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

CCPPP NEWSLETTER

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President’s Interim Report
Dr. Ed Johnson

It’s my great pleasure to welcome our four new board members, Drs. Andrew Starzomski, Nancy Link, Sandra Clark, and Rebecca (Becky) Mills. I would also like to extend my appreciation to returning board members Drs. Laurene Wilson and Mary Ann Evans. One of the many pleasures of serving on the CCPPP board is the opportunity to get to know some truly dedicated and delightful people and that has certainly been my experience with my fellow board members.

Speaking of pleasures, next June we will gather in Ottawa to celebrate CCPPP’s 30th anniversary. During our pre-convention workshop (described in Dr. Sandra Clark’s article below), a wonderful panel of distinguished educators will lead us in a communal reflection on where CCPPP started, how far we have come, and the road ahead. Above all we will have cake and celebrate! Mark it on your calendar.

I hope that one of the things we will achieve next June at our AGM is to conclude our discussion about preparation for internship by adopting a set of guidelines. Dr. Mary Ann Evans’ article on the subject brings us up to speed on the latest revisions for this work in progress. The most challenging element here is to address progress on the dissertation. Please take a moment to review Dr. Evans’ article and forward her your thoughts on the matter.

If practicum hours and drafts of the dissertation are the “outward and visible signs” of progress, then competencies, perhaps, are its “inward and invisible” manifestations. In his thoughtful article Dr. Andrew Starzomski urges academic training programs to give more attention to the development of interpersonal competencies and sets the issue in the context of a broader nexus of concerns of internships, regulatory bodies, and ultimately the public good. Competencies, along with the related concept of “student-focused outcomes,” are a subject of concern to CCTC, and according to Dr. Laurene Wilson’s liaison report, will figure prominently in future reports issuing from this active group.

In anticipation of the new-year and to whet your appetite for our 30th anniversary discussions, I conclude with a few observations on how Canada and professional psychology have changed since 1977.

Canada and Canadian Professional Psychology since 1977: Then and now

In the thirty years since the formation of what we now refer to as “double-C, triple-P,” professional education and training in Canada has matured and Canada as a nation has evolved. Back in 1977, CPA had no accreditation panel, much less any accreditation criteria. By 1987, it had both. Members of CCPPP were central in their development.

In 1977, Canada was at the outset of its grand experiment in global immigration and multi-culturalism, but the changes were confined in large part to the three main urban centres of Toronto, Montreal, and Vancouver. Today,
cultural pluralism is a fact of life in all urban areas and many rural ones.

Then, feminist ideals of gender equality, and nonsexist language and hiring practices were regarded with suspicion and hostility. Today, many of those ideals have become mainstream practices that have opened occupations and social roles up to greater freedom and choice for both sexes. Similarly, back in those pre-Charter days, marginalized groups, including individuals with disabilities and gays, lesbians, bisexuals, and transsexuals, encountered discrimination. Today, post-Charter, these individuals have recognized rights and reduced stigma. Back then, the aboriginal peoples of Canada, our first nations, were regarded with pity or contempt for not being able to adapt and thrive. Today, there is a greater appreciation of the dark colonial legacy of residential schools and the loss of language, culture, and individual and collective dignity.

Just as Canada has changed over those 30 years, so too has the discipline of psychology and the scientific and technological context in which we work. In 1977, prior to the emergence of personal computers, behavioral psychology was the dominant paradigm. Since then, the cognitive revolution and the emergence of personal computers, the internet, and advances in brain imaging have greatly altered the way we conceive of human psychology. In 1977, the DSM system was still in its essentially pre-scientific second edition. Today, although one may still question the value of diagnosis for psychological practice, the reformed DSM system, now in its 4th edition, has nonetheless encouraged a great deal of research. Indeed, the quest for empirical foundations that occurred in diagnostic practice has come to touch all aspects of professional practice and is now addressing professional training. Today, our accreditation framework demands empirical evidence that programs are achieving their stated training goals. We have moved from a focus on delivering content to a concern with student outcomes.

In 30 years, much has changed. Looking ahead, where would we like things to be 30 years from now? I believe that Canadian society must work toward developing a comprehensive mental health care system that makes psychological services accessible to all those who need and wish them. With Senate reports urging this kind of development we, within CCPPP, need to consider what role we can play in helping to create such a future.

2006 Pre-Conference Workshop
Dr. Ed Johnson

On June 7, 2006, 40 people attended our pre-convention workshop: Out of the Fire and into the Frying Pan: Strategies for Identifying, Preventing, and Addressing Problems in Clinical Supervision. The large turnout reflects the thirst that exists for knowledge and training in clinical supervision. Dr. Don Stewart of the University of Manitoba’s Student Counselling and Career Centre facilitated this valuable training experience.

Highlights. The workshop’s focus was on understanding and managing
problems in clinical supervision. The context for the presentation was set through a review of the relationship between the goals of clinical supervision and the identification, remediation, and dismissal, if need be, of problematic trainees. Because the goals of clinical supervision include facilitating professional development in trainees, ensuring quality in professional services, and the ultimate protection of the public through graduating competent, ethical practitioners, it is essential to have policies and procedures in place to identify and manage problematic trainees.

After reviewing the (sparse) literature on the subject, Don presented his own recommended approach to addressing problems in clinical supervision which he “acronymed” S.A.F.E.: Supervisor self-assessment, Assessment of supervisee competencies, Finding and fixing problems, and Evaluation of outcomes. Of particular interest was a 3 x 3 matrix Don devised to guide the assessment of supervisee competencies. The column headings of the matrix are the three major spheres of supervisee activity, namely: Professional, Personal, and Interpersonal. The three row headings are three distinct axes of competence: Developmental, Emotional, and Behavioral. The cells in the matrix specify appropriate standards of competent self-regulation for trainees. For instance, appropriate self-regulation of emotion includes awareness of own and client’s emotions and ability to regulate emotions as needed (professional sphere); aware of emotions generated by personal issues and able to manage appropriately (personal sphere); and able to understand and use emotions to facilitate positive relations with others (interpersonal sphere). The value of this matrix is in the training issues it raises, namely, that issues of emotional awareness and the management of the emotional tone in a clinical interaction need explicit attention in supervision.

We had an opportunity to put these ideas into practice through application to a number of case scenarios. This allowed for sharing of the group’s collective wisdom and validation of one’s own intuitions.

In all, it was a valuable learning experience. Feedback from attendees gave high marks to Don’s easy-going presentational style and organization of the material. Some were dismayed by the absence of powerpoint and a few were surprised to discover the workshop was only a half-day. Most of the recommendations for future workshops were for more on clinical supervision, suggesting that we have not yet quenched that thirst.

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2006 CCPPP Preconvention, Post-lunch Discussion
Dr. Laurene Wilson

Recent years have witnessed a new tradition of reserving two hours after morning workshop and lunch to consult with one another on areas of concern and program management. The challenges of chairing the discussion, keeping a record, and writing about it now are evident in this column, but I hope it provides a sense of the discussion and possibly some new ideas for your training program.
The discussion included coverage of sixteen separate suggestions:

• training available in primary care/consultation
• models of collaborative training with psychiatry
• staffing problems related to minority cultures
• the “state of the art” and processes of supervisor development and training
  o problems with supervisors in the workplace versus training setting
  o criteria for personal suitability

In discussing supervisor development and training, participants noted continuing education experiences, seminars, grad school courses, mentorship (supervision of supervision within the program), monthly supervision groups, and reading groups.

• candidate selection for grad school and internship
  o concern about interpersonal competency comments in letters of reference
  o distinguishing skills deficits and/or normal developmental hurdles versus impairment and ‘problematic’ trainees
  o how can we apply our expertise in assessment to this area?
  o behavioral indicators when none are evident on tape
  o the challenge of more problematic students being least insightful

Academic directors contemplated whether they might improve gatekeeping. Behavioral interviews were mentioned, including a discussion of how one manages conflict with a peer or friend. In the most problematic cases, training directors indicated that personal therapy may be recommended for development.

• complexities of DCT information management in this area
  o feedback from supervisors
  o students monitor and screen one another
  o how DCTs manage personal/confidential feedback from supervisees

In this area, suggestions included the end of the year wrap-up/summation, having an ombudsperson available, and a supervision group that focuses on fallibility rather than perfection.

Post-lunch discussion also 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 sides of the debate. 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.

Highlights of the 2006 Annual General Meeting
Dr. Doug Cane

The 2006 CCPPP AGM was held on June 7 in Calgary Alberta with 22 members in attendance. As it always does, the meeting provided an opportunity for members to meet and discuss the joys and tribulations that are
a part of professional training in psychology.

In fearless fashion CCPPP members discussed and debated a proposed set of principles to guide the preparation and section of students for the internship year. There was general agreement that, at a minimum, prior to applying for an internship the student’s dissertation proposal should have been approved by their department and have received ethical approval. It was agreed that additional discussion and input was required before these principles could be adopted and that another draft of these principles would be circulated among CCPPP members (see Dr. Evans’ article below).

The AGM also provided an opportunity for CCPPP members to consider several proposed initiatives and expenditures made possible by CCPPP’s healthy financial position. Members approved a one-time donation from CCPPP to the CPA advocacy fund of $750 and the allocation of money to pilot the use of online surveys. Finally, members approved the planning of a special preconvention workshop on excellence in training to be held in conjunction with and recognition of CCPPP’s 30th anniversary.

The 2006 CCPPP Award for Excellence in Professional Training was awarded to Dr. Leslie Greenberg from the Department of Psychology at York University. Dr. Greenberg’s extensive contributions to the training and development of psychologists were highlighted.

Finally, as always at the AGM, it was time to say thanks to departing members of the CCPPP Executive and to welcome new members. Thanks were extended to Drs. Val Holms, Doug Cane, Adrienne Perry and Lyne Thomassin. A warm welcome was extended to Drs. Sandra Clark (President-Elect), Rebecca Mills (Secretary-Treasurer), and Andrew Starzomski (Members at Large).

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**2007 Preconvention Workshop**

**Dr. Sandra L. Clark**

**What We Know About Excellence in Training**

**(CCPPP 30th Anniversary)**

**Wednesday, June 6, 2007**

**Presenters:**

Dr. John Pearce, Alberta Children’s Hospital  
Dr. Richard Steffy, University of Waterloo  
Dr. Joyce Ternes, B.C. Children’s Hospital

We are excited and proud to celebrate the 30th anniversary of the CCPPP at the CPA Conference in 2007. We have a panel of presenters who bring a wealth of experience and knowledge about training both for academic and internship programs and the CCPPP, who will be presenting a workshop on
excellence in training. After the workshop, we would like to extend an invitation to everyone to come and join us in celebrating the 30th anniversary of the CCPPP with a wine and cheese reception.

Description of the Workshop:
This workshop will review the history and evolution of professional psychology training and the development of the CCPPP. Current models of training (doctoral and internship programs) will be reviewed, with a specific focus on recent advances in competency-based training and development and evaluation of training objectives and goals. Discussion will include essential and often challenging issues in training. Consideration will be given to future trends and needs in training, including the interface between graduate programs and internship requirements. Participants will hear about training (excellence and the bumps along the way!) from the collective experiences of the panel through their roles as directors of clinical training programs, accreditation site visitors, department heads, recipients of the CCPPP award for excellence in training, and authors of published articles on training. Participants will be invited to share their thoughts and ideas about the future of professional psychology training. This day devoted to training includes: breakfast, half-day workshop, lunch, discussion of workshop topics after lunch, and the AGM of the CCPPP.

Implications of a Systematic Approach to Interpersonal Competency

Development

Dr. Andrew Starzomski

It is a pleasure to put forward my first column for the CCPPP newsletter since becoming a member of the board this past summer. My experiences as a training director since 2002 have provided me with some perspective on the state of bridges between clinical graduate programs, clinical services in the community, national bodies like CCPPP, and provincial regulatory boards. There is clear interest from many quarters of our profession for implementing a training focus on competency for those entering the field.

These issues have been stirring since at least the 1990s in the push to create the Mutual Recognition Agreement (MRA), which allows mobility for psychologists within Canada based on shared professional priorities in all regulatory jurisdictions. How are the initial phases of these winds of change appearing in training and supervision settings? Examples include Dr. Mary Ann Evans’ May 2006 column in this newsletter where she outlined efforts to tailor University of Guelph evaluation forms to more explicitly reflect competencies. Dr. Don Stewart from the University of Manitoba delivered an engaging pre-convention workshop on supervision with a focus on competency development at our pre-convention workshop last June. Here on the East Coast, Dr. Elizabeth Church has been advancing this agenda in supervision and competency workshops in Halifax for the last couple autumns in conjunction
with the provincial board. I’m sure there are various other productive ways that competency–focused training is getting onto the agenda of many of us across the country.

Just as a refresher, there are varying models of competency floating around, with the MRA, Association of Directors of Psychology Training Clinics (ADPTC), the Council of Chairs of Training Councils (CCTC) and others (e.g., Rodolfa et al., 2005; in Professional Psychology: Research and Practice) all offering variations on these themes. The CCTC has perhaps gone the furthest in identifying essential inter/intra-personal competencies required apart from skills related to coursework, scholarship, knowledge of information related to assessment and treatment protocols, namely:

- interpersonal/professional competence;
- self-awareness/self-reflection/self-evaluation;
- openness to processes of supervision and;
- resolution of issues that interfere with professional development.

There is some clear overlap between these concepts and certain of the “Foundational Competencies” outlined by Rodolfa and his colleagues in their article summarizing work at the 2002 Competencies Conference in Arizona. They identified Reflective Practice / Self-Assessment, Relationships, Individual-Cultural Diversity and Interdisciplinary Systems as some of the key elements on which one subsequently builds a competent professional identity.

In this column I would like to tie those concepts together with ideas about evaluation and training from Dr. Evans’ column from the May newsletter (you can find this at http://www.ccppp.ca/en/newsletters.html) and some of my own experiences as a supervisor of practicum students and interns. Dr. Evans’ column drew clear attention to the importance of having clearer definitions of competency levels to describe varying abilities of students at the beginning stages of clinical experience (e.g., pre-internship practicum students). These ideas emerged in part from the Association of Directors of Psychology Training Clinics (ADPTC) group responsible for establishing practicum level competency concepts in the United States. Dr. Evans indicated that her program has begun rating practicum students along a more differentiated continuum in order to more rigourously consider competency status. Their new categories at Guelph are somewhat similar to dimensions from the ADPTC project and include Serious Concerns (unique to Guelph and not part of the ADPTC definitions, but clearly of great importance), Novice, Intermediate and Advanced (at a level of skills desirable to apply for internship). She also noted that the ADPTC has classifications for more advanced students that are not really pertinent to practicum training evaluations, namely “Entry Level Professional”, “Proficient” and “Expert”, mostly applicable to people in the post-internship phases of professional life (hopefully). Dr. Evans noted that they rate their graduate students at Guelph with the scale (Serious Problems to Advanced) in the following clinical competencies:

- Skills in the Application of Research;
- Assessment Skills;
- Intervention/Therapy Skills;
- Ethics;
- Diversity and Cultural Issues;
- Personal Characteristics;
- Interpersonal Relationship Skills.

The last three items from Dr. Evans’ list are those in which students regularly report to me that they have received the least guidance at their university programs before undertaking practica. Many students coming to our sites outline coursework in assessment and treatment that is long on trying to foster technical prowess (with standardized testing and delivery of manualized approaches to therapy) but short on helping with development of interpersonal competency. These students often have very limited experience from their coursework related to basic issues like generating and maintaining rapport, explaining their roles/work to clients in basic language, working with empathy and warmth rather than excessive rational/expert detachment or tailoring an interactive interview process to generate a cohesive picture of the client’s experience. Perhaps we are expecting the interpersonal realm comes naturally for everyone or that it is not as important as our other unique professional contributions

It seems reasonable to suggest that these interpersonal foundations should be systematically taught and assessed before moving to skills related to assessment and therapy techniques. I would advocate early phases of a practicum focus explicitly and clearly on training and relatively frequent evaluation of a relatively narrow and basic band of interpersonal competencies before moving in to the next levels of developmental complexity related to technical / professional activities. In this kind of approach, sub-sections of evaluation forms dealing with skills in assessment and therapy are perhaps moot for many (if not most) students in the first stages of their first practicum or practica (at least until some evaluation shows the basic interpersonal area is at a satisfactory level). Perhaps more observation of supervisors’ interpersonal styles/efforts, greater reliance on multiple modes of supervisee assessment and adoption of clear models of teaching of basic interpersonal competencies would be beneficial.

Our practicum supervisors are in the process of considering the adequacy (relative to the Foundational Competencies and basic interpersonal expectations) of evaluation forms coming from university departments. We will be engaging in some dialogue with university departments about their views on the competencies and how those views translate into expectations for their students’ development. It may also be beneficial for us as training sites to itemize for students and university departments how the interpersonal competencies should be mastered in particular clinical settings, so as to be able to set clear expectations and goals with incoming students new to clinical work. University and training site partnerships are a cornerstone element of professional development and, like many things, need regular maintenance.

It seems our psychology community nationally is at a point of trying to figure out how to advance an organized approach to competency development. Yet few of us ever received formal training in supervision and only two provinces require competency in the area in order to practice as a psychologist.
One could surmise that supervision and training for interpersonal competencies may not come as naturally to us as we would like. I think the thoughts above are consistent with the goal of trying to ensure that we are helping to build up our graduate students’ clinical acumen in a systematic way, on a developmental track toward competency across many domains.

I know that Dr. Laurene Wilson has submitted a presentation on these competency issues for CPA next year. Should it be accepted, I will also be touching on these issues at a symposium about clinical training in the field of criminal justice psychology. This is an area of great interest to the CCPPP Executive and we look forward to hearing from you.

Resources:

Association of Directors of Psychology Training Clinics (ADPTC; webpage includes detailed competencies document re: practicum experiences): http://www.adptc.org/

APPIC webpage for training resources (includes links to many competency standards and assessment documents, including CCTC competency standards): http://www.appic.org/training/7_2_2_training_role_trainers.html

Liaison Activities

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

- CRHSPP (Dr. Sandra Clark)
- CPAP (Drs. Laurene Wilson & Andrew Starzomski)
- CPA Clinical Section (Dr. Rebecca Mills)
- CPA Counselling Section (Dr. Andrew Starzomski)
- CPA Psychologists in Education (TBA)
- CPA Student Section (Dr. Mary Ann Evans)
- CPA Education and Training (Dr. Ed Johnson)
- CPA Board of Directors (Dr. Rebecca Mills)
- APPIC (Dr. Sandra Clark)
- CUDCP (Dr. Ed Johnson)
- CCTC (Dr. Laurene Wilson)

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Report on CCTC Liaison Activities

Dr. Laurene J. Wilson

This fall’s CCTC meeting was held on November 2, 2006 at APA. Here are some highlights:

- The CCTC has secured an independent website at: http://www.psychtrainingcouncils.org which allows the Council freedom to post documents prepared by its working committees
- The “Practicum Competencies” workgroup headed by Bob Hatcher (of which I am a member) continues work to define the “practicum”, including the practicum hour itself
- The “Communication Guidelines” workgroup (now also a member of this one) continues to work on encouraging communications between academic programs and internships. There is a desire to strongly encourage more frequent communications, if not prior to, definitely at the outset of the training year. This committee will once again consider mandatory, structured letters of reference. We will review the CCPPP guidelines in the process.
• The “Competencies Benchmarks” committee (APA) is 32 experts in competency evaluation assembled prior to the Education Leadership Conference (September 2006) to consider the stages of competency development from practicum through entry level to the profession. Four subgroups are presently completing the draft of behavioral anchors. Their work follows the historic work by NCSPP in 1992 (to discuss core competencies), 1996 APA revised guidelines to focus on learning outcomes, 2002 competencies conference and “competencies cube”, 2005 ADPTC practicum competencies guidelines, and 2006 BEA Task Force on the assessment of competence. In the near future, they will be looking for feedback on the comprehensive nature of the anchors, missing constructs, etc. (i.e., rather than ‘wordsmithing’).

• CoA (Committee on Accreditation) is changing its structure and processes—to be more independent of APA which follows a federal government requirement. Also, there are 3 more seats on CoA to help with workload & enhance representation (e.g., a ‘diversity’ expert; emerging areas of specialty).

• APA’s decision regarding withdrawal of accreditation in Canada, will likely be reviewed again in February; CoA recommends doing this, but APA governance wants more info

• Some CCTC members want domain D of APA Accreditation Standards changed to be more demanding regarding diversity—instead of program “makes efforts” to increase diversity, these might say something like ‘have plans’ and ‘implement plans’, which would then require demonstrated outcomes


• School psychology is experiencing severe faculty shortages, which gives them concern over losing faculty positions

• Cynthia Belar, Ed Directorate: encourages interaction with high school teachers, to support their education of future potential psychologists & assist with pipeline issues. The pipeline is being reviewed by the “Centre for Workforce Analysis” (APA). For example, while about 60,000 take a BA in the U.S., only 15K go on to Masters, and 5,000 to PhD.

• BEA (Board of Ed’l Affairs) is reopening discussion on Master’s preparation in psychology

• BEA has a taskforce on psychopharm that will be developing a “model curriculum” for this area

• CCTC will consider another joint membership conference for their various organizations. The first ever was held in 2000. Given scheduling demands, they will be considering 2010 for the next one, which may focus on the realization & actualization of competencies benchmarks in training

Special section: The 2006 Education Leadership Conference
Dr. Laurene Wilson
At the invitation of APA as CCTC liaison, I attended the Education Leadership Conference in Washington, September 2006: Promoting Excellence—Using Assessment to Enhance Teaching and Learning.

A significant portion of the conference focused on “student learning outcomes”. This educational focus shifts educators back from “teaching to the test” alone and seeking “happy or satisfied” outcome reports, to take a broader perspective. Educators need to know: What do you want your student to know when they leave the learning environment?, as well as a rationale for why we want them to know that. Measurement and assessment are necessary to answer how well we are doing things. From this perspective, we should be asking: How well are we preparing students for the world? How well are we doing things? How do we keep doing it better? Analysis of evaluation feedback should provide information regarding: What aren’t they learning? Which should trigger the question: why not? And what could be done differently to accomplish the desired outcome?

Keynote speaker Dr. Belle Wheelan’s (President, Southern Association of Colleges and Schools) presentation noted the national problem of under-preparedness of grade 12 students for university, and the need to elevate priorities in math, science, and English at high school. She noted that 80% of jobs need training beyond high school at present, yet children are selecting out of math and science in middle school.

Dr. Bill Hill (Director, Center for Excellence in Teaching and Learning, Kennesaw State University) recommended the “assessment cyberguide” available on the APA website, the product of a 2 year task force. Quality benchmarks are offered regarding: curriculum, assessment, student learning outcomes, program resources, student development, faculty characteristics, program climate, and program promotion. Qualities range from underdeveloped to developing to effective, then distinguished.

Other sessions were offered in relation to technology, advocacy, ethics, legal, and diversity.

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**CPAP Liaison Report**

**Dr. Laurene J. Wilson**

I attended CPAP meetings following the Calgary convention (June 2006) as CCPPP Liaison. The meeting was noteworthy with discussions concerning the structure of CPAP and whether alterations should be considered. These discussions arose from concerns related to the council’s budget, costs to participating organizations, and CPAP’s accomplishments. Everyone agreed that the mission and objectives of CPAP are important, but some members posed the question of whether separating the distinct purposes of advocacy and regulation would allow more efficient accomplishments. If meetings were scheduled simultaneously, an opportunity for brief joint meeting time might still be observed. Joint collaborative projects would still be undertaken as needed. The Mutual Recognition Agreement and the GST campaign were cited as historical success stories in this regard. In future, the organizations might need to
collaborate on matters such as distance education, hospital privileges, psychopharmacology, out-sourcing of psychology services, for example. A recommendation to separate was passed. These discussions and the motion will be taken back to member organizations for discussion and reports at the next meetings of CPAP in January.

In standing business, the National Advocacy Project report included successes at the 3rd National Advocacy Forum in January 2006 and Psychology Month in February 2006 and plans for a Leadership Conference in January 2007.

CPAP and CPA signed a Memorandum of Agreement so that CPAP will now be a delegate at the CPA Board of Directors. CPA will assume financial responsibility for their presence.

Member reports: ASPPB liaison noted that APA has approved a policy change so that the expected two years supervised practice expected of members may now be either predoctoral or postdoctoral (or a mixture). CRHSPP reported that their AGM will be scheduled to coincide and co-locate with January CPAP meetings. Karen Cohen (CPA) reported on a “real time” Health Canada Mental Health Surveillance Project which will ask mental health professionals to report characteristics of their work at that specific time (e.g., who you’re seeing, presenting problem, on Wednesday at 3 p.m.).

Dr. Vivian Lalande of the University of Calgary is the current chair of CPA’s Counselling Psychology section. She recently provided me with an update of the Section’s activities over the last six months; parts of this update are verbatim accounts of that update. Dr. Lalande’s initial comments related to the Section’s success at the CPA conference in Calgary in June. In addition to a large number of papers and posters on Counselling Psychology, Nancy Arthur presented the Section’s keynote paper titled “Are counselling psychologists ready for interprofessional collaboration?” It was evident that social aspect of the section was also in full swing among old and new Section members at the reception after they keynote address. Excellence in academic accomplishment among Counselling Psychology graduate students was also acknowledged at the conference, with awards handed out for best Master’s thesis and PhD dissertation.

Dr. Lalande also reported that a committee on accreditation for the Counselling Psychology Section was struck at the 2006 CPA conference to revise the current Accreditation Standards and Procedures for Doctoral Programmes in Internships in Professional Psychology. She noted that these standards and procedures were originally developed for the accreditation of Clinical Psychology programmes and internships, then were expanded in scope to include Counselling Psychology. The goal of the Counselling Section Accreditation Committee is to develop accreditation criteria that are specifically relevant to the field of counselling psychology in Canada. This important work will make a significant contribution to counselling

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Counselling Section Report
Dr. Andrew Starzomski
psychology educational programs and practice in the future.

It is evident that the Section will continue the momentum into the next conference in Ottawa next year, with a program at the CPA 2007 will be relevant to both researchers and practitioners. The Section keynote speaker will be David Paré who is presenting an interesting paper titled “Yours, Mine, and Ours: Dialogue and Reflexivity in Counselling Research”. The section is also sponsoring a symposium titled “Innovative Approaches to Eating Disorders: Theory, Research and Practice” that will be chaired by Shelly Russell-Mayhew.

Information regarding the CPA Counselling Section is available at http://www.cpa.ca/aboutcpa/cpasections/counselling/. Section membership is available to all CPA members.

Criminal Justice Section Report
Dr. Andrew Starzomski

The Criminal Justice Section is well into its second year under the leadership of Dr. Jeremy Mills, maintaining its focus on bolstering participation from psychologists across the country and from many sub-specialties of the field. The CPA Convention in Calgary saw Dr. Mills present a pre-convention workshop on violence risk assessment practices. A strong field of papers and symposia on topics related to issues in the field was also noted in Calgary, with plenty of focus on research into assessment issues with different populations, as well as professional practice and training issues. The big news at the Section’s business meeting was the announcement of the First North American Correctional and Criminal Justice Psychology Conference (NACJPC; web address at bottom) embedded within CPA 2007 at Ottawa. This is a joint effort of CPA’s Criminal Justice section and the Criminal Justice section of Division 18 of the APA and promises to draw hundreds of additional psychologists to the convention from all over the globe.

Regarding the issue of clinical training in criminal justice psychology, I have been a member of the Section executive since 2005 in the post of Clinical/Training. In that capacity I coordinated a conversation session at the 2006 conference on training issue concerns from youth justice, adult corrections, forensic mental health and graduate students. A productive idea offered by Dr. Heather Gretton of the BC Youth Forensic Service involved working on building regional partnerships blending input from clinicians, academics and those with connections to key training agencies (e.g., CPA, CCPPP). In that vein, a recent Psychology-Law Day hosted by Dr. Steve Porter of Dalhousie University brought together many academics and clinicians in Atlantic Canada. I delivered a talk on the status and needs related to clinical training in criminal justice psychology. It is an exciting time for this type of agenda in the Maritimes.

A related issue raised as part of the 2006 convention conversation session on training was the puzzling fact that less than 20% of the 40 or so pre-doctoral internships connected with the CCPPP have a forensic component. This is confusing given that work in these settings is very popular and in demand.
It fits, however, with the decline in formal and organized forensic study in clinical graduate programs across the country, with a few exceptions. There is certainly room for trying to advance principles of accredited training approaches within the forensic context. At the 2007 conference in Ottawa there will be more discussions on clinical training in forensic settings, including a symposium involving perspectives from Canada and the United States. In the meantime, I welcome any ideas or input by email or phone on these various topics that people may care to share.

The Criminal Justice Section’s website contains links to the extensive newsletter: http://www.cpa.ca/aboutcpa/cpasections/criminaljustice/, or more directly: http://www.cpa.ca/cjs/index.html

For information on the NACCJPC in Ottawa 2007: http://www.cpa.ca/aboutcpa/cpasections/criminaljustice/northamericancorrectionalandcriminaljusticepsychologyconference/naccjpc/).

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Report on Website, Translations, & Listserv Activities

Dr. Laurene J. Wilson

A new website support person has been located. He has recently conducted a number of updates and altered the look of the site. Please visit soon, at www.ccppp.ca

Recent additions to the website include:

- More French translations:
  - Conseils à l’intention des étudiants à la recherche de stages = Tips for Students Seeking Internships
  - Modèle de demande de stage type = Model Internship Application Format
  - Calendrier proposé pour les demandes de stage auprès de l’APPIC = A Proposed Timeline for APPIC Internship Applications
  - Durée de conservation des demandes = Length of Time to Keep Applications
  - Normes des programmes de formation à la maîtrise en psychologie appliquée = Standards for Master's Training

- Patricia Minnes’ history of CCPPP

If you are the training director of a CCPPP member program, but not yet member of the listserv, please contact me to be enrolled: laurene.wilson@saskatoonhealthregion.ca. It’s not a heavily used service, so it doesn’t clutter your inbox. It is employed for helpful consultations between directors and occasional communications from executive.
Guiding Principles in the Preparation of and Selection of Applicants for Internship: Iteration 7

Dr. Mary Ann Evans

At the Annual Meeting of CCPPP in June 2006 I presented in draft form Guiding Principles in the Preparation of and Selection of Applicants for Internship. The draft stemmed from a desire that members of CCPPP provide a consensus message to students to help them balance progress on their dissertation and in clinical skills in practicum settings in order to best prepare for the internship year.

After several drafts and considerable consultation through input and feedback from internship and academic directors of training at CCPPP executive meetings, general meetings, and the listserv, I felt confident putting forward the June 2006 draft except for the wording in one area: the dissertation. Overwhelmingly, discussions had focused around what wording would better encourage in students and supervisors an appreciation of breadth and depth of clinical experience within a reasonable number of hours of practicum experience, and what that reasonable range of hours would be. Although excessive practica and program sanctioned work experience and worry over having “enough hours” were implicitly if not explicitly perceived as interfering with progress on the dissertation, what progress should be expected on the dissertation by the time a student goes on internship was less clear. Thus the June draft made tentative statements marked by shading regarding progress on dissertation: i.e., that data collection should be completed prior to internship. This was only to get the discussion going on a topic inadequately addressed in the discussions and to mark the need for inclusion of some statement on this in the guiding principles.

The lack of clarity on dissertation progress may partially stem form the CPA Accreditation Standards which are quoted below:

The internship is a year-long experience completed just prior to completion of the doctoral degree: (p 42)

and

Students have completed all courses requirements before beginning their internship year. It is preferable that they also have proposed their doctoral thesis, collected and analysed their data, completed a draft of their thesis, and whenever possible, have successfully defended their doctoral thesis prior to beginning the internship year (p. 60 and 71).

While the first statement conveys that the dissertation should almost be done, the second conveys the ideal of dissertation defended prior to internship, but couches this within a wording that, from the vagaries of English expression, can be interpreted to mean anything from dissertation proposed (but not necessarily approved) to dissertation defended. In addition the APPIC form presents a range of options for DCTs to note what progress has been made at the time of
internship application and what is anticipated in the future, from coursework completed to dissertation defended.

Comments form DCTs in internship settings at the annual meeting largely reflected the perspective that progress on the dissertation was an important criterion in reviewing internship applications and that the internship should be the capping year of doctoral studies, the transition year to employment, and a year to devote to the refinement of clinical skills without the weight of the dissertation. Internship directors also noted that every year they see people struggle with the dissertation. These same messages were also conveyed at the CPA convention in the discussion session on applying for internships led by Catherine Lee and Kerry Mothersill. In the same vein, I note the advice of Dozois (1997):

*By the time internship candidates reach the application compilation stage, they should have as many program requirements completed as possible. Demonstration that one is near completion of the Ph.D., not only provides the internship setting with the assurance that a candidate will be able to focus fully on the internship experience, it also allows more experience to accumulate which can be used in the assessment of one's suitability for a program.*

However academic DCTs were generally less vocal and less united in the discussions. They were in agreement in noting that the only point at which one could enforce some standard of dissertation progress is at the time of internship application, because one can only anticipate with no certainty how things will proceed between application time and the start of an internship.

A savvy politician attempts to frame policy on the basis of both consumer preference so that it is embraced, and consumer good so that it has the effect of advancing and improving a current state or condition. Accordingly I sent out a message on the CCPPP listserv on June 13, 2006. It contained a brief survey with a Goldilocks likert response scale: too soft, too hard or just right--for rating various stages of dissertation progress that should be required for applying for internship. I also consulted training directors of academic programmes at a meeting at the College of Psychologists of Ontario in November. A summary of responses from 4 internship sites and 13 academic programs appears in the table below. Comments from respondents (without italics or citation) have been integrated in the text that follows.
### Progress at Time of Internship Application

<table>
<thead>
<tr>
<th>Progress at Time of Internship Application</th>
<th>Academic Programmes</th>
<th>Internship Programmes</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal in progress</td>
<td>100% too soft</td>
<td>100% too soft</td>
<td>100% too soft</td>
</tr>
<tr>
<td>Proposal approved</td>
<td>54% just right</td>
<td>100% too soft</td>
<td>65% just right</td>
</tr>
<tr>
<td>Proposal &amp; Ethics Approved</td>
<td>15% just right</td>
<td>100% too soft</td>
<td>12% just right</td>
</tr>
<tr>
<td>Data Collection Underway</td>
<td>7-24% just right</td>
<td>100% too soft</td>
<td>5-18% just right</td>
</tr>
<tr>
<td>Data collection Completed</td>
<td>31% just right</td>
<td>100% just right</td>
<td>41% just right</td>
</tr>
<tr>
<td>Dissertation Draft</td>
<td>8% just right</td>
<td>75% noted it as ideal</td>
<td>24% just-right to ideal</td>
</tr>
</tbody>
</table>

Comments accompanying having data collection completed at the least and a draft done even better pointed out that students tend to focus on the minimum accreditation requirement of having their dissertation proposals approved. Therefore they apply when they have attained that minimum, leaving internship sites, academic training directors, and academic supervisors pulling their hair out over students nowhere near completing their dissertations by the time the internship is done, let alone at its commencement. Respondents noted numerous cases in which the student not only does not finish the dissertation during the internship, but then gains employment and takes more than another year after to finish and defend. In a like vein, an unnamed student reviewer of the workbook *Match Made on Earth* had the following perspective (included in the workbook):

> The factor that may be the very most important in the long run for the students’ internship experience and the rest of their careers is YOUR PHD THESIS [capitalization in the original]. Internship is the transition from a student role to the start of a professional career. Often students complete their internships without the PhD thesis done. As a result many such students are often unable to take advantage of job opportunities in the place where they have just made a year-long great impression on internship. Many have had to move back to the university they came from and work at various unrewarding and poorly paid jobs as they try to complete the PhD thesis in evenings and on weekends, often for years (p. 23).

It was also noted by one DCT that, given the large amount of work involved in preparing internship applications, having one’s data collection completed prior to applying provides a natural spot the student to take a break from the dissertations for a bit.
Those who rated this as “too hard” pointed out that for some clinical research, data collection can be a long, drawn out and gradual process, during which students might analyze and write up their data as they go along. Another stated that, while ideally everything related to the dissertation should be done before students start their internship so that they will have no academic responsibilities competing with their clinical training, there are often practical obstacles to prevent the ideal scenario from happening. One internship DCT commented that in setting aside time for research while on internship (be it dissertation on some other project), internship sites model a scientist-practitioner approach to practice. Finally it was noted that less traditional dissertations might necessitate a different timeline, albeit one that programs should define in order to meet the same goal of students being at least close to defending the dissertation before the internship year.

All in all, there seems to be agreement that while interns in the past have ranged from those whose data was not yet collected to those who had defended their dissertation, the latter is definitely a better place to be. The strictest milestone advocated by some respondents was that at the time of application, a dissertation draft should be done. The advantage here is that the criterion is the same regardless of what type of dissertation design is used (quantitative, qualitative, existing database, etc) and the criterion is relatively unambiguous: either it is done or it is not, something the advisor can verify. Although not a perfect solution, because a draft could be rushed to meet the deadline, it would mean that all the ingredients are there for the thesis to be defended. At first glance a potential concern is that some students may take so long to get to that point that their time limit in the program may expire. However, as noted, the chances are they would be in the same boat (or worse) had they done the internship first.

After reviewing all of this, I venture to say that there are only two options at the time of internship application if we are to embrace the ideal stated in the Accreditation Standards. Although it may feel mean to say “not ready for internship” as one respondent noted, he/she added that the best time to do this is at the time of applying for internship. It would be very helpful to have a consistent message and a standard to refer to when applying for internship. From the comments heard and received, requiring a draft of the dissertation at the time of application would currently appear to have little support, unless those holding it have remained silent. Thus I put forward the second option, with changes from the June 2006 draft indicated by bold typeface.

1. That the Guidelines state as the first principle:
   “Prior to beginning an internship, as a minimum, students are expected to have completed all of their required coursework, and to have a draft of their dissertation well underway, and to have completed practica in which they have developed sufficient depth and breadth of clinical competence to assume an internship position.”

2. That the Guidelines state as the fifth principle:
   “Similarly, while having the dissertation proposal approved is the minimum within the CPA accreditation standards for beginning an internship, during the internship year students should be in a position to devote their energies and attention to the internship experience without a heavy commitment to their dissertation during that period. As per the
accreditation standards “it is preferable that students have analysed their data, completed a
draft of their thesis, and, whenever possible, successfully defended their doctoral thesis
prior to beginning the internship year.” Therefore, **while exceptions may be made under
special circumstances**, students should not apply for internship **until their data is all or
almost all collected**. Academic programs that require more than **this** minimum prior to
**applying** for internship are to publicly declare this and detail what is required in their
documentation”.

The complete guidelines, with these changes, appears at the end of the newsletter. This wording
may be too soft, too hard, or just right. On behalf of CCPPP I continue to search for just right.
Comments should be circulated on the CCPPP listserv or directed to evans@psy.uoguelph.ca, and
will be compiled for continued discussion at the executive meeting in February 2006.

References

application process. Vancouver: Authors. Available at

Cohen, K. (2002). Accreditation standards and procedures for doctoral training programmes and
internships in professional psychology. Fourth Revision. Ottawa Canadian Psychological
Association.

Canadian Clinical Psychologist, 7 (1), 15 - 17.
Guiding Principles in the Preparation of and Selection of Applicants for Internship

Dr. Mary Ann Evans
(Major changes since AGM of CCPPP June 2006 are in bold)
(Comments to evans@psy.uoguelph.ca)

Preamble

Both internship and academic training programmes, together as one of their main goals, aim to prepare students with entrance level competence to practice as psychologists. 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 in their academic programmes, believing this to be a key factor in a successful internship match. The training directors of the CCPPP in both university and internship settings wish to communicate that the number of practicum hours is neither the only nor the most important factor in the preparation and selection of internship applicants. As such, 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:

Principles

1. Prior to beginning an internship, as a minimum, students are expected to have completed all of their required coursework, and to have a draft of their dissertation well underway, and to have completed practica in which they have developed sufficient depth and breadth of clinical competence to assume an internship position.

2. Candidates from CPA- or APA-accredited programs are preferred in accredited internship settings, although exceptions are made for applicants demonstrating equivalence of training in recognition of the fact that programmes gradually evolve towards being accredited and may offer high quality training before receiving accreditation status.

3. While 600 hours of practicum experience before beginning an internship 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. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire competencies for a successful internship year. This is more important than the number of hours recorded.
4. 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 to meet general clinical competencies or the specific clinical competencies required for a particular internship site. Internship directors who believe that a placement at their site merits more than 1000 hours to develop the competencies required are to publicly declare this and detail what is required in their documentation.

5. Similarly, while having the dissertation proposal approved is the minimum within the CPA accreditation standards for beginning an internship, during the internship year students should be in a position to devote their energies and attention to the internship experience without a heavy commitment to their dissertation during that period. As per the accreditation standards “it is preferable that students have analysed their data, completed a draft of their thesis, and, whenever possible, successfully defended their doctoral thesis prior to beginning the internship year.” Therefore, **while exceptions may be made under special circumstances**, students should not apply for internship **until their data is all or almost all collected**. Academic programs that require more than **this** minimum prior to **applying** for internship are to publicly declare this and detail what is required in their documentation.

6. The quality of work and breadth and depth of experience gained in practica are important factors in the selection of interns by the sites. These factors are viewed within the context of striving for the best model of professional training in psychology and evidence-based practices for service delivery within the internship setting. Thus the selection of candidates is a synthesis of factors matching the needs of, available training within, and experiences of the internship site with the relevance and quality of the student’s didactic training (e.g., coursework, workshops attended), academic accomplishments, letters of recommendation, personal, professional and interpersonal qualities evident in the interview, research experience, and quality of writing samples.
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:

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

- Dr. Leslie Greenberg (2006)
- 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 2007 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. Laurene J. Wilson, Department of Clinical Health Psychology, Rm. 223 Ellis Hall,
Royal University Hospital, Saskatoon, SK  S7N 0W8