

Inclusion Criteria

Do you work as a clinical psychologist (either part-time or full-time) within the public-sector on the island of Montreal?

☐ Yes

☐ No

Email

Regrettably, you don't meet the inclusion criteria for the present study as it aims to understand the experiences of clinical psychologists in the public sector.

However, if you are a clinical psychologist with a private-practice, you may be eligible for future studies and we would like to keep in touch. Please indicate your email address if you are interested. **You are not obliged to agree but of course we hope you will.**

Consent



INFORMATION AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I understand that I am participating in a research study being conducted by Alexandra Panaccio, Doctor of Philosophy, (514-848-2424 x2929, alexandra.panaccio@concordia.ca), Dr. Andrew G. Ryder, psychologist, and Ingrid Chadwick, Doctor of Philosophy, from Concordia University.

A. PURPOSE

We are conducting a study investigating the well-being of mental-health practitioners.

B. PROCEDURES

This research consists of 3 stages. First, you will respond to an on-line questionnaire (approx. 12-15 min). Next, a 1-hour in-person interview will be conducted at a time and place of your convenience, e.g. in your office at the end of the work day. Finally, a week later, a 15-min. telephone interview will be scheduled to clarify discussion from the main interview. In total you will be compensated \$90 (Amazon gift card) for ninety minutes of your time.

C. RISKS AND BENEFITS

The researchers do not foresee specific risks associated with participating in this research, other than possible emotional discomfort resulting from reflecting on, and answering survey items about one's psychological wellbeing. There are no personal benefits other than the personal insights gained from taking part in psychological/organizational-behaviour research.

D. CONFIDENTIALITY

The information collected will remain strictly confidential (i.e., the research team will know, but will not disclose your identity), and only aggregated results will be shared. Only members of the research team will have access to this information and data will be stored on password-protected USB drive and computer. However, to verify that the research is being conducted properly, regulatory authorities may examine the aggregated information gathered without knowing your identity.

E. CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw my consent and discontinue my participation at any time. I can also ask that my data not be used by notifying the researcher within two weeks after having participated, and my choice will be respected. There are no negative consequences for not participating, stopping in the middle, or for asking the researcher to not use your information. I understand that my participation in this study is confidential (i.e., the research team will know, but will not disclose my identity). I understand that aggregated data from this study may be published in academic journals and conferences, without disclosing my identity. Upon request, the researchers will send me copies of the scientific articles and communications published based on these data.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY. CLICKING THE BUTTON BELOW AND COMPLETING THIS SURVEY CONSTITUTES CONSENT ON MY PART.

If at any time you have questions about your rights as a research participant, please contact

Research Ethics and Compliance Officer, Concordia University, at 514-848-2424 x7481 or by email at ethics@alcor.concordia.ca

Thank you

Your collaboration is important for the success of this project, and the research team thanks you for participating.

Consent

For a downloadable pdf of this form, click: [Consent Form](#).

By clicking the « I agree » button below, you declare that you:

- a) voluntarily agree to participate in this research study;
- b) understand the goals of this research and what your participation entails;
- c) understand that your participation in this research is completely voluntary and that you can withdraw from this research at any time, without any negative consequences, and without having to justify your decision.

☐ I AGREE

INSTRUCTIONS

The following code will be used to keep your data anonymous. In addition, at the end of this survey we will ask you whether you wish to participate in future research projects. You are not obliged to agree but of course we hope you will. The code will also be used to anonymously match your responses today with your future responses if you do participate in future research studies.

Participant Code:

What is the last letter of your first name?

What is the last letter of your family name?

What is the day of the month you were born in?
(a number from 01 to 31)

What is the last letter of your mother's first name?

What is the last letter of your mother's original family name? (maiden name)

SECTION A: Individual & Team Characteristics

SECTION A: INDIVIDUAL & TEAM CHARACTERISTICS**Gender**

- ☐ Male
- ☐ Female
- ☐ Other

**How long have you been practising as a clinical psychologist?
(number of years)**

What is your employment status at the CIUSSS?

- ☐ Full-time
- ☐ Part-time

Please indicate the healthcare setting that you work in:

- ☐ Primary Care
- ☐ Specialized Services
- ☐ Both Primary Care & Specialized Services

Primary Care Team Setting

- ☐ Out-patient Clinic
- ☐ Adult Mental Health Primary Care Team
- ☐ One-Stop Service Team
- ☐ Intensive Case Management Team
- ☐ Rehabilitation Team
- ☐ Other

Please indicate the team setting(s) you work in.

Please indicate ...

The number of professionals in your team:

Your seniority in the team (# of years):

Team composition (please select all that apply)

- ☐ Psychologists
- ☐ Social workers
- ☐ Nurses
- ☐ General practitioners
- ☐ Psychiatrists
- ☐ Occupational therapists
- ☐ Psycho-educators
- ☐ Substance Use Disorder Specialists

Specialized Services

Specialized Services Team Setting

- ☐ In-patient Unit
- ☐ Out-patient Clinic
- ☐ Rehabilitation Team
- ☐ Intensive Case Management Team
- ☐ Assertive Community Treatment Team
- ☐ Other

Please indicate the team setting(s) you work in.

Please indicate ...

The number of professionals in your specialized services team:

Your seniority in the specialized services team (# of years):

Specialized services team composition (please select all that apply)

- ☐ Psychologists
- ☐ Social workers
- ☐ Nurses
- ☐ General practitioners
- ☐ Psychiatrists
- ☐ Occupational therapists
- ☐ Psycho-educators
- ☐ Substance Use Disorder Specialists

Please indicate ...

The number of professionals in your primary team:

Your seniority in the primary care team (# of years):

The number of professionals in your Specialized Services team:

Your seniority in the Specialized Services team (# of years):

Team composition (please select all that apply)

	Primary Care	Specialized Services
	Yes	Yes
Psychologists	<input type="radio"/>	<input type="radio"/>
Social workers	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>

	Primary Care	Specialized Services
	Yes	Yes
General practitioners	<input type="radio"/>	<input type="radio"/>
Psychiatrists	<input type="radio"/>	<input type="radio"/>
Occupational therapists	<input type="radio"/>	<input type="radio"/>
Psycho-educators	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder Specialist	<input type="radio"/>	<input type="radio"/>

B: Client & Team Characteristics

Please indicate your average caseload size:

Client Characteristics

Please indicate the Mental Health problems that you commonly treat ...
(select all that apply)

- ☐ Common mental disorders
(Depression; anxiety)
- ☐ Severe mental disorders
(bipolar; psychotic etc.)
- ☐ Personality disorders
- ☐ Co-occurring Mental Health Disorder & Substance Use Disorder
- ☐ Co-occurring Mental Health Disorder & Physical Disorders

Additional clinically relevant variables (select all that apply)

- ☐ Suicidal ideation
- ☐ Problems with justice system
- ☐ High service users
- ☐ Significant trauma
- ☐ Young Persons with Problems

Regarding your work activities, how much time do you spend per week doing the following tasks: (total should add up to 100)

Client assessment	<input type="text" value="0"/>
Case management	<input type="text" value="0"/>
Psychotherapy/counseling	<input type="text" value="0"/>
Administrative/clerical	<input type="text" value="0"/>
Co-ordination with other teams	<input type="text" value="0"/>
Clinical supervision	<input type="text" value="0"/>
Travel time	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

**Do you use the following approaches in your clinical practice?
(hover over the word for definition)**

	1 (No, and not considered)	2 (No, but considered)	3 (Yes)
Cognitive Behavior Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Pathways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengths Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stepped-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you use the following tools in your clinical practice?

	1 (No, and not considered)	2 (No, but considered)	3 (Yes)
Screening tools for diagnosing mental health disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 (No, and not considered)	2 (No, but considered)	3 (Yes)
Assessment tools for mental health disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening tools for diagnosing substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment tools for substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-going treatment assessment tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical protocols or Best-practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical feedback assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D: Participant's Linguistic Background

With this study, we are also aiming to understand the influence of linguistic and cultural variables on your work as a clinical psychologist.

This section contains questions about your linguistic background.

Where were you born?

City

Country

If born outside of Canada,
how many years have you lived in Canada?

What do you consider to be your first learned language?

- ☐ English
- ☐ French
- ☐ Other (specify):

What do you consider to be your second learned language?

- ☐ English
- ☐ French
- ☐ Other (specify):
- ☐ NA

At what age did you learn your second language?

What language(s) do you speak at home now?

What percentage of your interactions are in each language? (total should = 100%):
 English

 French

 Other

Please rate your level of ability for each of the four skills listed below by using the following rating scheme and circling the appropriate number in the boxes below:

1 = little or no ability at all 2 = elementary 3 = moderate 4 = very good
5 = native or near native-like ability

	Speaking	Reading	Writing	Listening
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
English	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
French	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Other (strongest language that is not English or French)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Please think of how well you can speak French.

Read all the descriptions and try to find **the one description** that best describes your **ability to speak French**.

- ☐ I can express myself in all or almost all contexts, using all or nearly all expressions that native speakers typically use.
- ☐ I can express myself on unfamiliar topics, although I don't always know the expressions that native speakers would typically use.
- ☐ I can only speak about familiar topics.
- ☐ I am limited to saying only simple things, such as asking for directions or answering short questions.
- ☐ I cannot express very much at all in the language.

Read the options below. Then pick the option that best describes how easy it is for you to **speak** French at the level you selected above.

- ☐ At the level I selected, I generally speak more or less fluently and at a normal rate.
- ☐ At the level I selected, I sometimes hesitate, have to search noticeably for words, or try to avoid making errors, or speak more slowly than I usually do.

Please think of how well you can understand spoken French.

Read all the descriptions and try to find **the one description** that best describes your **ability to understand spoken French**.

- ☐ I can understand native speakers in all or almost all contexts, including nearly all the expressions that native speakers typically use.
- ☐ I can understand native speakers when they talk about unfamiliar topics, even though I may not always understand every expression they use.
- ☐ I am limited to understanding native speakers only when they talk about familiar topics.
- ☐ I can understand native speakers only when they talk about simple things, such as when they give directions or ask short questions.
- ☐ I cannot understand others very much at all in the language.

Read the options below. Then pick the option that best describes how easy it is for you to **understand** spoken French at the level you selected above.

- ☐ At the level I selected, I generally understand speakers who speak fluently and at a normal speed.
- ☐ At the level I selected, I sometimes have to ask people to slow down and repeat, or to speak more clearly, or to explain the meanings of some words.

E: French Competency

This section of the online questionnaire contains questions about your work with clients who have French as their first language and/or who have a cultural background different from yours.

Please fill out this table thinking about the linguistic background of your clients and the languages you use with them. Think about your current clients and the clients you've seen throughout the past two years.

	What percentage of your clients have this language as their first language?	Other languages generally spoken by these clients			Which language(s) do you use with these clients during therapy and/or assessment?		
	Answer 1	French	English	Other	French	English	Other
French	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allophone (please list as many of your clients' first languages as you can): <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions thinking about the ethnocultural background and migration history of your clients. Think about your current clients and the clients you've seen throughout the past two years.

0 10 20 30 40 50 60 70 80 90 100
0 10 20 30 40 50 60 70 80 90 100

What percentage of
your clients are
immigrants?

14

Click to write the question text

0 10 20 30 40 50 60 70 80 90 100

What percentage of
the clients you
currently see or have
seen in the past are
part of a visible
ethnic minority in
Canada?

Please list the origin of as many immigrant and ethnic minority clients as possible:

Please answer the following questions concerning your perceptions of your competency and your satisfaction with your work when working with clients in French:

1. I have...

No difficulty Great difficulty
0 1 2 3 4 5 6 7 8 9 10

... conducting structured interviews with clients in French.

2. I have ...

No difficulty Great difficulty
0 1 2 3 4 5 6 7 8 9 10

... conducting unstructured interviews with clients in French.

3. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... conducting assessments with clients in French.

4. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... conducting manualized treatments with clients in French.

5. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... conducting unstructured therapy with clients in French.

6. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... formulating a conceptualization of cases that involve French-speaking clients.

7. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... establishing a sound therapeutic alliance with clients in French.

8. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... establishing a treatment plan for cases that involve French-speaking clients.

9. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... monitoring the progress of French-speaking clients.

10. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... planning and implementing culturally-sensitive interventions in French.

11. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... making ethically sensitive decisions in French.

12. I have ...

No difficulty
0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Great difficulty

... helping a client through a crisis in French.

13. Overall, I am...

Not at all satisfied

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Very satisfied

... with my work with clients in French.

We appreciate any comments you may have about this questionnaire in general and about ways you think we might improve it.

(Also, if you would like to be contacted by our research group for participation in future studies, please let us know in the following comments box.)

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