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

CCPPP NEWSLETTER

Contents

<ul style="list-style-type: none"> • President's Message • Notice of AGM • Elections • Training Award • Clearinghouse 2006 • Advocacy Work • New internship—A Director's Perspective • Evaluating Practicum Competencies 	<ul style="list-style-type: none"> • Time for on-line mini-surveys? • Translations • Liaison Assignments & Reports • Website/Listserv/Directory • Preconvention Workshop • Tribute to Dr. Margaret McKim • CCTC Policy on Communications • CCPPP Change of Information Form
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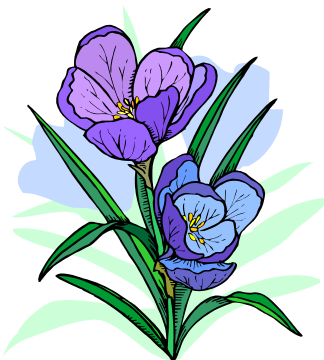
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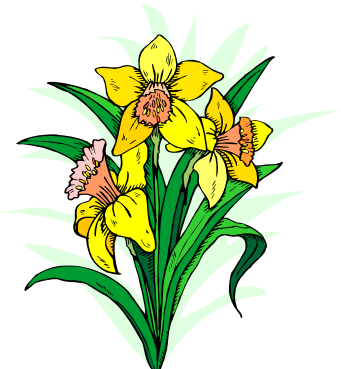
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President's Message

Dr. Laurene Wilson

It has been a tremendous year serving on the executive with Dr. Val Holms, Dr. Ed Johnson, Dr. Doug Cane, Dr. Mary Ann Evans, Dr. Lyne Thomassin, & Dr. Adrienne Perry. In addition to our work throughout the year via email, we had a productive mid-winter meeting on February 11 and 12, once again in Winnipeg. In wrapping up the year, I look forward to the Calgary convention, where Dr. Don Stewart will facilitate our preconvention workshop on supervisory relationships. Our thanks to Ed again for organizing the workshop. A reminder and overview is reprinted later in the newsletter.

Regretfully, the executive will be saying farewell to several members: Val, Doug, Lyne, and Adrienne. On behalf of membership I thank them for their service to the organization, the opportunity to collaborate in the projects we undertook, friendships we developed and the fun times we had. I look forward to continuing work with Ed and Mary Ann, as well as the new executive members who are announced under elections in this newsletter.

This newsletter announces our training award winner. Our organization is fortunate to have a number of very deserving trainers nominated for the award this year, but it made the selection of a single winner especially difficult!

In pursuing the agenda of promotion of the CCPPP organization and training, the executive continued its work in advocacy this year. A report is offered below. We are also pleased to include a column by Dr. Rebecca Mills, concerning the development of the new internship program at River Valley Health in New Brunswick. Thanks Becky!

Our efforts to better reach colleagues and programs in Quebec continued through translation of CCPPP materials. This year, Dr. Thomassin reviewed our website, recommending priority items for

translation, while Dr. Holms identified a new translator to assist CCPPP in these endeavours.

In further pursuit of agenda raised at last year's preconvention workshop, Dr. Evans led work on the development of guidelines concerning preparation for internship. It is hoped that these guidelines will help focus students' efforts beyond an "unhealthy" emphasis on accumulation of hours. The results of this work will be presented for approval at the 2006 AGM. Dr. Evans also reports in this newsletter on her program's adaptation of the ADPTC practicum competencies format for evaluation of students taking practica at Guelph.

At mid-winter meeting, the executive considered some special projects wherein we might wisely invest some of our increasing budget surplus. Dr. Johnson discusses one potential idea for investment: more systematic collection of data for the membership's use, on questions that regularly arise for our training director members.

This newsletter contains liaison reports for CUDCP, CPAP and CCTC, as Dr. Johnson and I attended these meetings in the past year. Dr. Holms also reports on her continuing liaison relationship with APPIC.

Finally, the Canadian training committee was saddened by the sudden loss of our colleague at the University of Saskatchewan, Dr. Margaret McKim. The tribute prepared by her colleague and friend Dr. Patti MacDougall is included in this newsletter.

CCPPP Elections

Dr. Laurene Wilson

The executive is pleased to announce the following elections by acclamation:

President-Elect—Dr. Sandra Clark, B.C. Children's Hospital

Secretary-Treasurer—Dr. Rebecca Mills, River Valley Health, Fredericton

Member-at-Large—Dr. Andrew Starzomski, Nova Scotia Hospital, East Coast Forensic Hospital

Congratulations, and welcome to Sandra, Becky & Andrew! Thanks in advance for agreeing to serve.

As no nominations for our other member-at-large position have been received, these will continue to be accepted by the president in writing or will be taken from the floor at the AGM on June 7, 2006 in Calgary.

Notice of Annual General Meeting

The Annual General Meeting of the CCPPP will be held from 3 to 5 pm, June 7, 2006 at the Westin Hotel, Calgary, Alberta.

This meeting follows the CCPPP pre-convention workshop (8:30 to noon) and afternoon training director's informal discussion/consultation (1 to 2:30 pm).

Please submit agenda items for the AGM to
Laurene Wilson
laurene.wilson@saskatoonhealthregion.ca



CCPPP Training Award Dr. Val Holms

The executive would like to note that a number of excellent nominations for the training award were received this year. We hope that individuals and committees who made the effort to submit these candidates' names will consider making these submissions again in the future, as the individuals were all respected, appreciated, and deserving nominees.

CCPPP is very pleased to announce that the Award for Excellence in Professional Training is being presented to Dr. Leslie Greenberg.

The following summarizes comments provided by those individuals who supported Dr. Greenberg's nomination.

Dr. Leslie Greenberg has been actively involved in shaping and informing the practice of hundreds of graduate student and clinicians over the past thirty years. He has also been pivotal in the dissemination of and training in Emotion-Focused Therapy. He is a brilliant clinician, an outstanding teacher, an extremely empathic and compassionate individual and a true exemplar of the scientist-practitioner model. Dr. Greenberg is a master clinical trainer and a gifted, generous teacher whose clinical supervision is legendary. He has attained an astonishing level of excellence in the professional training of psychologists and has achieved world-wide recognition through revolutionizing the field of psychotherapy practice.

Dr. Greenberg will unfortunately be unable to attend the AGM of CCPPP to accept his award, as he will be away. CCPPP thanks you for your outstanding contributions in training.

**CONGRATULATIONS,
DR. GREENBERG!**

Clearinghouse 2006 Dr. Val Holms

While CCPPP no longer runs an official Clearinghouse, the Past-President continues to facilitate the connection of unmatched Canadian students with programmes having open positions. This year, six students contacted Dr. Holms on the day of the match and three were able to find positions within 48 hours. CCPPP is happy to continue to offer assistance to unmatched students and encourages programmes and students to contact

the past president on Match Day. In 2007, this will be Dr. Laurene Wilson.

Advocacy Work

Dr. Laurene Wilson

In continuing our advocacy work this year, to promote additional internship training placements in Canada, a letter was prepared for the chief psychologist with Correctional Services of Canada suggesting the value of internship training in recruiting psychologists needed to fill vacancies in this service sector. Additionally, a column was prepared which will appear in summer newsletters of provincial psychological associations, inviting psychologists who may not be currently training to offer supervised training experiences through practica and internship programs. All the CCPPP advocacy communications are now posted on our website: www.ccppp.ca/en/advocacy/index.html

New Internship: A Director's Perspective

The Creation of a Predoctoral Psychology Internship Program

Rebecca Mills, Ph.D., L.Psych.
River Valley Health, Fredericton

I was recently asked to produce an article on the development of a new internship program for the CCPPP newsletter, and although I agreed, I really felt uncertain what to write. We were already into our second year, planning for our third, and thinking about accreditation. Many of our 'growing pains' had already been forgotten.

Meanwhile, our hospital information systems people requested that we do some purging of our various email folders. This was one of those serendipitous occurrences, because I found three years' worth of (forgotten) reminders of all the steps along the way.

Allow me to set the context first, however. As you know, New Brunswick is a small province, with a population of less than a million people. There are a few small cities, and then a largely rural population. It is a bilingual province. There are now two Ph.D. programs available that provide training in clinical psychology (University of New Brunswick, which is CPA and APA accredited; and Université de Moncton, which is working toward accreditation). There has been nowhere in the province for their doctoral students to complete their internships, and of course many leave the province, never to return. We have a chronic shortage of psychologists in the province, especially in the more rural areas. Meanwhile, in our hospital region (here in Fredericton, practically 'next door' to UNB's doctoral students), we have fourteen licensed psychologists in three affiliated sites who enjoy working with students, and who have been talking about developing an internship long before my arrival in 1999.

The actual planning began likely five years ago, although we merely discussed the ideas, and we were trying to figure out whom to approach. My colleagues were all keen to help (and are a wonderful group to work with!), as were the managers of the various service areas. By the middle of 2003, we had written a proposal (which included the 'why', 'when', 'where', 'how' and 'who' of providing an internship program). We especially used 'recruiting and retention' (two of our favourite 'buzz words') as primary reasons for wanting to develop an internship program, as that can be a significant problem in New Brunswick. Members of CCPPP were able to give us a great deal of advice as we wrote the proposal. The accreditation guide provided by the Canadian Psychological Association (CPA) was essential as well. We consulted with our hospital recruiting officer regarding how to 'sell' the project and publicize it. We then sent the early version of the proposal to our Vice President of the hospital region (Ms. D. Morrison), and later met with her to ensure she would support the idea. Fortunately, she was very supportive, but stated that we would need to secure funding from the government as opposed to expecting anything from our current budget.

So began the letter writing campaign, and this is where I am especially eternally grateful for all the assistance we got. As we all know in the field of clinical psychology, many people are generally unaware of who we are and what we do. “Interns” are even more mysterious and misunderstood! Every step along the way required educating others, and we used to analogy of ‘medical resident’, and tried to avoid the term ‘student’. By early 2004, letters of support had been provided by the executive of CCPPP (Dr. P. Minnes at that time), the Canadian Psychological Association (Dr. K. Cohen), the president of the College of Psychologists of New Brunswick (Dr. L. Goguen at that time), and the chairs of both UNB (Dr. S. Byers) and U de M. (Dr. P. Bourque). A more complete proposal and copies of the letters were presented again to our VP, and we were given the ‘green light’ to approach the government.

Our Department of Health and Wellness liaison received the proposal in the spring of 2004, and she met with me, our hospital VP, and one of my colleagues, Dr. David Colquhoun (who is currently our regional clinical leader) in late March. She was quite encouraging about the viability of this project, particularly for the purpose of recruiting psychologists to the province. She took it to the Minister of Health and Wellness, and all we could do then was wait. I found this the most difficult stage, by far. Meanwhile, by the summer of 2004, a graduate student from U. de M. was looking for an internship experience within the province and applied to our fledgling program, even before funding was secured. This gave us a wonderful opportunity to test out our selection process, general plans, and the structure of the rotations, and we are grateful to her for being brave enough to give it a try! By September of 2004 we got the word that the provincial government would fund this project, and no one was more thrilled than our first intern when she found out she’d get a salary after all.

Once we knew funding was secured, it was time to print and distribute our brochure (which had been written over the course of the summer). I selected several other brochures from similar internship programs to help structure ours, and of course my excellent colleagues helped with the editing. One

of our wonderful multi-media staff persons helped me produce the final document very quickly, and it was sent to all clinical psychology graduate programs across Canada. We continued with our ‘public relations’ with an announcement in our provincial newsletter, by placing our brochure on our website, and submitting an article to our hospital paper. Soon we were members of CCPPP and also registered with APPIC, so that applicants could use the ‘usual’ procedures to get information about and apply to our new program... and then more waiting began. Sure enough, we had several applications for the 2005-2006 year. However, others made enquiries, but were unable or unwilling to apply to a non-accredited program.

Our selection committee was formed, and we felt that the interviewing went well. We got some feedback that our interview process was more rigorous than many, so maybe we were too tough! The next step was our first ‘Match Day’ (February 28th, 2005), and it was thrilling to have two excellent candidates matched to our site. The three interns we have had so far have all been instrumental in helping carve out what they need in order to fully develop into independent psychologists. I am grateful for their courage and ingenuity.

There were a few other ‘adventures’ along the way. In order to follow accreditation rules, we have worked very hard to get a discipline leader (since we are ‘program managed’). We wanted and needed such a leader anyway, so this gave us more ‘ammunition’. This has recently put in place. We have had one of our psychologists leave our system, which meant rearranging rotations somewhat suddenly for one of our interns. One of our three sites has recently reorganized their management, and they have needed more education about interns so that they would be receptive to including them in longer-term planning. Development of evaluation tools and a means to track interns’ time in direct client care and supervision, as well as ways to deliver good didactic sessions has been important. Finally, finding reliable office space is always a challenge in our crowded hospitals.

In the future we anticipate further challenges. Despite the acceptance and success of our current internship program, one of our bigger fears is losing our funding as budgets or governments change. I am aware that this has happened in other places, often without warning. On a less catastrophic scale, seeking accreditation is an important but challenging (or shall I say, daunting?) endeavour. Apart from this, development of the River Valley Health Fredericton Predoctoral Internship Program has been a very exciting and rewarding experience so far. It challenges us to look at our evolving and interesting profession, and use our advocacy, leadership, and public relation skills to promote all that we can offer.... and hopefully encourage those students we serve to do the same in the future.

Evaluating Practicum Competencies Using the ADPTC Competencies Document Dr. Mary Ann Evans

In March 2004, The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup circulated a working document that set out a set of core competencies for psychologists that should be addressed in pre-internship level training. The document also presented five categories for describing levels of expertise in each of the competencies domains. The Clinical Psychology: Applied Developmental Emphasis program at the University of Guelph used this document to recently create a new practicum evaluation form for our use in an attempt to align our training evaluations with these guidelines. While we are in the early stages of implementing it, readers may be interested in knowing the major modifications we have made in adapting the ADPTC document as a practicum evaluation form.

Modifications for rating levels of expertise. The first change is that the categories describing levels of competence were modified to provide more differentiation of competence in the lower half of the scale, including more floor appropriate for the

evaluation of students in their earliest practica. The five ADPTC levels are Novice (“limited knowledge and understanding”), Intermediate (“minimum level of competence at end of practicum”), Entry -Level Professional (“minimum level of competence at the end of the internship year”), Proficient, and lastly Expert (“an enormous background of experience, intuitive grasp...deep understanding”). In our evaluation form we have dropped the Proficient and Expert levels and added two more before that of Entry-Level Professional. Thus we have: **Some Concerns** (the term used in our formal department Graduate Review to reflect serious concerns about student progress and preparedness); **Novice** and **Intermediate** (with descriptions similar to that of ADPTC but not identical), **Advanced** (the level of skills to strive to achieve prior to applying for internship) and **Entry-Level Professional** (description similar to that of ADPTC but not identical.) We have not included the categories Proficient and Expert on our form, in that these categories apply to psychologists in the ADPTC document, not psychology students.

Modifications to items for rating. The ADPTC document presents 100 items in 13 areas. For 80 of the items in 11 areas, the level of expertise expected at the completion of practicum training is indicated. However for two areas –Personality Characteristics/Intellectual/Personal Skills; and Knowledge from Classroom Experiences—the 20 items within them are presented as baseline competencies and no level of expertise at the completion of practica was indicated. Our evaluation form includes nine items that we have created pertaining to personal characteristics that are not necessarily assessed in formal coursework. Briefly these tap recognizing personal biases, functioning under stress, emotional maturity, conveying confidence, awareness of effect on others, ability to modify behavior, demonstration of empathy, responsibility for own actions, and timeliness of work completion. We feel that we would be remiss were we not to monitor and assess these, especially at the earlier stages of training.

From the remaining 80 items we have created 47 items in six areas. Thus our form rates 56 items in seven areas: Skills in the Application of Research; Assessment Skills; Intervention/Therapy Skills;

Ethics; Diversity and Cultural Issues; Personal Characteristics; and Interpersonal Relationships and Skills. There is also an eighth area “Other” for adding ratings of competencies likely to be less frequently observed in practica (such as aspects of supervisory skills.) This still makes for six pages of rating items, not all of which are equally applicable to all practicum experiences. Nonetheless one potential challenge we foresee is the time required to complete an evaluation of such specificity and extent. On the other hand, this detail of evaluation is an important way to monitor, adjust, and plan practicum experiences and skills towards an appropriate balance of training within the doctoral programme and within the expected time frame. It is also a way of acquainting or reacquainting our practicum supervisors with the competencies outlined in the ADPTC guidelines so that supervision of our students is aligned with these goals.

Additions to complete the evaluation. Finally we have a place for the supervisor’s overall evaluation of their satisfaction with the student during the practicum, a “not observed” option for the rating items, an area for qualitative comments, and an area for recommendations for the student’s future skill development.

Future steps. In the coming year we will be reflecting on the content and feasibility of this new practicum form through the feedback of supervisors, students, and our own experiences as faculty with it. I would be happy to hear from others to learn their experiences regarding practicum evaluation, to receive their comments on what I have described here, or to share this evaluation form and our progress with it by post (Department of Psychology, University of Guelph, Guelph, Ontario N1G 2W1) or e-mail (evans@psy.uoguelph.ca).



The ADPTC Practicum Competencies document is available at:
<http://www.adptc.org/>
 → link at bottom of page

On-line mini-surveys: Has the time come to be more systematic?

Dr. Ed Johnson

From time to time members of CCPPP post questions on the list-serve requesting information from other directors about how things are done, or whether certain things are done, elsewhere. Although some of these questions are primarily seeking qualitative information, many of them appear to involve requests for quantitative data. For instance, over the past year there have been ten questions posted that included, or could have easily included, a quantitative element. These questions were about:

1. Stipends for directors (how much?)
2. Accreditation plans (CPA only?)
3. Supervisor evaluation procedures (Is it done?)
4. Practicum supervisor stipends (how much?)
5. Use of the term Intern vs. Resident
6. Academic teaching credit for clinical supervision (how much?)
7. Internship director role (time allotment, stipend, admin support)
8. Registration and faculty status (several q’s)
9. Student-trainee competence policy (do you use it?)
10. Retention of student records (how long?)

After reviewing these volleys of question-and-answer exchanges on the list-serve I noticed some interesting patterns:

1. There is wide variability in how many responses are elicited (on the list-serve) by a question, from many (over a dozen) to none.
2. Many times the responses could easily be summarized (e.g., simple frequencies) but are not.

These observations supported a nagging feeling I had that our informal surveys are not doing justice to our collective experience. It strikes me that it can be very useful to have frequency data, means, etc., about what is done at other programs when arguing

with administrators for more resources. However, unless we do a better job of collecting, summarizing, and sharing this data, we are unlikely to ever realize such benefits.

So, the question I am posing to the group is whether there is enough interest to develop a more systematic way of posing these questions, collecting information, and sharing the results. There are a few different ways we could proceed. Perhaps the simplest approach would be to agree amongst ourselves that whenever we are posing questions of the membership that we agree to summarize any quantitative information received and share it on the list-serve. A more ambitious and costly approach would be to develop a mechanism for putting such questions into the form of an on-line survey that would be posted for a specified period of time. CUDCP has used this form of data gathering. The advantage of it is that brief surveys are quick and easy to complete and yield reasonably high rates of responding and yield useful data. The downside is the time, effort, and expense that is necessary to get such a system up and running.

To gauge opinion on this issue I invite CCPPP members to answer the following questions that I will post on the list-serve following publication of the newsletter.

1. Do you think it would be worthwhile to collect, summarize, and share information on the list-serve in a more systematic way? YES or NO
2. If yes to #1, which of these two strategies do you favour:
 - a. a simple agreement that we will summarize the responses we pose to the questions we ask on-line? OR
 - b. developing an on-line survey mechanism, that cost CCPPP approximately \$1,500 a year to operate (including hiring a student or assistant periodically to tabulate results).

If you can't wait for the list-serve question by all means go ahead and post your responses on-line or if you wish to remain anonymous, send them to me back-channel at ed_johnson@umanitoba.ca. I look forward to hearing from you on this issue.

Translations

**Drs. Lyne Thomassin, Val Holms
& Laurene Wilson**

CCPPP continues to enhance the variety of policies, documents and communications offered in both official languages. This year's work concentrates on our website. Dr. Thomassin has undertaken a review of the English side of our site, recommending priority items for translations and a parallel navigation system for the French side of the site. Dr. Holms identified a new translator, and both she and Dr. Wilson have been communicating with him. These changes will hopefully be posted by early summer.

CCPPP History Project

Dr. Patricia Minnes continues to document the history of the CCPPP, and needs help.

Please check the existing information documented for the CCPPP history project in December 2005's newsletter <http://www.ccppp.ca/en/newsletters.html> and forward any additional information you might have to minnesp@post.queensu.ca.



Liaison Assignments

- CRHSPP (Dr. Doug Cane)
- CPAP (Dr. Ed Johnson)
- CPA Clinical Section (Dr. Doug Cane)
- CPA Counselling Section (Dr. Adrienne Perry)

- CPA Psychologists in Education (Dr. Mary Ann Evans)
- CPA Student Section (Dr. Val Holms)
- CPA Education and Training (Dr. Adrienne Perry)
- CPA Board of Directors (Dr. Val Holms)
- CUDCP (Dr. Ed Johnson)
- APPIC (Dr. Val Holms)
- CCTC (Dr. Laurene Wilson)

CUDCP Liaison Report

Dr. Ed Johnson

CUDCP (pronounced cud-cup) stands for the *Council of University Directors of Clinical Psychology*. Its mission is to “to promote the advancement of graduate education in Clinical Psychology that produces psychologists who are educated and trained to generate and integrate scientific and professional knowledge and skills so as to further psychological science, the professional practice of psychology, and human welfare” (CUDCP Bylaws, 1995, p.1). Membership in CUDCP is for “regionally-accredited universities offering scientist-practitioner programs at the doctoral level in Clinical Psychology . . .” (CUDCP Bylaws, 1995, p. 2). Although the vast majority of member programs are American, there are also several Canadian members.

In January of this year, CUDCP held its annual meeting in Tucson, Arizona. The meeting ran for two days and also offered a number of workshops prior to the meeting that offered DCTs training in the preparation of self-study reports for APA accreditation, as well as site-visitor training, and training for new DCTs. These workshops are typically extremely informative, particularly, the session for new DCTs is an invaluable state-of-the-art introduction to the job of running a clinical program. CUDCP also publishes a manual for new DCTs that is also very useful, although some of the information is geared more to American programs.

At the APA self-study workshop I attended I inquired about accreditation in Canada to the two CoA members who were leading the workshop.

Their reply provided some insight into the motivation for APA to cease accrediting in Canada. The CoA is now receiving requests from around the world for APA accreditation and they do not wish to be a global accrediting body. They have determined that they cannot very well say no to programs from other countries, however, while still accrediting in Canada.

The primary issue discussed at this year’s meeting concerned what providing a “broad and general” education in psychology (as required by accreditation) should mean. The CoA had asked CUDCP to provide it with input on this issue, thus, the meeting held a variety of discussions on the topic. Opinions ranged widely. On one side, Roger Peterson argued eloquently for exposing students to high-quality divergent thinking from social psychologists, sociologists, anthropologists, etc. with the aim of instilling a passion for continuous learning and appreciation of broad ways of thinking about fundamental processes. On the other side, Michael Roberts advocated a model of exposing students to cutting-edge knowledge in basic labs and specialized courses as a means of providing students with the analytic and methodological tools to think through fundamental problems in an active way (rather than in the passive, topic-a-day, typical survey course). Finally, Varda Shoham, argued that there are wide differences in the types of academic programs in existence (in the U.S.) that are evident in the number of admissions, which range from 8 to 10 for university-based scientist-practitioner programs to 40 to 50 for free-standing Psy.D. programs. These differences suggest that the need for broad and general foundation course is greater for students who have less background in psychology at the undergraduate level (e.g., those without an honours degree) and who are enrolled in a free-standing Psy.D. program.

Other meetings at CUDCP fostered discussion about perennial interests of directors, such as how to implement change, and how to communicate with internship sites about students. Concerning the first issue, there was general agreement that a phone call after match date to the internship director is a good idea simply to establish contact. However, there was strong reluctance expressed about mentioning

potential weaknesses of students for fear of creating self-fulfilling prophecies, though some saw value in discussing areas for growth (semantics?). There was some interest expressed in the fact that in Canada, outside of Quebec, there is a fairly good balance between the number of internship slots and the number of applicants most years. General agreement that this was due in part to the absence of large Psy.D. programs in Canada. The second issue, concerning how to facilitate change amongst program faculty, resulted in common-sensical but underutilized recommendations that DCTs get out of their offices more often and drop in on colleagues or go for lunch or coffee to facilitate problem-solving. One strategy of emailing relevant articles or ideas and following-up with an office visit was urged as valuable. General agreement was that this is a difficult, never-ending task.

Diversity survey. Graduate student delegates presented the results of a survey on diversity issues. The study suffered from a small N because many were reluctant to respond for fear of being seen to be critical of their home program. Nonetheless a few findings were clear. Minority students often feel called upon in class to speak for their entire race, culture, religion, etc., and many feel (understandably) uncomfortable with this role. Some also expressed dissatisfaction with diversity being left as an isolated topic to be discussed on the last day of the course. Finally, students defined diversity diversely. For example, some identified male gender as a basis for minority status. Ultimately 44% of the sample met one or more criteria for being considered a minority!

In light of the movement of APA away from accrediting in Canada, CUDCP actively canvassed Canadian members to join the CUDCP board. Dr. Sheila Woody from UBC agreed to join the CUDCP board and provide the Canadian perspective. Hurray for Sheila!

My Tucson memories. Walking down residential streets and seeing front yards filled with cacti, not grass. The enormous wealth that has gone into the very modern U of Arizona campus. The warm sunny days. Delicious Mexican and Southwest food. DCTs eager to share the joys and agonies of

their jobs. Coming away refreshed and re-energized to tackle the challenges of being a DCT.

APPIC Liaison Report

Dr. Valerie Holms

APPIC and APA have joined together to publish a new journal entitled **Training and Education in Professional Psychology (TEPP)**. This journal is dedicated to enhancing supervision and training provided by psychologists. TEPP will publish manuscripts that contribute to and advance professional psychology education and training. A call for manuscripts has been issued.

APPIC Call for Nominations - Excellence in Training Awards

The APPIC Board of Directors announces the call for nominations for three annual **Awards for Training Excellence**. The three Awards provide recognition of distinguished achievement in training and teaching in APPIC Member internship and postdoctoral training settings. Outstanding accomplishment may be recognized in any one of three areas: internship training, postdoctoral training, or diversity training.

APPIC Call for Nominations-Student Research Award

APPIC has announced the sixth annual **APPIC STUDENT RESEARCH AWARD** to encourage and support supervision and training research. The purpose of this award is to acknowledge the contributions interns and postdoctoral fellows make to the supervision and training literature.

The next **APPIC** Membership Meeting will be held **August 10, 2006** (8-10am) at the APA Conference in New Orleans, LA.

Dr. Robert Goldberg, Editor of the APPIC Newsletter, is requesting volunteers to assist as Associate Editors of the Newsletter. Individuals interested in being considered for the now-vacant APPIC Newsletter Associate Editorships in Geropsychology and Clinical Child Psychology should send a brief statement of interest and

attached CV electronically to the Editor at Robert.Goldberg2@med.va.gov. Willingness to do two columns per year of about 500 words each on internship and/or post-doc training related issues is the basic requirement, as well as being a clinical supervisor at an APPIC Member site.

The sixth bi-annual APPIC membership conference, *Defining and Building Skills in Psychology Training: Practicum to Practice*, will be held April 12-14, 2007 in San Diego, California, Sheraton Marina Hotel. Pre-conference Workshops will include an APA Site Visitor Training Workshop (all day), and an APA Self Study Workshop (1/2 day). The Keynote Speaker will be Jessica Henderson Daniel, Ph.D. and the Plenary Speaker: Richard Weinberg, Ph.D.

CCTC Liaison Report

Dr. Laurene Wilson

CCTC's spring meeting was held at APA's head office on April 6, 2006. I once again attended with the financial support of APA's Education Directorate.

The **Practicum Workgroup** is working on enhancement of the ADPTC practicum competencies document, including definition of practicum. Feedback was received in order to insure that the definition covers all professional practical training (not just clinical). CCTC members recommended that the workgroup tackle the definition of the practicum hour in future work.

APPIC has proposed revisions to the AAPI, to alter the manner by which "support" hours and "anticipated" hours are reported. The changes are: 1) Support hours will still be listed but will be taken out of total practicum hours and 2) Post-October hour estimates will be deleted due to concerns about inflation of "total" practicum hours. As such, numbers will look drastically different in next year's applications compared to this year's, but they will be comparable across students within the year.

APPIC & CCTC are interested in feedback on the communications guidelines between graduate programs and internships (reprinted below). A committee is looking at revisions and improvements. If you have any suggestions, these are welcome. In the mean time, everyone is encouraged to review the guidelines and consider enhancements to their current communication practices in keeping with these guidelines.

APA's CoA representative Dr. Rey-Casserly reported that based on public comments last fall, CoA recommended phasing out accrediting programs in Canada. Canada's established, credible accreditation panel was commended. The recommendation was to be taken forward to the BEA in consolidated meetings following CCTC. Ultimately the Board of Directors and Council of Representatives will have to approve this, which might occur by August at APA's annual convention. CoA will participate in an international accrediting symposium to be held this summer.

The 2005 Summit on Accreditation report will go forward with proposed structure for the new Commission. Also, a pilot project for review *consultants* (i.e., CoA readers) will be tried. This pilot will run July 2006 to December 2007. Consultants will be non-CoA members and will be trained. Nominations will be taken from experienced site visitors and former CoA members. Consultants would have to give up being site visitors during the time they are consultants.

CoA passed an implementing regulation requesting doctoral programs to disclose additional public information to websites: time to degree completion, program cost, attrition, and rate of student internship matching. This comes from a CHEA request for increased informational disclosure. CoA will ask programs to add this to their public information as part of compliance with Domain G starting in 2007.

Public comment was reviewed on "emerging substantive areas" and the proposal was moved forward to BEA to establish a new area.

Dr. Rey-Casserly stated CoA formed two task forces: 1) Quality assurance in accrediting distance education programs and 2) Additions, changes, refinements for practicum training standards. A member of the CCTC Practicum Workgroup will be on this task force.

Diversity Initiative Group: Dr. Fouad stated there is a requirement that students graduate with “cultural competence.” Guidelines have fallen behind where the field is and where other professions are. There has been a gathering of groups including CCPTP, NCSPP, and Divisions 45 and 17 to discuss how the Multicultural Guidelines can be infused into the G & P. CCTC will have a number of representatives working on this initiative.

BEA Task Force on the Assessment of Competence was circulated to CCTC prior to our meeting. It was to be received by BEA in consolidated meetings following CCTC, at which time it may become available for public distribution. The document is lengthy, but well worth the read in summarizing the state-of-the-art psychology in competency assessment throughout training and career. It also reviews exemplars in other professions, as we are lagging behind. Once this document is accepted, it will be available on the BEA website.

Delegate Meeting on Competence and Assessment of Competence will discuss the sequence of training, the development and assessment of core constructs, and the development of an implementation product. It will be a two day meeting prior to the ELC, September 15-16. There will be limited space with invitations for participants. Everyone is desirous of having a product coming out of the meeting, rather than simply further discussion and definition of the problem.

CPAP liaison report

Dr. Ed Johnson

First things first: CPAP stands for the Council of Provincial Associations of Psychologists. It

includes both the regulatory as well as the fraternal/advocacy organizations from each province. CPAP met in Montreal for two consecutive days following CPA last June. I attended both days as the CCPPP liaison. Despite CCPPP not having sent a liaison to CPAP for many years I was made to feel welcome by the outgoing Chair, Dr. Joe Rallo.

Day 1. The regulators met separately from the association delegates who discussed advocacy issues. I spent this day with the regulators who discussed, you guessed it, regulatory issues. These included: (a) clarification of the MRA; (b) criteria for evaluation of distance education learning; (c) the need to plan how to deal with large numbers of registrants retiring (e.g., retirement liability insurance); (d) Corrections Canada’s interest in having their psychologists registered in the province in which they are employed; (e) the need for a separate organization of psychology regulators. In the evening our hosts from Quebec arranged a very enjoyable dinner on a tour boat that took us along the St. Lawrence River. After a full day of discussions, this was a delightful opportunity to relax and get to know other psychologists from across the country.

Day 2. Today, the regulators and association delegates all met together. Here is a sampling of the discussions. CPAP is in good financial shape, projecting a \$15,000 surplus as a result of an advocacy grant they received. The funds made available through the National Advocacy Project will be used to argue for increasing access to psychological services. CPAP welcomed the North-West Territories to their organization and will be inviting the NWT government to send a delegate to future meetings. Quebec’s delegate mentioned that the request to raise the qualifications for entry to practice to the Doctoral level was rejected by the Government despite the fact that no Masters level programs are left in the province. However, the Quebec Government is planning to proceed with making psychotherapy a protected title and act that would require having a Masters degree in a separate health profession. Dr. Jennifer Frain was acclaimed as the new Chair of CPAP. Finally,

I was pleased to be able to report on CCPPP's activities to the delegates.

Overall, I learned a great deal about what is occurring with the provincial associations and regulation more generally. Part of what I learned is that although we training directors in CCPPP tend to fret about ensuring that our graduates will be eligible for licensure, regulators tend to generally have very few concerns about the graduates of accredited doctoral programs and internships, particularly those that are CPA accredited. Another realization is that some of the regulatory trends that are emerging, such as making psychotherapy a protected title and act, may have implications for training programs in the future. For instance, if psychotherapy were to become a protected title and act in most provinces, with a distinct set of training requirements, how might this affect clinical training within doctoral programs and internships? In conclusion, I believe that returning to CPAP's meeting after many years absence has been a worthwhile investment and that we should maintain this connection in the future.

Website/Listserv /Directory

Dr. Laurene Wilson

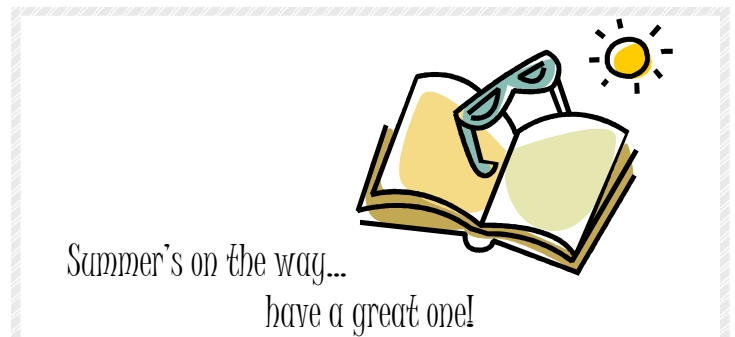
Recent additions to the website:

- Addition of an advocacy communications section, www.ccppp.ca/en/advocacy/index.html
- A bilingual welcome page, www.ccppp.ca/
- Planned reorganization of the French side of the website, with navigation paralleling the English side of the site & additional translations to be added, <http://www.ccppp.ca/fr/index.html>
- Updated "letter of reference" guidelines, <http://www.ccppp.ca/en/letters-guidelines.html>
- Reorganized "program" and "student" resources sections of the website, <http://www.ccppp.ca/en/students.html> & <http://www.ccppp.ca/en/programs.html>
- The launch of a "photo gallery", starting with a photo of the mid-winter executive meeting <http://www.ccppp.ca/en/about.html>

Based on some recommendations from membership, we received a quote to adopt a different type of website & database system akin to APPIC's & move to an "on-line" directory. Unfortunately, the costs are prohibitive and not remotely within our consideration.

The annual update of our directory will occur in summer. Please send any updates using the form attached at the bottom of this newsletter. Also, watch for a reminder on the listserv. If you are not currently enrolled on the listserv, please contact me to be added or to otherwise insure your program information in the directory is up to date.

The executive has been unsuccessful to date and continues to seek a replacement for our technical support person. Our current support indicated that she has spent a minimal amount of time keeping up with the demands of our site (only about 20 hours over 2 years), so we are hopeful of finding someone to meet this. **Please send suggestions** if you have them.



PRECONVENTION WORKSHOP **(June 7, 2006: Calgary)**

If you have not yet registered, please contact CPA as soon as possible.

Out of the Fire and into the Frying Pan: Strategies for Identifying, Addressing, and Preventing Problems in Clinical Supervision

Presenter: Donald Stewart, Ph.D., Student
Counselling and Career Centre, University of
Manitoba

Serious problems in supervision can result in difficulties that include erosion of trust, breakdown in communication, inflexibility and defensiveness. Such problems often expand beyond the supervision dyad to involve the Director of Training, other staff and students, and in some cases outside administrative or legal systems. This workshop examines the types of disputes (e.g., incompetence, negative evaluation) that are most problematic and what supervisor and supervisee characteristics and behaviors contribute to them. Consideration will be given to supervision problems that arise in both academic training programs and internships. The workshop will review fundamental supervision practices and procedures that are essential to the prevention of many of these problems. Moreover, principles and strategies for resolving disputes will be presented. Participants will have the opportunity to explore the application of these principles and strategies in small group discussions with case studies. Participants are invited to share their experiences with resolving supervision disputes in order to enhance the collective wisdom of the group. This day devoted to training includes: breakfast; the half-day formal workshop; lunch; additional informal discussion of topics related to training (as raised by workshop participants) after lunch; the AGM of the CCPPP.

CE CREDITS: 4

**Tribute to
Dr. Margaret McKim
1949-2006**

**Director of Clinical Psychology
Training 2004-2006
Department of Psychology,
University of Saskatchewan**

By Patti McDougall, PhD

Reprinted from

www.usask.ca/psychology/department/Dr.McKim_Tribute.php

Dr. Margaret Kathleen McKim (an Associate Professor in Psychology and Registered Psychologist) passed away on January 24th – she

was 56 years old. When you lose someone like Margaret McKim it calls for a pause - to contemplate what it is that each of us would like to be remembered for – what is important about how we spend our time. Members of the Psychology Department have spoken at great length about the qualities that we will forever remember about Margaret.

One of the things we valued most about her is that one always knew where Margaret stood on an issue – she was honest but never aggressive and even if you didn't like hearing what she thought you needed to hear – you always knew it was genuine and without malice. Although we could always count on Margaret to ask the tough questions – we also counted on her to lead when it was necessary and to follow when it was better for someone else to take the lead. She had a quiet confidence in herself and in life.

Margaret dedicated a substantial portion of her professional life to training students. As with everything she undertook, she put her whole heart into mentoring graduate students – challenging and inspiring them to do their best work and providing support so that they knew they had what it took to go the distance. She cared deeply for the students in our program and advocated strongly when she thought someone was being unfairly treated.

Dr. McKim completed her Ph.D. in Developmental Psychology at Carleton University. She joined the University of Guelph in 1976 and began a successful scholarly career in the area of infant mental health – publishing chapters and articles in numerous key publications – and at one point co-editing an international journal. Margaret was a tenured Associate Professor at the University of Guelph when she took a risk that few of us would ever even contemplate – she left her secure academic position to spend more time with her two children – Brier and Sam, and her husband Paul. She also left Guelph to pursue one of her scholarship priorities – developing guidelines for infant and toddler child care that would be based in Canadian evidence. Within the first year of leaving Guelph, Margaret secured and assumed primary responsibility for a very prestigious grant from what

was then Health and Welfare Canada. This grant allowed her to do the work she thought most important at that time and resulted in the completion of a book that is currently under review.

Despite her strengths as an academic, it's surprising that Margaret was never entirely optimistic that following her 5-year sojourn as a Research Scientist and Adjunct Professor based out of Queen's University - she would return to a traditional tenure-stream academic post. In fact, during a very brief "transitional" period prior to joining the U of S – she found herself visiting an employment centre and stating to one of the career counselors that she thought she might like to become a baker. The very surprised counselor informed Margaret that this just could not happen – “And why not??” asked Margaret indignantly and wide-eyed – “Because you have a Ph.D. in psychology!” replied the counselor.

Fortunately for us, Margaret McKim joined the Psychology Department at the University of Saskatchewan in 1995 and quickly became one of those people that helps hold the department together and someone who serves as a strong role model for new faculty. She embraced Saskatoon (including the winters) and the people of Saskatoon embraced her. Margaret was an innovative teacher. Hundreds of undergraduate students in our program found themselves putting their study of developmental milestones and play into practice by designing a toy or game in Dr. McKim's Child Development class. For the last number of years, Margaret organized the annual Play Fair – held in the Kinsmen Children's Centre or in the Education Building – and invited the general public to come with their children and try out these toys and games. It was a wonderful highlight for the many students and faculty who participated because it showcased the work of our students. Margaret loved it. At the graduate level – Margaret was committed to and passionate about the scientist-practitioner model upon which our clinical psychology program is based. She established a much needed Infant and Preschool Clinic – where together with her students she was able to pursue cutting edge research on how trauma affects and shapes the lives of infants. Margaret was leading in her field. In recent years,

she served as our Director of Clinical Training – a critical role that is essential in maintaining the rigour and prestige of our program. These are just a few items in an extensive list of contributions to research, teaching and administration in our department.

Dr. McKim's work, however, was never restricted to the Psychology Department. Indeed, she served the College of Arts and Science in many ways and she was a steadfast University citizen. Margaret saw great value in community outreach. Her CV reflects the career of a woman committed to the plight of disadvantaged people who find themselves in family breakdown or other difficulties and her perspective on the matter was that it was her job as a university professional to consult in ways that would bring constructive and positive change. It has been a source of great pride to us when her name is mentioned in connection with new or improved programming for children in Saskatoon. One of Margaret's recent commitments was to serve on the Faculty Advisory Committee of the Student Wellness Initiative Toward Community Health – otherwise known as SWITCH.

Margaret had a full life apart from her professional career. To know Margaret was to know how deeply proud she was of her children. Her husband and children were her source of fun and renewal. She loved music – classical, jazz, and choral - and was an active participant in her church choir. She loved nature and enjoyed a rich life outdoors.

It's hard to say which day in January of 2006 has been more difficult – the day we lost Margaret – or the day we learned we were about to lose her. During the five short days after her diagnosis – a number of us were given the gift of spending time with her. It was a chance to do things for her and it was a chance to let her know what she brought into our lives. Although certainly she lamented having not had a say in her illness and the speed with which she felt herself slipping away – she showed us during these days – what we had always seen in her – dignity, humour, and the spirit of someone inhabited by an extraordinary force of peace.

And now, we will honour our colleague and friend by remembering her humility and her thirst for learning. We will endeavour to honour Dr. Margaret McKim in ways that befit this gentle woman and scholar whose legacy rests in her lasting contributions to our community and to the lives of our children. We will honour her through our support of graduate training in infant mental health and we will honour her by standing behind her

graduate students (and our own) to see them through their degrees. We will honour her with our sustained commitment to outreach and engagement initiatives like SWITCH and from time to time – we will honour her by raising a draft beer or a glass of good red wine and celebrating the life of a woman who brought joy and warmth into the lives of those she touched.

CCTC policy:
Guidelines for Communication between Graduate Programs and Internship Programs

Posted at:
http://www.appic.org/training/7_2_2_training_role_trainers.html#communication

10/01

**Council of Chairs of Training Councils (CCTC) Voluntary Guidelines for Communication:
Guidelines for Communication between Graduate Programs and Internship Programs**

The following guidelines are recommended to enhance communication between graduate programs and internship programs regarding students on internship:

1. Shortly after interns are selected, it is recommended that the graduate program communicate by letter with the internship programs that accepted its students. It is suggested that this letter at a minimum indicate (a) the faculty member in the graduate program with whom the internship program should communicate regarding the intern (the faculty contact person); and (b) any additional information about the training needs of the intern, especially information not covered in the intern's application and letter of recommendation. In addition to the sharing of formal evaluations, it is recommended that the faculty contact person and the internship training director have at least 1-2 informal (telephone or email) contacts about the intern. It is suggested that one of these contacts be initiated by the internship training director shortly after the beginning of the internship. If either party has difficulty contacting someone from the other site, it is recommended that they be persistent in their efforts at contacting someone. It is expected that if there is a change in the contact person at either site, that the other contact person will be notified and provided with a new contact person.
2. It is recommended that, the internship training director should send formal written evaluations of the intern to the faculty contact person at least semi-annually during the internship. We encourage this communication to occur at the sixth month point and at the completion of the internship. Concurrent with this, internship staff/faculty should meet in person with the intern to provide detailed feedback. Additionally, it is suggested that the internship training director provide the intern a copy of the formal evaluation sent to the intern's graduate program.
3. Graduate program faculty and internship program staff/faculty are encouraged to share any communications they have about an intern with the intern via face-to-face contacts, emails, telephone contacts, or copies of written correspondence, etc. They are also encouraged to solicit intern input about these communications throughout the internship year. This recommendation is intended to enhance the climate of openness and support for professional development in the training of the intern.
4. When major changes in the structure of the internship occur (e.g., alterations in rotations or available placements), internship program staff/faculty are encouraged to inform the graduate program faculty contact.

Guidelines for Communication When Problems Arise About an Intern

The following guidelines are recommended to facilitate open communication about intern difficulties and effective problem-solving in response to them. Programs are encouraged to review their Due Process Guidelines and see how these recommendations can be integrated into their Due Process Guidelines.

1. It is suggested that when significant problems arise that are resolvable and/or resolved at the internship site that the faculty contact be informed.
2. It is recommended that the internship training director communicate with the faculty contact person in a timely manner when problems arise with an intern that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the intern's program. The mode of communication will vary to suit the circumstance, but may include formal letters or emails, phone or conference calls, and on-site visits. It is recommended that the graduate and internship programs keep written records of all communications between them. It is suggested that this communication include: (a) a clear statement of the problem, remediation plan, and expected outcomes needed to resolve the problem; (b) what the internship program's response has been to date; and (c) what role, if any, the internship program would like the graduate program to play in addressing the problem. It is also recommended that the internship training director ask for the graduate program's policies and procedures for identifying and dealing with problem trainees. This will assist in handling and documenting problems that arise in the internship, so as to facilitate graduate program's dealing with the trainee's difficulties.
3. Once communication about a problem is initiated, it is suggested that the graduate and internship programs maintain ongoing contact until the problem is resolved. It is recommended that this include discussions of the remediation plan and plan for monitoring and evaluating the intern's performance.
4. The intern may request and should receive copies of all formal communications regarding his or her performance.

CCPPP

CHANGE OF INFORMATION FORM

If any information for your training program has recently changed, please forward this information to:

Dr. Laurene Wilson, CCPPP President
Department of Clinical Health Psychology
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Tel: 306-655-2344
Fax: 306-655-2340
Email: laurene.wilson@saskatoonhealthregion.ca

Director of Training: _____

Program Name: _____

Institution Name: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Website: _____