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

CCPPP NEWSLETTER

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President's Interim Report Dr. Laurene Wilson

CCPPP held a successful pre-convention workshop at the CPA annual convention in Montreal. The workshop was facilitated by Dr. Ian Nicholson, London Health Sciences Centre & Dr. Bob Robinson, Calgary Health Region. Thanks go out to them once again for agreeing to lead this useful and informative training experience and consultation session. As has become the tradition, afternoon was reserved for informal discussion and consultation between training directors, followed by the AGM and social. Our training award winner for 2005 was Dr. Martin Antony. Details are reported below in columns by Dr. Mary Ann Evans and Dr. Doug Cane.

I am pleased to note that while Dr. Patricia Minnes has "graduated" from the executive, our former president is continuing to work on a project she began during her time on the executive: the history of the CCPPP. In her column below, you will see that she needs help with some missing information, so please review the existing information yourself and forward this column to colleagues who may be able to fill in some of the gaps.

A policy researched and developed in the past year on recommended time to keep applications is reviewed below by Dr. Val Holms who undertook this project.

Coming out of one of 2005 pre-convention discussions, some interest was expressed in developing guidelines for internship preparation (e.g., the relative importance of hours versus other qualifications). We will be continuing to develop a policy which could be adopted by CCPPP, offering guidance and reassurance to students during their academic preparation. Dr. Evans reviews our discussions to date in her column. In sharing this at the recent CCTC meeting, Dr. Steve McCutcheon of APPIC expressed an interest in learning the outcome of our policy development.

The executive continues its advocacy work for psychology training. Shortages in supply of psychologists, as well as training positions at the academic and internship levels seem to be a perennial concern. Psychologists are in short supply and this problem will only be aggravated by anticipated retirements in the near future. Recognition of this fact has led the Ontario government to allocate additional funding to training across many disciplines, including psychology. As no money has yet been allocated for internships, and several internships have closed in Ontario in recent years, the executive has prepared an advocacy letter to the Ontario government recommending attention to the matter.

Other work profiled in this newsletter include thoughts on the movement towards CPA-only accreditation, APA's proposal to stop offering accreditation in Canada, and our on-going liaison and communication activities. Plans for the 2006 convention have also been set and are described in detail by Dr. Ed Johnson who organized the upcoming training day.

2005 Pre-convention Workshop Dr. Laurene Wilson

On June 8th in Montreal, 21 people attended our pre-convention workshop: *Sales, Promotion, & Justification: The Costs & Benefits of Internship Training in Canada*. We had a somewhat crowded, but valuable training experience facilitated by Dr. Ian Nicholson, London Health Sciences Centre and Dr. Bob Robinson, Calgary Health Region.

Here are some highlights. The workshop aimed to provide an overview of the limited available literature in the area and the socio-political-economic context in which we train, moving on to review core costs and benefits of the programs. Beginning with our context, Ian highlighted the pressure on both hospitals (e.g., financial accountability) and on psychology (e.g., easy targets despite results demonstrating cost

effectiveness). Published cost-effectiveness studies of internships have been favourable, but not necessarily comprehensive or applicable to the Canadian health care system. Ian offered a comprehensive evaluation of his program costs enabling him to demonstrate that the same volume of service would require hiring additional staff over and above those additional staff that could be hired with the funds from an eliminated internship program. However, there were additional internship costs in the administration of the program, particularly in the applicant file review and interviews, which resulted in the program becoming more costly than the hiring of additional psychologists.

Bob also took participants through a comprehensive workload measurement system at his site which has enabled him to undertake sophisticated comparisons for interns and staff. Bob noted that these analyses are necessary to be prepared to justify your efficacy and demonstrate that you have considered means to optimize efficiency. Interns each cost about 2/3 of an average staff salary if you take such things as stipends, benefits, organization time, and accreditation into account. They each spend close to 2/3 time in clinical activity (consistent with accreditation) though they see fewer clients/patients and spend more time with each of them. Does that mean they are more dedicated or that staff psychologists/supervisors are more efficient? This is a question of efficiency, efficacy or effectiveness which hasn't been undertaken to Bob's knowledge (to date).

Bob also emphasized that using recorded time in cost and productivity comparisons is mathematically important. For most organizations with approximately 40 hour weeks or less, the productive time is about 3/4 or 1500 to 1600 hours of a "2000" hours work year. If you take 4 weeks vacation, 2 weeks in statutory/personal leave, and 1 week sick leave, that is 7 weeks off alone. Additionally, people take breaks (often by union contracts) and cannot record all activities for each day during the 45 weeks they are there. At 45

minutes a day, one arrives at another 4 weeks. In essence, then, before undertaking your productivity analysis, very carefully consider the actual work time available weekly, while also subtracting an appropriate value for vacation, leaves, and sick time annually.

Ideas for improving cost-efficiency:

- Utilizing some group supervision within guidelines for accreditation on individual supervision
- Minimizing involvement of multiple supervisors due to inefficiencies associated with conflicting styles and emphases
- Incorporating group interventions, which have historically been a small percentage of clinical training experiences
- Comprehensive, efficient orientation that moves the intern more rapidly and effectively into service
- Increased training class size does not increase administrative time comparably, and can be more cost effective and efficient in the adjustment of interns themselves who have enhanced peer support
- Interns with advanced progress on dissertation may be more focused and productive on internship
- Stream-line application review and interview processes—these are the greatest user of administrative time for staff and supervisors

Here are the results of the formal evaluations.

Excellent	Very good	Good	Fair	Poor	Total
Overall rating of the workshop:					
2	6	3			11
Format of the workshop:					
2	6	2	1		11
Content of the workshop:					
3	5	3			11
Addressed stated learning objectives:					
4	5	1	1		11
Room comfort, ventilation, etc.					
	5	4		2	11

Food					
1	5	3	2		11

One respondent specifically valued the enthusiasm of our presenters. Verbal comments indicated that many participants were pleased to see examples of how to estimate the costs and benefits of training. For one participant it helped reduced the sense of intimidation in undertaking such a process. One university director indicated that it is useful to know the pressures that internship directors and settings are facing. Our thanks again to Bob & Ian for taking time to prepare and facilitate this valuable and enjoyable session.

Following lunch, training directors discussed and consulted on a number of topics, including: the CPA-only accreditation movement within CCPPP; self-determination in Canadian training and our potential vision for post-doc vs. pre-doc internships; competitiveness between practicum students and interns—if interns are preferred and training spots are limited, how do you get the practicum students ready for internship?; specialized internships—can you get registered if too specialized?; MA level supervisors; and intern impairment.

Highlights of the 2005 Annual General Meeting

Dr. Doug Cane

The 2005 CCPPP AGM was held with 29 members in attendance. Once again the meeting provided an opportunity for members to meet and discuss the issues and challenges that are a part of professional training in psychology.

In what is rapidly becoming a CCPPP AGM tradition, the issue of single versus dual accreditation of training programs was discussed and the membership updated. It was clear from the discussion that CCPPP members continue to experience concerns about the impact any change in accreditation may have on the recruitment of both

faculty and interns, and its implications for psychology students who ultimately may seek training or employment in the United States. These concerns also appear to be on the minds of students and it was agreed that CCPPP needed to communicate with the Student Section to further address these concerns and to explore the extent to which single accreditation of training programs and internships would actually impact upon student mobility.

Another topic that generated lively debate and discussion was the issue of what constituted an appropriate number of practica hours for students applying for internships. It was noted that there was a sense among applicants that a gap existed between the number of practica hours officially required by internship programs and the number of hours that may actually be preferred for applicants. From the discussion it became evident that while there was consensus among CCPPP members that breadth of training and status of dissertation were important factors in evaluating an application, there was a range of opinion about what was an appropriate amount of practica experience. It was agreed that there was a need to clearly communicate to students what the expectations of internship programs were with respect to practica hours. However, it was equally clear that more work needed to be done among CCPPP members to ensure that what was communicated to students served the intended purpose of reducing anxiety and did not inadvertently add to it.

Several awards were presented at this year's AGM. The 2005 CCPPP Award for Excellence in Professional Training was presented to Dr. Martin Antony Director of Training at St. Joseph's Health Sciences Centre, Hamilton, Ontario. The Executive was delighted to present a special award to Dr. Janice Cohen in recognition of her many contributions to the development of CCPPP. It was noted that Dr. Cohen's extensive liaison work with organizations like APPIC had done much to give CCPPP a presence and recognition that extended beyond our borders. Finally, the Executive was

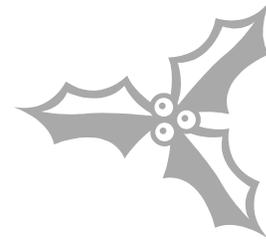
pleased to present for the first time a Special Student Contribution to Training Award to recognize the efforts and contributions of a student to professional training. Dr. Melanie Badali was the first recipient of this award for her contribution to the development of *Match Made on Earth: A guide to Navigating the Psychology Internship Application Process*. If it has not already become required reading for all prospective internship applicants no doubt this document soon will be.

Finally, as always at the AGM, it was time to say thanks to CCPPP's Past-President Dr. Patricia Minnes as she concluded her term on the Executive, and to Dr. Paul Veilleux who served as a Member at Large. A warm welcome was extended to Drs. Adrienne Perry and Lyne Thomassin who joined the Executive as Members at Large.

2005 Training Award Winner **Dr. Mary Ann Evans**

Each year, CCPPP recognizes a psychologist within a member program for her/his important contribution to the training of future psychologists. In 2005, we were pleased to give the Award for Excellence in Professional Training to Dr. Martin Antony. Dr. Antony (a.k.a Marty to his nominees) is a Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University as well as Psychologist in Chief at St. Joseph's Healthcare Centre in Hamilton. At this health care setting, he is founder and Director of the Anxiety Treatment and Research Centre, where he trains over 20 students ranging from undergraduates to interns, and is responsible for having developed the internship positions that exist there. He publishes extensively in the field of anxiety disorders, and has given numerous workshops in North America and abroad on the treatment of anxiety disorders in children and adults. He serves on numerous editorial boards and administrative, policy, and review committees, and is a conscientious member of CCPPP in actively participating in the discussions and issues that we face. His former

students and colleagues laud him for being a wonderful and long standing mentor, with a genuine interest and concern for his trainees both professionally and personally. Like previous award winners, he is a shining example for his commitment, approach, and expertise in professional training. Once again, Marty—CONGRATULATIONS.



CCPPP History Project: *Help us fill in some blanks!* **Dr. Patricia Minnes**

During my time on the CCPPP Executive I tried to gather some information about the history of CCPPP. Thanks to Anna Beth Doyle, Ken Craig, Keith Dobson, Kerry Mothersill and Carl von Baeyer for getting us started. The following information is what I've gathered to date.

The Canadian Council of Professional Psychology Programs (CCPPP) formerly known as the Canadian Council of Clinical Psychology Programme Directors or CCCPPD was founded in 1977 by Park Davidson of the University of British Columbia. The organization was developed "to serve as the interface between academic programs and internship training sites and to create an arena for program directors to exchange ideas about professional training." (Alden et al., 1996. p. 223.) According to Ken Craig the earliest meetings from which the CCCPPD would arise were held in the mid '70s. Park Davidson had recently been CPA President and was Professor of Psychology and Director of the UBC Clinical Program at the time. Ken remembers Park as "a very dedicated, effective, and likeable man with great skills in bringing people together. Sadly, a tragic MVA accident in late 1980 led to the deaths of both Park

and his wife Sheena, an event that many of us continue to mourn”.

In the early '80s, a major focus for the Council was development of accreditation criteria for graduate clinical programmes across Canada. John Schallow from the University of Manitoba chaired the earliest committees followed by Ken Craig. This work was encouraged by the CPA Committee on Professional Affairs through the creation of a sub-committee on accreditation, chaired by Ken Craig of UBC. Draft accreditation criteria, modelled on but not identical to those of the American Psychological Association, were circulated in 1981. Over the next two years, there was heated debate, whether to adopt standards developed by OPA or APA as the basis for recommendations to CPA. The Council ultimately decided to use the APA standards and procedures as guidelines for the CPA program and a small committee of the Council chaired by Ken Craig produced draft standards for Council review. According to Ken Craig, “discussions of these standards at the 1981 and 1982 Council meetings were vigorous, if not raucous”. John Conway, and others captured the spirit of these debates in *Canadian Psychology*, 1984, 177-191 and 192-231. Some of the background is provided in a paper by Craig, K. D. (1993)

Ken Craig was able to coordinate the relationship between CCCPPD and CPA, as he had been elected to the CPA Board of Directors in 1982 and chaired the Professional Affairs Committee for a number of years. He recalls that “Terry Hogan, who became CPA President at that time, charged the Professional Affairs Committee with the responsibility to ensure that an accreditation program was developed”. In 1983, the revised and refined *Accreditation Criteria for Clinical Psychology Programmes and Internships* (1984) were strongly endorsed by the CCCPPD and adopted by the CPA Board.” (Doyle et al., 1993. p 80-81).

Through this process the CCCPPD became more organized and between 1982 and 1985, the executive started writing bylaws and began

collecting dues. In the 1990's during Bob Van Mastrigt's presidency, the name was changed from the Canadian Council of Clinical Psychology Program Directors (CCCPPD) to the Canadian Council of Clinical Psychology Programs (CCCPP) to permit program representatives other than the director to attend meetings. The name was then changed again from CCCPP to the Canadian Council of Professional Psychology Programs (CCPPP) to be more inclusive of counseling psychology, neuropsychology, and other branches of professional psychology.

Also in the 1990's an article by Lynn Alden and others from CCPPP outlines the priorities for professional training in the 90's. Issues raised included: the development of core curriculum for professional training programs, coping with budget cuts, preparing students for training in nontraditional settings, options for delivering clinical supervision, multicultural issues in training, training in business and entrepreneurial skills.

In the later 1990's, there was considerable discussion as to whether internship programs in Canada should use APPIC criteria. Since 2000, CCPPP's profile was heightened with APPIC and other colleagues in U.S. training organizations, thanks to a committee of CCPPP members (Carl von Baeyer, John Pearce, Sandra Clark, Stewart Longman, Jane McEwan), Laurene Wilson (Committee Chair), and Janice Cohen (President). The committee developed guidelines for internship application reference letters, which Janice and Laurene subsequently evaluated and presented both at APPIC and CPA conferences. These guidelines are now used widely in Canada but also in the U.S.

The other major issue since 2000 has been CCPPP's role in spearheading a move toward CPA only accreditation. At the 2003 AGM, our major focus was the issue of concurrent accreditation. Two motions were passed unanimously in favour of developing a process whereby academic programs and internships could work toward choosing CPA

accreditation only rather than joint CPA-APA accreditation.

References

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Craig, K. (1993). The organization of professional psychology in Canada. In K. S. Dobson & D. J. Dobson (Eds.), *Professional Psychology in Canada*. Toronto: Hogrefe & Huber. pp.11-45

Doyle, A.B., Edwards, H., & Robinson, R. (1993) Accreditation of professional training programs. In K. Dobson and D. Dobson (Eds), *Professional Psychology in Canada*. Toronto: Hogrefe and Huber, pp. 77-106.

I've also compiled a list of Chairs of CCPPP but it is not complete. We'd also like to gather the names of members of the executive and information about issues being addressed at various points.

Year	President	Organization
1977-78	Park Davidson	University of British Columbia
1978-79	Ken Craig	University of British Columbia
1979-80	David Evans	University of Western Ontario
1980-81	Anna Beth Doyle	Concordia University
1981-82		
1982-83		
1983-84		
1984-85		
1985-86		
1986-87		
1987-88		
1988-89		
1989-90		
1990-91	R. Van Mastrigt	Alberta Children's Hospital
1991-92	Susan Pisterman	Children's Hospital of Eastern Ontario
1992-93	Jeanne Ridgely	Toronto Hospital
1993-94	Vicky Veitch Wolfe	London Health Sciences Centre

1994-95	Bob McIlwraith	University of Manitoba Health Sciences Centre
1995-96	Dick Steffy	University of Waterloo
1996-97	Lynn Alden	University of British Columbia
1997-98	Kerry Mothersill	Calgary Health Region
1998-99	Dave Clark	University of New Brunswick
1999-00	Bill Koch	University of British Columbia Hospital
2000-01	Bill Koch	University of British Columbia Hospital
2001-02	Janice Cohen	Children's Hospital of Eastern Ontario
2002-03	John Pearce	Alberta Children's Hospital
2003-04	Patricia Minnes	Queen's University
2004-05	Valerie Holms	University of Manitoba Health Sciences Centre
2005-06	Laurene Wilson	Royal University Hospital, Saskatoon Health Region

If you have information to add, please forward it to Patricia Minnes, Department of Psychology, Queen's University, Kingston K7L 3N6 (minnesp@post.queensu.ca). Looking forward to hearing from you!

Policy on time to keep applications

Dr. Val Holms

Part of executive's work in 2005 included the finalization of a recommended policy for the retention of student applications for internship. While PIPEDA does not apply to hospitals and universities, CCPPP has elected to adopt this recommended policy. A considerable amount of research went into this guideline, including examination of as many relevant documents as possible and consultation with a number of Human Resources officers and the CPA Accreditation Panel. At this time, the policy is written only

concerning internship applications; however, it may be interesting to consider the case of university applications in future. The following is posted on our website at <http://www.ccppp.ca/en/appl-retention.html>:

CCPPP Guideline:

Length of Time to Keep Applications

In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), which states that: "Information is used and/or disclosed for the purposes it is collected. Information is retained for a reasonable amount of time and destroyed when no longer of use for the purposes it is collected" and after consulting with the CPA accreditation panel, CCPPP has decided on the following guideline with regard to the length of time agencies should keep files of intern applicants:

CCPPP recommends that, unless individual institutional guidelines and policies state otherwise, all internship applicant folders should be kept until the Match process has been completed, then all but the matched applicants' (incoming interns) folders should be shredded.

Continuing Debate on "Hours" in Students' Preparation for Internship

Dr. Mary Ann Evans

Background Information

At the winter meeting of the CCPPP executive in 2005, Patricia Minnes alerted members to the increasing practicum commitments she has observed in students in an effort to acquire "more hours" and experience to boost their chances of gaining an internship (or preferred internship), often at the expense of progress in their dissertation research. As a new DCT, keen to provide good guidance to my students, I seconded the proposal that CCPPP engage in a discussion with its member

programs to result in some sort of policy statement that could be posted on CCPPP's website for students to read to remind them that "hours" are not all, and of the principles or factors that internships sites hold in mind when selecting interns. In addition, such a policy statement might help to check potential imbalances and compromises in the quality of graduate training that could ensue were matters left to perceived market forces. A policy statement naturally entails some degree of agreement among member programmes, both internship and academic.

An initial draft statement was circulated by Martin Antony in summer on the listserv, with further revisions by Laurene Wilson among the CCPPP executive in September, and then posted on the listserv as a starting point to solicit additional member comments. In the comments received thus far several directors of academic and internship programs indicated that they do not feel that adequate breadth and depth for taking up an internship in their setting can be obtained in 600 hours of practicum experience, despite this being the figure in the accreditation standards. Several noted that 1000-1500 hours was a reasonable figure for developing pre-internship competence; others took a more extreme stance of suggesting that 1000 hours be set as the upper limit. Thus, while there seems to be agreement that breadth and depth of training is key, there is at present disagreement as to whether breadth and depth gained after a certain number of clinical hours is of equal importance, and what that number of hours should be. In addition it was pointed out that students will vary in the amount of practicum experience they require to develop sufficient competence, with some requiring more than, for example, 1500 hours. Note that discussion thus far has focused on practicum hours and little has been said about expectations for progress on the dissertation at the time of internship application.

I see three alternative approaches to the issue: 1) each programme should declare its expectations for the amount of practicum experience and abide by

this (a transparent, everybody for themselves approach); 2) on the basis of feedback a modal amount of practicum experience would be set for all programs to abide by to reinforce a consistent message (a consensus approach); 3) a modal amount of practicum experience would be cited and settings expected to declare their expectations if different (a guideline approach).

In an effort to identify what principles we might agree on as a group, and what principles an individual programme might declare that it does not follow given its unique nature, I have intrepidly redrafted Laurene's draft for member comment. This draft will be posted on the CCPPP listserv. Comments, revisions, howls, and applause may be directed to any member of the executive or circulated on the listserv. Based on feedback the executive will engage in further discussion on a course of action at the January executive meeting, in the hopes that a decision can be reached at the AGM in June.

Draft Statement:

Preparation for the year of internship training entails the development of knowledge and competence, and accumulation of experience through research, coursework and practica within academic training programmes. In recent years, some students have become focused on acquiring more and more practicum training hours, believing this is necessary for a successful internship match. The training directors of the CCPPP wish to communicate that hours alone are not the only or the most important factor. Member programmes of CCPPP, in both university and internship settings, affirm the following principles in the preparation and selection of students for the internship year:

- *Prior to beginning an internship, at a minimum students are expected to have completed all of their required coursework, to have their dissertation proposal approved, and to have completed practica in which they have developed sufficient depth and breadth of clinical competence to assume an internship*

position.

- *Candidates from CPA- or APA-accredited programs are generally preferred, although exceptions are made in recognition of the fact that programmes gradually evolve towards being accredited and may offer high quality training before receiving accreditation status.*
- *While 600 hours of practicum experience has been set within the CPA accreditation standards as the minimum in which this competence might be gained, more typically 1000 hours of wisely chosen practicum experience is required to attain sufficient breadth and depth.*
- *Given breadth and depth that can be obtained in 1000 hours, additional practicum hours will not confer an advantage to applicants unless they are necessary for the student to meet a satisfactory level of clinical competence in their training program, or to develop specific competencies required for a particular internship site. Internship directors who believe that a placement at their site requires a level of competence in skill areas that cannot be developed in 1000 hours are to declare this and detail what is required in their documentation.*
- *Similarly, while having the dissertation proposal approved is the minimum, students should be in a position to devote their energies and attention to the internship experience without a heavy commitment to their dissertation during the internship year. Thus applicants should demonstrate substantial progress on their dissertations and plans for continued progress.*
- *Although the quality of practicum work and extensiveness of experience gained are important factors in the selection of interns, this sits within the broader framework of striving for the best model of professional training in psychology and best practices for service delivery in the internship setting. Thus the selection of candidates is also based on such factors as match to the needs and experiences of the internship site, relevance and quality of didactic training (e.g., coursework, workshops attended), letters of recommendation, progress*

towards completion of the dissertation, research experience, and impressions from the interview, quality of writing samples, and letters of recommendation.

Advocacy: Supply, Demand, Membership, Mentorship

Dr. Laurene Wilson

During the process of budget review at the 2004 AGM, executive was directed to undertake a review of its membership and consider whether there are additional, existing Canadian training programs that do not currently belong to CCPPP and could be approached about joining our organization. As a result of these efforts, we have some new members, but continue to welcome any recommendations you may have on “missing” members. Our current membership is listed on the website: <http://www.ccpvp.ca/en/academic.html> and <http://www.ccpvp.ca/en/internship.html>.

This year, based on word from Ontario of increased funding for academic training seats, executive has drafted a letter appealing to the Ontario government to consider the necessity of funding additional internship positions in this province. Given the existing imbalance and recent cuts and internship position losses in the province, the letter suggests recently closed sites could be approached with funding to rapidly address some of the shortfall in training positions in the province. Additionally, the letter suggests existing programs may be prepared to add additional training positions. I have offered the assistance of our executive in making any plans to address the shortfall of internship training positions in Ontario. I am prepared to make similar efforts in other provinces as well, where there may be more academically prepared students than available internship positions, for example, or where more academic positions are required.

Please send any suggestions to for expanded membership, program development/mentorship,

and/or expanded training seats to laurene.wilson@saskatoonhealthregion.ca.

Remember, our "Mission & Bylaws", "Invitation to Join", and “Letter of Recommendation Guidelines” are available on the French portion of the website <http://www.ccpvp.ca/fr/index.html>.

CPA-Only Accreditation Movement & APA’s proposal to get out of Canada

Dr. Laurene Wilson

CCPPP’s initiative towards CPA-only accreditation stalled in the face of APA’s request for feedback on a proposal to stop accrediting programs in Canada. The CPA-only movement was already bogging down, as some member programs failed to respond to executive surveys on the matter and other programs felt discomfort in moving ahead without information about “everyone’s” positions. Subsequently, following APA’s circulation of its proposal to stop accrediting in Canada, our efforts met with reactions to “wait and see” what APA does. Some people seemed to believe the APA proposal is a foregone conclusion. Others were concerned about the lack of postings on the APA site, other than some strongly voiced in opposition.

Post-lunch discussion at the 2005 AGM included consideration of whether CCPPP executive should post a position on the APA website concerning APA’s proposal to stop accrediting in Canada, based on the former endorsement of the CPA-only accreditation movement. However, efforts to draft a “CCPPP submission” might have been divisive and potentially damaging to our collegial organization, which clearly has members on both ends of a continuum. Therefore, the executive discouraged such an approach and adopted the action of encouraging individual program members

to make their beliefs known to APA. This was done through the listserv in fall.

The recommendation from the post-lunch discussion that CPA enhance its “brand” recognition in the U.S. by advertising in publications, such as APA resource *Graduate Studies in Psychology* was forwarded to Karen Cohen, for consideration by the CPA Accreditation Panel, and was well received.

At this point, executive is following the lead of members in waiting to hear APA’s decision. Comments on APA’s proposal closed November 2, 2005. Your thoughts and feedback are welcome on further actions we might take.

Liaison Activities

Members of the Executive continue to liaise with the following organizations.

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

APPIC Liaison Report

Dr. Valerie Holms

Dr. Steve McCutcheon assumed the role of APPIC Chair in August, 2005 and Dr. Greg Keilin continues as Past Chair for the next year.

APPIC worked with Training Directors and trainees after the devastation of Hurricane Katrina. Five APPIC member training programs were closed as a consequence of the storm. 17 interns and 5 postdoctoral fellows were relocated in order to complete their training year with minimal interruption.

APPIC has decided to jointly publish with APA a new journal focused on education and training in professional psychology. Dr. Emil Rodolfa will serve as Editor.

APPIC remains concerned about the imbalance between the number of internship applicants and the number of available positions. The 2005 Match witnessed a jump in the number of participating applicants, resulting in the largest imbalance since the Match began in 1999. APPIC is conducting research in this area in the hope that they will identify ways in which the problem can be addressed.

APPIC has spent time over the past few years exploring the possibility of a “Centralized Application Service,” which would provide applicants with the ability to complete their internship applications via the internet and have them electronically transmitted to internship programs. While such a service may seem relatively easy to implement, it is a very complex and potentially expensive endeavor, particularly when you factor in such things as: (a) the need for applicants to direct their application materials only to relevant sites, (b) the need for applicants to tailor their materials (e.g., cover letter and essays) to each site, and (c) the need to handle a variety of supplemental materials (e.g., transcripts, letters of recommendation) that are often provided on paper. Other disciplines (e.g., medicine, veterinary medicine) have attempted to implement such systems and have experienced mixed results. They also recognize that member sites may be at very different places in terms of their own technological infrastructures and their ability to make use of a Centralized Application Service. APPIC continues

to actively explore the possibility of a Centralized Application Service, and is cautiously optimistic about being able to offer such a service in the future. In the meantime, the AAPI has been revised to streamline its appearance and ease of use.

APPIC is examining the need for part-time internship and postdoctoral training. The lack of part-time opportunities is a problem for students with family, financial, or other obligations that prevent them from engaging in a full-time training experience. An APPIC survey conducted earlier this year found that about 5%, or 150 students per year, would prefer a half-time internship experience; this compares to only about two dozen half-time internship positions that are typically available each year.

The sixth bi-annual APPIC membership conference will be held in early 2007 in San Diego, California.

**Report from the CPA
Counselling Psychology Section
Dr. Jennifer Nicol, Chair
CPA Counselling Psychology Section**

I am pleased to submit a report on the CPA Counselling Psychology Section. The current executive includes Dr. Colleen Haney, Vice-Chair; Dr. Marla Buchanan, Secretary/Treasurer, and myself, Chair. Our 3-year term will be ending soon, so it is an opportune time to reflect on our activities. During the past three years, we have focused on increasing communication and participation within the section. To this end, we have been very successful. A section list-serve was implemented, biannual section newsletters published, strong section conference programmes organized, and student awards and student involvement emphasized.

The section's invited keynote speaker for the 2005 Montreal convention was Dr. Vivian Lalonde who spoke on the professional identity for counselling psychologists. This year's keynote speaker, Dr.

Nancy Arthur, continues with the theme of professional identity in an address provocatively titled "Are Counselling Psychologists ready for Interprofessional Collaboration?" Two section-sponsored symposia are also planned. One focuses on the timely topic of natural disasters and the role of psychologists and other mental health professionals in supporting survivors' resilience and well-being; and the other, offered with the International /Cross-Cultural section, explores the intersections of counselling and culture.

Past student winners for the Best Dissertation in Counselling Psychology were Dr. Shari Couture (University of Calgary) in 2005 for *Moving Forward: Therapy with an Adolescent and his Family*, and Dr. Patrice Keats (University of British Columbia) in 2004 for *Vicarious Witnessing in European Concentration Camps: Imagining the Trauma of Another*. A Best Masters Conference Poster was awarded to Michel Eugène (University of Montreal) in 2005 for his work, *Stress et Agressivité*, and a Best Doctoral Conference Poster awarded to José Domene (University of British Columbia) in 2004 for his work, *Identification of Distinct Levels of Focus in the Joint Projects of Parents & Adolescents*. The bi-annual newsletter has benefitted from students' scholarly contributions. Greg Harris (University of Alberta) contributed a November 2005 article, *Counselling and Clinical Psychology: Making a Case for Employment Equality in Settings Typically Associated with Clinical Practice*, and Iqbal Kaur Gill (University of British Columbia) submitted a March 2005 article, *Lost My Voice?*

**CCTC Liaison Report
Dr. Laurene Wilson**

I attended the CCTC meeting on November 3, 2005 in Reston, Virginia. Two themes emerged from the meeting day. The first was the necessity of continuing to move forward on competency assessment for our discipline, from early training in practica, through internship, to entry level and

beyond. The second was the review of education/training sequence that is occurring through various organizations in the U.S.: is a postdoc required prior to entry level licensure or not? Here are highlights of our discussions.

Sequence of Education and Training: As you may know from Ian Nicholson's circulations on the CCPPP listserv, APA has developed a proposal to eliminate the postdoctoral training requirement for entry level to our profession. Whereas in the past, they say a postdoc was required to accrue sufficient experience to attain competence for entry level, trainees now accumulate comparable hours through practica and internship training. Therefore, this proposal is not a reduction of the training standard, but rather realignment. Benefits to making such a move would include a reduction in the financial burden that results from the postdoc requirement at this time (e.g., limited paid placements; postdoc's unable to bill for services because not yet licensed). Some members of the committee believed that such a move would be premature if rushed (e.g., can't just be about hours, but needs to be about achievement of competencies). The CCTC planned to make a motion at BEA that a summit be held for relevant stakeholders to plan the appropriate training sequence, consider best practices and critical elements. CCTC committee members felt such a planful decision-making process might best offer reassurance to recipients of our services of quality and coherence in the preparation of professional practitioners.

Competencies Document: A workgroup has been reconvened to continue the valuable work on competency assessment introduced last year through CCTC and ADPTC. This workgroup will consider mechanisms for formal evaluation of the existing competencies delineated in the initial document http://www.appic.org/downloads/Practicum_Competencie8C8F8.doc. I will be a member of this workgroup.

Training Resources: Attendees were reminded of program resources developed through CCTC and APPIC, which may have been overlooked or forgotten.

1. *Model policy on trainee interpersonal competence (APPIC/CCTC):*

http://www.appic.org/downloads/CCTC_Comprehensive_Ev82AA3.doc. This model policy relates to comprehensive expectations and evaluations of competence, including interpersonal, self-awareness, and openness, for example.

2. *Communications guidelines for internships and graduate programs*

http://www.appic.org/training/7_1_training_subject.html#communication. These guidelines assist in the event that problems arise in the training year, but also suggest early communication to facilitate more informed training plans during internship. As these were developed several years ago, they are going to be reviewed and updated as necessary by a CCTC workgroup. If CCPPP members have opinions about the existing guidelines, the CCTC workgroup would welcome input. I will forward that for you.

Both APPIC and CCPPP offer a listing of training resources for development of policies and documents for training.

<http://www.ccppp.ca/en/programs.html>

While APPIC indicates "internship", it is the case that many of these are suited (with only minor, if any modifications) to the academic setting.

http://www.appic.org/training/7_1_training_subject.html#internship

2006 Delegate Conference: This conference will focus on articulating the assessment of competencies. A conference focus could include developing greater "seamlessness" between practicum and internship regarding assessing student learning outcomes. Dr. Nelson stated funding is available for a meeting to move the competency construct along.

BEA taskforce on assessment of competence: This document was almost ready for release at the time

of the CCTC meeting. This document will be over 100 pages and will be circulated for review.

Psychopharmacology training, competence, and prescription privileges: APA and ASPPB recommend a post-doctoral Master's degree which is "rigorous and formal" (i.e., on campus, rather than through CE; supervised practica). Those who have obtained training through less formal means are lobbying for recognition.

CoA: 1) Dr. Packard reported that the Summit of stakeholders reviewing changes to the accreditation panel was very successful. Efforts will be made to expedite the changes. 2) The debate on "emerging substantive areas" led to a change to "developing professional areas". CCIDPIP (integrated and combined programs) is pleased to continue to be recognized. 3) With respect to the proposal to move away from accreditation of Canadian programs, Dr. Packard emphasized the significant differences between American and Canadian training and health institutions. 4) Quick reference guides to G&P are now available. As Dr. Packard will be ending his term as Chair, the tremendous contributions, experience and knowledge that he brought were recognized by the CCTC members present.

Education Advocacy Trust: Dr. Belar reported that the new advocacy trust needs member contributions, as APA and the Education Directorate cannot (legally) use APA funds for Advocacy. A new line appears on APA dues notices this year, but will not necessarily become a permanent item unless sufficient interest is shown. Donations can be made throughout the year, as well, but sending directly to the Advocacy Trust.

APPIC training journal: The first issue is scheduled for January 2007. PRP will focus on practice, while this new journal will focus on training, with theoretical and conceptual input welcome. A name has not yet been chosen. As APPIC is partnering with APA on this project, APPIC member programs will receive the journal as

a member service which fulfills their mission to promote education and training.

Supply and Demand: New programs continue to come on board. While 2004 had the most applicants (i.e., 3500+) and the largest group of unmatched applicants (100+), many unmatched cases are due to understandable factors (e.g., geographic limitations; limited number of applications submitted). Furthermore, it appears that the previous year's unmatched applicants were almost universally matched in the subsequent year.

CCTC website: The CCTC website is limited by its host (i.e., APA; not all things can be posted because of restrictions of APA policies and practices), resulting in lack of coherent assembly of valued training resources developed by CCTC. As such, a workgroup will look at developing an independent CCTC website.

Education Directorate: Paul Nelson was pleased to introduce Dr. Catherine Grus as new Associate Executive Director. Cathy has travel funding to attend winter meetings of the various CCTC organizations. She indicated that she will endeavour to attend that of the CCPPP. As she recently moved from Florida to Washington, I cautioned her to prepare adequately—our meeting will be held in Winnipeg again this year!



Website/Listserv Dr. Laurene Wilson

The listserv continues to be used actively for announcements and consultation amongst members, as well as communication between the executive and membership. Remember that discussions are available in the archives section of the website.

Recent additions to the website include:

- Application retention policy
<http://www.ccppp.ca/en/appl-retention.html>
- French translation of our invitation to join CCPPP <http://www.ccppp.ca/fr/index.html>
- May 2005 newsletter
<http://www.ccppp.ca/en/newsletters.html>
- June 2005 update on the CPA only accreditation movement <http://www.ccppp.ca/en/cpa-only.html>

2006 Preconvention Workshop Dr. Ed Johnson

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

June 7, Calgary

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

By popular request, the 2006 CCPPP pre-convention workshop will address problems in supervision. Dr. Stewart is a former Director of the pre-doctoral psychology internship at the SCC and has given workshops and published empirical research on the topic of supervision. In addition to these experiences Don brings many years of experience as a supervisor and a warm, engaging interpersonal style to the presentation.

Description of the workshop

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.

Newly Accredited Clinical Programme Dr. Mary Ann Evans

The graduate programme in Clinical Psychology: Applied Developmental Emphasis (CP:ADE) at the University of Guelph has been accredited by the Canadian Psychology Association at its November meeting, 2005.

We have always been proud of the training provided in this programme, of the students within it, and of their accomplishments on internship and after graduation. Accreditation represents external recognition of the high quality of the programme we

offer as shown in the documentation submitted to the Accreditation Panel and to the site visitors in 2005. We are pleased to join other accredited programmes in Canada in affirming these standards.

Our scientist-practitioner programme grounds the understanding and treatment of the difficulties of children, youth and families in a thorough knowledge of child development, the multiple contexts in which children live, the biological and cognitive factors that contribute to behaviour, psychopathological processes, and developmental trajectories. Students also take courses in research, assessment, psychological diagnosis, intervention, and programme evaluation in an integrated programme of M.A. and Ph.D. studies, including, clinical practica in our in-house Centre for Psychological Services and the community. Our students have been successful in gaining internships and employment in CPA/APA approved clinical settings and in academic settings. Our appreciation is expressed to the supervisors in these settings for

their training contributions. Further details about the programme may be found at www.psychology.uoguelph.ca.

Inquiries/requests for applications may be made to Robin Fraser, Graduate Secretary Secretary, rfraser@psy.uoguelph.ca





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

The Honourable George Smitherman
Minister of Health and Long-Term Care for Ontario
Suite M1-57, Macdonald Block
900 Bay Street
Toronto ON M7A 1N3

October 18, 2004

Honourable Smitherman,

It is with grave concern that I am writing this letter to you on behalf of the Canadian Council of Professional Psychology Programmes in response to the Psychology Predoctoral Internship Program closures in Ontario (most recently Grand River Hospital and Windsor Regional Hospital).

Given the need for psychological services, we would expect that Ontario would hold a serious interest in the training of these professionals. Psychologists fill increasingly complex roles across all areas of health care in Canada. This degree of expertise is achieved through a minimum twelve-year training process, including a supervised **one year, full-time internship**. This intense year of learning provides the psychologist-in-training with exposure to a full range of problems, illnesses, diagnoses and treatments.

It seems illogical that a province would allow students to enter a graduate program, train for a professional degree, and then deny access to one of the last, and arguably most important, years of training. Psychologists are an essential part of the health care system and should be supported by the Ministry of Health. Psychological interventions decrease morbidity and mortality and improve quality of life. They also help control the ever-increasing costs of health-care. The supply of psychologists in Ontario depends on funding sufficient internship positions. These closures represent a substantial percentage of the available internship positions in Ontario. As such, the closures pose a significant threat to the continued supply of psychologists in the health care system of Ontario.

The Canadian Council of Professional Psychology Programmes urges you to take all appropriate steps to see that these internship sites are not closed. We would appreciate a response from you at your earliest convenience.

Sincerely,

Dr. V. Holms, President

Related Data

- Seven of the 10 leading health indicators relate to behaviour and/or areas for which psychological interventions provide valuable assistance, including increasing physical activity and responsible sexual behaviour, decreasing injury and violence, improving mental health, and decreasing obesity, tobacco use, and substance abuse.
- The public desires effective alternatives to prescription medicines for their health-care needs. Research demonstrates that safe, cost-effective behavioural interventions exist for a wide range of mental and physical illnesses. Psychologists develop, scientifically evaluate, and provide those cost-effective alternatives
- In 2003, Statistics Canada reported that 4% of Canadians 15 years of age and older suffer from depression in a given year and, as noted by Romanow and Marchildon, the total costs associated with depression and general psychological distress alone are estimated to be more than \$14 billion.
- The Canadian public has been very vocal in demanding more attention to the prevention, early detection, and treatment of diseases. Psychological interventions can have a clinically significant effect on lowering risk factors for coronary heart disease, reducing the symptoms due to cancer treatment and cancer-related pain, and assisting patients in their recovery from cancer and coronary heart disease, along with numerous other medical and psychological conditions.
- There is research showing that up to 60% of conditions presenting to primary-care physicians are psychological in nature or are highly influenced by psychological factors.
- A study examining patients' utilization of hospital and clinic resources, both before and after psychologist-directed clinical services, showed that major health-care cost offsets occurred with the provision of psychological services and that these improvements were maintained over time (Jacobs, 1987).
- Dusseldorp (1999) showed that psycho-educational programs for coronary heart disease reduced mortality by 34 % and re-infarction rate by 29% over and above the impact of standard medical care. These programs also had beneficial effects on virtually all of the major risk factors for heart disease.

CHANGE OF INFORMATION FORM

If any information for your training program has recently changed (e.g., director, address, website, telephone), 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: _____

The Award for Excellence in Professional Training

Since 1994, twelve CCPPP Awards for Excellence in Professional Training have been presented to psychologists within CCPPP academic and internship programmes. Previous recipients are:

Dr. Martin Antony (2005)
Dr. Marion Ehrenberg (2004)
Dr. Helen Bienert & Dr. Maureen Whittal (2003)
Dr. Jack Rachman (2002)
Dr. John Pearce (2001)
Dr. Pierre Ritchie (2000)
Dr. Alan Wilson (1999)
Dr. James Ogloff (1996)
Dr. Sam Mikail & Dr. Jeanne Ridgley (1995)
Dr. Laura Lee Mayo (1994)

This award is given to acknowledge the importance of training in professional psychology by recognizing a psychologist for her/his outstanding contributions to the training of graduate students/interns as future psychologists.

Any psychologist involved in a CCPPP member professional training site, whether academic graduate programme or internship setting, is eligible for nomination, with the exception of current members of the CCPPP executive.

Nominations for the 2006 award are invited from either a graduate student/intern in psychology who has received or is currently receiving training from a psychologist within CCPPP's member programmes or a professional faculty member of a CCPPP member programme.

Nominations should include the nominee's curriculum vitae, relevant evidence to demonstrate the individual's excellence in professional training, and letters of support and recommendation from the nominee's peers, students, internship director/professional programme director/department head. Nominators should include information about training experiences with the nominee and the opinions of current and former graduate students/interns trained by the nominee.

Please send nominations to:

Dr. Valerie Holms, PZ350, 771 Bannatyne Avenue, Winnipeg, MB R3E 3N4

****Deadline for receipt of nominations is January 15, 2006****