dr. Link.

Overview of Supply/Demand and Mobility. The following is a summary of the information presented at the

CCPPP workshop: A review of the 2009 internship match statistics showed that Canada fared better than the United States in the APPIC match (86% of Canadian applicants were placed versus 76% in the US). One reason for the difference is the presence of free-standing for-profit professional schools in the United States. Some of these schools graduate cohorts of as many as 100 each year, thus increasing the numbers of American students looking for internships. Even though in Canada we have relatively positive match statistics, we should still be aware that Canada is experiencing some significant training concerns:

- There is an absence of School Psychology internship programs,
- Ontario provides academic training for more psychology students than it provides internship training. Thus Ontario turns to the rest of Canada to provide these internships.
- There are limited practicum options in some regions and in some practice areas.

We also need to pay attention to training psychologists for the future. Retirements and the migration of psychologists out of psychology into specialty academic niches will likely affect the ability of clinical psychology to meet the demand for services and the sustainment of a critical mass of psychologists in the academic settings in the foreseeable future. Areas that are likely to experience increased demands are geriatrics, primary/shared care, and prevention/health psychology. However, there are obvious limits in training professional psychologists for the future. The curricula are full, there are efforts to increase the efficiency of degree completion, universities are under pressure to accept more students, physical space in academic and internship programs is at a premium, and resources and funding for training are insufficient. Some solutions and options that have been pursued include the development of university-based PsyD programs, innovative use of technology for service delivery, and advocacy for internships.

Workshop attendees were invited to share their experiences with innovative training/education approaches that touch on supply/demand concerns, and their views on the types of supply and demand issues that they would like to see the CCPPP to focus on in next few years. Their responses are summarized according to themes below:

Systemic problems. The curriculum in universities has not evolved to match the changing needs. (These are some areas where it appears that we need more trained psychologists than we have: multicultural, multilingual, diversity; aboriginal communities; aging population; rural mental health; private practice, primary care and public sector. Also universities need to begin to develop online training that meets training needs without sacrificing quality.) Universities often establish and maintain

their programs with little attention to market place demands. One possible way of getting university programs to pay attention to market place demands would be to require universities to publish outcome measures for their students/graduates (e.g., match rates or employment). There is a funding disconnect between government ministries; what is needed is a coordinated commitment to provide funding for training between/amongst ministries. The discipline has tendencies towards elitism that resist change. In particular, there is a resistance towards accepting the Psy.D. as an alternative in doctoral training. The salaries of graduates in psychology are not commensurate with their years of training.

Training concerns. The advantages to training sites of being accredited are not obvious or easily-demonstrated. Because of this it is often difficult to get administrators to support the development of new internship sites. It may well be that, in the future, there will not be enough accredited training sites to meet the demand. It is not clear that the current hospital-based model of internships will fit the training needs of the more diversely-employed psychologists of the future. We need to support the development of training programs in other venues (e.g., schools, community based programs, private practice). This support will involve understanding the constraints that impede their development. We should try to find ways to support the development of consortia.

Data issues. Planning will be based on projections of future need and the availability and training of psychologists. A Canadian workforce analysis for psychologists has not as yet been conducted. We are unable to answer questions such as: How many psychologists are currently in the workforce and how many will retire in the next 5 years. This data is available in the regulatory bodies of each of the provinces. Are there ways that we can support CPA in the coordination and acquisition of this information so that a workforce analysis can be conducted?

Advocacy. Psychologists are not very good at advocating for their profession. Our image amongst other professions could be improved; for example, we are sometimes perceived as taking too long to do our work (e.g. in completing assessments). How can we improve the perception of our discipline in the eyes of the general public? Two suggestions emerged from the feedback: 1) Give post docs in advocacy and policy and 2) Request of our regulatory bodies that they advocate with the government to support the training of psychologists.

GENERAL THEMES

The following general themes were identified at the end of the workshop by the attendees:

1. We need to strengthen our professional identity as psychologists within the healthcare system and advocate for ourselves.
2. There needs to be a uniform or standard competency –based evaluation form that can be adopted in a developmental fashion, starting from university programs to training sites, professional registration and specialty sites.
3. Diversity issues in recruitment, training, populations served, etc. is important.
4. The internship application process needs to be simplified.
5. Competency in supervision is essential not only to train new supervisors but to help current supervisors adapt to changing training needs
6. Collaborative efforts among students, faculty, and professional practitioners are necessary to address changing needs as the field evolves.
7. To increase the number of internship sites, we could look towards settings in private practice, rural areas, and the military and support them in developing training programs and to meet the needs of specialized areas.
8. We need a short-list of benchmarks and a central information system to collect information about private practice to inform our training needs. Perhaps regulatory bodies might have such information and might be willing to share.
9. We might benefit from looking into sustainability and growth issues to meet the needs of the public.
10. The CCPPP could communicate and collaborate with different regulatory bodies on internship issues.
11. Advocacy is important and would consist of small and big steps.



2010 Joint Conference of Training Councils in Psychology

**10-13 February 2010
Walt Disney World Hilton
Orlando, Florida**

Dr. Josephine Tan, President

The theme for this historic meeting, which is jointly sponsored by all the Psychology training councils in the United States and CCPPP, is “Assuring Competence in the

Next Generation of Psychologists". It is expected that over 700 people, consisting of leaders in education and training in professional psychology, will attend. The last joint meeting was held a decade ago and we do not expect another to be organized again for another 10 years.

The full conference runs from 10-13 February. However, the days for the joint programming are 12th and 13th February. The 10th is dedicated to the APA CoA Self-Study and Site Visitor workshops culminating in an evening welcome reception for everyone. Those who are interested in the workshops can register at this weblink:

<http://www.apa.org/ed/accrreditation/sitevstnews.html>.

Thursday 11th February is reserved for individual council programming. In our case, the CCPPP Executive members will be holding our midwinter meeting on that day. The remaining meeting days, Friday 12 February and morning of Saturday 13 February, will be the ones that most CCPPP members would be interested in. The programming for these days is varied and consists of keynote speakers, presentations, and panel and small group discussions. The sessions are relevant, contemporary, informative and helpful and include many issues that are discussed on the CCPPP listserv. The detailed programming schedule is available on page 22 of this Newsletter and from <http://www.psychtrainingcouncils.org/Event2010/documents/2010%20CCTC%20meeting%2028%20Oct%2009%20version.pdf>.

The early bird registration fee for CCPPP members is CAD \$275 for registrations received before 15 January 2010, and CAD \$300 for those received on or after 15 January 2010. The registration form can be found on page 34 in this Newsletter and is also posted on our website at www.ccppp.ca. The CCPPP registration fee is considerably lower than what other participating training councils are charging, and covers breakfast and lunch on the 12th and 13th February.

If you are planning to stay at the meeting hotel, please note that due to the enormous popularity of the 2010 Conference, we expect that the reserved block of rooms will sell out. However, there are rooms available and we ask all members to book their hotel room directly through the link below

<http://www.hilton.com/en/hi/groups/personalized/ORLDWHH-PIC-20100209/index.jhtml>

Please note that the Daytona 500 will be held at Orlando on the same weekend as the joint conference, which means that flights and hotel accommodations will be in big demand. So, do book early to avoid headaches. This joint conference will not only be a wonderful professional development opportunity for us but possibly a family vacation in the sun for some of us.

Please visit www.ccppp.ca for more information. There are two links on our homepage. The first one, *CCTC Orlando 2010*, will bring you to the homepage of the joint meeting where you can obtain the updated information. The second, *Registration & hotel booking form*, will direct you to the CCPPP joint meeting registration form.



Council of Chairs of Training Councils (CCTC) Liaison Report

**Dr. Josephine Tan
President**

Dr. Nicola Wright is the CCPPP Liaison to CCTC. This report is written by Dr. Josephine Tan who attended the recent CCTC meeting in Dr. Wright's place because of a schedule conflict that prevented Dr. Wright from being present at the meeting.

The CCTC meeting was held on October 3, 2009 in Washington, DC. Discussions were held on three primary issues.

The first related to the internship supply/demand imbalance. CCTC held a small meeting on September 8 among training councils regarding action plans to address this problem. The result was an 11-page report on match imbalance that was sent out to the CCTC members.

Two actions had been undertaken from that report: a match imbalance survey and the development of an internship toolkit containing useful step-by-step guidelines in how to develop an internship. Preliminary results from the survey suggest that the biggest obstacle to non-accredited sites from seeking accreditation is the self-study itself, specifically with respect to the difficulty of and resources required in its preparation. The accredited sites pointed out that some of their concerns, among others, were also resource-related such as the availability of supervisors and space. Full results from the survey are being prepared for presentation at the next CCTC meeting that will be held on 18 March 2010.

A draft version of the internship toolkit was discussed at the meeting. The final version will be presented at the 2010 joint meeting.

The second issue discussed at the meeting focused on the 2010 joint conference. The Chairs from the three joint

conference committees (Program, Logistics, and Publicity and Marketing) provided updates on their work. Progress was being made on all fronts with plenty more to put in place before February 2010. The training councils agreed that costs be minimized in the interest of budgetary constraints for smaller training councils. *(For more detailed information on the 2010 joint conference, please see the article immediately above).*

The third issue discussed was about the development of a new accreditation system for psychological science in direct challenge to the APA accreditation system. It was felt that thoughtful responses from the CCTC and CoA would be appropriate. *(For more detailed information, please see the article "New Accreditation System for Clinical Science" on page 19).*



Student Liaison Report

**Ms. Theresa Dever Fitzgerald
Student Representative**

In September of 2009, I began serving on the Executive Board of the CCPPP as the Student Representative. Previously, Ms. Robin Moszkowski acted as a student representative to the CCPPP. We are grateful to Ms. Moszkowski for her stellar representation of us in this capacity. This position is now a permanent role on the Executive Board. This year, the role of the Student Representative on the CCPPP board continues to evolve, and I hope to contribute to the shaping of this position during my two year term.

I am currently in the third year of my doctoral degree at the University of Regina working under the supervision of Dr. Thomas Hadjistavropoulos. I have always been interested in student issues and training and emphasize the importance of contributing to psychology through volunteering. In my capacity as the Student Representative to the CCPPP I hope to advocate for issues faced by the many clinical psychology trainees across the country. In addition, I will liaise between Canadian graduate students and the CCPPP. Student feedback is integral to the fulfillment of the mandate laid out by CCPPP. It is my hope that individuals with suggestions or concerns regarding training issues faced by psychology graduate students in Canada will contact me to help ensure that these concerns are brought forward to the Executive Board of the CCPPP. Moreover, through my position as Student Representative I will liaise

with the student section of the Canadian Psychological Association.

One of my goals as Student Representative is to increase student awareness and understanding of the CCPPP and to bring issues surrounding student training to the forefront. The CCPPP plays an important role in bridging the professional graduate programs and psychology internship sites across Canada. As a senior PhD student preparing to apply for my predoctoral internship, I hope to bring our perspective to the Board. In addition, during my two year term I hope to address other student training issues such as curriculum plans for recent developments in our field (e.g., Internet-based psychotherapy), examine plans to ensure timely completion of graduate programs, and to explore issues related to practicum and predoctoral internship planning.

It is my great honour to begin my term as Student Representative of the CCPPP.

Students with ideas and suggestions they would like to bring to the attention of the CCPPP Executive should contact me at theresa.dever@uregina.ca.



Canadian Psychological Association: Task Force on Prescription Authority

Prepared by:

**D. Lorne Sexton, PhD., C.Psych
Professional Affairs Chair
Canadian Psychological
Association**

Note: Dr. Don Saklofske is the CCPPP Liaison to the CPA Task Force on Prescription Authority. Below is a draft report from the Task Force to the constituent organizations for feedback. CCPPP members are encouraged to forward their comments to either the Chair of the Task Force, Dr. Sexton who can be reached LSEXTON@sbgh.mb.ca, or to Dr. Saklofske. The feedback will be useful to help the Task Force determine whether it is heading in the right direction and to guide its development of a consensus draft report that will be made available for wider discussions.

**CPA Task Force on Prescriptive
Authority for Psychologists in Canada
Progress Report to Constituent
Organizations
May 26 2009 Draft**

Progress report:

A Task Force on Prescription Authority for psychologist practitioners was initially constituted by the CPA board of Directors in June 2007. Terms of reference and membership were finalized in September 2008.

The Task Force is chaired by the Professional Affairs Chair of the CPA Board of Directors. Other members were designated or elected by four national psychology organizations and five CPA Sections. The Task Force has met on 5 occasions by teleconference from November 2008 through April 2009, and is anticipated to continue meeting through 2009-10 leading up to the CPA Convention in Winnipeg in 2010.

It is the intent of CPA to seek comment and input from these constituent organizations as it proceeds with the Task Force and before releasing a final report. At this point the Task force has not attempted to reach a unanimous or consensus set of recommendations, and to do so would be premature. The following report has been prepared by the Task Force Chair to update for the constituent organizations the considerations and directions undertaken by the Task Force. This is done with the primary purpose of obtaining feedback and direction from these organizations. Thus this document should not be interpreted as a preliminary report, but a progress report from the perspective of the Task Force Chair, who is solely responsible for its content. Potential recommendations are outlined in order to receive meaningful feedback, but should only be regarded as under discussion. This report is not intended for general distribution.

I. Task Force Background and Mandate

The CPA Board of Directors commissioned the Task Force to consider the relevant professional literature and diversity of

opinion regarding prescription privilege for psychologists in Canada (towards advising the CPA Board of Directors on the following issues):

- *wisdom of the moving the profession in this direction: assessment of reasons for and against*
- *priority of prescription privilege as an advocacy issue*
- *implications for training in graduate programs*
- *adequacy of APA post-doctoral training model*
- *certification and regulatory issues*
- *other relevant issues as raised by Task Force membership.*

Task Force members:

Lorne Sexton (Chair) – CPA
Professional Affairs

Representatives:

Rose-Marie Charest - Association of Canadian Psychology Regulatory Organizations (ACPRO)

Don Saklofske - Canadian Council of Professional Psychology Programmes (CCPPP)

Mary Broga - The Council of Professional Associations of Psychology (CPAP)

Craig Turner - Canadian Register of Health Service Providers in Psychology (CRHSPP)

Kerry Mothersill - CPA Clinical Section

Kim Lavoie – CPA Health Psychology Section

David Nussbaum - CPA Psychopharmacology Section

JoAnn Elizabeth Leavey – CPA Rural and Northern Section

Meghan Richards - CPA Student Section

II. History of Prescriptive Authority in Psychology

A. American Experience with RxP

In the United States, the American Psychological Association and state associations of psychologists have been

advocating for prescriptive authority for psychologists (abbreviated as RxP). The American Psychological Association's official position (adopted in 1995), as stated on their website, is:

"APA supports the efforts of state and provincial psychological associations and individual psychologists as they pursue the right of appropriately trained psychologists to prescribe psychoactive medications. Prescriptive authority for psychologists is a legislative, regulatory, and educational issue impacting the scope of practice of licensed psychologists."

There are currently two states where psychologists have been granted prescriptive authority: New Mexico (2002) and Louisiana (2004). Numerous subsequent legislative attempts by state associations have failed, but are currently receiving favourable consideration by legislatures in Hawaii and Oregon. It should be noted that, in the USA, there is continuing controversy within psychology regarding the appropriateness of seeking prescription privilege. The issue of prescriptive authority in the United States has also resulted in increased tensions between psychology and medicine, particularly psychiatry.

B. Levels of Training

APA's Ad Hoc Task Force (1993) on Psychopharmacology conceptualized three levels of psychologist training in psychopharmacology. Extensive training requirement descriptions are available online from the APA Education Directorate.

- ❖ **Level 1: Basic Psychopharmacology Education**
 - requires mastery of the classes of medication commonly used to treat mental disorders; and training and continuing education in the biological basis of neuropsychopharmacology, "including the cellular mechanisms by which drugs affect neurotransmitter

systems." Level 1 might be met by an extensive survey course.

- ❖ **Level 2: Collaborative Practice**
 - "reflects the knowledge base necessary for actively working with licensed prescribers to manage medications prescribed for mental disorders and integrating these medications into psychosocial treatment." A curriculum Working Group in 1997 elaborated Level 2 training as follows:
 - In addition to Level 1 basic knowledge, "requires advanced didactic training as well as practical, hands-on training;" this includes training in psychodiagnostics and medication, pathophysiology, medication therapeutics, emergency treatment, developmental psychopharmacology, the interpretation of laboratory and other physical tests, and supervised practice in decision making.
 - An advanced psychopharmacology curriculum for specific disorders in specific populations.
 - The Working group suggested various extended examples of what Level 2 training models might look like rather than specify a core required curriculum; unfortunately this has potentially limited Level 2 applications.
- ❖ **Level 3: Prescriptive Privilege**
 - "Level 3 trainings for psychologists would be similar to training in other professions that have independent prescription privileges limited only by scope of practice and training (dentists, optometrists, podiatrists, and nurse practitioners)." APA's *Recommended Postdoctoral Training in Psychopharmacology for Prescription Privileges* (1996) specified 300 contact hours of didactic instruction in five core content areas: (1) neurosciences; (2) pharmacology and psychopharmacology; (3) physiology and pathophysiology; (4) physical and laboratory assessment; and (5) clinical

pharmacotherapeutics; and a minimum of 100 supervised practicum inpatients and outpatients seen for medication. A 2007 revision of the recommended postdoctoral curriculum specified an increase to 400 didactic hours, “substantial” (but unspecified) supervised clinical experience followed by a “capstone competency evaluation.”

Some commentaries have noted that the RxP debate has focused on Level 3 and largely ignored the potential of Level 1 and Level 2. The CPA Task Force has considered each of these three levels in its deliberations and found the implicit continuum useful as it attempted to address a number of issues from multiple perspectives.

C. Published Commentaries

An extensive literature exists on RxP, some of which has been published in the *Canadian Psychologist*. Aside from opinion surveys, these articles are largely devoid of research or empirical evidence, and are largely arguments for or against RxP. The Task Force in its work has reviewed many of these articles.

Published arguments in favour of RxP emphasize issues such as

- Provision of medications through a psychological/behavioural rather than a medical/disease model; improved continuity of care in which psychologists are able to provide, manage, and integrate both psychological and psychopharmacological interventions.
- Improved access to expertly assessed pharmacotherapy, especially in non-urban areas.
- Enhanced economic and competitive viability of psychology practitioners.

Psychologists who oppose RxP emphasize:

- Altered or distorted professional identity: the current mainstream scientific scope of psychology does not include pharmacological interventions.

- Limited educational preparation: Professions with current or developing pharmacotherapy authority (including medicine, dentistry, ophthalmology, nursing, and pharmacy) devote significant proportions of their training to biological and medically relevant topics; currently psychology undergraduate and graduate training models for professional preparation does not provide this biochemical and medical emphasis. This is seen as problematic in the following ways:

- RxP for psychology lacks external credibility
- RxP for psychology raises public safety concerns
- Introducing enhanced RxP content in psychologists’ professional preparation would diminish current training emphases and graduates would receive less grounding in psychotherapeutic interventions and research.

- Conflicted interprofessional relationships with medicine resulting from RxP lobbying efforts would be counterproductive in advancing psychological practice.

D. Canadian Context

At least one provincial jurisdiction in Canada has actively considered advocacy plans for obtaining prescriptive authority for psychologists. In the absence of material from Canadian Psychological Association, these jurisdictions will have to rely on material from the American Psychological Association.

Until now, the Canadian Psychological Association has not developed a formal position statement on prescription privileges for psychologists. The training models for the profession, although similar in many ways, are different in the United States and Canada. Thus, the training models for the United States for prescriptive authority for

psychologists may not be completely transferable to a Canadian education and training context. Issues around prescriptive authority involve clinical practice, provincial regulation, and education/training.

III. **CPA RxP Task Force Directions**

A. Scope of practice within the science of psychology

Members of the Task Force are generally of the opinion that the history and future of psychology has always lain within a biopsychosocial framework. Domains of physiological psychology, neuropsychology, and psychopharmacology are as integral to psychology as is social psychology, developmental psychology, learning and conditioning, and cognitive psychology. While it is the case that psychological professional practice and training has tended to emphasize the psychosocial elements over the last 40 years, this cannot be used as an argument that the discipline no longer legitimately encompasses the physiological domain.

Task Force members are in substantial agreement that a complete biopsychosocial model should guide psychologists' educational and professional preparation. Professional psychologists are required to understand client difficulties and provide effective consultation from a multifactor model that integrates medical, biological, and pharmaceutical factors with psychological, social, and cultural factors.

B. Practice and ethical issues

(a) Access

Access by underserved populations to pharmaceutical mental health care has been a major argument used in lobbying efforts to obtain RxP. This argument may have been necessitated, in part, by the need to convince legislators that there is a public issue to be served by RxP, and not just a professional advancement in scope of practice.

This issue has been discussed by the Task Force and there are a variety of view points. These include the fact that there is a difficulty in accessing psychopharmacotherapy from licensed psychiatrists in northern, rural and some urban centres. However, some Task Force members note that psychologists are also in short supply in rural areas and that there is an even greater access difficulty in both urban and rural areas in obtaining efficacious psychotherapeutic interventions.

Task Force discussions concerning access to treatment issues has led to considering the difficult issue of whether or not there is a comparative public value created by RxP psychologists relative to existing licensed practitioners that may include family physicians and, in the future, physician assistants and nurse practitioners. Eighty percent of mental health care is currently provided by family physicians, primarily utilizing pharmacotherapy. This comparative access argument, which has been used in promoting RxP, has been described as follows:

“Many people lack access to psychiatrists and must look to undertrained general practitioners for psychotropic medications. RxP would go far to fill this gap. In addition, prescribing psychologists' clients would have a more complete array of treatment options available to them through a licensed practitioner without the complications of interprofessional collaboration.” (Westra, Eastwood, Bouffard, & Gerritsen, Canadian Psychology 2006).

The issue of “under-trained” refers not to the medical competence of other professions but to the adequacy of complete psychological assessments that would lead to better prescription practices, including in some instances withholding psychotropic interventions where psychosocial interventions are equally or more efficacious.

A majority of Task Force members propose that psychology approach the RxP access argument from a psychologist "value added" perspective which avoids critical and potentially inaccurate generalizations of other professions. Many of these professions, such as family physicians, welcome the input of psychologists. In addition to a consideration of RxP Level 3 roles, a psychologist "value added" perspective includes considering Level 1 and enhanced Level 2 preparation as leading to more effective collaborative roles within "shared care" models.

The Task Force has not reached a consensus on the various access arguments and this issue remains under discussion.

(b) Safety and regulatory issues

It is necessary to establish that psychologists can safely prescribe pharmaceuticals within their domain of practice (i.e., psychotropics, considering side effects, drug interactions, and the overall health of the client). This is an area where other professions have challenged psychology's seeking RxP.

At some theoretical point of additional training, continuing education, and regulatory requirements there can logically be little doubt that psychologists can safely provide psychopharmacological interventions. However, at this point in time, psychologists receive minimal prerequisite undergraduate and graduate level training in these domains, with RxP training occurring predominantly post-doctorally and outside of the accredited curriculums of degree granting programs.

Empirical evidence is generally lacking and there is a deficit of published work directly bearing on the safety issue. The main demonstration project was within the U.S Department of Defense. Proponents of RxP point out those DoD psychologists were rated as providing excellent care. Opponents point out that this was a limited and highly supervised training program that has been discontinued.

The safety issue is also intertwined with regulatory issues and potentially increased insurance costs. In the Presidents Column of the Clinical Psychologist, Summer 2002, Newsletter of APA Division 12, Larry Beutler predicted several lawsuits to be forthcoming following the New Mexico RxP legislation concerning "the limits of competence" and "practicing medicine without a license." However, these predictions have not born up. As far as can be ascertained by the CPA Task Force, there have been no disciplinary actions to date taken against prescribing psychologists in Louisiana and New Mexico.

Given the lack of empirical data and the limited number of small jurisdictions in which RxP occurs, it has been difficult for the Task Force to reach a full consensus on the safety issue. Issues of public safety are necessarily intertwined with adequacy of training and continuing education, and thus Task Force discussions of safety have typically led to training considerations.

(c) Pharmaceutical corporate ethics

Some articles in the published literature have noted the distorting ethical difficulty that the medical profession has had in its relationship to the intense marketing practices of the pharmaceutical industry. There is a documented significant biasing factor to medical practice introduced by a pharmaceutical corporate influence. The pharmaceutical industry has not paid significant attention to psychologists to date due to the small number of prescribing psychologists, and thus this area is by necessity speculative. To date, prescribing psychologists have been observed to be conservative in their prescriptive behaviours. While some argue that psychologist training equips psychologists to be resistant to pharmaceutical marketing, others see this as an untenable assumption.

C. Training

In order to consider fully the potential role of psychopharmacology in professional psychology practice, it is necessary for Task Force members to examine training issues and to entertain recommendations that (if

implemented) could alter graduate program curriculum and accreditation requirements. While there has been room for a rich diversity in psychology training, there is also a need to balance this with a defined core professional curriculum as is the case in all professions. Input from graduate programs needs to be sought at the appropriate points in the Task Force process. There is also valid student concern about the number of required courses in graduate training and the resulting length of training.

Predoctoral Level 1 & 2 psychopharmacological training

The Task Force defines psychology as a biopsychosocial discipline that encompasses psychopharmacology. All practicing psychologists require a biopsychosocial foundation if psychology is to maintain its integrity as a profession. There is a general Task Force consensus that a pre-doctoral provision for RxP Level 1 and/or Level 2 should be the required core curriculum for professional psychology training given the medication prevalence within the clientele seen by most practicing psychologists. The Task Force is thus actively considering the following recommendations:

1. Level 1 psychopharmacological preparation is considered a minimum predoctoral requirement by the Task Force to treat patients who are frequently receiving pharmacotherapy from other licensed practitioners.
 - Many current graduate programs are meeting this requirement; however practitioners in most jurisdictions are not explicitly required to maintain psychopharmacological continuing education requirements as outlined in the APA Level 1 description.
2. Level 2 psychopharmacological preparation is seen by many Task Force members as the optimal standard for modern collaborative psychological practices. Level 2 predoctoral training is required in order to provide knowledgeable medication advice to

patients (who frequently seek psychopharmacological advice from psychologists) and credible pharmaceutical consultation to collaborating pharmaceutically licensed practitioners.

- Mental health care is increasingly using a shared care model; psychologists need to be adequately prepared for functioning in fully collaborative ways in primary care and other health care settings.
- Moving biomedical topics to undergraduate prerequisite expectations for application to professional psychology programs (e.g., requiring coursework in biology), as is the case in other health professions, would provide significant training efficiencies in the graduate years.
- Given the historical lack of interest in and development of Level 2 training in the USA/APA, the academic training requirements for the Level 2 concept may require further elaboration.

Postdoctoral Level 3 RxP training

While the Task Force does not at this time have a specific recommendation regarding advocating for Level 3 RxP legislation, a majority of Task Force members consider that continuing to deploy a post-doctoral model for Level 3 training remains the most practical educational approach for those seeking this supplementary training. While some proposals exist in the literature for providing RxP Level 3 as an optional stream in graduate training, this would move psychology further away from desirable core curriculums.

APA initially conceived of Level 3 RxP as attracting a small number of psychologist practitioners, and this remains the case. Continuing to retain Level 3 as a postdoctoral option would avoid the difficulty that current training curriculums might need to be altered to a distorting extent to accommodate Level 3 within a

predoctoral program. However, predoctoral Level 2 training, establishing both a knowledge base and a collaborative role in pharmaceutical decision making, would make post-doctoral Level 3 training more externally credible and economically feasible for those who might seek it.

E. Further Issues

Several issues remain to be discussed. These include further consideration of training, safety, and training issues. Arrangements have been made to interview practicing RxP psychology practitioners.

There is little doubt that psychology can choose to move towards RxP and that some members or associations will perceive this as desirable and chose to pursue it. The potential success of RxP legislative advocacy in a Canadian (and largely a provincial) context remains to be determined. The issue that collectively faces Canadian psychologist organizations such as CPA, CPAP and each provincial association, ACPRO, and CRHSPP, is to what extent this is or is not a professional advocacy priority. To what extent the Task Force can or should attempt to resolve the question of advocacy priorities remains undetermined, and it is preferable that representatives bring with them feedback from their constituent organizations.

Summary

Significant progress has been made by Task Force members in assimilating the relevant literature and arriving at some tentative recommendations regarding the place of psychopharmacology within psychology's biopsychosocial model. Tentative training recommendations have been arrived at and are outlined in this progress report for the purposes of receiving feedback from constituent organizations. Further discussion is required. The timeline to a final report will be dependent on the feedback and direction received at this time.



Canadian Psychological Association: Counselling Section Liaison Report

**Dr. Douglas J. French
Member-at-Large**

As a newcomer to the CCPPP executive, I was very pleased to be asked to serve as the CCPPP liaison to the CPA Counselling Section. The chair of the Section, Dr. Sharon Cairns of the University of Calgary, provided the following information outlining the recent activities of this very active group. In addition to Dr. Cairns, the current Section executive includes: Vivian Lalande, Past-Chair; Shelly Russell-Mayhew, Treasurer; Reana Saraceni, Student Representative; Patrice Keats, Member-At-Large, Review Coordinator; and Colleen Haney, Member-At-Large, Student Awards. Membership in the section continues to grow and currently sits at 427 members across the country. Section members have been very active on a number of fronts.

The Counselling Section was very involved at the recent 2009 CPA annual general meeting in Montréal and enjoyed a high degree of visibility. Section members presented 31 posters, 9 theory reviews, 6 symposia, 3 conversation sessions, and 2 workshops. The Section's keynote address delivered by Dr. Nancy Heath of McGill University entitled "Non-Suicidal Self-Injury: The Challenge for Counsellors" was both well attended and much appreciated by those in the audience. As the best predictor of future behaviour is past behaviour, I am sure the Section will continue to enrich the 2009 CPA meeting in Winnipeg through it's continued and enthusiastic presence.

Consistent with the section's general goals of promoting high standards for Counselling Psychology education, research and practice, three committees are particularly active at this time: the Executive Committee for a Canadian Understanding of Counselling Psychology, the Accreditation Committee, and the By-Laws Committee. The Executive Committee for a Canadian Understanding of Counselling Psychology developed a definition of Counselling Psychology in Canada which has been adopted by the Section as of June 11, 2009. They are hopeful that the new definition will be approved at CPA's November Board Meeting. The new definition is broad in scope describing not only the nature of the practice of Counselling Psychology but also identifies relevant areas of research. I invite all interested parties to have a look at the new definition which is presented in it's entirety on the Counselling Section website : <http://www.cpa.ca/sections/counselling/> .

Two other Section committees have also been hard at work. The Accreditation Committee is systematically looking at the

proposed amendments to the Accreditation criteria and will be providing feedback by the January deadline. The By-Laws Committee is working to update section by-laws, which have not been amended since 1993.

A major issue identified for the Section is the shortage of counselling internship sites, particularly for students applying from non-accredited programs that are moving towards accreditation. There is concern that the shortage of internship sites may become even more dire if APPIC follows through with its consideration of restricting accessibility to the matching program to only candidates from APA accredited programs. These concerns are not specific to the Counselling Section and should be a shared concern among all groups with an interest or stake in the training of Canada's future professional psychologists.

Enquiries about the section may be directed to Dr. Cairns at: scairns@ucalgary.ca



Association of Predoctoral and Internship Centers (APPIC) Liaison

**Dr. Ian R. Nicholson
President-Elect**

Most of the work at APPIC in recent weeks has centred on the new online portal for submission of applications. This is being led by Drs. Karen Taylor and Greg Keilin. By the time that this is printed and read, we should the first use of the new system should be finished. What follows is more an editorial overview of the work of APPIC in the transition.

One of the chief complaints by applicants over the years to APPIC has been why have they not moved to an online portal for submission of applications. Other professions have this type of portal, when would APPIC make the move.

APPIC's new online application system has been several months in development. However, they are dealing with thousands of applicants and hundreds of doctoral programmes and internship programmes. To get everyone from every organization "up to speed" on it has been a challenge. There was a presentation at the APPIC meeting in Portland earlier this year, numerous emails, opportunities for live online webinars, and streaming videos. All of these were done to try and get us all up to speed for the transition.

Normal applicant anxiety has become much higher as they move to an untested system. Intern listserv traffic has

ballooned in recent days, much more than in previous years before the first applications. The volume, sometimes over a dozen an hour, has reflected the anxiety of the applicants.

The combination of the volume of emails and the anxiety of the applicants has resulted in some questions being asked numerous times as students can't see the question listed before or, due to their anxious urgency, not looking through the flood of previous emails to find an answer that has been answered numerous times before.

Sometime, however, the problem has been the online portal. It appears, from the email traffic, not to work as well in Internet Explorer as it does with Mozilla Firefox. Also, if applicants use "pop-up blockers", as many programs automatically do now, it seems to stop them from accessing certain necessary aspects of the portal. Another area of problems have been in getting "Supplemental Information" uploaded.

The anxieties are different this year. No more do we see the debates on "paperclip vs. stapling" or "colour/weight of paper for AAPI and CV". Now it's "Can they see who on my reference list I am not sending a reference from", "Will the line breaks and spaces between paragraphs show when it is downloaded by a site".

Sometimes the anxieties are driven by the sites themselves. They have not updated their materials and, as a result, are still asking for items to be sent to them directly (NOT allowed in the new system where everything MUST be sent online through the portal). Our own CCPPP reference form has come up for discussion since it requires a "signature" that can't be done on the new system - except electronically - thus causing anxiety amongst some students.

The computer portal is also not without its small share of blame in increasing the anxiety. It was down for maintenance in late October, both scheduled and unscheduled, and this caused some fear from the applicants. Also, there have been a couple of small, last minute glitches that, while of little importance in the application process, tripped some applicants into high anxiety.

Along with student concerns, there are also some concerns from the university training directors. They are being asked to verify hours and student readiness electronically but are only able to access, electronically, a small amount of the information on the applicant's form. Many are used to verifying all of the information and find it frustrating to only see this small part when asked to verify it.

Through it all, Greg and Karen at APPIC have done yeoman's work in moving it forward, calming anxieties, and being a huge resource for the applicants. I am certain that next year will be much, much easier. There will be a cohort

of experienced university directors, previous applicants, and internship directors. The routine questions asked will point APPIC and the software provider to establishing clearer information and guidance for those using the system. We all were aware that the transition to the new system would be a challenge but, although there are bumps, it appears to be working. This points to a clearer and easier future for the application process in the years to come.



Alternative Accreditation System for Clinical Science

**Dr. Josephine Tan
President**

This article is written to provide CCPPP membership with information on the recently proposed and controversial alternative accreditation system for clinical science in the United States. References are offered for those who are interested in knowing more about the issue. This topic is being actively discussed and analyzed on different listservs and a divergence of opinions across the full spectrum has been expressed.

The field of clinical psychology is witnessing a historic event that has attracted plenty of media attention in the recent past. To understand what the discourse is about, some background information is provided.

The Academy of Psychological Clinical Science (APCS) is an organization of doctoral and internship training programs in the United States and Canada whose goal is to advance clinical science (<http://acadpsychclinicalscience.org/index.php?page=mission>). It grew out of a disenchantment with what it saw as a deepening chasm between science and clinical practice, particularly with programs that downplayed science in their training of students such as several for-profit free standing professional schools, and with practitioners who eschewed scientific evidence in favour of intuition and judgment.

Last year, with the help of the Association for Psychological Science (APS), the APCS introduced an independent accreditation system, the Psychological Clinical Science Accreditation System (PCSAS), that is widely viewed to be in direct challenge to the existing system by APA. This was done through an article by Baker, McFall, and Shoham (2008) that was published in the APS *Psychological Science in the Public Interest*. In the article, the authors argued for the need for reform in clinical programs to better emphasize rigorous science-based education and training, and

recommended an independent accreditation system, the PCSAS. Walter Mischel (2008) wrote an editorial in strong support of this article. The article and editorial are available for public downloading at, respectively, http://www.psychologicalscience.org/journals/pspi/pspi_9-2.pdf and http://www.psychologicalscience.org/journals/pspi/pspi_9-2_editorial.pdf.

Recently, the article was picked up by *Newsweek* (Begley, 2009), *Science Magazine* (Holden, 2009), the *Los Angeles Times* (Mestel, 2009), *Psychology Today* (Steger, 2009), *Nature* (Editorial, 2009), and the Washington Post (Baker, McFall, & Shahom, 2009), to name some.

At the October 2009 CCTC meeting, the introduction of the PCSAS and the media attention surrounding it was discussed. APA's position is that its accreditation system does involve scientific training. The APA CoA and CCTC agreed that a thoughtful response from them would be appropriate. (Note: At the time of writing this article, APA has already responded through the media and on listservs).

However, there seems to be some confusion over what it is exactly that the PCSAS accredits. Although PCSAS noted that it is "not appropriate for, nor is it intended for, programs with a chief mission of training psychologists for specialized careers in applied clinical work", it does state that the programs that it accredits must "grant Ph.D. degrees and are housed in non-profit, research-intensive universities" and show a "commitment to integrative training in research and application" that is "evident and coherent in the program's curriculum and operation" (see <http://www.pcsas.org/overview.html>). APA recently announced that the PCSAS does not compete directly with its accreditation system (see <http://www.apa.org/science/psa/nov09-edcol.html>).

The integration of science and practice in clinical psychology is also a current interest in Canada. This topic was featured in the Presidential Symposium entitled *The Implications of Basic Science for Applied Psychology and of Applied Psychology for Basic Science* at the 2007 CPA convention with Drs. Thomas Hadjistavropoulos, Peter Graf, and Steven Pinker as presenters. Last year's CPA convention also included a symposium on the same issue that was entitled *Integration of Applied and Basic Psychology: Reflections on Current Issues and Initiatives* with Drs. Thomas Hadjistavropoulos, Gary Latham, Michael Wesner and myself as presenters. Just as the American experimental psychologists formed their own society (the Association for Psychological Sciences, formerly known as the American Psychological Society) to combat what they viewed to be APA's increasing focus on the applied side of psychology, the Canadian experimental psychologists,

mostly cognition and neuroscience basic researchers, formed their own society that is independent of CPA. The Canadian Society for Brain, Behaviour, and Cognitive Science (CSBBCS) was founded following a meeting in 1990 among a group of senior scientists who were concerned that the CPA mandate was heavily focused on the clinical and SSHRC side of psychology, and that NSERC was not sufficiently represented (personal communication, Dr. C. MacLeod, CSBBCS President, November 9, 2009).

The present day CPA undertakes science advocacy as one of its mandate (<http://www.cpa.ca/science/sciencedirectorate/>), reserves one seat on its Board of Directors for an experimental psychologist who is engaged in basic research (<http://www.cpa.ca/aboutcpa/boardofdirectors/elections/>), and consults its members about efforts in promoting science (http://www.cpa.ca/cpaweb/userfiles/Documents/science_and_research/science_of_psychology_survey_final_report_EN.pdf). Control of the *Canadian Journal of Experimental Psychology* is shared between CPA and CSBBCS (personal communication, Dr. C. MacLeod, CSBBCS President, November 9, 2009).

Why should professional psychology care about the integration of science and practice? For one thing, the training model in most, if not all, of our doctoral clinical programs support the connection. For another, we have the ethical and professional responsibility to provide treatment that works and that are not harmful for the protection of the public. On a more practical level, the view of professional psychology as nonscientific can be detrimental in our advocacy efforts that require statistical data and empirical findings to support the validity and value of the services that we provide. The call for advocacy and for strengthening our identity as psychologists within the mental health system came across as matters of relevance to CCPPP membership during our 2009 preconference workshop. How often have we heard that clinical psychology is not well-understood in the health care system? Semantics that narrowly define the discipline of psychology to reflect just one specialty area or that describe psychology as a strictly applied discipline are but two examples of a view that ignores the basic and applied richness of our discipline. Applied disciplines such as social work, nursing or engineering prepare their students for professional work at the undergraduate level. Clearly, we do not fit into that mold because our professional training is undertaken only at an advanced graduate level after the core foundation of our discipline have been laid down at the undergraduate level.

Canadian psychology is different from American psychology in some respects and we have our own unique identity. However, psychology remains a discipline that cuts across borders throughout the world. What will eventually become

of the PCSAS and how it will evolve remains to be seen. Time will tell the degree of its impact on clinical psychology in Canada. For now, its introduction presents the field with the opportunity to once again openly discuss the science-practice question that has been around for a long time.

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Award for Excellence in Professional Training: Call for Nominations

CCPPP invites nominations of professional psychologists whose work exemplifies the qualities and contributions inherent in exceptional professional training. Please forward nominations for the Award of Excellence in Professional Training (Excellence in Academic Training or Excellence in Internship Training) by April 15th 2010 to nicola.wright@rohcg.on.ca. Information and procedures for nomination can be found on the CCPPP website at <http://www.ccppp.ca/en/award.html>.



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CPA Convention 2010 Internship Fair

At CPA's 2010 convention in Winnipeg, two new sessions are planned that will be of special interest to students, training directors, and internship programme faculty. The first, an internship fair delivered in collaboration with members of the CCPPP, will be a two hour session in which, during the first hour, a roster of speakers will talk about the application process, what training directors are looking for in an application and interview, and how to make the most out of the internship year. During the second hour, Canadian internship programme faculty will be available for informal discussion with students about their respective internship programmes. CPA is hoping that internship programmes will take advantage of this opportunity to liaise with students about their programmes and that students will benefit from this opportunity. Training directors wanting to participate are invited to contact the convention office at convention@cpa.ca to reserve a table (at no charge). Tables will be assigned on a first come first served basis.

The second session, planned but not yet confirmed, is a symposium hosted by the Federal Healthcare Partnership. This is an initiative of the federal government aimed at increasing its health human resource across seven federal departments <http://www.fhp-pfss.gc.ca/fhp-pfss/home-accueil.asp?lang=eng>. Psychologists, along with nurses and physicians, are professionals that the government is specifically targeting for recruitment. The symposium is intended to let students know about the opportunities for employment with the federal government and to describe training opportunities (both research and practice) for graduate psychology students.

Watch the CPA convention website for details about both sessions or contact the convention office at convention@cpa.ca.

Program Schedule for the 2010 Joint Conference of Training Councils in Psychology
February 10 – 13, 2010
Walt Disney World Hilton ▼ Orlando, Florida

Assuring Competence in the Next Generation of Psychologists

Available continuing professional education credits (CE), in hours, are indicated. CE credits for the joint program are administered by the University of Kansas Clinical Child Psychology Program. The University of Kansas Clinical Child Psychology Program is approved by the American Psychological Association to sponsor continuing education for psychologists. The University of Kansas Clinical Child Psychology Program maintains responsibility for this program and its contents.

If you require special accessibility or accommodations, please visit the registration desk so that conference organizers can attempt to accommodate your needs.

Wednesday, February 10, 2010

9:00 AM – 5:00 PM	Registration (see individual council for details)
8:30 AM – 5:00 PM	APA CoA Site Visitor Training: Doctoral Programs
8:30 AM – 5:00 PM	APA CoA Site Visitor Training: Internship and Postdoctoral Programs
5:00 – 7:00 PM	Welcome Reception
6:00 – 9:00 PM	APA CoA Self-Study Training: Doctoral Programs
6:00 – 9:00 PM	APA CoA Self-Study Training: Internship and Postdoctoral Programs

Thursday, February 11, 2010

9:00 AM – 5:00 PM	Individual Councils' Meetings (CCPPP Executive will be holding its meeting)
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Friday, February 12, 2010

8:00 – 9:00 AM	Registration and Continental Breakfast
9:00 – 9:15 AM	Welcome and Joint Meeting Overview <i>Cindy Juntunen, CCTC Chair</i> <i>Bob Hatcher, Program Chair</i>
9:15 – 10:15 AM	Keynote Address: Health Care Reform, Chronic Disease and the Emerging Role for Psychologists (1 CE) <i>David Shern, Mental Health America</i>
10:15 – 10:30 AM	BREAK

10:30 AM – 12:00 PM **Plenary Session: Foundational Competencies (1.5 CE)**
Cathi Grus, Moderator:

Competency Benchmarks: Putting it into Practice
Philinda Hutchings

Developmental Approach to Competency Development: Coordinating Across Programs, Sites, and Institutions
Beth Doll

The Competency Assessment Toolkit for Professional Psychology
Emil Rodolfa

Applying the Recommendations of the Competency Benchmarks Workgroup and the Competency Assessment Toolkit
Steven McCutcheon

12:00 – 1:00 PM LUNCH

1:00 – 4:30 PM **Concurrent Programming**
This afternoon is scheduled with small group sessions to facilitate discussion and interaction. Coffee will be available mid-afternoon for those who want a break between sessions. All of these sessions are associated with 1.5 CE credits.

1:00 PM **1. Preparing Students for Rural Practice: Opportunities, Challenges, and Future Directions**

Ed Gaughan (Chair), Josephine Tan, & Nicola Wright

This interactive session will involve a brief summary by each of the facilitators regarding issues and opportunities in preparing psychologists for rural practice followed by small group discussion. The opening remarks will orient participants to important issues in preparation for rural practice that will serve as organizing points for the small group discussions. The goal of the session is to identify issues of sufficient importance in rural practice to provide direction for core components and competencies in education and training in rural practice. Special considerations of focus for developing competence in rural practice may include 1) unique ethical issues encountered in rural practice, 2) awareness and competency development related to culture and types of diversity that may be encountered in rural practice, 3) challenges and creative approaches for addressing distance issues and practitioner shortage and 4) the breadth of patient populations, assessment and consultation questions and treatment needs encountered in rural practice. Discussion and recommendations will address the above issues as well as issues and solutions generated by the participants in the small group discussions. We hope this will lead to a consolidation of ideas to provide for future directions.

1:00 PM **2. The Use of Technology to Enhance the Training and Delivery of Psychological Services**

Nicholas Ladany, Douglas W. Woods (Chair), & Ken Weingardt

This symposium will describe advances in the use of technology to facilitate the training and delivery of psychological services. In the first talk, Dr. Woods

will discuss the importance of considering alternative methods of treatment delivery for psychological disorders with relatively low prevalence and will present outcome and acceptability data from a pilot study in which a newly tested behavior therapy for 3 children with Tourette Syndrome was successfully implemented via videoconferencing format. Next, Dr. Ladany will provide participants with an understanding of the challenges and successes associated with offering an online practicum supervision course to master's students in international counseling. Areas of discussion will include setting up and running the course, challenges associated with gatekeeping, dealing/not dealing with APA accreditation, and integrating doctoral student supervisors into the mix. Finally, Dr. Weingardt will describe three innovative projects that combine web technologies with traditional clinical training and supervision in an effort to improve training effectiveness and efficiency; (a) a NIDA funded project that combines self-paced online course with web-based supervision, (b) a VA project that combines a web-based assessment & feedback protocol with a self-paced online course, and (c) Department of Defense and NIH funded efforts to develop virtual standardized patients for psychotherapy training.

1:00 PM

4. Diversity Competence: Diverse Perspectives, Models and Methods

Jim Dobbins, David Rollock, & Erica Wise (Chair)

This session will provide participants with an opportunity to hear about and discuss varied approaches to the integration of multicultural and diversity competence into clinical training. David Rollock will focus on the importance of establishing a shared understanding of basic historical and current political facts. He will present his perspective regarding the evidence base from which EBPP should be cultivated including the "culture" of psychology and appreciating the diversity among what appear to be "monocultural" groups of individuals by looking at intersections among domains of differences. James Dobbins will focus on the importance of the social construction of identity as an ever evolving and fluid personal and social psychological space. He will address the implications of this perspective for the use of evidence based practice in professional psychology education and training. Finally, Erica Wise will describe strategies for integrating multicultural and ethical competencies into practicum training through the use of targeted vignette-based discussions.

1:00 PM

5. Thinking Together: APA and ASPPB Explore Where Ethics, Licensure, and Training Responsibilities Converge

Steve Behnke, Linda Campbell, Jack Schaffer (Chair), & Elizabeth Welfel

This session will offer a vignette-based program that looks at complex challenges faced by psychologists in training settings. The program will introduce psychologists to how ethics committees, psychology boards, and training councils analyze situations that arise in these contexts. The session will include individuals who have served on ethics committees at the state and national levels, individuals who have been involved in psychology regulation at the state and national levels, and representatives from training councils. The purpose of the session will be to examine how ethics committees, licensing boards, and training councils best work together to enhance the ethical and competent practice of psychology, with a specific focus on how and where their work converges to meet this important goal and potential impediments to thoughtful and seamless collaboration. The session will use a vignette that touches upon issues involving ethics, regulation, and training. Through an open forum, discussion format, panelists and attendees will discuss the vignette from various perspectives that will include ethics, law, risk management, and good training practice. In this manner, the session will seek to examine and integrate multiple perspectives. Panelists will actively and explicitly address such integration during their discussions.

1:00 PM

6. Training Students for Practice in Primary Care Settings

Cynthia D. Belar (Chair), Gilbert H. Newman, & Stephanie C. Wood

Our healthcare system is a system that is evolving and likely to become focused on the behavioral health needs of populations being served by over 7,000 community health care clinics in the United States. Psychology's role in primary care is essential to the welfare of patients whose medical problems are addressable through behavioral interventions. Our role in improving healthcare outcomes needs to be understood by educators in our professional education and training community, other healthcare providers, health system administrators and government officials. This presentation will provide a historical context of professional psychology's efforts to serve the public's healthcare needs with an emphasis on the importance of establishing a significant role for psychology in our healthcare system. The potential for primary care to address our internship shortage and how APA (Education and Practice) is working to support these efforts will be addressed. In addition, an overview of training issues associated with integrating primary care practicum and postdoctoral training into professional programs will be provided including competency based approaches and the structure and benefits of training doctoral and postdoctoral students to work in primary care settings; how training in primary care illuminates needed changes in the doctoral curriculum; how other training experiences (rotations) can support student interest in pursuing primary care internships; and how primary care training is relevant and exemplary of our stated training mission. Experiences establishing primary care opportunities for students, and the experience of faculty role models and challenges posed by faculty and competing disciplines will be shared. A brief overview of financing issues for training in primary care (including grant funding such as the Graduate Psychology Education Program) and the collaboration with the State Psychological Association for advocacy and to help establish ties with the State Primary Care Association will be provided.

1:00 PM

7. Practica for Emerging Service Delivery Models for Changing Demographics: Aging

Martha Crowther (Chair), Michael Duffy, & Tammi Vacha-Haase

The growing aging population has brought about unique challenges for today's health care, social services systems, and businesses, with education serving as the foundation for continued and future optimal care for the larger than ever older population. Graduate training in professional psychology continues to be under pressure to respond to the growing number of elderly and their mental health needs (e.g., Fretz, 1993; Hinrichsen, Myers, & Stewart, 2000; Jacobs & Formati, 1998; Qualls, 1998). A previous survey determined that only 1620 clinical and counseling psychology programs offered specialized training in aging (Blieszner, 1994). Hinrichsen, Myers and Stewart (2000) identified 65 doctoral internship sites training in clinical geropsychology. This presentation will address the following: 1. Review the competencies in clinical geropsychology; 2. Discuss the importance of including cultural competence in geropsychology; 3. Outline several approaches for integrating geropsychology into clinical/counseling psychology doctoral programs; and 4. Provide information on geropsychology resources, as well as identify methods to share resources, collaborative implementation and assessment of geropsychology material.

1:00 PM

11. Increasing Ethnic Minority Representation in Professional Psychology: Advocacy and Local Action

Jean Chin, Marie Miville, & Michael Roberts (Chair)

This symposium will discuss strategies for improving recruitment of ethnic minority students and faculty in education and training. Different types of training programs and locations are represented. Dr. Chin will focus on retention and the importance of addressing issues of diversity in the climate

and curriculum as well as the representation of the student population. Dr. Miville will discuss larger contextual issues with programs and institutions that can help (or serve as a barrier) with recruitment efforts (e.g., diverse faculty, ideas for networking extra-curricular activities). Dr. Roberts will present on recruiting diverse students into a specialty program in clinical child psychology from a nationwide applicant pool. After initial presentations, the participants and audience will interact to identify successful strategies for increasing ethnic minority representation.

1:00 PM

12. Revisions to the ASPPB and APA Model Licensing Acts

Steve DeMers (Chair) & Cathi Grus

This session will provide a comprehensive overview and update on revisions to the APA and the ASPPB model license acts. To set the context for this session the audience will be given a brief history of licensing laws and the creation of model license acts by these two organizations. This will include mention of the intent and use of such documents within these organizations and by relevant parties. The process by which revisions are being made to the respective model acts will be described as well as the proposed timeline for approval of these documents by their member organizations. Participants will learn of the key changes being proposed in each document in the revision process. A comparison of the similarities of the two documents as well as review of the major differences will also be provided during this session. Current and emerging issues raised as part of the revision process to these documents that relate to enhancing the competence of the next generation of licensed psychologists such as the role of technology, assessment of competence, practicum training, mobility and supervision will be mentioned. Ample time will be allocated for discussion and questions.

1:00 PM

14. Conversation with APA Commission(ers) on Accreditation: Session for New Doctoral Program Applicants for Accreditation

CoA members TBA

This session is geared toward training directors or other program representatives from doctoral psychology programs interested in applying for initial accreditation or that have recently applied. In this session, members of the CoA and staff of the APA Office of Program Consultation and Accreditation will answer your questions related to the process of seeking initial accreditation. Participants are encouraged to raise any questions related to accreditation policies and procedures, but please note that this is not a venue for individual program consultation.

1:00 PM

15. Conversation with APA Commission(ers) on Accreditation: Session for Currently Accredited Doctoral Programs

CoA members TBA

This session, which runs at both 1pm and 3pm, is geared toward training directors or other program representatives from accredited doctoral psychology programs. Members of the CoA and staff of the APA Office of Program Consultation and Accreditation will address your questions related to accreditation policies and procedures. Current issues affecting accredited doctoral programs may be discussed, but please note that this is not a venue for individual program consultation.

1:00 PM

18. Accreditation Standards in Canada: Where We Are and Where We Are Going

Karen Cohen (Chair) & Peter Henderson

In this session, Drs. Henderson and Cohen will present a brief overview of the history and model of accreditation in Canada but will focus on a review of the

draft 5th revision to CPA's Accreditation Standards and Procedures for Doctoral Programmes and Internships. They will present a summary of issues identified by our stakeholders in response to the draft revision and, as timelines permit (the revision closes for public comment only on January 15, 2010), they will also outline the direction the final 5th revision is likely to take. The presenters will also provide an overview of the positions and directions that the CPA is taking in terms of partnerships and initiatives in international accreditation. Finally, the presenters would like to reserve the final 20 minutes of their session to invite feedback from attendees about their views on the roles and directions they feel accreditation bodies should develop or pursue.

1:00 PM

19. Increasing the Number of Internships: Local Action

Sharon Berry, **Luli Emmons (Chair)**, & Roberta Nutt

This symposium/workshop will begin with a presentation of broad-based ground rules for what makes a viable and accreditable internship, reviewing necessary components and pitfalls to be avoided. After the general ground rules, some internship models will be presented, followed by several illustrative examples from the presenters' experience. The examples will demonstrate both successful how-to's and challenges. Substantial time will be allowed for questions and discussion with attendees to problem solve their own situations. The CCTC Internship Toolkit will be referenced as a resource for this session.

1:00 PM

21. Beyond Individual Psychotherapy: Using Training Clinics to Promote Clinical Competence in Research, Program Evaluation, and Supervision

Jennifer Callahan & Eric Sauer

Programs can foster integration of science and practice by using training clinics to promote not only traditional clinical competencies in assessment/intervention, but also competencies in research, program evaluation, and supervision. This session will provide an overview of empirical studies centered on training clinic research, program evaluation, and supervision. In addition, participants will be invited to discuss the challenges programs face in transitioning to such an environment (e.g., creating a data infrastructure, getting faculty "buy in").

1:00 PM

23. Organizational Structure, Business Models, and Finances of Training Clinics

Colleen Byrne & **Phyllis Terry Friedman (Chair)**

Psychology training clinics are applied settings designed to provide graduate students the best possible training in professional psychology. When integrated into clinical psychology education, they enable close supervision and controlled learning as cases can be meted out in accordance with each student's skills and developmental level. Training clinics are typically diverse as they serve varied interests, programs and communities, with differences in theoretical orientations, in the emphasis placed on research and service delivery, in client populations, and in the cultural context in which treatment takes place. Given this wide diversity, this session will present various models for successfully organizing structures, business operations and financing for training clinics.

1:00 PM

25. Integration of Science and Practice: Teaching Empirically Based Practices Across All Levels of Doctoral Education

David DiLillo, Elizabeth Klonoff, Thad Leffingwell, & **Wayne Siegel (Chair)**

This session will begin with a brief introduction to training in empirically based treatments followed by brief examples of training in empirically based treatments at the practicum, doctoral instruction, internship, and postdoctoral

levels. Much of the presentation time will be reserved for discussion among the presenters and participants focusing on pertinent issues and struggles encountered when implementing training in empirically based treatments.

1:00 PM

29. Moving Toward Competencies and Away From Hours: An Interactive Discussion

About Transforming the AAPI

Sue Crowley, Cindy Juntunen, & Karen Taylor (Chair)

This is a discussion session in which participants will brainstorm ideas about how to transform the AAPI. We will focus on developing strategies for measuring and reporting the competencies students develop in their practicum experiences. The long-term goal (outcome?) of this conversation is to establish the ability to focus on developed competencies, rather than the number of hours in practicum experiences, as evidence of readiness for internship. This anticipated outcome is also consistent with efforts to facilitate improved communication between doctoral and internship training programs. Please come prepared to share your creative ideas and be active participants in the conversation.

2:30 – 3:30 pm

COFFEE BREAK

3:00 PM

3. Education, Training, and Credentialing of Psychologists for Global Mobility

Judy Hall (Chair), Steve DeMers, & Elena Savina

This session will begin with an exploration of the education and training system in the US and Canada as compared to the European Union (and Russia), Australia/New Zealand, and South/Central American, including Mexico. Competencies will be discussed in the context of the EU's approach to mobility. The presenters will aim to inform the audience about some of the differences among the various countries' approaches to education, training, and credentialing of psychologists – and the preparation that would be needed for mobility of US/Canadian graduates to various regions of the world (and vice versa).

3:00 PM

8. Developing High-Quality Community-Based Practica

Kathleen Chwalisz, Michael Roberts (Chair), & Mark Skrade

This symposium will focus on practica outside of professional psychology training clinics. The presenters will describe experiences in their programs of creating practicum opportunities for students in various real world settings. They will describe practica developed in community sites and agencies including mental health centers, public schools, rural and inner city agencies, and Federally Qualified Health Centers. The participants will talk about strategies for developing such practica and assistantships as well as the benefits of community-based practica for students, programs, client populations, and communities. After initial presentations, the participants and audience will interact on issues involved in developing community based practica.

3:00 PM

9. Preparing Students for Licensure: What Training Directors Need to Know

Jacqueline B. Horn, Jack Schaffer (Chair), & Carol Webb

This session will focus on the Licensure Board perspective on Competence and what Training Directors need to know to prepare their trainees to demonstrate their competence to achieve psychology licensure. Differences between "training" and "regulation" and between licensing boards versus psychological associations will be highlighted. Requirements for licensure will be detailed with particular attention given to the EPPP, including discussion of strategies for preparation for success. Presenters will share examples of

problems applicants have had when they have been misinformed about licensure requirements. The development of the ASPPB guidelines for practicum experience for licensure as a response to changes in postdoctoral requirements will be explored, as will future ASPPB plans for projects on Supervision Guidelines and Telehealth Practices. The importance of banking credentials and planning for licensure mobility will also be presented. This presentation will make clear the multiple resources ASPPB has available to assist training programs in strengthening students' preparation for licensure, and hopes to strengthen the collaborative relationship between regulatory and training organizations.

3:00 PM

10. Recruiting and Mentoring Underrepresented Students: Best Practices Examples

Louise Baca (Chair), Rachel Casas, & Annette La Greca

Three perspectives and different best practice examples will illustrate the joys and complexities of recruiting and mentoring underrepresented students. Each presenter will offer twenty minutes of expertise, and the panel will answer questions from the audience for the last half hour. Dr. Baca will give concrete examples of effective practices to recruit and retain underrepresented students from a Practitioner/Scholar model. Rachel Casas will share the student perspective regarding what it takes to recruit and retain an underrepresented student. Dr. La Greca will be discussing her involvement with a summer research program for minority undergraduates at the University of Miami. She will describe funding, selection procedures and the importance of faculty involvement.

3:00 PM

13. Workforce Issues: Current Status

Cathi Grus (Chair), Ron Rozensky

Workforce analysis can be a key tool in determining the current and future societal needs for psychological services. That information, in turn, can inform educators when revisiting curricula in preparing competent psychologists to meet those service needs. This session will address three aspects of workforce analysis and the professional psychology pipeline; (1) an overview of the concept of workforce analysis including who, how, and what data is collected, (2) available data on the professional psychology pipeline and need for psychologists with comparison to workforce studies carried out by other professions, (3) concluding with a discussion of the implications of the data on education, training, and future employment, the gaps in the data, and why those gaps must be filled.

3:00 PM

16. Conversation with APA Commission(ers) on Accreditation: Session for Currently Accredited Doctoral Programs

CoA members TBA

This session, which runs at both 1pm and 3pm, is geared toward training directors or other program representatives from accredited doctoral psychology programs. Members of the CoA and staff of the APA Office of Program Consultation and Accreditation will address your questions related to accreditation policies and procedures. Current issues affecting accredited doctoral programs may be discussed, but please note that this is not a venue for individual program consultation.

3:00 PM

17. Conversation with APA Commission(ers) on Accreditation: Session for Internship and Postdoctoral Programs

CoA members TBA

This session is geared toward training directors or other program representatives from psychology internship and postdoctoral residency

programs. Members of the CoA and staff of the APA Office of Program Consultation and Accreditation will answer your questions related to accreditation policies and procedures, as well as the process of seeking initial accreditation. Current issues affecting internship and postdoctoral programs may be discussed, but please note that this is not a venue for individual program consultation.

3:00 PM

20. APPIC and You: Answers to Your Questions about the AAPI Online and the APPIC

Match

Sharon Berry (Chair), Greg Keilin, & Karen Taylor

This break out session will provide a forum for discussion between APPIC leaders, internship training directors/faculty, graduate program directors/faculty, practicum supervisors, and students regarding the Match and the AAPI Online. Statistics and trends will be presented along with recent survey results to guide the discussion. We will address questions related to the process of the Match, obtain feedback about the newly launched AAPI Online, and solicit your recommendations for improvement. This will be a chance for all involved with the internship process from graduate school through internship to talk together about the process and gain a better understanding of the role each plays along this continuum.

3:00 PM

22. Facilitating Lifelong Learning and Promoting Professional Development

Nadine Kaslow (Chair), Rick Morris, & Greg Neimeyer

This program addresses issues that are critical to the development of lifelong learning, professional development, and continuing competencies among psychologists. Three presentations are designed to target key considerations and to stimulate discussion concerning mechanisms for promoting lifelong learning and assessing its positive outcomes. Presentations focus on how to cultivate a commitment to lifelong learning, what we currently know about the impact of continuing education, and regulatory/licensing issues surrounding the maintenance regulation of ongoing professional competencies. The presentations are designed as springboards for discussion concerning the wide range of issues surrounding the importance of a commitment to lifelong learning and the mechanisms available to promote its development and assess its outcomes.

3:00 PM

24. Integrating Student Competency Evaluations into Training

Lee Cooper, Rob Heffer (Chair), Brian Lewis, & Douglas K. Snyder

Clinical, counseling, and school psychology doctoral training programs share a mission to prepare trainees to be competent scientist practitioners. This session will apply and extend recommendations from APA, CCTC, and ASPBB to assess and track the development of core competencies in professional psychology trainees. Presenters will provide a brief overview of the competency assessment approach, examples of how the Hatcher and Lassiter (2007) Practicum Competencies Outline has been used to develop an assessment process of applied competencies, and how the Practicum Competencies Outline has been expanded to include assessment of research competencies. This session will focus on practical application, active discussion, and information exchange with participants.

3:00 PM

26. Competency-Based Assessment in Training Evidence-Based Practice: Case Studies of Works in Progress

Joanne Davila (Chair) & Douglas Woods

Clinical psychologists have been successful at creating efficacious and effective interventions for a variety of mental health conditions. However,

disseminating these interventions to treatment providers remains a significant concern (Insel, 2009). In response to this problem, the National Institutes of Mental Health (NIMH) recently requested applications to develop and evaluate novel curricula aimed at training mental health professionals to implement scientifically supported behavioral treatments. In this panel discussion, two recent recipients of this grant will provide an overview of each project, focusing primarily on their efforts to incorporate competency assessment into the training curriculum. Dr. Woods will describe the University of Wisconsin-Milwaukee's proposal to develop an integrated curriculum to train students to competently develop, test, and translate into clinical settings behavior therapy for tic disorders/trichotillomania, behavioral activation for depression, and prolonged exposure for PTSD. Dr. Davila will discuss Stony Brook University's efforts to develop and refine a curriculum that provides clinical psychology graduate students with a broad training that focuses on the conceptual and empirical bases of exposure-based therapy for anxiety disorders and provides them with skills for effective practice and dissemination of evidence-based approaches. After summarizing the projects, discussion will be held regarding the larger issue of disseminating competently-administered CBT procedures across various levels of experience and training.

3:00 PM

27. Building Competence in Supervision

Carol Falender, Sheryn Scott, & Cal Stoltenberg (Chair)

Carol will provide the most recent product of the Benchmarks Work Group for supervision as a handout and will trace the development of supervision competencies from the Competencies Conference, through Benchmarks to the recent work by Rings, Genuchi, Hall, Angelo, & Cornish (2009). Additional work out of Australia will also be presented. Sheryn will present recommended rubrics for the Benchmarks Work Group competencies and guidance on their implementation for first through fourth year students (prior to internship). Integration of the Reflective Practice/Self Assessment material as part of the training sequence and work on bringing practicum placement supervisors up-to-date in assessment of competencies will also be addressed. Handouts will be provided. Cal will augment these presentations with a brief discussion of applying Evidence Based Practice in Psychology (EBPP) principles to competence in supervision. Particular attention will be paid to three basic components of EBPP and how they can be applied to the supervision process: best available research, clinical expertise, and patient (and supervisee) values. Handouts will be provided.

3:00 PM

28. Training Psychologists for Advocacy

Karen Cohen, Konjit Page, & Laura Palmer (Chair)

Currently, there are unprecedented pressures and stressors on the field of psychology, which requires a robust and sustained investment in advocacy. Psychology is being shaped by factors including globalization, evolutionary changing workforce demands, shifting demographics, as well as unanticipated forces. The impact of these factors, which are exacerbated by professional underinvolvement in advocacy, present risks to the relevance of psychology – as well as opportunities to ensure our future. This symposium presents advocacy as a core competency for psychologist and psychologists in training. Presenters will review current American and Canadian advocacy structures serving psychology; critical issues facing psychology that require legislative advocacy; current trends of psychologists' involvement in legislative advocacy; advocacy as a core competency and ethical responsibility for psychologists; opportunities available to students and psychologists for involvement in local, national and global advocacy; and examples of how other disciplines as well as other countries incorporate advocacy in training, ethics and scope of practice.

3:00 PM

30. Trends in the Training and Education of Professional Psychologists

*Deborah Bell, Kathy Bieschke, Claytie Davis, **Bob Hatcher (Chair)**, Emil Rodolfa, & Roger Peterson*

Training and Education in Professional Psychology (TEPP) is the primary journal for professional psychology educators. Based on manuscripts published, the TEPP editorial team will discuss current trends in the field of supervision and training. Each member of the Editorial Team will present a topic of significance recently published in TEPP. The issues will include: the profession's view of competency and the competency movement; assessment of competencies; how psychology programs include social justice training into their curricula as well as what the field can learn from the experiences of ethnic minority supervisors.; broad and general training; overview of the professional psychology pipeline (i.e. public disclosure, what graduate students look for and characteristics of successful psychology graduate students and graduate programs); and finally a guide to help fill the gaps in the literature by publishing in TEPP. The presenters will encourage comments and questions from participants.

Saturday, February 13, 2010

8:00 – 9:00 AM

Continental Breakfast

9:00 – 10:40 AM

Plenary Session: Leadership (1.5 CE)

Moderator: Jean Chin

This session will present information and resources related to common leadership issues for training directors in professional psychology.

Training Director: Benefits and Challenges of the Role

James Lichtenberg

Elizabeth Klonoff

Creating a Supportive Environment for Trainees and Faculty/Supervisors: Focus on Diversity

Jeannette Hsu

Dealing with Difficult Students: Legal Concerns and Available Resources

Nancy Elman

Ann Springer

10:40 – 11:00 AM

BREAK

11:00 AM – 12:15 PM

Leaders' Panel Discussion (1 CE)

Cynthia Belar

Dianne Chambless

Karen Cohen

Bob Hatcher (Chair)

Stephen McCutcheon

Roger Peterson

12:15 PM

Boxed Lunch

This programming schedule is accurate as of November 15, 2009. For a more complete program description, please visit:
<http://www.psychtrainingcouncils.org/Event2010/documents/2010%20CCTC%20meeting%2028%20Oct%2009%20version.pdf>.



Canadian Council of Professional Psychology Programs
Conseil canadien des programmes de psychologie professionnelle

www.ccppp.ca

2010 Joint Conference of Training Councils in Psychology Registration Form

February 10-13, 2010

Hilton Walt Disney World Resort. Orlando, Florida

N.B.: APA CoA workshops will be held on the 10th February followed by an evening welcome reception for everyone on that day. The CCPPP Executive members will be holding their mid-winter meeting on the 11th February. Joint programming for the conference will start on 12th February 2010. For more information on the programming schedule, please visit <http://www.psychtrainingcouncils.org/Event2010/documents/2010%20CCTC%20meeting%2028%20Oct%2009%20version.pdf>.

If you have questions or require assistance with the registration, please contact Dr. Nicola Wright at nicola.wright@rohcg.on.ca, or (613) 722 -6521, ext. 6741 (tel).

Section A: To register for the conference, please complete this form and submit by email, fax or mail.

First Name: _____

Last Name: _____

Address: _____

Address 2: _____

Address 3: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Email: _____

Institution: _____

Special food request

___ Vegetarian ___ Vegan ___ Other: _____

Please specify special accommodations- wheelchair access, printed materials with large type, dietary needs, etc.: _____

Guest Name: _____

***Payment information:** *Please pay by cheque only. Make cheque payable to "Canadian Council of Professional Programs in Psychology":*

____ Early Registration Fee (before 15 January 2010) CAD \$ 275

____ Registration Fee (on or after 15 January 2010) CAD \$ 300

**Conference fee includes breakfast and lunch on 12th and 13th February.*

To complete this registration, please send this completed form with payment to:

CCPPP-CCTC Joint Conference
c/o Dr. Douglas French
École de psychologie
Université de Moncton
Moncton, NB,
Canada, E1A 3E9

Dr. French can be reached at 506-858-4203 (tel), 506-858-4768 (fax), and douglas.french@umoncton.ca.

Your registration must be paid in full prior to attending the conference. Thank you.

Section B: Hotel Accommodations

If you wish to stay at the conference hotel, Hilton Walt Disney World Resort, 1751 Hotel Plaza Blvd. Lake Buena Vista, FL 32830, Tel: 407-827-4000, please note that due to the enormous popularity of the 2010 Conference, we expect that the reserved block of rooms will sell out. However, there are rooms available and we ask all members to book their hotel room directly through the link below:

<http://www.hilton.com/en/hi/groups/personalized/ORLDWHH-PIC-20100209/index.jhtml>

Section C: Important: Please complete the following survey regarding your interest in the Joint Program Friday afternoon breakout sessions so that we have an estimate of numbers to guide room planning:

Link to survey: <http://chp.php.ufl.edu/cudcp/2010/index.php>

CCTC website to view Joint Program: <http://www.psychtrainingcouncils.org/>

Section D: Pre-Conference Workshops for APA CoA

The Committee on Accreditation will sponsor the following training opportunities prior to the CCTC 2010 Conference in Orlando, FL. Please register directly with CoA through Kristen Thompson (contact information below):

Wednesday, February 10, 2010:

8:30 am - 5:00 pm: CoA Site Visitor Training: Doctoral Programs

8:30 am - 5:00 pm: CoA Site Visitor Training: Internship and Postdoctoral Programs

6:00 pm - 9:00 pm: CoA Self-Study Training: Doctoral Programs

6:00 pm - 9:00 pm: CoA Self-Study Training: Internship and Postdoctoral Programs

To Register Online: <http://www.apa.org/ed/accreditation/sitevstrnews.html> or contact: Kristen Thompson | Site Visit Manager, Tel: (202) 336-5995 or email: kthompson@apa.org