



Centre de liaison sur l'intervention  
et la prévention psychosociales

# Vigie psychosociale Psychosocial Intelligence

Bulletin de veille / Newsletter  
Décembre 2006 / December 2006

Ce bulletin est envoyé chaque mois par le Service de gestion d'information et des connaissances (SEGIC) du CLIPP. Son contenu provient de plusieurs centaines de sites Web répertoriés par le SEGIC. Notre but est de vous faire parvenir directement et rapidement de l'information actuelle et pertinente dans le domaine du psychosocial. Pour un accès amélioré, les informations sont regroupées par thématique, événements importants, sites web intéressants et article scientifique du mois.

*Le Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP) est un organisme de coordination et d'expertise en transfert des connaissances.. Ses activités concernent exclusivement les problématiques psychosociales. À vocation interuniversitaire et intersectorielle, le CLIPP assure la liaison entre le réseau de la recherche psychosociale, les milieux d'intervention et de prévention, les décideurs et les médias.*

Vous trouverez également ce bulletin sur notre site web : <http://www.clipp.ca>

The Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP) is a coordination and expertise centre in knowledge transfer. The CLIPP's activities are exclusively related to psychosocial issues. By its interuniversity and intersectorial vocation, the CLIPP assures the transfer of knowledge between psychosocial research networks, the field of intervention and prevention, political deciders and the media.

*This Newsletter is sent each month by the CLIPP's Knowledge and Information Management Service. Its content brings together information from several hundred websites indexed by the CLIPP. Our objective is to provide you with relevant and updated information in the psychosocial field. For easier access, information is divided accordingly : subject index, important events, websites and scientific articles of the month.*

This newsletter is also available on our website at : <http://www.clipp.ca>

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## ÉVÉNEMENTS DU MOIS / EVENTS OF THE MONTH

Pour obtenir des informations détaillées sur les événements, accéder directement à [la page des événements](#) sur notre site web. For detailed information on events, please refer to the [events page](#) of our website.

### QUÉBEC

**1er décembre 2006** [Le trouble de la personnalité limite : Des liens à tisser entre professionnels de la santé mentale, organismes communautaires et membres des familles concernées.](#) Montréal, Québec Hôpital Douglas de Montréal

**7 et 8 décembre 2006** [Deuxième symposium annuel de la Collaboration en recherche sur les politiques liées à la population, au travail et à la famille: « Développement social et impacts économiques ».](#) Gatineau (secteur Aylmer), Québec Château Cartier

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## CLIN D'OEIL DU MOIS / THIS MONTH IN REVIEW

### Les garderies 7\$ sont-elles avantageuses pour tous les parents?

Malgré la volonté du gouvernement provincial d'empêcher l'émergence d'un système de garde à deux vitesses, le nouveau système de garde subventionné, instauré en 1997, ne serait pas aussi universel et équitable qu'il n'y paraît. En effet, selon un document produit par l'Institut économique de Montréal (IEDM), ce sont principalement les parents qui gagnent plus de 60 000\$ par année qui profitent de ce système alors que les familles ayant un revenu entre 25 000\$ et 40 000\$ ont subi des pertes financières depuis son implantation.

De plus, en raison du faible coût demandé aux parents, la demande a augmenté de façon si importante que plus de 35 000 enfants sont présentement en attente d'une place en garderie. Certains parents sont donc dans l'obligation de retarder leur retour au travail ou d'avoir recours à d'autres modes de garde plus dispendieux.

Selon Norma Kozhaya, économiste à IEDM, « cette politique familiale coûte de plus en plus cher tout en restreignant considérablement le choix de milliers de familles. En offrant plus de choix aux parents, le Québec se rapprocherait d'autres pays ayant des politiques familiales bien développées ».

Institut économique de Montréal (19 octobre 2006). *Garderies à 7 \$: les parents y trouvent-ils tous leur compte?* Note économique sur les effets pervers d'une gestion étatisée des services de garde [En ligne]. Accès : [http://www.iedm.org/uploaded/pdf/octobre06\\_fr.pdf](http://www.iedm.org/uploaded/pdf/octobre06_fr.pdf). Page consultée le 20 novembre 2006.

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## DÉVELOPPEMENT DE L'ENFANT / CHILD DEVELOPMENT

### Compétences en lecture, décrochage et suicide

*Source : Relief*

Les adolescents qui éprouvent des difficultés en lecture sont trois fois plus à risque de se suicider, et six fois plus de décrocher de l'école. C'est l'étonnante conclusion d'une [étude](#) publiée dans la revue [Journal of Learning Disabilities](#) et réalisée par des chercheurs du [Wake Forest University Baptist Medical Center](#) (EurekAlert! : [Poor readers have higher risk of suicidal thoughts and behaviour](#)). De plus, les chercheurs ont dénoté une corrélation entre le décrochage et les pensées suicidaires. Il semble y avoir une cascade de causes à effets entre les difficultés de lecture et le décrochage, puis entre le décrochage et le suicide.

Voir aussi :

[100 mots suffisent pour lire](#)

[Lecture : les caractéristiques d'un enseignant efficace](#)

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## MALTRAITANCE ENVERS LES ENFANTS / CHILD MALTREATMENT

### **Recent Advances and New Challenges in Child Maltreatment Research, Practice, and Policy: Previewing the Issues**

Bette L. Bottoms, Jodi A. Quas

*Source : Journal of Social Issues, Volume 62, Issue 4, Page 653 - December 2006*

Few issues are of such grave importance to society and to the science and practice of psychology as child maltreatment. Our goal in editing this issue of JSI was to inform scientists across various sub-fields of psychology about the most current knowledge in the field of child maltreatment, broadly defined. The authors of the articles have gone further, pushing past the edge of current knowledge and setting aggressive agendas for future empirical and policy-relevant work. We believe that the result will be enriched future research, practice, policy, and law, and in turn, the increased well-being of children and their families.

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### **Psychosocial Interventions for Maltreated and Violence-Exposed Children**

Judith A. Cohen, Anthony P. Mannarino Laura, K. Murray, Robyn Igelman

*Source : Journal of Social Issues, Volume 62, Issue 4, Page 737 - December 2006*

Child sexual, physical, and emotional abuse as well as child neglect and domestic violence, community violence, and Childhood Traumatic Grief may result in significant and long-lasting emotional and behavioral difficulties. This article reviews randomized controlled studies that have assessed child mental health outcomes for maltreated and violence-exposed children. Key points of this review include the following: (1) maltreated and violence-exposed children typically experience more than one of these types of traumas; (2) effective psychosocial treatments are available to address Posttraumatic Stress Disorder (PTSD), depression, anxiety, and behavioral problems in these children; (3) it is likely that treatments which effectively reduce mental health symptoms in children exposed to one type of child maltreatment or violence exposure will also be effective for other or multiple types; and (4) mental health outcomes are not the only important outcomes to address in future treatment or intervention efforts. These future directions for treatment intervention research are addressed.

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### **"Who Do You Tell?"™ Program**

*Source : Calgary Communities Against Sexual Abuse*

The "Who Do You Tell?"™ ("WDYT?"™) Program is a child sexual abuse education program for elementary school children, their teachers and parents.

Two experienced educators deliver the "WDYT?"™ program in elementary schools to individual classes from Kindergarten to Grade six. The program has the approval of the Public and Catholic Boards of Education. The magnitude of the problem of child sexual abuse and the resulting consequences for children, their families and society increases the need for appropriate, accurate and ethical child sexual abuse education. Children who have been sexually abused are at a greater risk to experience short and long term trauma symptoms.

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### **New child maltreatment curriculum guide available**

*Monitor on Psychology. Volume 37, No. 10 November 2006*

After nearly two years of development and peer review, this month a committee of Div. 37 (Child, Youth and Family Services) is releasing a free new child maltreatment curriculum guide for psychology professors. The guide provides tips for incorporating information about child abuse and neglect into either graduate or undergraduate courses. Committee Chair Cindy Miller-Perrin, PhD, a Pepperdine University psychology professor and member of the division's Section on Child Maltreatment, says the guide will help professors identify and access the best literature

available on the topic. “We highlight the specific areas that are important—and necessary—to cover when teaching,” she says.

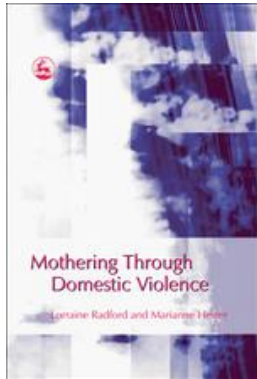
The guide will include resources on topics including:

- Definitions of child maltreatment.
- Statistics about incidence and prevalence.
- Causes of child abuse and neglect.
- Consequences associated with child maltreatment.
- Current courses of treatment.
- Avenues for prevention.
- Legal issues faced by mental health professionals.

The guide also explores controversial issues, like corporal punishment, false allegations of abuse and whether exposure to domestic violence should be considered maltreatment. The guide will replace the undergraduate and graduate curriculum guides on child maltreatment previously produced by the division.

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## VIOLENCE FAMILIALE ET CONJUGALE / DOMESTIC VIOLENCE



### **Mothering Through Domestic Violence.**

Lorraine Radford and Marianne Hester. 176pp, 2006.

*Source : Jessica Kingsley Publishers*

Research into children and domestic violence in recent years has emphasized the importance of giving positive support to a non-abusive parent for effective child protection. But what exactly does positive support involve?

Based on findings from six primary research studies carried out by the authors themselves, as well as other published research, this book reveals how undermining mothering – specifically, family courts and social work agencies blaming mothers for their own victimization – plays a key role in locking women into abusive relationships and exacerbating the damage done by domestic violence. It explores the principle message drawn from the research: that the needs of individual victims should inform risk assessment and safety planning by welfare practitioners. Case studies are used to explore key issues that should be considered during assessment and planning, such as the psychological impact on children of living in an abusive household; mother and child protection from an abusive partner during court proceedings; and child contact with an abusive parent.

Mothering Through Domestic Violence is essential reading for practitioners working in the fields of family and child welfare, family courts and policy makers.

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### **Intimate partner violence and alcohol use: Exploring the role of drinking in partner violence and its implications for intervention**

Keith C. Klostermann and William Fals-Stewart

*Source : Aggression and Violent Behavior. Volume 11, Issue 6 , November-December 2006, Pages 587-597.*

#### **Abstract**

A large and growing empirical literature reveals a robust relationship between alcohol use and the occurrence of intimate partner violence (IPV). However, the role of alcohol use and intoxication in episodes of IPV, particularly with respect to alcohol's potential causal or facilitative function in the occurrence of partner aggression, remains a source of much controversy and considerable debate. The purpose of this review is to (a) describe briefly IPV and the types of behaviors subsumed under this label, (b) examine evidence for the link between alcohol use and IPV, (c) explicate factors (e.g., antisocial personality disorder) that may moderate this relationship, and (d) discuss the primary conceptual models put forth to explain this association. Recommendations for interventions that consider the relationship between alcohol use and IPV are also provided.

### **Perpetration of Gay and Lesbian Partner Violence: A Disempowerment Perspective**

Patrick C. McKenry, Julianne M. Serovich, Tina L. Mason and Katie Mosack

*Source : Journal of Family Violence. Volume 21, Number 4 / May, 2006.*

Abstract Gay men and lesbians may experience domestic violence at rates as high as, or higher than heterosexuals, yet there is a noticeable absence of empirical research investigating this phenomenon. This study investigated same-sex partner violence from a disempowerment perspective to determine the influence of (a) individual characteristics, (b) family of origin factors, and (c) intimate relationship factors. A sample of 77 individuals in distressed relationships (40 gay men and 37 lesbians) were administered a series of quantitative measures in our project office. Data primarily were analyzed using two-way ANOVAs (gender×perpetrator of violence). The greatest number of differences between perpetrators and nonperpetrators was found in individual characteristics. Implications for practitioners working with gay men and lesbians experiencing partner violence are discussed.

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### **Barriers in Screening Women for Domestic Violence: A Survey of Social Workers, Family Practitioners, and Obstetrician–Gynecologists**

Leslie E. Tower

*Source : Journal of Family Violence. Volume 21, Number 4 / May, 2006.*

Abstract Domestic violence (DV) is a pervasive and serious threat to women's lives and well-being. Medical social workers, family practitioners, and obstetrician–gynecologists are in key positions to screen and offer help. Florida NASW members and board certified family practitioners and obstetrician–gynecologists were mailed a psychometrically tested scale. A total of 388 surveys were analyzed. Education (especially the number of in-service hours) and the presence of institutional supports, decreased barriers to screening, increased screening behaviors, and lead to increased victim identification. Only 20.8% of participants always or nearly always routinely screened for DV; 24.0% reported that routine screening did not apply to their role. Self-Efficacy was the strongest predictor of screening behavior with Fear of Offending, Safety Concerns, CEUs/CMEs, and in-service hours contributing approximately equally to the prediction of screening behavior.

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### **Relationship Between Two Types of Help Seeking Behavior in Domestic Violence Victims**

Jean H. Hollenshead, Yong Dai, Mary Katherine Ragsdale, Erin Massey and Rachel Scott

*Source : Journal of Family Violence. Volume 21, Number 4 / May, 2006.*

Abstract A coordinated community response system to the help-seeking behaviors of domestic violence victims is critical to minimize the impact of violent events and to educate the public, so that safe and effective conflict management skills may replace violent responses. The focus for the present study is to identify and analyze victims' choices of law enforcement assistance in stopping the violence and/or aid through the services of the regional family violence center. Some victims select legal channels of support; others rely exclusively on social service support, and others seek assistance from both sources. Characteristics of victims whose cases followed two types of help-seeking behavior patterns—legal support or social support—were determined through archived data from both the records of a regional family violence center (FVC) (n=258) and domestic violence incident reports of a police department serving a city of approximately 200,000 citizens (n=127). Findings indicate that African American victims more frequently sought protection through law enforcement sources than they did through family violence center services, and the reverse was true for Euro-Americans.

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### **Gender Violence and Health Centre**

*Source : UK. Intute – Social Sciences*

The Gender Violence and Health Centre launched in 2006. It is a multi-disciplinary cross-departmental research group that works with partners around the world to conduct action-oriented, intervention-based research on gender-based violence and health. "The connections between violence against women and women's health have increasingly being recognised both within the medical and public health fields, and by the women's rights and human rights communities." The web site provides details of its reports, current work and publications. The Centre is funded by the Sigrid Rausing Trust. <http://www.lshtm.ac.uk/genderviolence/index.htm>

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## VIOLENCE À L'ÉCOLE ET RÉUSSITE SCOLAIRE / SCHOOL VIOLENCE AND ACADEMIC SUCCESS

### **Responding to Children Victimized by Their Peers**

Amanda Nickerson, Stephen E. Brock, Yiping Chang, Meagan D. O'Malley,

*Source : Journal of School Violence. Nov.2006 Volume: 5 Issue: 3*

Because victimization results from the dynamic interplay between the victim and his or her parents, peers, and teachers, responding to this problem should involve both direct and indirect interventions. This paper describes and reviews empirically supported direct interventions with victims, as well as indirect interventions with parents, peers, and school staff. Although the primary focus is on bullying, research on related forms of peer victimization, such as rejection, are included, as these have been subject to more empirical study. The review concludes that there is empirical support for direct and indirect interventions for specific problems associated with rejection, though research studies on interventions for victims of bullying are lacking. In addition, comprehensive primary prevention approaches for reducing bullying have shown promise, but there is a lack of empirically supported secondary prevention efforts that focus on increasing social support for children who, despite primary prevention efforts, continue to suffer the consequences of peer victimization.

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### **A Review of the Use of Social Support in Anti-Bullying Programs**

Michelle Kilpatrick Demaray, Christine Kerres Malecki

*Source : Journal of School Violence. Nov.2006, Volume: 5 Issue: 3.*

Bullying is a significant problem in schools across America. Educators are dealing with the problem of bullying through the implementation of various anti-bullying programs. Additionally, researchers are studying the problem and have begun to focus on the importance of contextual factors surrounding bullying such as social support (Beran&Tutty, 2002; Demaray&Malecki, 2003; Furlong, Chung, Bates, & Morrison, 1995; Malecki & Demaray, 2004a; Natvig, Albrektsen, & Qvarnstrom, 2001; Rigby, 2000; Rigby & Slee, 1999). Social support is an important contextual factor to consider in the bullying cycle. However, the use of social support in anti-bullying programs and interventions is often not explicit or is lacking. This paper provides an overview of the research on social support as a contextual variable in bullying behaviors and reviews six existing anti-bullying programs with a specific focus on how they incorporate social support elements into their interventions.

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## DÉPENDANCES / DEPENDANCES

### **[Un nouveau groupe de travail veut dresser un portrait complet du traitement des toxicomanies au Canada](#)**

*Source : Centre canadien de lutte contre l'alcoolisme et les toxicomanies,*

En 2005, un rapport du CCLAT recommandait la création d'un réseau national de collecte et d'analyse des données sur le traitement des toxicomanies au Canada, ce qui est près de se concrétiser grâce au Centre et au Conseil exécutif canadien sur les toxicomanies (CECT). Dans ce rapport, Indicateurs de traitement des toxicomanies au Canada : survol de l'environnement (Action Nouvelles vol. XV no 2), l'analyste principal des politiques Gerald Thomas avait affirmé que le traitement des toxicomanies semblait généralement mal coordonné ou intégré de manière plutôt lâche dans les tentatives globales faites de l'information et de la communication dans le secteur de la santé. Et surtout, le rapport mettait en évidence l'absence de discussion sur l'uniformisation des exigences en matière de rapports ou sur des questions relatives à la compatibilité des systèmes de données sur les toxicomanies au Canada.

Le CECT a étudié le rapport 4 du CCLAT lors d'une réunion à la mi-2005 et a ensuite décidé d'appuyer et de financer un Groupe de travail national sur les indicateurs de traitement. Le groupe de travail s'est réuni pour la première fois en mars dernier et a déjà établi les grandes lignes de trois projets qui devraient favoriser la collecte, la diffusion et l'analyse de données sur le traitement des toxicomanies au Canada. ([texte intégral / full text](#))

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## VIEILLISSEMENT / AGING

### Les aînés au Canada : Bulletin 2006

*Source : Canada, Conseil national consultatif sur le troisième âge*

Le Conseil consultatif national sur le troisième âge (CCNTA) dévoile les résultats de son rapport intitulé Les aînés au Canada : Bulletin 2006 dans le cadre de la rencontre de l'Association canadienne de gérontologie tenue à Québec. Le Bulletin évalue la situation des aînés canadiens dans cinq domaines clés : état de santé, système de santé, situation économique, conditions de vie et participation sociale.

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### La dépendance chez les aînés : Un bien mauvais pari

*Source : Canada, Conseil national consultatif sur le troisième âge*

Les dépendances empêchent les aînés de jouir d'une vie saine et porteuse d'espoir : elles causent de sérieux problèmes de santé, problèmes financiers et autres malheurs. Souvent, les professionnels de la santé et les fournisseurs de services n'identifient pas les dépendances chez les aînés. Au manque de connaissance quant à l'identification et au traitement de ces dépendances s'ajoutent le déni et la crainte des aînés touchés. Ce numéro d'Expression discute des conséquences du tabagisme, de l'alcoolisme, du jeu pathologique et du mauvais usage des médicaments chez les aînés. On y présente divers modèles de soins et ressources utiles pour la prévention et le traitement des dépendances.

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### **Gambling Level and Psychiatric and Medical Disorders in Older Adults: Results From the National Epidemiologic Survey on Alcohol and Related Conditions.**

Pietrzak RH, Morasco BJ, Blanco C, Grant BF, Petry NM.

*Source : American Journal of Geriatric Psychiatry. 2006 Nov 9*

Objective: This study examined the association between gambling level and psychiatric and medical disorders in a nationally representative sample of older adults. Method: Data on 10,563 U.S. older adults (age 60 or older) were analyzed from the National Epidemiologic Survey on Alcohol and Related Conditions. Results: A total 28.74% of older adults were lifetime recreational gamblers and 0.85% were lifetime disordered gamblers. Compared with older adults without a history of regular gambling, recreational gamblers had significantly elevated rates of alcohol (30.1% versus 12.8%), nicotine (16.9% versus 8.0%), mood (12.6% versus 11.0%), anxiety (15.0% versus 11.6%), and personality disorders (11.3% versus 7.3%) and obesity (25.6% versus 20.8%), but were less likely to have past-year diagnoses of arteriosclerosis (4.7% versus 6.0%) or cirrhosis (0.2% versus 0.4%). Disordered gamblers were significantly more likely than older adults without a history of regular gambling to have alcohol (53.2% versus 12.8%), nicotine (43.2% versus 8.0%), drug (4.6% versus 0.7%), mood (39.5% versus 11.0%), anxiety (34.5% versus 11.6%), and personality (43.0% versus 7.3%) disorders, and to have past-year diagnoses of arthritis (60.2% versus 44.3%) or angina (22.7% versus 8.8%). These results remained significant even after controlling for demographic, psychiatric, and behavioral risk factors. Conclusions: Lifetime recreational gamblers were more likely than nonregular gamblers to have psychiatric disorders but were less likely to have some medical conditions. Lifetime disordered gamblers had a range of lifetime psychiatric disorders and were more likely than nonregular gamblers to have past-year diagnoses of angina and arthritis.

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## [Dementia before Death in Ageing Societies— The Promise of Prevention and the Reality](#)

Carol Brayne, Lu Gao, Michael Dewey, Fiona E. Matthews

Investigators Medical Research Council Cognitive Function and Ageing Study

*Source : PLOS Medicine. 2006 October*

### Background

Dementia and severe cognitive impairment are very closely linked to ageing. The longer we live the more likely we are to suffer from these conditions. Given population increases in longevity it is important to understand not only risk and protective factors for dementia and severe cognitive impairment at given ages but also whether protection affects cumulative risk. This can be explored by examining the effect on cumulative risk by time of death of factors found consistently to reduce risk at particular ages, such as education and social status.

### Methods and Findings

In this analysis we report the prevalence of dementia and severe cognitive impairment in the year before death in a large population sample. In the Medical Research Council Cognitive Function and Ageing Study (a 10-y population-based cohort study of individuals 65 and over in England and Wales), these prevalences have been estimated by age, sex, social class, and education. Differences have been explored using logistic regression. The overall prevalence of dementia at death was 30%. There was a strong increasing trend for dementia with age from 6% for those aged 65–69 y at time of death to 58% for those aged 95 y and above at time of death. Higher prevalences were seen for severe cognitive impairment, with similar patterns. People with higher education and social class had significantly reduced dementia and severe cognitive impairment before death, but the absolute difference was small (under 10%).

### Conclusions

Reducing risk for dementia at a given age will lead to further extension of life, thus cumulative risk (even in populations at lower risk for given ages) remains high. Ageing of populations is likely to result in an increase in the number of people dying with dementia and severe cognitive impairment even in the presence of preventative programmes. Policy development and research for dementia must address the needs of individuals who will continue to experience these conditions before death

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## **SANTÉ PSYCHOLOGIQUE AU TRAVAIL / MENTAL HEALTH AT WORK**

### [L'analyse des coûts du stress au travail](#)

*Source : l'Association paritaire pour la santé et la sécurité du travail, secteur Administration provinciale (APSSAP),*

La détermination des coûts du stress pose plusieurs problèmes compte tenu qu'une portion importante de ces coûts sont non-économiques, indirects, variables et externes à l'entreprise et ne sont donc pas comptabilisés dans des comptes comptables spécifiques. La Chaire en Gestion de la santé et de la sécurité du travail dans les organisations de l'Université Laval a publié son rapport de recherche qui propose un outil d'analyse des coûts du stress au travail.

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### [Et s'il y avait du stress dans votre entreprise ?](#)

*Source : Réseau de recherche en santé et en sécurité du travail du Québec*

Vous êtes dirigeant d'une PME et vous notez une augmentation de l'absentéisme, du taux de roulement de votre personnel ? On vous signale un certain malaise parmi les salariés ? Vous êtes-vous demandé s'il s'agissait de stress au travail ? Cette brochure précise les causes et les manifestations du stress au travail, elle en souligne les conséquences sur la santé des individus et pour l'entreprise. Elle détaille enfin les signaux qui doivent vous alerter, les raisons et les façons d'y remédier.

## Des outils en matière de reconnaissance au travail sont maintenant disponibles

Source : Chaire en gestion de la santé et de la sécurité du travail dans les organisations



Au cœur des nouvelles approches de gestion, la reconnaissance au travail est considérée comme un moyen important de dynamiser les employés et les gestionnaires. Avec les résultats de recherche de la Chaire, on sait maintenant que cette reconnaissance agit de manière importante sur le stress au travail. Si on insiste dans le discours, les pratiques de reconnaissance se font encore attendre. Afin d'agir sur ce problème, la Chaire en gestion de la santé et de la sécurité du travail de l'Université Laval lance un coffret et un site Internet contenant des outils concrets.

Le coffret veut répondre aux préoccupations organisationnelles en lien avec l'humanisation des pratiques de gestion des ressources humaines. Il offre donc aux acteurs concernés des outils permettant de mettre à jour leurs connaissances et des stratégies favorisant l'implantation de pratiques de reconnaissance en milieu de travail. Le coffret est composé de trois sections. 1) les outils de sensibilisation; 2) les outils de mise en œuvre; 3) les suggestions d'activités de reconnaissance. Tant par les objectifs qu'il vise que par les thèmes, ce coffret se veut un outil de référence qui démystifie la reconnaissance en milieu de travail afin d'en faciliter la compréhension et de susciter la prise en charge des milieux de travail. Vous pouvez également cliquer sur [contenu du coffret](#) pour avoir un aperçu du coffret reconnaissance au travail.

Pour en savoir davantage veuillez visiter le nouveau site Internet sur la reconnaissance au travail à l'adresse suivante

<http://www.cgsst.com/reconnaissance/fra/default.asp> . Vous pouvez dès maintenant faire l'achat d'un coffret à l'aide du bouton achat en ligne.

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### COMMENTAIRES/INFORMATIONS POUR L'ABONNEMENT AU BULLETIN

Vos commentaires sont toujours bienvenus. Vos réflexions et suggestions sur le contenu ou la forme du bulletin de veille seront appréciées. N'hésitez pas à nous les transmettre à l'adresse : [segic@clipp.ca](mailto:segic@clipp.ca)

Si vous ne désirez pas être avisé des prochaines parutions de ce bulletin, il vous suffit de nous envoyer vos coordonnées incluant votre courriel, par contre si vous connaissez quelqu'un qui aimerait recevoir ce bulletin, n'hésitez pas à lui faire visiter notre site Web : <http://www.clipp.ca> en lui demandant de nous contacter à cette adresse: [segic@clipp.ca](mailto:segic@clipp.ca)

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