

Greetings to CCPPP Members

*John Pearce
President, CCPPP*

Welcome to another CCPPP Newsletter. During the past year one of our major initiatives has been the development of the CCPPP list serve, thanks to the work of Dr. Carl von Baeyer. This has greatly facilitated communication among CCPPP members around important issues. Probably the most prominent that has emerged has been the discussion about concurrent accreditation. This generated a lot of interest and some members have suggested that we place this topic on the agenda of the CCPPP meeting at the CPA Convention in Hamilton in June. The CCPPP Executive will discuss this suggestion at its mid-winter meeting in early March. We believe that prior to any such debate, it is important that CCPPP members are informed of the important issues regarding concurrent accreditation. In order to disseminate this information, I requested several individuals to submit articles. Of course, the authors' views and opinions are their own and do not necessarily represent those of CCPPP.

Dr. Karen Cohen reviews the issues that galvanized CPA to revisit its relationship with APA regarding accreditation. She advocates for a "Canada First" option with APA. Dr. Janel Gauthier argues that concurrent accreditation has become a threat to the university-based nature of Canadian education and training. In order to provide an alternate perspective, Dr. Bill Koch has prepared a wide-ranging article wherein he expresses his concern that the debate should be about freedom of choice for students and educators, not the relative quality of accreditation criteria or nationalistic sentiment.

These three articles distill much of the debate about concurrent accreditation. I look forward to your reactions, especially whether the CCPPP Executive should arrange a discussion at CPA in June. Suggestions about the format of the meeting (eg., panel discussion, debate) and the particular points we should address are especially welcome.

As Dr. Janice Cohen points out in her Presidential Report, a subcommittee was struck at the last AGM to address internship funding. A huge problem is the availability of Internships in Quebec and the level of funding. To bring us up to speed on this situation, Dr. Janel Gauthier has prepared an article that describes the status of Quebec internships.

Another major accomplishment this year has been the development of the CCPPP Form/Guidelines for Letters of Recommendation to Canadian Pre-Doctoral Internship Settings. An ad-hoc committee under the leadership of Dr. Laurene Wilson developed these guidelines which are now in use. Laurene and Janice Cohen are in the process of evaluating this new format. Thanks to Laurene and the committee for their hard work and the very useful guidelines.

An academic director of training has asked me to alert internship directors to ensure there is no redundancy in the information they request with the information requested in the AAPI. This individual also requested that any supplementary information be formatted electronically.

Concurrent accreditation, internship funding - it will be an exciting year as CCPPP grapples with these and other issues. I encourage all CCPPP members to inform me or other members of the Executive of your concerns, feedback and suggestions. And of course our list serve is an important means of communication. I wish you all the best and look forward to hearing from you.

Psychology Accreditation 2002: The CPA/APA Odyssey

*Karen R. Cohen
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Accreditation, and more specifically concurrent CPA/APA accreditation, has been a topic of considerable interest and concern to psychology training programmes in Canada for a number of years. The history of CPA's relationship on accreditation with the APA has been well documented. Those interested can review the

Introduction to the **Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology** (2002), the many Accreditation Update columns that have appeared in *Psynopsis* over the years (particularly Fall 1997, pp. 16-17) or an article that appeared in *Psychology Ontario* (Volume 31, pp 10-11).

The purpose of this article is to review the issues that gave impetus to the CPA to revisit its relationship on accreditation with the APA, and to impart recent developments and updates on these issues. These issues, which will be addressed throughout this article, have included:

- Programmes' complaints about the burdens of paperwork, time, expense and dual-decision-making in maintaining concurrent accreditation
- Programmes' complaints that diversity issues in Canada were poorly understood by American site visitors
- Canadian psychologists' concerns about the emergence and accreditation of free-standing, for-profit and not-for-profit, professional schools of psychology in Canada

Why do Canadian programmes seek and maintain APA accreditation in addition to the accreditation of CPA?

There are several reasons:

1. APA moved to an outcome-based model of accreditation in 1996. Until 2002, the CPA criteria remained prescriptive and **some programmes preferred the outcome-focus of the APA model and its more generous terms of accreditation (e.g. 7 year terms became possible)**. A focus on accountability and outcomes in science, practice, or training is extremely important and recognition of this importance is no doubt reflected in APA's 1996 revision. However, changes to the APA model of accreditation were also politically motivated by pressures from within the science and

practice of psychology – not just by what was “right”.

In 2002, the CPA revised its Standards and Procedures – the prescriptive focus remains and the outcome focus has been added. At a recent meeting of the ASPPB, I had occasion to co-chair (with the Chair of APA's Committee on Accreditation) two sessions on accreditation and licensure. I was interested to understand that regulators in the U.S. are not pleased with the lack of prescription in the Committee on Accreditation's (CoA) Accreditation Guidelines and Principles. The lack of prescription with the 1996 revision makes it harder for regulators to establish and verify applicants' credentials.

Seven-year terms are now possible by both CPA and APA. In addition, with minor changes to the Memorandum of Understanding, passed in August 2002, concurrently accredited programmes will no longer receive two separate terms from each accrediting body. Each body will make a decision and assign a term, but only the shorter term will prevail and will be communicated by both bodies to the programme.

2. **Programmes believe that without APA accreditation, with or without CPA accreditation, they would not be able to attract foreign students nor would their graduates be eligible for internships, employment, or licensure in the U.S.** As reviewed in the Fall 2001 issue of *Psynopsis*, as well as conversation sessions and conversations too numerous to mention, there is no data to support this belief. In 2001, the Panel surveyed members of CUDCP, ASPPB and APPIC with the following results. We admit that our response rate was not great but reported that 8 out of 9 university respondents said that they would and have hired graduates of CPA-accredited programmes. The ninth did not say they would not hire a CPA-graduate but said it would consult with the APA. None of the ASPPB members who responded said that they would exclude a CPA-graduate from

licensure because they did not graduate from an APA-accredited programme. Thirty-three of the 38 American members of APPIC said that they would treat CPA and APA internship and employment applicants equivalently. Four required U.S. citizenship for hire and one was unsure.

In addition to the foregoing data, consider that only an average proportion of 10% of graduates from Canadian programmes leave Canada to work in the U.S. following graduation (recall that self-studies ask programmes to indicate employment settings of graduates). We do not know how many of these are Americans returning home or Canadians moving to the U.S.

Although it can be argued that those who did not respond to our survey are those who would not consider CPA-graduates equivalently to APA graduates for internship, licensure and hire, it cannot be said that there is any data to support the view that graduates from CPA programmes will not be licensed or hired.

To the best of my knowledge, the state of Florida is the only state that requires graduation from an APA accredited programme as a condition for licensure. I have two responses to this fact. First, is obtaining and maintaining APA accreditation in Canada (with all its attendant costs and implications) worth the small percentage of graduates who might one day want to be licensed in Florida? Second, the CPA Accreditation Panel has just recently sent its 2002 Accreditation Standards and Procedures to all the members of the ASPPB and plans to direct effort and activity into educating members of APPIC, ASPPB and CUDCP into the standards met by programmes in Canada accredited by the CPA.

In this connection, we note that both ASPPB and APPIC have already publicly acknowledged the value of CPA accreditation. In describing the educational

requirements of its mobility programme, the ASPPB website¹ states:

“The doctoral degree in psychology must be obtained from an institution of higher education that was, at the time the degree was awarded, regionally accredited by an accrediting body recognized by the U.S. Department of Education or authorized by Canadian provincial statute or Royal Charter to grant doctoral degrees and was, at the time the degree was awarded, either:

1. Accredited by the American Psychological Association or the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the National Register of Health Service Providers in Psychology and the Association of State and Provincial Psychology Boards; or ...”

Similarly, when describing qualifications for membership, APPIC states on its website²:

“Pre-doctoral internship programs that are accredited by the American Psychological Association or the Canadian Psychological Association are automatically recognized as meeting APPIC [doctoral membership criteria](#). All other programs must demonstrate that they meet the criteria in order to be accepted for membership, and are reviewed for adherence to the criteria every three years.”

Third, and this is arguably the most important but most difficult to articulate response, if the community of Canadian psychologists believe in the quality of their training programmes, believe in the quality of the accreditation standards established within their own country,

¹asppb.org/mobility/cpareq.html

²www.appic.org/about/2_3_1_about_policies_and_procedures_internship.html

and, yes, believe in themselves, then why do they need the validation of an accrediting body outside their own country? Why is it okay for an American regulator to be nationalistic (i.e. for a state to require that an applicant for licensure be graduated from an APA-accredited programme) but okay for entire country of psychologists not to be? Why is it our problem that a Canadian may not be eligible for licensure in an American jurisdiction and not the American jurisdiction's problem that it excludes exceedingly competent, foreign-trained professionals? (I know, you feel a need to take a break from reading to sing our national anthem!)

By far the biggest barrier to mobility to the U.S. is citizenship and not the accreditation-status of the programme from which one graduated. The belief that CPA graduates are not competitive in the U.S., just because they are not APA graduates, is emotionally rather than empirically-based.

3. The belief in the importance of APA accreditation in Canada is perpetuated by some realities. **APA has more status and recognition than CPA – as long as we continue to believe and behave as if this is the case, it will continue to be the case.** Many Canadian programmes have senior faculty and staff who are or were American citizens. Their belief in the importance and value of their country of origin's sanction is understandable.
4. **Faculty and staff say that students demand APA accreditation and students say this is the message they receive from faculty and staff.** The Panel has undertaken to direct education to students (as an example, we now have a student member on the Panel) about the issues, values and context of accreditation. We will endeavour to reach out to students via the CPA' Students' Section and via visits to programmes whenever Board or Panel meetings and workshops take us across the country. However, I cannot but think of cable or telephone plans when taking a

student's perspective on the value of APA accreditation. Whether or not you will ever use a particular telephone feature or watch a particular television channel, you won't refuse it if it is offered in the package – especially if you want everything else included in the package and having it doesn't cost you anything more!

5. There are Canadian CPA-accredited programmes that are concurrently accredited but would give up APA accreditation if everyone else did or who would be contented if APA accreditation were not an option in Canada. However, none of these programmes wants to give up their APA accreditation, and possibly be differentially disadvantaged, if no other programme gives up its APA accreditation. I have jokingly suggested that programmes "hold hands and jump in the pool" - it's got to be preferable to being pushed! Although the CPA has no intention of "pushing" the CoA for a solution that is not agreeable to Canadian programmes, neither can the CPA guarantee that the solution the CoA prefers or agrees to is the one wanted by all Canadian programmes. The best way for Canadian programmes to chart their own course is by acting rather than reacting – decide where and in what you want to swim and go to the right pool!
6. It is becoming a global, rather than national, marketplace. However, one national body accrediting in another country, does not a global reflection or assessment make. It is neither a realized nor realistic expectation that one nation will apprehend the often subtle but important differences in diversity, culture and context between two different nations – no matter how close and seemingly similar they are.

As wonderfully articulated by Bowman (see the November 2000 issue of Canadian Psychology, pp. 230-243), and by Dobson and Gauthier (see the Fall 2002 issue of Psynopsis), psychology training, research and practice are not far removed from culture, nationality, politics, or any one of many other aspects of diversity. The way in which

education and health care are delivered in Canada, the diversity of our population, as well as our societal structure (melting pots versus vertical mosaics) are different from our neighbours to the south. These differences are reflected in Canadian programmes' repeated concerns that they are not well understood by American site visitors.

If we want to use the global marketplace argument, then accrediting bodies should be international so that the national context of the programme being accredited is clearly understood. I believe that the growing literature on cross-cultural competence in psychology would support this vertical mosaic, rather than melting pot, view.

What changes to CPA's relationship on accreditation with the APA have been considered thus far?

Largely in response to programmes' concerns about the burdens of paperwork, time, expense, and dual decision-making attendant upon concurrent accreditation, in 1995 the CPA first embarked on its efforts to renegotiate its relationship on accreditation with the APA. We have asked for and considered reciprocity as well as mutual recognition. Reciprocity means that if one accrediting body accredits a programme, the other automatically accredits it. Mutual recognition means that each accrediting body would publicly assert the recognition and value of accreditation accorded by the other accrediting body but would not automatically extend accreditation status to a programme accredited by the other accrediting body.

Canadian programmes do not support mutual recognition – for those to whom APA accreditation is important, mutual recognition is not hard enough currency. For reasons of autonomy in decision-making, the APA was unwilling to consider reciprocity. Similarly, reciprocity is not in the best interest of Canadian Psychology. It would result in a free-standing, professional psychology programme, operating in Canada, becoming accredited by the

APA and, with reciprocity, automatically receiving CPA accreditation as well.

A couple of years ago, after having received several inquiries from American owned and operated, free-standing professional schools wanting to set up shop in Canada, the Panel surveyed accredited programmes. The survey suggested that some supported the Psy.D. route to training but none supported the existence of free-standing, professional schools.

As the CPA Standards and Procedures are currently written, a programme that does not exist within a provincially or territorially chartered university would not be eligible for CPA accreditation. Even without reciprocity, however, under the current Memorandum of Understanding between the CPA and APA, such a programme operating in Canada would be eligible for APA accreditation. And, as I know all Canadian programmes appreciate, APA accreditation would give such a programme considerable currency – especially at a time when several provincial governments (e.g. B.C., Ontario) are looking to confer degree-granting privileges on private institutions.

The usual arguments against free-standing schools revolve around accountability, quality control and market place demand. A free-standing (and especially for-profit school) has potentially competing interests – making a profit and educating professionals. With what rigour do free-standing schools assess applications and accept applicants? To whom are free-standing schools accountable for quality? Of concern to some, is the performance of graduates from free-standing, for-profit schools on the EPPP exam.

Free-standing schools accept and graduate large numbers of students annually. Can the Canadian marketplace support this many more psychologists? With this many more graduating, the professional profile of psychologists in Canada will change from what is predominantly a scientist-practitioner, Ph.D model in doctoral programmes across the country, to the clinician-scientist, PsyD model.

Some would argue that this is not a bad thing – it might make training of those interested in practice more appropriately structured on practice, as is the case for the many other health professions. However, whether or not the PsyD, or the existence of PsyD programmes in free-standing schools, has value, is not the issue. The issue is the importance of Canadian Psychology being able to determine its own educational models and professional future.

Using feedback we have received from CPA-accredited programmes as a guide, Canadian programmes favour scientist-practitioner training and want all doctoral training in psychology to take place within a provincially or territorially-chartered university. The value that Canadian psychologists place on publicly supported services such as education and healthcare, and the value that Canadian psychologists place on the academic route to training, will not be reflected in training programmes in our country under CPA's current relationship on accreditation with the APA. **By supporting the current relationship, Canadian programmes are telling their own national accrediting body not to accredit free-standing programmes, but are giving a foreign accrediting body free reign to do so.**

What are the options?

Reciprocity is out – APA will not consider it and it is not in the best interests of Canadian psychology because of Canadian psychologists' views on free-standing, professional schools.

CPA-accredited programmes have ruled out mutual recognition but it may be worthy of renewed consideration – maybe it would give CPA-accredited programmes sufficient assurance of their attractiveness to foreign students and sufficient assurance of mobility for their graduated students. **The CPA has suggested the option of an international accrediting committee to the CoA.** Delegates from the Panel and the CoA would be appointed and the committee could have authority to make accreditation decisions for any programme seeking international accreditation – perhaps with

veto power in the event of international disagreement.

The best route to understanding the unique context of the country in which training is provided is to have the programme assessed by an accrediting body in its own country. The next best route might be to have an international accrediting body, which by definition, would have to make it its business to understand how the many aspects of diversity affect and are affected by training and practice in psychology. Obstacles to this option might be the value the CoA places on its own autonomy as well as its accountability (although not for its activities in Canada) to the U.S. Department of Education that accredits accrediting programmes. Again, interesting to note, that the guidelines and procedures of the CoA are in part determined by, and accountable to, the U.S. Department of Education. These are the same guidelines and procedures that are applied to Canadian programmes when the APA accredits in Canada!

Maintaining accreditation is costly. Maintaining concurrent accreditation is very costly. It also demands a significant investment of time and several trees' worth of paperwork to maintain accredited status. To the best of my knowledge, there is no other country in the world that seeks accreditation from another country for its training in professional psychology. Maybe, **Canadian psychologists need to think about what about training and accreditation matters most to them.** Canadian doctoral programmes and internships in professional psychology are among the best in the world. Graduates from Canadian programmes are licensed, practice, and do research all over the world. **Canadian programmes need to ask themselves why they need the sanction of an accrediting body from another country to prove their value.**

The CPA Accreditation Panel continues in its talks with the APA's Committee on Accreditation. The CoA understands that some Canadian programmes have only CPA accreditation; some are concurrently accredited but might consider giving up APA accreditation if others did, and some clearly do not want to give up APA accreditation. We understand that Canadian concerns about APA's

accreditation of free-standing, professional schools in Canada have been heard and that our relationship on accreditation with them is on the agenda of the CoA's January meeting. As mentioned, the Panel has enjoined the CoA to think about a **"Canada First" option**. This option would have APA continue to accredit in Canada but only those programmes that are eligible for CPA accreditation. In this way, free-standing professional schools that are ineligible for CPA accreditation would not be eligible for APA accreditation in Canada.

The CoA's initial response to the Canada First option included concerns about autonomy and allocation of markets. However, talks are ongoing and the Panel has continued to advocate for the **"Canada First" option** with the CoA. Whether or not the CoA will agree to this option, or what other options it will consider, are as yet undetermined. The Panel does feel assured however, that the current CoA leadership understands CPA's concurrent accreditation concerns and appreciates a need for change.

The odyssey continues. We will keep you posted.

Concurrent Accreditation and the Future of Education and Training in Canada

Janel Gauthier
Université Laval

In 1997, under my leadership as President of the Canadian Psychological Association (CPA), the CPA Board of Directors created a Task Force that was charged to review education and training models in professional psychology, and to consider the viability and appropriateness of the Doctor of Psychology (Psy.D.) model of professional training in Canada. In the following year, the Board of Directors unanimously approved a recommendation from the Task Force to endorse and facilitate the development of programs based on the scholar-practitioner model. However, it was understood that these programs (like the programs based on the scientist-practitioner model) would have to be

based in universities to be eligible for CPA accreditation.

University-based Psy.D. programs have begun to emerge in Canada. For example, three such programs have been approved in Quebec over the last two years (Laval University, University of Quebec at Trois-Rivières and University of Sherbrooke,) and proposal for such programs are being developed in other provinces (e.g., Alberta, Newfoundland, New Brunswick, Ontario). But whether or not the development of Psy.D. programs will remain university-based in Canada will depend on our willingness to voluntarily give up concurrent accreditation and negotiate a new agreement with the American Psychological Association (APA). Let me explain.

Under the *Memorandum of Understanding Between the APA and the CPA for Concurrent Accreditation of Doctoral Training Programs and Predoctoral Internship Training Programs in Professional Psychology*, programs in either country can apply for concurrent accreditation, requiring only a single site visit (although each of CPA and APA retains the right to make its own accreditation decision). As clearly stated in the *Memorandum of Understanding*, the process of concurrent accreditation was designed primarily to facilitate co-operation and economy in the program self-study and site visit review process. Nothing more, nothing less.

While CPA and APA have enjoyed good working relations with regard to concurrent accreditation, the fact of the matter is that, in a paradoxical fashion, concurrent accreditation has become a threat to the university-based nature of education and training in Canada. Free-standing schools of professional psychology (i.e., doctoral programs that are not university based) in the United States (U.S.) are looking for new markets and, under the North American Free Trade Agreement (NAFTA), they have begun to explore how they could establish themselves in Canada. As one of the requirements for accreditation by CPA is that the program be based in a university, these programs could never be accredited by CPA. But since APA accepts applications for accreditation from Canada, they could be accredited by APA because APA does not have such a requirement. While there are

some good free-standing doctoral programs in the U.S., they are too often of lower quality than university-based programs because they are profit-oriented. Given their orientation, they tend to make it easier to obtain degrees to attract larger number of students. There is little doubt that the emergence of such programs in Canada could have a huge and lasting impression on the way that psychologists are trained in Canada. After all, it did in the U.S.

There is more at stake here than our pride and our loyalty as Canadians. It is the future of education and training in Canada that is under threat. If we are to exercise control over the way psychologists are trained in Canada, we need to act now. I submit here, as I have done earlier with my colleague Keith Dobson in an article published in the 2002 Fall issue of Psynopsis, that Canadian programs should surrender their APA accreditation as a group, and instead ask CPA and APA to negotiate a new memorandum of understanding whereby both would agree: a) To recognize that the criteria and procedures used by the CPA and the APA for accreditation of doctoral and internship programs are mutually acceptable and, therefore, that students from CPA and APA doctoral and internship programs should be treated equally without any discrimination; and b) To limit accrediting scope to doctoral and internship programs located in their own country out of respect for each other's jurisdiction.

Giving up APA accreditation would send out a strong signal to the APA Committee on Accreditation (CoA) but it would not protect the future of education and training in Canada unless APA agrees not to process applications for accreditation from Canada. The CPA/APA relationship has been good for CPA. We sincerely hope that CPA and APA will continue to co-operate for a long time. However, the time has come for APA to recognize CPA as a mature and responsible accrediting body as many other U.S. organizations have already done (e.g., the Association of States and Provincial Boards of Psychology, the National Register). APA has an opportunity to help Canada to maintain the highest standards of quality in education and training for professional psychology. Training

programs in Canada need to act together as one group and with one voice to be heard clearly on this issue.

**Concurrent Accreditation: The Debate Should
Be About Our Customers, Our Students**

*Bill Koch
UBC Hospital*

John Pearce requested that I write this article to provide an alternative perspective on the issue of concurrent CPA/APA accreditation for Canadian psychology training programs. Some of our colleagues are suggesting that (a) Canadian training programs give up their accreditation by the American Psychological Association, and (b) that the CPA Accreditation Panel and APA Committee on Accreditation forge an agreement to refuse applications for accreditation from programs outside their own country. The latter suggestion thus restricts the freedom of choice of training programs with respect to their seeking of accreditation.

I believe that we should ask ourselves the following question. Who are the customers of the accreditation and training systems? Are the primary customers students? Are the customers of accreditation members of society who seek psychological services and pay tax dollars? Are the customers of accreditation educators/trainers who desire supportive advice and guidance in their educational roles? Alternatively, are the customers of accrediting bodies their own host organizations or psychology regulatory bodies? As a training director I know that my own customers are students, the general public, and my training faculty. While I wish to contribute to the professional and scientific societies to which I belong, and I am responsive to accreditation standards, I owe a greater duty to my students, the public, and my own training faculty than I do to anyone else in my professional life. I believe that both accrediting bodies and training directors must focus on the needs of students, educators/trainers, and the general public.

With that as background, I will outline some of my concerns about the CPA vs. APA debate raised by

my colleagues. First, I will describe what I perceive to be the differences between the CPA and APA accreditation criteria and procedures. Second, I will discuss the implications of these differences. Third, I will discuss my concern that any move to limit the accreditation bodies from which a training program can seek accreditation not only harms the autonomy of the individual educators/trainers but has potentially negative implications for students and for the accreditation body itself.

Accreditation Related Differences

I apologize in advance to other colleagues more deeply involved in accreditation matters. Obviously, I am not as informed in this regard as some others and make no claim for this being a complete listing.

Several years ago, APA accreditation criteria had a greater emphasis on training in empirically supported treatments (ESTs) than did CPA criteria. This does not mean that U.S. based programs were more attuned to science than Canadian based programs, merely that the APA accreditation criteria emphasized ESTs more at that time. From my reading of the different accreditation criteria, there is no longer any difference in this regard between APA and CPA standards.

CPA claims to be more prescriptive in terms of the content of training (see memo from Karen Cohen dated November 4, 2002), but to be frank the extent to which they are markedly prescriptive is rather limited. I have extracted training content criteria for internships from CPA and APA accreditation standards in the table below.

CPA	APA
Psychological Assessment	Theories and methods of assessment and diagnosis
Intervention	Theories and methods of effective intervention (including empirically supported treatments)
Consultation	Theories and/or methods of consultation
Program development and evaluation	Theories and/or methods of evaluation and supervision
Training in empirically-supported interventions	Theories and methods of effective intervention (including empirically supported treatments)
Training in more than one therapeutic modality (e.g., individual, couple, family, group)	
	Strategies of scholarly inquiry
Whenever possible, interns are offered training and experience in the provision of supervision	Theories and/or methods of supervision

There appear to me to be only limited differences in what CPA and APA accreditation standards prescribe for internships. Nonetheless, it appears from the table above that CPA aims more to produce generalist clinicians, while APA criteria places somewhat more emphasis on training in scholarly inquiry and supervision.

APA's preoccupation about affirmative action with respect to ethnic minorities apparently grates on the nerves of some Canadian directors of training. In fact, when I listen to other Canadian training directors, this appears to be perhaps the most prominent complaint about the APA accreditation process.

APA also accredits free-standing professional schools of psychology, while CPA explicitly does

not accredit such institutions. There is obviously a lot of strong feeling about such schools among some of my colleagues. I have a confession to make in this regard. My own program explicitly states that we will not accept applications from Psy.D. programs. Nonetheless, we get some applicants from these programs, have been matched with them, and have been generally satisfied with them. My main purpose in making this written rule (which I then violate selectively) is that my colleagues and I view professional schools to have a more medically-driven model of psychology (more on my feelings in this regard later).

There may be other accreditation criteria in which CPA and APA differ and I am happy to learn of them from someone better versed in this business. However, it seems to me that I have listed the most significant criterion-related differences.

Implications of Accreditation-Related Differences

Prescriptive vs. Competency Based Criteria – Given ongoing changes in CPA accreditation criteria, this may be a “straw man” that does not deserve much discussion. However, I think the discussion is an important one more generally. One’s preference for prescriptive versus more self-defined competency-based criteria depends on whether one thinks the profession of psychology has already been defined in its entirety. My own belief is that professional psychology is evolving rapidly and should not be guided by medical models of training that strive for homogeneity of knowledge and skills. Specifically, I believe that we want to avoid the trap of training primarily generalist clinicians.

Psychology is blessed and cursed with a striking diversity of career paths, which appear to be growing in number. While I believe the growth of highly remunerative and interesting work in psychology is going to be in specialized parts of our “knowledge industry”, others may believe that generalist careers will proliferate. I do not know which point of view will be validated in future years. However, I suspect that psychologists can

predict the growth of different areas of professional psychology about as well as economists can predict daily movements in the stock market, which is to say not at all. If we can not predict future areas of growth, how can we in good conscience provide overly prescriptive advice on the content of psychology training? Therefore, our accreditation standards should encourage a greater diversity of visions about the future of psychology, allow for specialty skill acquisition, and prepare students for a more varied economy for psychological knowledge and services. Such specialty skills are often acquired in settings that can not (because of resource restrictions) or do not (because of competing mandates) provide generalist training. Nonetheless, many of these specialized settings can train highly competent psychologists in state of the art psychology that will lead to remunerative employment and benefits for the Canadian public. Strict adherence to prescriptive accreditation criteria will stifle creativity and limit good training opportunities for our students. Sadly, I think that our debates about accreditation criteria sometimes overlook the most useful facet of accreditation, the promotion of a culture in which students are considered customers and in which education and supervision are important activities.

The Diversity Irritation - Marilyn Bowman’s article is a nice treatise on the diversity issues faced by psychologists in Canada and has been useful to Canadian training programs as well as informative to APA. Certainly, Canada and the United States have strikingly different issues with respect to ethnic and linguistic diversity. That said, while Marilyn and some of my other colleagues find APA’s preoccupation with the affirmative action aspects of diversity irritating, I find it a minor inconvenience. It is much like my neighbor’s habit of running her built in vacuum every Saturday morning at 7:00 a.m. I have habituated to Monica’s cleaning compulsion as I have habituated to APA’s questions about affirmative action and diversity. I have never felt threatened by questions about the diversity of our staff and students. In fact, despite the handicap of being a middle-aged Caucasian male, I think it is useful for my colleagues and me to carefully consider how well our practice accommodates the psychological characteristics of minority group members.

The Professional School Quandary - I share the concern of some of my colleagues about the quality of Professional School training. However, my concern about professional school training is that it is too close to medical school training (everyone takes the same courses; everyone learns the same set of facts/myths), i.e., too prescriptive. That might be all right for medicine, but I think it is selling psychology short. We are not, I hope, training mere technicians who will do no more than administer a WAIS, construct an exposure hierarchy, follow a psychological treatment manual closely, and look up the appropriate norms in a test manual. We are training higher level consultants who, while being able to perform the tasks above, should be able to develop and evaluate psychological service programs, inform other professionals and the public about the psychological science that affects important decisions, and possess a number of other higher order skills. That said; there is a substantial market for psychological technicians and generic mental health counselors. Unfortunately, such generic health services are under fierce price competition because they are part of the "service economy" versus the "knowledge economy."

Regrettably, some of us may want to establish trade barriers against free-standing professional schools for reasons other than quality control (e.g., restriction of competition). It is important to dispel any fantasies our members might have that keeping free-standing Psy.D. programs out of Canada will protect of the Canadian public. The growth of applications for psychology registration in British Columbia has far outstripped the number of graduates of psychology training programs in Lotus Land; i.e., we have to import psychologists. Many of the professionals providing such services and knowledge will be from training programs of varying quality, whether they are trained in Toronto, San Francisco, or Jamaica, where Canada also gets its Olympic sprinters. They may, or may not, obtain registration as psychologists in the Canadian province in which they practice and our regulatory bodies will be hard pressed to interfere in their remunerative work whether or not they are registered. I know a number of Clinical Psychology Faculty at

different Canadian universities who are not registered but who have thriving clinical practices outside the university. I also know of students who are training at professional schools situated in the United States while living in Vancouver. I know that many Canadians return from professional schools in the U.S. and apply for registration in British Columbia. A couple thousand unregistered counselors provide mental health services in British Columbia alone. In short, controlling the geographic placement of a type of training program will not protect the Canadian public. However, it may result in a lot of tuition dollars flowing south of the 49th parallel

Other Issues

Marketability of Canadian Students and Our Responsibilities to those Students - Like all of the discussants in this matter, I believe the marketability of Canadian-trained students is high. However, I believe their marketability is independent of whether their program is accredited by the Canadian, American, or Lithuanian Psychological Associations. While holding all our educators, trainers, and members of the accrediting bodies in high esteem, the marketability of our students is based on the free market demand for psychological knowledge more than any particular standards we have for training.

I also believe, in keeping with others' arguments, that giving up APA accreditation for one's graduate program or internship and keeping CPA accreditation will not harm the marketability of any Canadian students. I note, however, that I have been asked by Canadian-trained applicants to my own program why it is accredited only by APA. I do not know if this made them more or less enthusiastic about my program. I only know that it made them pause. Further, when I ask my students (most of whom are Canadian citizens) their opinion about whether our own program should rely on CPA accreditation alone, they pretty much unanimously say to me "Why would you handicap my career?" My students are my customers, so I respond to their apprehensions and desires. I can not be dismissive of their concerns.

Serving the Needs of Regulatory Bodies - Some of my colleagues have argued that accreditation criteria and graduate programs should try to satisfy the perceived needs of psychology regulatory bodies for homogenous registration applicants. My experience as a past-president and past-registrar of a regulatory body suggests to me that heterogeneity of registration applicants is the least of psychology regulators' woes. Psychology regulators' lives would be made immensely easier if psychologists produced better quality forensic assessments and if psychologists could keep their trousers zipped, the latter two issues accounting for the majority of ethics complaints and legal costs. Homogenous training standards have little to do with either of the issues above. Besides, if homogeneity of professional training were the hallmark of a well-regulated profession then there would be no cynicism in the general public about the professional regulation of physicians and lawyers. How could the world survive without lawyer jokes? In the end, I do not believe that accrediting bodies or educators can be held hostage to regulatory bodies' misguided desire to receive homogenous applicants.

Conclusion

In the end, the question of relative superiority of CPA versus APA accreditation is irrelevant. Freedom of choice among those educators seeking accreditation for their programs and for those students seeking careers in psychology is more important than which accreditation body programs choose. The students and the educators/trainers are the primary customers of accreditation, not the accrediting bodies themselves or psychology regulatory bodies. Many directors of training express concern on the CCPPP list serve about the potential negative effects changes in accreditation may have on student recruitment. Their own careers, and those of their colleagues, depend to some degree on recruiting good students. Our educators and trainers do not want to be handicapped in recruitment. Students express concerns about harm to their own careers. While programs should have the freedom to choose CPA accreditation alone, those of us who favour

one system over another should not be limiting the choices of our colleagues and the opportunities of students. In particular, it would be extremely unfortunate if the CPA Accreditation Panel (supported by CPA member dues) took unilateral action to limit choices available to CPA educators and Canadian students. It may be a good time to remember the old adage "the customer is always right."

Restriction of choice for customers has predictable negative outcomes both for business and for customers. Think of the North American automobile industry. Henry Ford said consumers could have any colour Ford they wanted, as long as it was black. Shortly afterwards, Ford slipped from first to second in market share behind General Motors. GM, Ford, and Chrysler fought foreign auto imports with protectionist trade legislation for decades. How many of you now drive an Oldsmobile? Don't laugh. It was my father's car in the 50's, and is now being discontinued by GM. Protectionist trade policy didn't help Oldsmobile much. Accrediting bodies and psychology training programs, like auto makers, must thrive or wither based on their service to customers and their adaptation to changing times. It is impossible for any business to survive by restricting the choices of its customers. In the end, this debate should be about freedom of choice for educators and students, not the relative quality of accreditation criteria or nationalistic sentiment.

The Current Status of Professional Psychology Internships in Québec

*Janel Gauthier
Université Laval*

The availability and the funding for professional psychology internships has always been an issue in Québec. According to a supply and demand survey conducted by the Canadian Council of Professional Psychology Program Directors (CCPPP) in 2001, there were 16 internship positions available: 6 at the Royal Victoria Hospital, 2 at the Montreal Children's Hospital, 6 at the Montreal General Hospital, and 2 at the Jewish General Hospital. Only two of these sites provided stipends to interns: the Royal Victoria Hospital and

the Jewish General Hospital. The yearly stipend for internship positions at the Royal Victoria Hospital had been \$6,500 in previous years but had recently been slashed to \$4,500, while it was \$1,000 at the Jewish General Hospital. In contrast, the same survey revealed that there was a total of 40 funded internship positions available in Ontario. It also showed that the mean yearly stipend for internship positions across Canada was \$21,838 when including Québec internships and \$25,227 when excluding them.

While the CCPPP survey may have somewhat underestimated the number of funded and unfunded professional psychology training positions in Québec (only CCPPP members were surveyed), an informal survey of psychology program directors in Québec yielded similar results: the number of formal internship positions was seriously low when compared to the number of students looking for a year of supervised experience each year as part of their academic requirements for the doctoral degree in professional psychology; only a small percentage of them were funded; and most yearly stipends for these positions were way below the Canadian average.

Demands for doctoral training in professional psychology are about to reach an all-time high because of the recent move towards a doctoral standard for registration as a psychologist in Québec. This means that a bad situation could turn into a major crisis if the issue of availability and funding fails to be successfully addressed. Based on information obtained recently from Québec universities, it is estimated that, as of next September, the number of students newly admitted in professional psychology doctoral programs will be, each year, in excess of 100. Since the number of professional psychology internships currently available in Quebec is between 20 and 25, it follows that doctoral programs in professional psychology will need to find at least 75 new internship positions to meet the increased demand for professional psychology training. This is quite a challenge to meet when one considers that the total number of internships in Canada, excluding Québec

internships, was 91, according to the 2001 CCPPP survey.

Various efforts are being made to prevent the crisis looming at the horizon. At its last meeting (November 1st, 2002), the Working Group for Social and Psychological Intervention of the Conference of Rectors and Principals of Universities of Québec (CREPUQ) approved a motion asking the Council of the CREPUQ to create a consortium made of representatives from Québec universities, the Order of Psychologists of Québec, the Department of Health and Social Services, the Department of Education, and the Department of Justice. Its task will be four-fold: to estimate the number of internship positions needed to have some equilibrium between supply and demand; to determine what will be needed in the way of financial and human resources to support internship programs; to identify the settings that would benefit from the services provided by psychology interns; and to recommend stipends and methods of funding that are appropriate and fair for both interns and training sites. The deadline for the creation of the consortium is February 1st, 2003. In the meantime, psychology interns are being encouraged to form an association to lobby the Québec government and other instances for internship funding. The idea of seeking funds for professional psychology internships from the private sector users of psychological services (e.g., industry, extended health insurers) and the federal government (e.g., Correctional Services) is also being considered.

Presidential Report

*Janice Cohen
Past-President, CCPPP*

The past year was a very busy and productive one for CCPPP. As an organization we continued with many of our traditional CCPPP activities, as well as undertook some new initiatives. Ongoing CCPPP have included the publication of our annual Internship Directory, two member newsletters, and the organization of a successful pre-convention workshop on the topic of training for diversity and multicultural competency.

One of the major new CCPPP initiatives in 2001-2002 focused on addressing the growing concern amongst our members about the limited utility of the global and glowing letters of reference that internship programs receive. A subcommittee, chaired by Dr. Laurene Wilson, developed guidelines for letters of reference for internship placements. These guidelines were endorsed by CCPPP members at the 2002 AGM in Vancouver for voluntary adoption by programs for the 2002-2003 internship match. Over the next few months we will be systemically evaluating this initiative. A second initiative this year has focused on the funding of internship training. Currently there is considerable variability with regard to the sources, extent and stability of funding for pre-doctoral internship training. A subcommittee was formed at the CCPPP AGM with the goal of delineating the relevant issues and developing an action plan to address them. CCPPP plans to work co-operatively on this initiative with other national and provincial organizations.

During 2001-2002 CCPPP continued to have active liaison relationships with several organizations within Canada and the U.S., and our organization was invited to send a representative to several national and international events. Dr. John Pearce represented CCPPP at the APA Education Leadership Conference, which was held in Washington, D.C., in October 2002. Dr. Dick Steffy recently attended the Competencies Conference, which was spearheaded by APPIC. We have also been consistently sending an observer to the CPA board meetings, which has been helpful in highlighting training issues at a national level, and facilitating collaboration with CPA with regard to issues such as internship funding.

Finally, during the past year we have endeavoured to enhance communication between our members. To this end, we have just launched a CCPPP member list serve. Dr. Carl von Baeyer, who developed and maintains our web site, was instrumental in initiating the list serve. Much appreciation goes to him for all of his efforts.

I would also like to take this opportunity to acknowledge and thank Dr. Bill Koch whose term on the CCPPP executive ended this May. Dr. Koch served as the President of CCPPP for two consecutive years. His willingness to take on any task, his advocacy on behalf of students, sense of humour, and overall commitment to the organization is greatly appreciated.

Highlights of the 2002 CCPPP Annual General Meeting

Douglas Cane

The 2002 CCPPP Annual General Meeting was held on May 31, 2002 in Vancouver with approximately 20 members in attendance. In her opening remarks CCPPP President Dr. Janice Cohen noted that 2002 marked the 25th anniversary of CCPPP and reflected that despite being somewhat small in size, CCPPP has played a significant role in shaping the process of training psychologists in Canada and would continue to do so in the future. Dr. Cohen also noted that 2002 had been a successful year for CCPPP and that with 70 members CCPPP was at an all time high with respect to membership. Dr. Cohen reported that CCPPP had been active during the past year representing the interests of the training community at a number of meetings including meetings of the CPA Board, the Organizing Psychology in Canada Conference, and will be participating in an APPIC sponsored meeting on Competencies. Several issues will be occupying the attention of CCPPP during the upcoming year including reviewing the membership criteria for CCPPP, reviewing immigration and visa issues faced by prospective interns, and examining funding arrangements (or lack thereof) for clinical training across Canada. CCPPP members were encouraged to share their opinions and ideas on these issues with the Executive and with the subcommittees established to explore these issues further.

Dr. Doug Cane made a brief presentation on CCPPP's finances. In an effort to emulate then Finance Minister Paul Martin he was pleased to report that CCPPP had enjoyed a good year financially and was in a good financial position. Unlike Paul Martin he did not express any interest

in giving up his current position within CCPPP for another position in the organization.

Dr. Laurene Wilson presented an update on behalf of the CCPPP subcommittee on Letters of Recommendation on their work toward developing a standardized format for letters of reference. The revised format was reviewed and a motion was passed that CCPPP support the use of the revised format as a pilot project for a one-year period and that members be encouraged to adopt this format during the upcoming round of intern applications.

The 2002 CCPPP Award for Excellence in Professional Training was presented to Dr. Jack Rachman. In announcing this award Dr. Bill Koch noted that Dr. Rachman's nomination for this award was accompanied by an impressively large bundle of letters attesting to his significant contribution to professional training.

Thanks and appreciation were expressed to Dr. Bonnie Long who concluded her term on the Executive as a Member at Large, to Dr. Patricia Minnes and Dr. Laurene Wilson who join the Executive as President-Elect and Member at Large respectively, and to Dr. Carl von Baeyer for his ongoing work on the CCPPP website. Finally, a small token of appreciation and a big thank-you were presented to Dr. Bill Koch who concluded a lengthy term on the CCPPP Executive that included an extended term as President. To help ease his transition from one ongoing project (CCPPP) to another (ongoing home renovations) Dr. Koch was presented with a book to guide him through the process. Thanks and good luck Bill!

2002 CCPPP Training Award

The CCPPP Executive gave the 2002 CCPPP Excellence in Training Award to Dr. S. J. (Jack) Rachman from the University of British Columbia. Now officially retired, Dr. Rachman is still a major influence on the training of a number of UBC graduate students who seek him out for wise counsel and research advice. Previous students who have benefited from his kind and brilliant mentoring now occupy prestigious positions

around Canada and the world and continue to contribute to the knowledge base of clinical psychology building on Jack's enormous contributions to psychological science. His curriculum vitae is exceptionally impressive, but his impact on students and colleagues surpasses what can be communicated on paper.

2002 CCPPP Pre-Convention Workshop: Training for Diversity & Multicultural Competency

*John Pearce
President, CCPPP*

The 2002 CCPPP workshop focused on several issues in training graduate students and interns in diversity and multicultural competence. Dr. Ian Nicholson, CPA Accreditation Panel Member, provided an overview of CPA and APA accreditation criteria regarding training in this area. APA accreditation criteria in general have moved from a prescriptive to an outcome-based model while the new CPA criteria represents an amalgam of both approaches. Dr. Nicholson commented that the CPA criteria for diversity have become less prescriptive than other criteria in the CPA model. Despite being confronted with the challenge of developing specific training plans to meet these broad criteria, he was of the opinion that training in diversity offered by CPA-accredited programs and internships has indeed improved over the years, which in turn has raised the standards against which such training is now evaluated. Given the relative absence of specific CPA criteria for diversity training, the Accreditation Panel judges a program's or internship's efforts in relation to what other programs are doing. In other words, given the latitude of the criteria on diversity training, Canadian programs have been consistently "raising the bar" over the years as to what is the national standard for programs.

Dr. Marilyn Bowman, Simon Fraser University, discussed the societal differences between Canada and the US that have important implications for diversity and multicultural competency training. These include the larger proportion of visible minorities in the US; compared to the US, Canada has a larger proportion of foreign-born immigrants

who do not speak English. She emphasized that linguistic differences are indeed the biggest difference between the two countries. Consequently the evaluation of Canadian programs' diversity training, especially by US site visitors, must take such differences into account, consistent with the respect and sensitivity accorded to multiculturalism by both the CPA and APA accrediting bodies.

Drs. YaYa de Andrade and Edward Shen, BC Children's Hospital, offered an overview of definitions and characteristics of culture and then moved to a discussion of some of the salient difficulties in diversity training. For example, is our desire for political correctness associated with a denial of cultural differences? How do academic programs and internships collaborate with community-based services and how do we advocate for increased funding in the area of diversity and multicultural research? They identified the tension between maintaining credentialing criteria for professional psychologists and the desire to augment the diversity of psychologists as a particularly contentious issue.

The workshop concluded with small group discussions of the difficulties programs and internships have confronted and some suggestions for future training in diversity. Participants noted that dependent upon the locale of the program or internship, it may be more difficult to facilitate access to diverse client populations than it is for programs in large urban settings. They also emphasized the importance of teaching students and interns to ensure group differences do not bias their understanding of individual clients. Some participants thought a focus upon the content of specific cultural differences may not be as useful as training in cultural sensitivity. Others wondered how we can objectively evaluate this attitudinal characteristic.

There was discussion about conflicts between the expectations we may place upon multicultural students and interns and their own traditions, as well as the time and effort required to work with students from diverse backgrounds to maximize their chances of academic success. However, there was some concern that junior faculty may

not be too inclined to make this commitment, given the demands associated with obtaining tenure.

Participants described an array of solutions. Didactic seminars, required readings, students' preparation of handouts reviewing the relevance of cultural variables pertaining to an aspect of clinical work that can be referenced by future students, placing students and interns in external agencies that offer services to diverse groups, and guest lecturers were all mentioned. Requiring students and interns to maintain accurate logs of their clinical hours as they pertain to multicultural work and regularly reviewing this contact is an important component to ensure they are receiving the requisite and individually-tailored training in the area of diversity.

Feedback about the workshop was positive: 10.6% of participants who completed the evaluation form rated it as "excellent, 52.6% as "very good" and 36.8% as "good".

2003 CCPPP Pre-Convention Workshop

Dr. Patricia Minnes, President-Elect of CCPPP, has arranged the 2003 Pre-Convention Workshop:

Empirically Supported Therapies: From Principle to Practice

Presented by Keith Dobson, Ph.D.
University of Calgary

June 11, 2003, 8:30am to 2:00pm

Hamilton Entertainment and Convention Facilities
Inc.

Hamilton, Ontario

A Workshop for Directors of University Training Programs, Directors of Internship Training Sites and Graduate Students in Professional Psychology

A recent development in the field of psychotherapy has been the development and promotion of criteria for empirically supported therapies (ESTs). This development has been the matter of considerable debate but has generally been viewed as a viable strategy for integrating science and practice in professional psychology. One problem that has recently emerged in this regard is how to move

from lists of empirically supported treatments into the practice of evidence-based psychology. The purpose of this workshop is to explore the issue, in the context of both university training programs and pre-doctoral internships, and integrate ESTs into the training of the next generation of professional psychologists. The workshop will begin with a review of the recognized strengths and weaknesses of ESTs, followed by an extended discussion of methods to train psychologists in the knowledgeable and skilled practice of ESTs in appropriate contexts. Issues such as methods of training, appropriate client problems/groups and managing access to these clients, the need for developmentally appropriate levels of training, the nature of supervision, and assessment of adherence and competence in ESTs will be examined. The workshop will use a combination of both didactic and interactional discussion.

The workshop will follow with a discussion of relevant and current issues in training from 2:00-4:00pm.

Student	\$37.45
CPA members	\$53.50
Non-Members	\$64.20

(Fees include GST, refreshments at two breaks and lunch)

National Summit on Mental Illness and Mental Health

Janice Cohen

CCPPP was pleased to participate in the National Summit on Mental Illness and Mental Health, which was held in Ottawa at the beginning of October. The Summit, which was co-hosted by the Canadian Psychological Association, the Canadian Medical Association and the Canadian Psychiatric Association, brought together representatives from approximately 20 national organizations representing practitioners, researchers, consumers of mental health services, and

government. The overarching goal of the Summit was to present a unified voice in advocating for a national action plan to address mental illness and promote mental health. Towards this end, Summit participants jointly drafted a consensus statement that highlighted the values, principles and elements that are essential in the development and implementation of a national action plan. Brainstorming sessions led to the delineation of some of the core elements that a national action plan must include. These were:

- National mental health goals
- A policy framework that includes research, surveillance, education and mental health promotion, and a health human resources plan
- Adequate and sustained funding
- An accountability mechanism

Discussions during the Summit addressed many issues that are highly relevant to CCPPP, including the importance of ensuring timely access to comprehensive mental health services, the need for increased funding for research in the area of mental health, and the need to ensure that there are adequate resources for the training of professionals to meet the future demands for mental health services. At the conclusion of the Summit, a Steering Committee was formed to develop a plan to move forward with the agenda that was endorsed. Overall, it was an uplifting experience to attend a forum where individual and professional differences were put aside, to work in a cooperative fashion to address these important issues.

Competencies Conference 2002

Dick Steffy
University of Waterloo

The APPIC-organized "Competencies Conference 2002" gathered 125 education, training and credentialing specialists in glorious Scottsdale Arizona to define, implement and measure eight areas of professional competency. Contributing to this November, 2002 effort to upgrade standards of practice were nine Canadian representatives who joined the efforts.* Special credit is owed to CCPPP, along with a large alphabet soup of

acronymed groups, who gave financial sponsorship and preconference advice to direct the effort.

Organizing the meeting and collecting delegates' wisdom was a herculean task engineered by Nadine Kaslow and a steering committee that included Joseph Rallo from CPAP. In one of the opening addresses Joe reviewed Canada's recently-instrumented Mutual Recognition Agreement (MRA). Frequently referenced throughout the meeting, the MRA effort with its stipulation of five core competencies helped to set the tone for discussion. Partly overlapping and extending our five MRA-based core competencies, the Scottsdale meetings focused on eight core areas [(1) scientific foundations of psychology and research; (2) ethical, legal, public policy/advocacy, and professional issues; (3) supervision; (4) assessment; (5) individual and cultural diversity; (6) intervention; (7) consultation and interdisciplinary relationships; and (8) professional development]. Two other related topics (specialties and proficiencies, as well as the means of assessing competence) were given special attention as well. It is clear that the Arizona effort stretches Canadian MRA's five competencies to new heights.

This conference had a vigorous, trend-setting tone designed to challenge and expand consciousness. In separate topic groups, delegates were assigned to define a particular competence, review its components, guide the best educational and training experience for that competence, and suggest strategies for its assessment. Among the topics, cross-cultural skill development seemed to flag most attention. Among the delegates, diversity concerns prove to be a moral imperative. We were charged to envision how diversity issues should be related to all other features of education.

My own personal assignment in this conference was to the "supervision" workshop. It was apparent that many delegates regard supervisory training to be a critical item in their university or agency curriculum. To them it is not sufficient to be a competent therapist or assessment specialist; one must have supervisory education to pass on wisdom and techniques to the next

generation. If I read the tea leaves correctly, the day is fast coming when formal training in supervisory skill will be mandated in professional portfolios.

Although the Scottsdale meetings served up a deliciously rich experience, a few features require more attention. For one, I thought that the "scientific foundations of psychology" component was underdeveloped. I heard too little about science-practice interaction, except for witty ideas such as how journals should add opportunities for collaborative conversations between practitioners and investigators, and some dispiriting, out-of-date views that clinical practice is by nature a form of research. I also heard platitudes about the necessity to inculcate a strong appreciation and a general understanding of science as the means to ensure scientific competency – thus presenting a much diluted form of the scientist-practitioner model.

We have a long way to go in fashioning tools to assess competency and to grapple with thorny problems encountered in evaluating professional competence. Assessment devices (ranging from multiple choice, objective, oral and essay exams formats, as well as chart reviews, peer reviews, patient satisfaction surveys and simulated patients) were listed. One concept that emerged time and again around the table was "self-assessment", i.e., having individuals reviewing their own progress. This is a fetching idea, but one wonders how it, and all the other procedures, might be implemented to adequately measure gain in competence training in the multiplicity of core areas.

From my perspective, to achieve the many goals described at Scottsdale will require career-long efforts to define, operationalize and monitor practice. If one adds a concept of "strata" to the subtypes of competency, the resultant two-dimensional space would add many more specifications about expected levels of competence across developmental levels (from beginning graduate student right through the College credentialing and then into senior levels of practitioners who need to be re-credentialed). A large number of competency requirements could drive psychology practice to distraction (like the oft-

quoted account of the centipede) by our exact focus upon the many legs of competency.

Finally, in light of the difference in accreditation philosophy that has emerged between APA and CPA accreditation panels, it seems to me that APA's mission-oriented approach will be blunted by the positions advanced by this conference. The drift of discussions leads me to expect an increased number of prescribed practices. Personally perturbing to me, a move to new standards will serve to make us more exactly similar.

Putting concerns aside, the impact of the Scottsdale Conference will increase awareness of the many facets of practice, although other competencies will come to mind in the future. Indeed, there is already discussion about an "aspiration competence" (envisioning the training for domains yet to be invented). Competencies, like DSM categories, will wither and will prosper as the field finds its way in trying to be more circumspect about what it does.

In conclusion, this very well organized "Competencies Conference 2002" was provocative, challenging and set the direction for future developments. The Scottsdale meeting promises to be a beacon in spotlighting areas where the field can improve. Although some delegates wished to tie competency to the marketability of our services, for the most part the participants were set upon the task of improved quality, and that made the whole enterprise enriching.

* Canadian delegates to the meetings included Lorraine Breault, Karen Cohen, Henry Edwards, Valerie Holms, Jane Ledingham, Joe Rallo, Pierre Ritchie, Catherine Yarrow and your CCPPP scribe Dick Steffy

Please Post or Circulate

CALL FOR TRAINING AWARD NOMINATIONS

Canadian Council of Professional Psychology Program Directors

Every year, CCPPP solicits nominations of faculty and supervisors in CCPPP member programs who make important contributions to the training of future psychologists. We encourage as many nominations as possible. After all, this is one of the few public acknowledgements many of our members will receive for their training efforts.

Our recipient of this award in 2002 was Jack Rachman of the University of British Columbia. The executive welcomes nominations for 2003. Please note that individuals serving on the Executive committee are ineligible for nomination because of the potential for conflict of interest.

If any of our readers knows of a candidate for this award, please send supporting materials, including the candidate's curriculum vitae and letters of support, to John Pearce, Ph.D., Child Abuse Service, Alberta Children's Hospital, 1820 Richmond Road SW, Calgary, AB T2T 5C7. E-mail: john.pearce@calgaryhealthregion.ca The deadline for the receipt of nominations is January 31, 2003.

Please Post or Circulate

CHANGE OF ADDRESS FORM

If the director of your training program or the name/address or other contact numbers have changed, please complete this change of address form and return it to: Dr. Douglas Cane, Secretary-Treasurer, CCPPP, c/o Department of Psychology, Queen Elizabeth II Health Sciences Centre, Bethune Building, 1278 Tower Road, Halifax, N.S. B3H 2Y9, FAX: (902) 473-2148, EMAIL: pmudbc@qe2-hsc.ns.ca.

Institution Name: _____

Director of Training: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____