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IN THIS ISSUE

BOARD NOTES

Roger Moses, M.A., R. Psych., President

Greetings from the Southeast corner of the province.

I expect that this will be my final column for Psymposium, since my stint as President of PAA will come to an end immediately prior to the Annual General Meeting (AGM) in just over a month's time. In accordance with my usual habits, I direct the interested reader to subsequent pages of the newsletter for discussion of more meaty or weighty issues. I will mention here that your Association continues its attempts at an organizational level to effect more deliberate and direct inclusion and integration of psychology within the Public Health Care System. Our provincial efforts are consistent with advocacy work being conducted nationally by CPA and the Practice Directorate. Pierre and I again attended the APA State Leadership Conference in Washington, D.C from March 10th to 13th; this year's theme was "Bringing Psychology to the Table: State Leadership in Health Care Reform". Immediately after returning from this conference, we both met with the Minister of Health, the Honourable Fred Horne. Although one is never sure what fruit these interactions will eventually bear, it is perhaps interesting to note that this particular meeting followed quite promptly on the heels of a request from the Association, and was with the minister himself rather than being at the DM or ADM level.

Since the beginning of February, your Association has also been a member of the Slave Lake Recovery Working Group. Our participation has included an on-site visit to Slave Lake to meet with citizens and discuss how psychologists might be able to provide direct support and services to the community.

At the great risk of sounding like a nagging parent, I have three memory joggers for you this time around. In addition to my familiar broken record regarding solicitation of nominations for any of our awards, I encourage PAA members to attend the AGM being held on May 25th in Calgary. Perusal of the Executive Director's annual report will provide you with a comprehensive picture of the many activities of the Association. Thirdly, please remember to cast your vote on the motion: "that PAA support the doctoral degree as the educational standard for the

MISSION STATEMENT

The Mission of the Psychologists' Association of Alberta is to advance the science-based profession of psychology and to promote the well-being and potential of all Albertans.

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Article deadlines are February 10, June 11 and October 12. For information on submission procedures or current advertising rates contact the PAA office. Advertising deadlines are February 17, June 18 and October 19.

If you wish to submit letters to the Editor or submit articles for possible publishing in Psymposium, please send them to the PAA office at torrie@psychologistsassociation.ab.ca.

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licensing of psychologists in Alberta". Your decision will dictate the position that your Executive Director casts at the June meeting of the national Practice Directorate. Specific details about each of these areas can be found on our web-site, as well as elsewhere in this issue of Psymposium.

Following on my reading recommendations of last issue, I would like to mention another book that I consider even more deserving of your attention. *Thinking, Fast and Slow* by psychologist, Daniel Kahneman, is based on seminal work on decision-making conducted over several years with his colleague Amos Tversky, which earned them the 2002 Nobel Prize in Economic Sciences. It describes two "systems" for processing information; System 1, which is portrayed as fast, intuitive and emotional, and System 2, which is slower, more deliberate, and more logical. Kahnehan demonstrates through multiple examples the ways in which the two work together to shape our judgements and decisions. You may view the book's end-cover claim that it "will transform the way you think about thinking" as possibly hyperbolic, but I believe it qualifies as essential reading for any of us who gather and weigh data and then assume we make our decisions based on that data.

As we near the end of another organizational year, I would be remiss if I did not gratefully acknowledge a number of people whose ongoing efforts make possible the smooth operation of PAA. At the helm is your dedicated and conscientious Executive Director, Pierre Berube, ably assisted by a competent and personable office staff, consisting of Torrie LeBlanc, Linda Forsythe, Joanna Leung and Cindy Kennedy. Strong oversight and stewardship of the Association is provided by my fellow Board Directors. Two of these - Jeff Mah and Doug Murdoch - will be completing their terms and leaving the Board after the May meeting; I wish to thank them for their significant contributions during the past six years, and say how much I have enjoyed working with them. The objectives of the Board are made possible through not only the work of paid staff, but also many hours of volunteer labour provided by members of various Committees and Task Forces. Thanks also to our Practice Advisors who are willing to provide sound counsel on a volunteer basis. Each time I have laboured to generate this column, I have been reminded of the work of our Pysmposium editor and the regular contributions of my fellow writers. Above all, recognition and appreciation is due to you, the members, who continue through your support to show your belief and confidence in the Association – it has been my privilege to serve as your president for another year.

Warm regards,
Roger Moses

EDITOR'S LETTER

Frank McGrath, Ph.D., R. Psych.

Editorial: *A Sense of Wonder*

...Didn't I come to bring you a sense of wonder? Didn't I come to lift your fiery vision bright?

Van Morrison, 1985

At this writing, Calgary has been very kind to us weather wise – except perhaps for the x-country skiers. We have to travel a bit further and higher for that sense of wonder but what a sense of wonder it is!

Psychology reminds me of this sense. Once mastered - there is a rhythm and, might I say, soulfulness about the experience that is its own reward. When a therapy session goes well we can feel it down our spine and, hopefully, surrender to the rhythm within the process. By remaining alert and responsive to terrain and conditions and attending to balance and forward momentum we may achieve a "peak" experience wherein client and therapist can pause and celebrate the success of the relationship. That sense of wonder.

This edition of our journal speaks to us about mastery, responsiveness, alertness, soulfulness, and wonder within the journey and gives us pause to celebrate our work, our collegial relationships, and our clients.

In terms of mastery *Kelly Scott Moroz, R. Psych.* in PRACTICAL CHILD PSYCHOLOGY – OBSESSIVE INTERESTS AND THE AUTISM SPECTRUM and *Charlene J. Barva, Ph.D., R. Psych. & David Piercey, Ph.D., R. Psych.* on PROFESSIONALISM AND PSYCHOLOGICAL ASSESSMENT keep us up to date and *Jeff Chang, Ph.D, R. Psych.*, explores the varying terrains of accountability and responsibility in REFLECTIONS ON SUPERVISION. In his WHAT WE DO article *Terry Wilton, R. Psych.* reminds us to remain alert to various interpretations of change including a rethink of the old saw – insight. In PROFILES IN PSYCHOLOGY *Deborah Dobson, Ph.D., R. Psych.* gives us pause to celebrate the achievements of a pillar of the Psychology Profession – *Allan Mandell, Ph.D. R. Psych.* who has had a varied and stellar career in the private practice of psychology.

On the more wondrous side of our work an appreciation of the various aspects of Positive Psychology is offered by *Louise T. Lambert, Ph.D Candidate* in DOES HAPPINESS HAVE A PLACE IN PRIMARY CARE? And, finally, in her look at THE UNIVERSE WITHIN, *Gwen Randall-Young, R. Psych.* centers us on soulful-knowing. To quote Gwen "Being true to our souls, we may awaken the soul consciousness in others. That is precisely what we all came here to do for each other." Yes that is the Sense of Wonder.

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THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

Ego's Secret

"The ego is not master in its own house."

Sigmund Freud

There has been much talk about *The Secret*. It purports to be not just a secret, but the secret of the Universe. It is based on the law of attraction which says you will draw to you that upon which you focus. Think negative, scarcity kinds of thoughts and that is what you will attract. Think positive, abundance kinds of thoughts, and that is what you will bring into your life.

There is a lot of emphasis on attracting financial wealth, and achieving whatever it is you want. This is very much an ego-based orientation, and the book/movie is doing so well because it feeds the ego of the masses.

In my book, *Growing Into Soul: The Next Step in Human Evolution*, I have drawn upon the work of Jonas Salk and modern science to demonstrate that the ego-based life is counter-evolutionary, both in terms of the individual, and the life of the human species as a whole.

The ego thrives on personal gain, approval, winning, pride and validation. The problem is that this can lead to attachment, greed, feelings of superiority, manipulation, competition, control, co-dependency and struggle.

Our society is already driven by consumerism and competition. This has hindered, rather than furthered our individual and species evolution. We are a tribal species, and a successful tribe is one in which the individuals work together for the good of all. They help and look out for one another. If individuals in a tribe began to only focus on their own gain, the tribe would rapidly deteriorate, and the weaker ones would suffer. This is a little like a world in which some countries are steeped in the trappings of wealth, while others struggle only to survive—countries for whom the biggest luxury is clean water.

Ego looks at life in terms of "what can I get for me." It judges people and situations in terms of whether they feed or threaten ego. The ego-based life is therefore characterized by any or all of the following: a tense approach to life, self-esteem issues, anxiety, depression, anger issues, addictions, blocked creativity, communication problems, conflict, relationship struggles, and it compromises physical or emotional health.

Soul, or our higher self, on the other hand, looks at people and situations from the perspective of understanding, compassion and acceptance. This leads to emotions and behaviors that are pro-evolutionary, such as unconditional loving, non-attachment, connectedness, independence, patience, allowing, openness, contentment and harmony.

This perspective leads to a life characterized by a relaxed approach, self-validation, balanced mood, elimination of anger reactions, release of addictive behaviors, healthy communication, increased creativity, effective problem resolution, healthy, satisfying relationships, financial responsibility, and physical and emotional vitality.

This is not to suggest we divest ourselves of all worldly possessions and go live in an ashram. Most of us do need to continue to function in this world. It is helpful to think of consciousness evolving along a continuum from ego-based living to soul-based living. The individual who functions closer to the ego end of the continuum creates pain and struggle in life, not only for himself, but for others. The one who functions closer to the soul end of the continuum creates balance and contentment.

We do not need to learn any secrets, for our soul possesses all the wisdom we need to create an authentic, inspired life. Our challenge is to remain centered in soul-knowing, despite invitations to abandon it. Being true to our souls, we may awaken the soul consciousness in others. That is precisely what we all came here to do for each other.

Gwen Randall-Young is a psychotherapist in private practice and the author of ***Growing Into Soul: The Next Step In Human Evolution****. For articles, and information about her books and personal growth/hypnosis CDs go to www.gwen.ca*

PRACTICAL CHILD PSYCHOLOGY

Obsessive Interests and the Autism Spectrum

by Kelly Scott Moroz, R. Psych.

In his must-read book, The Complete Guide to Asperger's syndrome, Tony Atwood discusses how, although people with Asperger's Syndrome have difficulties with the interpersonal aspects of life, most have remarkable ability in a chosen area of expertise; this interest often includes the accumulation and cataloging of objects or facts and information about a specific topic. The special interest is more than a hobby, can dominate the person's free time or conversation, and the focus of the interest is often eccentric. Atwood notes that children and adults with Asperger's Syndrome are more prone to having high levels of anxiety, and that their routines or rituals may develop as a coping mechanism for the unusual profile of cognitive abilities associated with Asperger's Syndrome. He presents an interesting theory that these routine-oriented behaviours might make life more predictable and help to impose some form of order, as surprises, chaos, and uncertainty are not easily tolerated by children and adults with Asperger's Syndrome. Atwood believes that these special interests serve several possible functions for the individual. The present article addresses the possibility these special interests may contain an obsessive-compulsive theme, with implications for better understanding and altering these behaviours so as to decrease social ostracizing.

Though not all individuals with a diagnosis within the Autism Spectrum will develop and partake in these special interests, so many individuals do that it is included as a potential diagnostic variable in all subtypes of the Autism spectrum (Autism, Asperger's Syndrome, Pervasive Developmental Disorder-Not Otherwise Specified). Atwood postulates that some potential explanations for these intense fascinations include helping to overcome anxiety (the individual's relative strength in the ability to acquire knowledge and facts can be a way of reducing anxiety, particularly about a subject area that initially causes them great fear, such as an individual obsessed with weather patterns who used to be phobic of tornadoes), as a source of pleasure (e.g., the interest is linked to a memory of a happier or simpler time, pleasure derived from mastering a particular skill), as a means of relaxation (repetitive activities can help a person reduce feelings of stress and relax in the predictability of routine), an attempt to achieve coherence (the interests often involve order, such as in cataloging information or creating tables or lists), as a method of helping to understand the physical world (as opposed to exploring the social world), creating an alternative world (because, too often, these individual's real life is often associated with a lack of success with friendships, and an alternative world may provide a pleasant escape), providing a sense of identity (people with Asperger's Syndrome often describe themselves in terms of their interests rather than their personality), and to occupy time, facilitate conversation, and indicate intelligence (there is often a comfortable assurance and fluency for the individual if the conversation is about the special interest). I believe that the potential exists for some or all of these explanations. It is noteworthy to mention, however, that approximately 25% of adults diagnosed with Asperger's Syndrome also present with clear clinical signs of Obsessive-Compulsive Disorder (OCD). Individuals with OCD experience intrusive thoughts that he or she does not want to think about (they are typically distressing and unpleasant); they engage in compulsive behaviors or rituals to reduce the stress produced by such obsessions, albeit in a superstitious manner. Since individuals who present within the Autism spectrum in general often evidence significant signs of anxiety, it is possible that engaging in these intense interests and fascinations serves to reduce overwhelming feelings of stress, at least temporarily. It is extremely common for children and teenagers within the Autism Spectrum to report getting negative thoughts about situations that occur during the day stuck repetitively, as if on a loop, in their minds. Many parents of these children report that they tend to have a release, in the form of a meltdown, shortly after returning home from school or a social endeavor; the build-up of such thoughts is eventually too much to handle for them.

Atwood indicates that the obsessive thoughts of children and adults with Asperger's Syndrome are much more likely to surround cleanliness, bullying, teasing, or making a mistake and being criticized. Compulsive behaviours that these individuals engage in tend to

surround repetitive actions, such as ensuring that objects are in a line or symmetrical, hoarding or counting items, or having a ritual that must be completed before the child can fall asleep. Clearly, these compulsions have a superstitious flare to them (read Mark Haddon's, The Curious Incident of the Dog in the Night to further explore this point). Engaging in compulsive or ritualistic behaviors to decrease feelings of stress tends to help individuals with OCD experience relief in the short term, but, in the long run, the effect is like drinking salt water to quench one's thirst. With many of the children whom we work with at our office (who present within the Autism Spectrum), we notice that, often, the longer these children are permitted to talk about or play with their special interest activity, the greater the likelihood that they will become uncomfortable and irritated when their pattern is disrupted. For many of these children, playing or talking at great length about these special interests results in further isolation from their peers, who tend to share more common interests or engage in activities that can be enjoyed together.

Many professionals who work with children in the Autism Spectrum see value in permitting these youngsters to play their own way when they are at home, away from social experiences. For those children who become much more rigid in their play and engage in more repetitive type of play, however, it is noteworthy to mention that such behaviors will likely continue to create more anxiety than the stresses they initially reduce in these children. We therefore recommend that parents and professionals keep their eyes open to the possibility that these intense fascinations have a risk of becoming problematic for their child. As such, we believe that it is important to intervene, likely through the use of reward systems, to teach these children more appropriate ways of playing and interacting. We also believe that traditional treatment approaches geared to individuals with OCD (that go well beyond the scope of the current article), such as thought delaying procedures and variations of Exposure Plus Response Prevention, will likely be of benefit at some point in the lifespan of an individual with Asperger's Syndrome or the Autism Spectrum in general.

References:

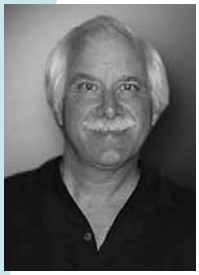
Attwood, T. (2007). *The Complete Guide to Asperger's Syndrome*. Philadelphia, PA: Jessica Kingsley Publishers.

Kelly Moroz is the Director of Moroz Child Psychology Group in Calgary, Alberta. Please do not hesitate to contact our office at (403) 541-1199 or info@morozchildpsychology.com with any questions or comments regarding this article, or inquiries regarding career opportunities.

PROFILES IN PSYCHOLOGY

by Deborah Dobson, Ph.D., R. Psych.

Deborah Dobson



Allan Mandel

Dr. Allan Mandel has played an active role in clinical and rehabilitation psychology in Alberta for a number of years. He obtained an undergraduate degree from McGill University, was trained in clinical/counseling psychology at York University, and has gone on to work in a number of leadership roles, including working as the Director of Psychology at Parkwood Hospital in London, Ontario and then at the Western Occupational Rehabilitation Centre in Calgary. He was a consulting psychologist for the Canmore Pain Clinic prior to starting Mandel and Associates, a large and successful company specializing in psychological and vocational assessments. The activities of this company include the provision of expert assessments to assist in disability determination for the Calgary Assured Income for the Severely Handicapped program as well as civil litigation matters. Dr. Mandel is a Senior Disability Analyst and Diplomate with the American Board of Disability Analysts. He has published and presented widely in the area of vocational and disability assessment as well as chronic pain and rehabilitation. He is an Adjunct Associate Professor in the Department of Psychology at the University of Calgary. In recognition of his work as a clinical supervisor, he was the recipient of the Clinical Supervision Award in 2010. He is an exemplary clinical psychologist, supervisor and businessman. Last but not least, Dr. Mandel was the inaugural columnist for the Profiles in Psychology *Column for* **Psymposium**. *I am turning the tables and am interviewing him!*

I see from your Curriculum Vitae that you obtained your Ph.D. at York University after attending a Master's program in Texas. Can you comment on how your graduate training provided preparation for your career?

I attended a clinical program in a little-known school (Stephen F. Austin State University), where I had the good fortune to have a clinical professor (Larry Beutler) who forced me to get out of the narrow undergraduate "rut" I was in (McGill was very behavioural) by learning about existential analysis, Gestalt psychology, and other branches of clinical psychology that I knew little about. This experience had the effect of opening up my awareness and helping me to learn things I was not familiar with. I also learned a great lesson from one of my professors, who advised "don't be afraid to ask simple questions". Being a simple-minded guy, this advice went a long way! I also had an excellent professor at York (Wes Coons) who taught by asking difficult questions, which forced us as students to learn how to analyze research in a very critical manner. This skill has been extremely valuable to me as a professional consumer of research.

Much of your clinical work has been in the area of rehabilitation for people with physical injuries. Many people in the general public think of psychology as primarily dealing with mental health rather than physical health problems. Can you provide some insights into how psychologists work in this area?

I have long seen psychology as a very diverse field, with many potential areas of application. My involvement in rehabilitation psychology was largely unplanned, but I came to love it, and it has been a great area to work in. Historically, the APA Division of Rehabilitation Psychology was established in 1958 as an organization of psychologists concerned with the psychological and social consequences of disability, and with ways to prevent and resolve problems associated with disability. Work in the field can be traced back at least as far as WWII. The general focus is on helping people with physical disabilities to be the best that they can be, in spite of their disabilities. Rehabilitation psychologists were pioneers in helping psychology understand the world of work, how this can be affected by impairment and disability, and issues about vocational rehabilitation. This is the specific area I have a passion for.

You have worked extensively in the area of assessment and management of pain. How have some of the

contributions of psychologists advanced the field of chronic pain?

My first professor in Introduction to Psychology at McGill was Ronald Melzack, a co-authour of the renowned Gate Control Theory of Pain. He made a major contribution to the understanding of the complexity of pain, including the role of affective and cognitive factors in the experience of pain, and it was his work that led to the entrance of psychologists into the field of pain management. My graduate training also led me to explore the whole notion of self-regulation (biofeedback, relaxation, meditation) as applied to chronic pain, and psychologists such as Gary Schwartz and Bernie Engel led the field with (at the time) cutting edge ideas. Dennis Turk, who is perhaps the most widely published psychologist in the area of chronic pain, was a leader in the application of cognitive-behavioural techniques to working with chronic pain. He has also provided very strong evidence to support the use of multi-disciplinary treatment with chronic pain patients. Wilbert Fordyce was first to apply behavioural psychology to the field, by providing an understanding of how reinforcement patterns and behavioural expressions of pain are related.

Your company provides assessments in a number of different areas, such as chronic pain, vocational rehabilitation, neuropsychology and mental disorders. How have you managed to pull together such a large and successful practice, including a group of professional psychologists?

Well, it happened a bit at a time, and was dictated simply by the amount of business I was generating through my practice. My philosophy about the work I do has always been to strive for excellence, and to provide the best assessments possible. Interestingly, some agencies did not want quality – they wanted things done for as little expense as possible, for outcomes that they had decided in advance – I stayed away from that type of business. In any case, it seems that other referral sources recognized what I was doing, and within a rather short period of time after entering private practice in 1994, my work load had reached a point that dictated taking on assistants and associates. I was then fortunate enough to win some government contracts, by gathering together a group of interested and top-notch psychologists, and this development led to further expansion of the practice.

The spheres of rehabilitation psychology and clinical assessment are relatively small, and I knew many people who worked in these areas. From there, it was simply a matter of inviting people I knew to work with me, creating "win-win" situations, and continually working on maintaining positive business and personal relationships. Another aspect of attracting and retaining professionals within my company is that I offer considerable supervision and training, and provide other features such as a positive work environment, congenial and professional office staff, flexibility (including telecommuting), and a large library of assessment tools and scientific information relevant to our work.

I also learned a great lesson from one of my professors, who advised "don't be afraid to ask simple questions"

In addition to the work of your company, it is clear that you have been an entrepreneur and have been able to be flexible and take risks within your career. Can you discuss the role of entrepreneurship within psychology? Where did you learn your business skills? Can you elaborate on how psychologists can do this?

I didn't necessarily set out to become an entrepreneur; however, my first year at McGill was in Commerce, so there was some interest in business issues dating back to my early student days. After a relatively short time as a registered psychologist, I was offered a job as Director of Psychology for a new rehabilitation program in southwestern Ontario, and this provided the opportunity to begin to develop some management skills. Later, I took a job as Director of Psychology with a privately-based rehabilitation firm in Calgary, and this taught me many lessons about how the business of rehabilitation psychology works. As it turned out, however, my employer wanted to change the terms of my employment, and this created a crisis which forced me to take a huge risk – I quit my job and went into private practice. I guess that taking this risk prepared me for taking other risks (e.g., signing leases which put me on the hook for hundreds and thousands of dollars; and hiring the right staff to represent the values I wanted to promote for my business). Essentially, I learned my entrepreneurial skills "on the job", and I think that I have some

inherent skills in mathematics which allow me to understand how to keep a business afloat.

I think that entrepreneurship is obviously important in private practice, as one's private practice is a business, and must be operated as such; it is also important in public institutions such as schools and hospitals, where psychologists have little choice but to compete with larger and better organized groups (teachers, doctors, nurses) for status and resources within the organization. We are definitely at a disadvantage when it comes to such competition, and in my opinion our best strategy to enhance our entrepreneurship would be to get better organized through our professional association.

Entrepreneurship is likely to be increasingly important for survival in the future. We simply need to demonstrate that we can do a great job, and then sell this to others who can benefit from what we do.

Many psychologists become anxious at the thought of testifying in court or being an expert witness. You have worked extensively in the medical-legal field. Do you enjoy working in this field and in the court system?

Absolutely, yes. Court-related work appeals to me on several levels – it demands excellence as well as good communication skills; and because of its adversarial nature it is competitive. I seem to have a natural ability to communicate psychological information (in writing and verbally) to non-psychologists, which is very important in medical-legal report writing and court-room work. Working within a civil litigation context, where literally millions of dollars can be on the line, forces one to be at his/her best. Also, I have learned a great deal from others who also work in this field, and reviewing others' work is a great way to learn state-of-the-art professional practice. I think that if I hadn't become a psychologist, I would have been a lawyer, because I really do enjoy understanding legal issues, and engaging in logical debate with others (even under pressure).

There have been many changes in the organization, practice and delivery of services for psychology. Do you have any comments on these changes and how psychology can proceed in the next decade?

I have been dismayed to witness the erosion of our profession within public institutions, such as has occurred with program-based management, and the dissolution of professional departments of psychology, which provided a "home base" within which we could promote our professional development, share issues with our psychologist colleagues, and generally work together to optimize what we do. There is likely to be increasing pressure on psychologists in public institutions in the future because we are more expensive than many other allied health professionals.

To succeed in the next decade, we will need strong leadership within our profession. I would like to see greater integration of academic and applied psychology, and higher standards for licensure as a psychologist. I think that the new CAP requirements for continuing education could be used to stimulate core groups of local expertise, for example, by the creation of groups of like-minded psychologists to pool their knowledge and educate each other in small-venue educational settings.

In addition to your professional work as a psychologist, how do you enjoy spending your time?

I am fortunate to have a wonderful wife with whom I enjoy a wide range of activities, and who is always challenging me to extend myself. We are passionate about hiking in the Rockies. Last year we hiked every month of the year, and made it to the top of some not so well-known and challenging peaks. While hiking, I enjoy taking pictures and have many photographs of landscapes, wildlife, and wild flowers to serve as memories of our trips. We also enjoy cross-country and downhill skiing together, and it is fair to say that we are both gardening fanatics. I play competitive squash in a city league, and other things that take up my time at home are cooking, reading, and watching movies.

What advice do you have for psychologists entering the field in 2012 and the future? What skills do you think will be important for them to develop? What advice do you provide to the students that you supervise?

This is the hardest question you have asked me. I would say first and foremost, have a strong foundation of knowledge of the entire field of psychology. As I look back on my career, I can truthfully say that there is a lot that I learned in graduate school that has helped me a great deal in my day-to-day work as a psychologist, including things that I thought were irrelevant at the

time, such as learning theory, psychodynamic theory, physiological psychology, perception, and yes, even statistics. New psychologists have to have the creativity to apply essential psychological knowledge in novel ways to the already-present and emerging problems that our society has, and that we can help with. This will involve more than counselling skills or cognitive-behavioural therapy. It will involve being at the right place at the right time, seeing opportunities, establishing relationships, and convincing others that we are the best to provide solutions. A recent example of this is that the Calgary City Council, which has had a history of poor relationships within council, hired a psychologist to facilitate better communication.

Because my career led me to specialize in assessment, I like to remind students that assessment is perhaps one of the few areas left in which we have no real competition. All kinds of professionals (and even non-professionals) promote themselves as counselors or therapists, but there are few who can compete with our knowledge of assessment and the assessment tools that are within our sole domain. I also like to remind them of the adage that I learned about not being afraid to ask simple questions.

PAA DISPLAY/ BANNER UNIT

The PAA has two display board units as well as a display banner unit which can be requested for use by PAA members. They can be shipped by courier at PAA's cost to any member who facilitates an activity to promote psychology or can be picked up at PAA office. The display units are useful for events such as conferences, career fairs, public information sessions and/or school presentations.

The two table top display boards provide a variety of panels to choose from on topics such as What Psychologists Do; Referral Service; Careers in Psychology; Stress; Depression; School Psychology; Psychologically Healthy Workplace; Alberta Psychology in the Media. The banner display highlights "What Psychologists Do and PAA's Referral Service".

For more information call the PAA office at (780) 424-0294 or toll free 1-888-424-0297.

VETERANS AFFAIRS CANADA (VAC) RATES FOR ALBERTA PSYCHOLOGY SERVICES
EFFECTIVE MARCH 1, 2012

This document can be found on the PAA website:
www.psychologistsassociation.ab.ca
under Psychologists Info.

WHAT WE DO...

by Terry Wilton, R. Psych.

Pssst… if you are interested in a different approach to maintaining your continuing competence requirements, check out the last paragraph of this column. Of course, you can skip what is in the middle if you like. ~ T.W.

Consider this:

After a year and a half of therapy a client spontaneously reports perspective and awareness that suddenly changes everything. In those 18 months he had been consistently overwhelmed, confused and desperate. After his insight occurred suddenly morbid and suicidal thinking stopped. He was much more coherent and capable of thinking through problems he faced.

The amazing thing about the insight was how self-evident it was once it formed within the client. I did not provide this insight, and I suspect that had I done so the client would have dismissed it: perhaps as simplistic and unsatisfying. Now, after the insight, we are making sense of a whole lot of things, telling a painful story differently, experiencing a much richer sense of the experiences of this client's life. And, we are about to slowly disengage the large amount of psychotropic medication that had been given but had provided little benefit (and perhaps was an impediment to adaptive functioning).

Had this happened only once I could see it as just another one of those peculiarities in the endless variations of human nature we see in the therapy office. But I remember that it happened to someone else too – years later that person still keeps in touch with me letting me the durability of her change. And now that I think about it there is also another, slightly different in the nature of his dramatic re-emergence but still following a similar path. And another, and… In all these cases there was a shift in each client's of perception of self, how he/she considers himself/herself in light of the circumstances of past and present life.

I call this phenomenon Long-Time-In-Coming-Insight (or LTICI). Perhaps that final "I" should be a "Re-I": exchanging the word "Insight" for "Re-Identification". The shift for the client is so much more than just an ah-ha moment. It involves identifying with her/his life entirely differently, both in terms of the meaning of past events and the way to live in the present and the future. For now, let's keep it simple: LTIC-Insight.

I am sure glad none of these clients died by suicide prior the LTICI arrival. Oh yes, lethality risk is high for all of these clients; high, and historically only transiently mitigated by in-patient hospital stays. And after the LTICI those risks became substantially less, often negligible.

I have a couple of reflections on this phenomenon. Firstly, are many chronically depressed and anxious patients being treated with long term psychotropic medications being mistreated? You know the ones, they are typically on a cocktail of different psychotropics and the only focus of treatment is to try to address worsening symptoms and medication side effects. They integrate into their lives the regular 5 to 15 minute sessions with the prescribing psychiatrist to have their prescriptions renewed or adjusted. Secondly, what psychotherapeutic model is appropriate to guide psychotherapy through this difficult treatment process?

Aside from psychotherapeutic model, clients who have the potential of achieving a LTICI (yes, that stands for Long-Time-In-Coming-Insight) require us to develop perspectives and diligence for the long haul. It is not easy to enter the therapy room knowing that the client will yet again bring active suicidal ideation or take comfort in their morbid thoughts. This process also takes a firm eye on the goal of therapy, a goal that is only gradually achieved when much of the session is spent talking about day-to-day anxious or depressing matters.

Therapy with those who eventually achieve LTICIs (are you getting it yet?) require much of us – courage, compassion and hope. I must have courage as I live in fear for the life of this client and yet continue to provide

needed services. I must have compassion for the intense suffering of the depression, anxiety and impact of the addictive behaviours my client reports each session. I must have hope for in the capacity for recovery that is inherent in the human mind and spirit.

To be clear, work with individuals of this nature is only a part of my diverse practice as a psychologist (although they do tend to accumulate over years of practice). However, it is so sweet when both the client and I come to realize that somewhere along the line her/his life no longer held in the balance. Balance has come to mean something entirely different now.

... I am working to develop a Competence Cooperative in which psychologists promote competence in themselves and other psychologists. This Cooperative requires all to contribute, focuses on the day to day challenges we face, and will enhance networking and mutual support. If you are interested in participating in the Cooperative please request the visioning document by sending an email to me at wiltont@telus.net.

REFLECTIONS ON SUPERVISION

The Contextual-Functional Meta-Framework for Supervision: Developing Your Personal Supervisory Approach

by Jeff Chang, Ph.D., R.Psych.

Jeff Chang, Ph.D, R.Psych., is Assistant Professor in the Graduate Centre for Applied Psychology at Athabasca University, and Director of The Family Psychology Centre, a comprehensive psychological services firm In Calgary. He has presented this supervision approach at family therapy, counselling, clinical supervision, and health care conferences throughout North America, and in recent workshops in Lethbridge and Edmonton. He can be contacted at jeffc@athabascau.ca.

Over the years, I have supervised many students, Registered Provisional Psychologists, and candidates for AAMFT Clinical Membership, in a variety of contexts – as private practice associates, employees, and as a contracted supervisor for agencies – while also working as a counsellor educator. Accordingly, I have thought a good deal about how supervision changes in different contexts and with different types of supervisees (e.g., Master's students, doctoral students, Provisionals, experienced employees). When I began to speak with others about what I do, what emerged was the Contextual-Functional Meta-Framework (CFM) for supervision. It would not be quite right to say I developed this approach to supervision; it was more that I reflected on, and clarified the six components to which I attended. I believe that, if you are already practicing supervision, you are probably already attending to these six components, if only implicitly. I suggest that, if you clarify how you address each of these six components in your supervision practice, you can establish a well-articulated personalized framework for supervision. For each component, I have included an orienting question that captures the fundamental issue or decision with which supervisors must wrestle.

Definition of Supervision

Supervision can be defined as: *Sustained, purposeful interaction between a more proficient practitioner and a less proficient practitioner undertaken to s**upport the clinical and professional development** of the latter, and **directly and indirectly improve clinical effectiveness.***

This definition acknowledges that, while the supervision plays a key role in developing practitioners, the ultimate aim is to ensure and improve the quality of service delivery. If *the proof is in the pudding*, the pudding must include competent and ethical practice.

It's also important to note that the CFM conceptualizes administrative and clinical supervision as two sides of the same coin, not separate functions. I assert that one cannot be a fully effective clinician if one does not master basic administrative tasks, and that failure to perform administrative tasks can be an early indicator of practitioner impairment. Supervisees generally do not experience it as problematic when clinical and administrative supervision are conducted by the same person, and those who did mainly said it was a function of the person (Tromski-Klingshirn & Davis, 2007).

Description of the CFM

The six components of the CFM are:

Administrative Context: "To whom do I owe my allegiance?"

The administrative context defines the parameters of supervision. Psychologists who practice supervision must abide by the Canadian Code of Ethics for Psychologists and our Standards of Practice. Psychologists are also required to fulfill the requirements of their employers (policies and procedures, agency mission and mandate), educational programs (in the case of practicum students and interns), required competencies (Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005); and privacy legislation. These could affect: scope of practice; goals and contracting; supervisor credentials; the ratio or number of hours of supervision, client contact, and time on site; documentation and reporting; etc.

The Culture-Infused Supervisory Working Alliance: *"Can our supervisory relationship support the intervention?"*

In line with a common factors orientation (Duncan, Miller, Wampold, Hubble, 2010), the supervisory working alliance is central to supervision. Cultural differences between supervisors and supervisees come alive, and if all goes well, are acknowledged and managed, within the supervisory alliance. Arthur and Collins (2010) have proposed an approach called *culture infused counselling*, defining "culture" broadly to include to gender, disability, and sexual orientation. They advocate reflection on one's cultural identity, and that of the supervisee, to develop a culturally competent working alliance.

The supervisory working alliance can be conceptualized in a parallel fashion to the therapeutic alliance. It may be useful to conceptualize the supervisory alliance in terms of solution-focused ideas (customer, complainant, and visitor relationships; de Jong & Berg, 2008), or the stages of change (Di Clemente, 1999), to tailor supervisory interventions to supervisee receptivity. As in therapy, it is beneficial to obtain feedback about the alliance.

Supervisory Roles: *"When should I do what?"*

In the CFM, supervision is a life-long endeavor (British Association for Counselling and Psychotherapy, 2010; Goodyear, Wertheimer, Cypers, & Rosemond, 2003), not simply an activity to develop novice practitioners. Nine distinct roles, the use of which varies according to context and supervisee developmental status, have been identified:

- **Clinical educator.** Teaching concepts and theories, focusing on perceptual and conceptual development (Tomm & Wright, 1979);
- **Skill development coach.** Modeling and teaching executive skills (Tomm & Wright, 1979): *discrete generic skills* (e.g., attending, questioning, reflecting, summarizing, information-giving, instructing, confronting, structuring), *generic sequences*, used across models (e.g., history-taking, soliciting a problem description, giving test feedback, conducting a skill training intervention, or delivering didactic content), or s*pecific therapeutic or assessment procedures*.
- **Ethics/risk management consultant.** Supporting the application of ethical principles in practice; leading and prompting the supervisee's ethical decision-making.

- **Catalyst.** Pointing out and intervening with supervisees' "blind spots," deficiencies, and personal issues that might interfere with their clinical work.
- **Professional gatekeeper.** Monitoring and evaluating supervisees entering the profession.
- **Organizational/administrative supervisor.** Orienting the supervisee to his/her duties, and managing performance.
- **Personal supporter.** Creating a warm and accepting context, listening respectfully to events in supervisees' personal lives, staying alert to indications of supervisee impairment, and avoiding a therapeutic role by referring the supervisee to therapy (if necessary).
- **Professional mentor.** Providing advice and support about professional and career issues.
- **Advocate/system change agent.** Advocating for policies, organizational structures, and clinical practices to improve clinical service delivery.

The proportion in which supervisors take on these roles varies with the needs of the supervisees. For example, a Master's practicum student may require that the supervisor operate primarily as *skill development coach* and *clinical educator.* The direct supervisor of a Registered Psychologist with ten years' experience may operate more as a *professional mentor*.

Theory of Change: *"Is there a clash of ideas, or an ecology of ideas?"*

In the CFM, "theory of change" refers to the supervisor's and supervisee's theory of client change, and their respective models of self-change, in the context of theoretical pluralism. Although supervisors usually have better elaborated ideas than supervisees, the supervisor's task is to promote an *ecology of ideas*, permitting cross-germination, not to promote theoretical uniformity.

Service Delivery System – Isomorphism: *"What are the relational patterns affecting the supervision process?"*

Supervisors should be aware of how the supervisory relationship and agency dynamics are isomorphic to the therapist-client systemic, and intervene accordingly (Liddle, 1988).

Phases of Counsellor Development: *"Where is the supervisee in the journey?"*

Rønnestad and Skovholt (2003) interviewed 125 counsellors, from lay helpers to doctorally trained therapists with 25+ years' experience. They found therapists across six career phases differed along eight dimensions: time period, central task, predominant affect, sources of influence, role and working style, conceptual ideas, learning process, and measures of effectiveness and satisfaction. Accordingly, supervisors should tailor their approach to supervisees' developmental status.

Conclusion

In this brief overview to the Contextual-Functional Meta-Framework for supervision, I've described the six components that I believe many of us attend to, implicitly or explicitly, in our supervision practice. I hope this can assist you to clarify and enhance your own supervision practice.

References

Arthur, N., & Collins, S. (Eds.) (2010). *Culture infused counselling: Celebrating the Canadian mosaic* (2nd ed.). Calgary: Counselling Concepts.

British Association for Counselling and Psychotherapy (2010). *Ethical framework for good practice in counselling and psychotherapy* (4th ed.). Leicestershire, UK: Author.

De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (3rd ed.). Belmont, CA: Brooks/Cole.

Di Clemente, C. C. (1999). Motivation for change: Implications for substance abuse treatment. *Psychological Science*, *10*(3), 209-213.

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.) (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.

Goodyear, R. K., Wertheimer, A., Cypers, S., & Rosemond, M. (2003). Refining the map of the counselor development journey: Response to Ronnestad and Skovholt. *Journal of Career Development, 30*(1), 73-80.

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A Cube Model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*(4), 347-354.

Ronnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44.

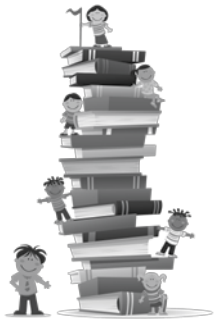
Tomm, K. M., & Wright, L. M. (1979). Training in family therapy: Perceptual, conceptual, and executive skills. *Family Process, 18*, 227-250.

Tromski-Klingshirn, D. M., & Davis, T. E. (2007). Supervisees' perceptions of their clinical supervision: A study of the clinical supervisor as administrative supervisor dual role. *Journal of Counselor Education and Supervision, 46*(4), 294-304.

Jeff Mah, R. Psych.

Welcome to the "Reflections on Supervision" column. We will feature an article on supervision related topics in each issue of Psymposium. If you have any comments and/or suggestions, please do not hesitate to contact the PAA office.

GETTING SCHOOLED



Welcome to ***Getting Schooled***, a regular feature article penned by members of the PAA School Psychology Committee!

Drs. Barva and Piercey have continued to explore the Psycho-Educational Assessment topic started in our last feature, *Revitalizing the Psycho-Educational Process*. This article focuses on the levels of tests and the corresponding competences of professionals that use them to gather information regarding a student's learning profile. The utilization of both the College of Alberta Psychologists' and Alberta Education's documents to discuss this topic provides the reader with essential information that can be used to inform practice.

Professionalism and Psycho-Educational Assessment is a feature to share with our education colleagues as school districts develop an inclusive education system.

R. Coranne Johnson, PhD., R. Psych.
Chair, PAA School Psychology Committee

Professionalism And Psycho-Educational Assessment

by Charlene J. Barva, Ph.D., R. Psych. &
David Piercey, Ph.D., R. Psych.

The Assessment

The school psychologist is an integral and important member of a school district's student learning team. School psychologists receive a broad science-practitioner education in the areas of foundations of learning, behaviour and individual differences, research methodology, and program evaluation. When students experience school problems, whether at the elementary, high school, or college level, one must carefully examine all aspects of the learning or social-emotional-behavioural issue. A psychological-educational assessment is frequently part of this process.

Such assessments attempt to measure the various workings of the brain and the "self," (e.g., cognitive abilities, academic and social-emotional functioning) which affect how we learn and function in school and life. The purpose of the assessment can be to identify a learning disability, determine the degree of cognitive impairment, identify strengths and areas of challenge, assess giftedness, or may serve as a part of an overall problem-solving process.

A key component of the assessment is a measure of intellectual or learning potential (IQ). This provides some idea of how well one could expect a person to function in situations ranging from basic social interactions to academic study. Cognitive processing measures (e.g., working memory, speed, attention, organization, visual-spatial skills) can help to clarify underlying deficits that may contribute to learning problems. Educational achievement (reading, writing, math) is also measured, using standardized and non-standardized tests. A comparison can then be made between a person's learning potential, or IQ, and their academic achievement. This comparison is only an estimate or prediction, but it may help to inform decisions about the student's academic program, and may facilitate problem-solving at school. Social-emotional testing provides information regarding a student's mental health, emotional well-being, interpersonal skills, and other factors that may be influencing the student's behavior and social-emotional functioning within the school environment. Information obtained during a psycho-educational assessment is used to plan student-specific instructional and behavioural interventions, and to set realistic, attainable goals. The psycho-educational assessment, along with information from numerous sources and other professionals, contributes to a further understanding of the whole child. Effective diagnosis also requires ruling out other possible explanations for a student's difficulties.

The Authority to Assess

School psychologists providing specialized assessments on children and students in Alberta schools should be reasonably familiar with two documents from Alberta Education that pertain to the testing of children, and outline standards that school districts are expected to follow. These are *Standards for Special Education*

(2004), available on-line at http://www.education.alberta.ca/media/511387/specialed_stds2004.pdf and *Standards for Psycho-educational Assessment Monograph* (1994), which is only available in print from the Learning Resource Centre, as Product # 281163 at a cost of $4.00/copy.

Of immediate interest in *Standards for Psycho-educational Assessment* are the "Standards of Competence: Levels of Tests and Qualifications", which outlines the qualifications of those who are permitted to administer tests, and which separates a range of psycho-educational assessment instruments into either "Level A Tests", "Level B Tests", or "Level C Tests".

> ***Level A tests*** are those instruments that do not require any formal training in testing and measurement, and include a variety of teacher-administered instruments like the Canadian Test of Basic Skills, the Canadian Achievement Test, the Canadian Cognitive Abilities Test, and the Gates- McGinitie Reading Tests. These tests are usually multiple-choice, group administered, easy to score, and are not expected to be used for diagnostic purposes.
>
> ***Level B tests*** are those instruments that require some more specialized and formal training in tests and measurement, but not necessarily at the graduate level. Such tests include the Woodcock Johnson Tests of Achievement, the Wechsler Individual Achievement Test, and the Kauffman Test of Educational Achievement. These tests generally are individually administered achievement tests, used to determine age- or grade-equivalents, and guide educational programming.
>
> ***Level C tests*** are those instruments that require specialized graduate training in testing and measurement, and with a minimum of a Master's degree in special education, educational psychology, or the equivalent. In fact, Alberta Education has always expected those administering and interpreting Level C tests to be eligible for registration with the College of Alberta Psychologists (CAP), and most school districts expect professionals hired for Level C testing to be registered with CAP. Instruments include the various intelligence scales, personality measures, adaptive behavior scales, and other inventories used for diagnostic and programming purposes.

Although psychologists do not have exclusive scope of practice in Level C tests, our profession is the one that routinely uses Level C (and Level B) tests in our practice. As well, psychologists are most likely to meet the publishers' requirements for the purchase and use of Level C (and B) tests, and more likely to satisfy all reasonable expectations when challenged on competency grounds. However, psychologists do need to be careful in representing their skills in Level C (and B) testing, since not all psychologists have the specialized graduate training or expertise to meet expectations of Alberta Education or test publishers, and may be vulnerable to having their competency challenged in litigious or other contentious circumstances.

Being Professional about Assessment

Despite Alberta Education's explicit Standards of Competency, there are still examples of Level C testing being conducted in school districts by under-trained individuals, and outside the supervision of duly-qualified psychologists. This is unfortunate, as it leads to the mistaken impression that others can effectively do this work, it downgrades the contribution that our profession, and school psychology, makes to the educational enterprise, and ultimately jeopardizes the students it is supposed to serve.

Cognitive processing measures (e.g., working memory, speed, attention, organization, visual-spatial skills) can help to clarify underlying deficits that may contribute to learning problems.

Level B tests are a different matter. Some individuals (and professional groups) are fully qualified to administer and interpret these tests, and to provide advice to teachers about suitable programming options. One example is Reading Specialists (recognized by their specialist council of the Alberta Teacher's Association), who have graduate education (usually an M.Ed.) in Reading, and clinical coursework that focuses on diagnostic skills in reading fluency and reading comprehension, and other learning difficulties.

The other Alberta Education document, *Standards for Special Education*, outlines expectations for all those involved in the assessment of children and students, including: using qualified professionals to conduct specialized assessment, obtaining written informed parental/guardian consent, maintaining

parental involvement in decision-making, controlling access to and security of records, and developing Individual Program Plans (IPP's) using the results of specialized assessment.

Much of the information contained in the *Standards for Special Education* is familiar to school psychologists, as it is seen to mirror aspects of our professional Code of Ethics, our Standards of Practice, and other professional guidelines from our College. However, not all personnel in school districts are aware of these *Standards*, let alone of the requirements in our Code of Ethics or Standards of Practice, and may consequently expect us to provide services that contravene how we are otherwise expected to act as members of a self-regulated profession. As a result, school psychologists need to be diligent, whether in an employment or other contractual relationship with school districts, to ensure that the school district and its representatives understand the professional ethics, standards, and guidelines under which we operate. As well, we need to advocate more strongly for greater utilization of our skills beyond just testing and diagnosing for special needs eligibility and coding, and towards our increased participation in consultation/collaboration, and program planning and evaluation.

Summary Comments

A psycho-educational assessment is a multi-faceted process that involves the assessment of a student's cognitive abilities, processing skills, social-emotional, and academic functioning skills. A range of different assessment tools can be used in the assessment process, and the tools - along with the qualifications of the people administering these different measures - are described by Alberta Education in the document *Standards for Psycho-educational Assessment*. Of considerable importance are the Level C tests, which involve the use of formal, psychodiagnostic procedures that require a considerable degree of training, expertise, and continual upgrading of knowledge. Psychological tests and procedures, like level C tests, utilized in an assessment are scientific and research-based tools. In the hands of inexperienced, unsupervised, or unqualified individuals, there is potential for serious consequences such as misdiagnosis and improper interpretation of assessment data. This could lead to either ineffective or harmful interventions. There are a number of academic tests that require lesser training and can be comfortably and competently administered by resource teachers and guidance counsellors. Level A assessment is an example of this. Level B tests require more training and expertise and should not be utilized by individuals without the proper skills and training described in the Alberta Education document.

The results of a psycho-educational assessment should offer teachers valuable direction for immediate interventions with students, as well as provide substantial collateral information to inform programming. School psychologists, with their specialized training in assessment and psychometrics, can be helpful on a consultative basis, assisting resource teachers and guidance counsellors in interpreting scores on various standardized academic tests. However, school psychologists need to maintain professional practice standards when conducting psycho-educational assessments and ensure competency and good judgment at all times.

References

Alberta Education. (1994). *Standards of psycho-educational assessment*. Edmonton, AB: Alberta Education, Special Education Branch.

Alberta Learning. (2004). *Standards for special education, amended June 2004*. Edmonton, AB: Alberta Learning, Special Programs Branch.

DOES HAPPINESS HAVE A PLACE IN PRIMARY CARE? YES!

by Louise T. Lambert, Ph.D. Candidate (ABD), R. Psych.
(Red Deer Primary Care Network)

Introduction

More than ten years have passed since the inception of positive psychology (Seligman & Csikszentmihalyi, 2000) and its applicability and success has been noted in several fields, most notably in the promotion of positive health (Aspinwall & Tedeschi, 2010; Seligman, 2008). This article reviews the evidence relating to positive states and their impact on health, and reviews a happiness initiative undertaken by the Red Deer Primary Care Network (RDPCN).

Positive affect (happiness) and health

The effect of positive affect on health is well documented (Lyubomirsky, King, & Diener, 2005; Pressman & Cohen, 2005). For example, positive correlations were found between optimism and protection against heart disease and higher natural killer cell activity (Davidson, Mostofsky, & Whang, 2010; Salovey, Rothman, Detweiler, & Steward, 2000). Veenhoven's (2008) meta-analysis suggested that the positive effects of happiness on longevity were in the range of 7.5 and 10 years. Nevertheless, while happiness appears to protect against illness, attention to mental health has involved the diagnosis and treatment of mental illness rather than to its promotion (Insel & Scolnick, 2006; Keyes, 2010). Further, evidence shows that interventions which remove mental illness do not promote mental health and much of what passes as treatment is palliative, insufficient, and does not rely on evidence (Fleddurus, Bohlmeijer, Smit, & Westerhof, 2010).

Depression and pain

There is a strong association between depression and pain (Lee & Tsang, 2009; Narasimhan & Campbell, 2010). Patients who endorsed physical symptoms were 2.5-10 times more vulnerable to depression and experienced poorer treatment outcomes (DeVeaugh-Geiss et al., 2010; Means-Christensen, Roy-Byrne, Sherbourne, Craske, & Stein, 2008). The depressed and pained also had increased usage rates of health care (Arnow et al., 2009; Narasimhan & Campbell, 2010). Nevertheless, treatment that targeted pain and its perceptions reliably decreased rates of depression to a greater extent than treatment that targeted depression alone (DeVeaugh-Geiss et al., 2010).

Positive interventions

In clinically depressed and non-depressed samples, the use of positive interventions such as counting blessings or planning gratitude visits improved positive mood for over six months (Duckworth, Steen, & Seligman, 2005). Seligman, Steen, Park, and Peterson (2005) showed that when depressed individuals engaged in positive strategies, such as noticing three good things and using strengths in a new way, their depression was reduced up to six months later, while writing a gratitude letter led to an improvement in happiness up to one month later. Seligman, Rashid, and Parks (2006) showed that after six weeks, a treatment group had lower depression scores and greater life satisfaction compared to a control group, and kept its gains one year later. These studies confirm that positive interventions effectively decrease depression, increase happiness, and play a role in the promotion of positive health.

... While happiness appears to protect against illness, attention to mental health has involved the diagnosis and treatment of mental illness rather than to its promotion.

Method

The 7-week happiness program involved weekly interventions such as engaging in three good deeds and writing a gratitude letter, as well as the introduction of empirical research concerning the science of well-being. The program's focus centered on providing the skills to help build positive experiences, greater engagement, and meaning. Participants completed the SF-12v2 Health Survey at the beginning, end, three, and six months after the program. Approximately 150 participants took part in the study.

Results

The SF-12v2 assesses physical functioning, pain, social vitality, general health, social functioning, and affect. Participants reported scores were significantly improved and gains were maintained for three months post-group. Significant improvement of scores were shown for: bodily pain ($F(2,202) = 6.95$, $p < .001$); physical function ($F(2,202) = 3.08$, $p = .04$); general health ($F(2,202) = 7.01$, $p < .001$); vitality ($F(2,201) = 14.11$, $p < .001$); social functioning ($F(2,201) = 15.68$, $p < .001$); and mental health ($F(2,201)$ 21.45, $p < .001$). Bodily pain, role physical, and physical health summary scores were significantly improved from the beginning of the first class to the end of the program ($p< .05$). Physical function, general health, vitality, social functioning, role emotional, mental health, and mental health mean scores were improved from the beginning of the program to three month post-group ($p <.05$).

At the beginning of the program, 88% of participants reported having little energy, while this dropped to 59% after the program and decreased to 42% at three months. Participants also reported a decrease in pain interfering with normal work, as well as limitations in social activities, and being downhearted or depressed at seven weeks. However, they experienced an increase again at three months although the percent change in limited social engagement and being downhearted or depressed was 50% less at three months compared to the beginning of the program.

Discussion

Consistent with previous studies (Duckworth et al., 2005; Seligman et al., 2005; Seligman et al., 2006), the results of the happiness groups show that the cultivation of positive emotions and experiences can effectively decrease depression and perceptions of pain, and increase social functioning, physical vitality, and positive affect over time. Participants continued to improve on all indicators beyond the duration of the program with the exception of depression scores which rebounded but still remained at half the pre-program levels. It may have been the case that no longer being in a supportive group tempered the happiness accrued each week from socializing, learning, and accomplishing goals.

Happiness groups reduce the stigma attached to mental health as the treatment is actually focused on health. The groups provided participants with the self-management skills which reduce usage and dependency on the heath care system. In addition, happiness groups are effective in promoting positive states of health as well as preventing and treating mental illness by virtue of their inclusion criteria. By addressing languishing and flourishing (Keyes, 2010) individuals in addition to the depressed, happiness groups effectively provide the skills to attain better health rendering psychology relevant to more than just a small mentally distressed subset of the population. In this manner, positive psychology, with its focus on building positive states, is well positioned to meet the rising need for the treatment of depression, as well as health promotion and prevention efforts for more robust functioning and health outcomes in non-depressed populations.

Conclusion

Many programs profess to attend to the positive, but too commonly, the bulk of treatment continues to be focused on illness and the remediation of negative states. Thus, the RDPCN's Happiness 101 program is one example where the treatment for depression solely rests on a positive psychology approach which is present oriented, skills based, and unabashedly rejecting of the past or problems – and curiously avoidant of any discussion on depression! Building positive mental health fulfills the often stated, yet little adhered to recommendation made by government to include and attend to mental health – as opposed to the simple reduction of mental illness - as an integral part of overall health. The reduction of physical symptoms of pain through happiness interventions can likely reduce the associated costs of depression and its treatment, as well as the costs associated with poorer functioning and sick days within the workplace. A focus on the positive may be the most powerful medicine in increasing levels of happiness and overall health and reducing health care costs.

Program results are being prepared for publication. For Happiness 101 training sessions, contact Happiness101@rdpcn.com

References

Arnow, B. A., Blasey, C. M., Lee, J., Fireman, B., Hunkeler, E. M., Dea, R., ….(2009). Relationships among depression, chronic pain,

chronic disabling pain, and medical costs. *Psychiatric Services, 60*(3), 344-50.

Aspinwall, L.G., & Tedeschi, R.G. (2010). The value of positive psychology for health psychology: Progress and pitfalls in examining the relation of positive phenomena to health. *Annals of Behavioral Medicine, 39*, 4-15.

Davidson, K.W., Mostofsky, E., & Whang, W. (2010). Don't worry, be happy: Positive affect and reduced 10-year incident coronary heart disease: The Canadian Nova Scotia Health Survey. *European Heart Journal, 31*(9), 1065-1070.

DeVeaugh-Geiss, A.M., West, S.L., Miller, W.C., Sleath, B., Gaynes, B.N., & Kroenke, K. (2010). The adverse effects of comorbid pain on depression outcomes in primary care patients: Results from the Artist trial. *Pain Medicine, 11*: 732–741.

Duckworth, A., Steen, T., Seligman, M. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology, 1*, 629-651.

Fledderus, M., Bohlmeijer, E. T., Smit, F., & Westerhof, G. J. (2010). Mental health promotion as a new goal in public mental health care: A randomized controlled trial of an intervention enhancing psychological flexibility. *American Journal of Public Health 100*(12), 2372-2378.

Insel, T. R., & Scolnik, E. M. (2006). Cure therapeutics and strategic prevention: Raising the bar for mental health research. *Molecular Psychiatry, 11*, 11–17.

Keyes, C. L. M. (2010). The next steps in the promotion and protection of positive mental health. *Canadian Journal of Nursing Research, 42*(3), 17-28.

Lee, S., & Tsang, A. (2009). A population-based study of depression and three kinds of frequent pain conditions and depression in Hong Kong. *Pain Medicine, 10*(1), 155-163.

Lyubomirsky, S., King, L.A., & Diener, E. (2005). The benefits of frequent positive affect. *Psychological Bulletin, 131*(6), 803-855.

Means-Christensen, A.J., Roy-Byrne, P.P., Sherbourne, C.D., Craske, M.G., & Stein, M.B. (2008). Relationships among pain, anxiety, and depression in primary care. *Depression and Anxiety, 25*, 593-600.

Narasimhan, M., & Campbell, N. (2010). A tale of two comorbidities: Understanding the neurobiology of depression and pain. *Indian Journal of Psychiatry, 52*(2), 127-130.

Pressman, S. D., & Cohen, S. (2005). Does positive affect influence health? *Psychological Bulletin, 131*(6), 925-971.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. (2000). Emotional states and physical health. *American Psychologist, 55*, 110-121.

Seligman, M. E. P. (2008). Positive health. *Applied Psychology, 57*(1), 3-18.

Seligman, M., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5-14.

Seligman, M., Rashid, T., & Parks, A. (2006). Positive psychotherapy. *American Psychologist, 61*(8), 774-788.

Seligman, M., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410-421.

Veenhoven, R. (2008). Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. *Journal of Happiness Studies, 9*, 449-469.

BOOK REVIEWS

Michelle Vandegriend, Ph.D., R. Psych.

Individuals wishing to submit book reviews should select books that are relatively current and likely to be of interest to practicing psychologists. Please note that due to space limitations, not all reviews will be accepted for publication. Book reviews should be 500 words or less and should follow the format of book reviews in any recent edition of Psymposium. Book reviews should be forwarded to torrie@psychologistsassociation.ab.ca.

Submissions will be reviewed and edited by Michelle Vandegriend, Ph.D., R. Psych., Book Review Editor.

A Review of

Becoming an Effective Psychotherapist: Adopting a Theory of Psychotherapy That's Right for You and Your Client (2010)

By Dr. Derek Truscott, R. Psych.
Washington, DC: American Psychological Association

ISBN: 978-1-43380-4731

Reviewed by Michelle Vandegriend, Ph.D. R. Psych.

When psychologists and other mental health professionals reflect on their training and initial launch into their profession, they often relay stories of anxiety and struggle in adopting an approach to psychotherapy that feels compatible with their own values, beliefs, and individuality. With a plethora of theories to examine one can feel overwhelmed in determining what orientation will be the best fit for them in working most successfully with clients. In the forward of the book entitled, B*ecoming an Effective Psychotherapist*, Scott Miller writes, "Specifically, it uses the science of the common factors to help readers sort through the myriad therapeutic alternatives and find an approach that works best for them and their clients. Consider yourself fortunate" (p. xi). Indeed, Dr. Truscott draws on his wisdom and expertise from his years of experience as a psychologist, university professor, and author to help individuals in this field maximize their effectiveness in working with clients.

At the beginning of this text Dr. Truscott clearly describes the benefits of adopting a theory of practice. He also emphasizes the continual reflection and assimilation of a chosen theory and refining it into one's own personal approach to psychotherapy. Using an analogy he states, "Just as a musician must be fully grounded in musical theory to be able to improvise well, so too must a psychotherapist be grounded in – without being bounded by – theory" (p. 7). As such, the first chapter focuses on *adopting* a theory and the last focuses on *adapting* your approach. The reader is encouraged to keep a reflective journal to process their thoughts and impressions of each theory.

In the first of eleven chapters, Dr. Truscott suggests identifying your worldview beginning with four major systems of psychotherapy – empiricism, rationalism, humanism, and collectivism. Major theories of psychotherapy are then presented in which important scholars, developments, goals, processes of change, significant tasks, and key features of the therapeutic relationship are described. Case examples, learning tasks, reflective journal questions, and exhibits are then presented at the conclusion of each chapter. These suggested activities bring each theory to life – they assist the reader in "trying on" the theory and in reflecting how it may or may not be congruent with their own beliefs and personality. The final chapter is key in that readers are brought to a point of consolidating a personal approach. It concludes with an exhibit titled, "Toward a Personal Approach to Practice" which entails writing a case study from your worldview and belief in your approach to psychotherapy. Dr. Truscott explains that developing and refining a personal approach plays a significant role in being responsive to the uniqueness of each client and in working toward meaningful therapeutic goals. In addition, it leads toward long-term career fulfillment.

Becoming an Effective Psychotherapist is a significant contribution to one's library of resources. It serves

as an important guide in professional development, and it helps psychotherapists see all the pieces of the puzzle more clearly – ultimately encouraging the best therapeutic outcome for clients. It is especially beneficial for graduate students and individuals entering the field of psychotherapy as well as for professionals in related disciplines.

A Review of

A Life Interrupted: The Story of My Battle with Bullying and Obsessive-Compulsive Disorder (2011)

By Sumi Mukherjee
Publisher: ExLibris Corporation

ISBN: 978-1-4568-8080-4

Reviewed by Joan Neehall, Ph.D., R. Psych.

This delightful little autobiography is written in a simple, concise style that engages the reader in a journey through the harrowing hell of obsessive-compulsive disorder. Of significance is the pain involved in being misdiagnosed, bullied, and ostracized by peers. It is interesting how, in spite of having a mother who is a psychologist, Mukherjee's problem remained undiscovered until later in life as a young adult. Unfortunately, as a young child, he was privy to his mother's psychological literature, which confounded the issue, as he then became convinced he had paranoid schizophrenia. Ironically, one of his worst bullies later suicided from that disorder but only after Sumi was able to confront him and deal with his inner fears.

Several important themes are raised in this book. Perhaps the most important one is how easy it is for the disorder to be misdiagnosed by clinicians as in the painful case of Sumi. He appears to be suffering from Post Traumatic Stress Disorder, low self-esteem, depression, anxiety, perfectionistic traits, academic failure, and an inability to focus. One of the most compelling arguments the writer makes is the necessity for an accurate diagnosis so that the psychopharmacological aspects of the illness can be appropriately treated, as was the case with Sumi, but only after a painful struggle over twenty years. Themes of shame, guilt, racism, and inadequacy are painfully portrayed as we relive Sumi's experiences in early childhood and puberty. It is only as a young adult that he is able to engage in a heterosexual relationship of significance.

The multifaceted aspects of the illness are graphically depicted through Sumi's eyes. This book should be in every clinician's library. It is a useful therapeutic adjunct and would be of value to school counselors as well as the general public.

Joan Neehall, Ph.D. is a Registered Psychologist in private practice in Edmonton, AB. #1579. She is a fellow of the American Board of Forensic Examiners.
Joan@neehall.com

A Review of

Tattered Teddies - An Interactive Handbook About the Awareness and the Prevention of Suicide in Children (2008)

By Laurel Bridges and Rani Murji
Calgary, AB: Centre for Suicide Prevention

ISBN: 978-0-9733886-5-7

Reviewed by Melina Dayne, RN BN MSc MFT R.Psych.

Tattered Teddies is a rare handbook for its presentation, interactive approach, and information on childhood suicide prevention.

The spiral binding suggests that this is indeed a workbook – one that is used in a communicative process (i.e. the reader is to actively reflect and respond). Tabs pinpoint the nine sections, and on the cover two different kites are seen: one that is worn to shreds, stranded, having difficulty flying and the one that is intact, bright, flying high. The former represents the hazards that may invade a child's life putting the child at risk, while the latter represents the protective factors that permit a child to thrive.

A succinct introduction launches the book and the authors present an overview of chapter themes, define the age group of children twelve and younger, and explain

the aim of the project and instructions as to how to use the materials. The concepts of "suicidal behavior" and "suicidal ideation" are also defined. Demographics are included, such as the prevalence of suicide in Canada and foreign countries. Child suicide is not a local concern, but a worldwide problem.

Following chapters address suicide prevention from a developmental approach. Summaries of relevant material are provided and key points are highlighted throughout the entire book. Reflective questions are inserted periodically and space is left for written responses. Beneficial resources are interspersed within the context for the reader to access such as websites, books, and articles.

In this workbook, trajectories of cousins, Chloe and Matt, ages nine and eight respectively, are an example of how children subjected to divergent environmental factors experience differing outcomes. This compare and contrast approach clarifies the concepts of the two kites. The authors use a genogram with an explanation to show how risk factors influence a child's ability to face challenges. The reader is immersed in their lives by means of charts, accounts and "Questions to Consider".

It impresses the reader of the importance of the topic, and moves through risk factors, early intervention, intervention, application of the new knowledge, then self-care and postvention for caregivers. The segments on how to talk with children about suicide, the characteristics and warning signs of suicidal children, professional assessment techniques and fostering resilience in children and steps for schools to take when a suicide has occurred, are exceptionally worthwhile. Examples are given as to how instances of suicidal children were managed.

Although statistics may be low in this age group for suicide, the unaddressed risk may remain to emerge in older children. An important message presented is that suicide ideations/attempts are likely under-reported because the incidents are classified as accidents - this is supported by other literature by Pfeffer and Joiner. Both home and school - the most important systems for children - have the responsibility to identify issues and to intercede on behalf of the child. When everyone in a child's life is willing to participate, the probability to shift the trajectory for the better increases in the present and future. That is the significance of *Tattered Teddies*. The conclusion, reviews the purpose of these efforts - to repair and mend the tattered kites, so children grow resilient and wholesome to face the world. References include seven books specifically for children and caregivers, followed by 172 other books and articles.

The authors of this prized project, Laurel Bridges and Rani Murji were employed at the time of publication with the dynamic non-profit Centre of Suicide Prevention (CSP) in Calgary. CSP is dedicated to the collection and dissemination of suicide prevention, intervention and postvention resources.

This activity workbook is highly recommended for organizations involved in the care of children – social, education and health, and for parents and foster parents. It is especially useful for trainees in these areas of study. One cannot help but become committed to the safety and wellness of the children after working through *Tattered Teddies*. Not only does this information equip readers with knowledge and sensitivity to children at risk in our community, but it also raises awareness of ways to increase resiliency.

References

Pfeffer, C. (1986). *The Suicidal Child*. New York, New York: Guilford Press.

Joiner, T. (2010). *Myths About Suicide*. Cambridge, Mass: Harvard University Press.

Melina Dayne is a Registered Nurse, Marital and Family Therapist and Registered Psychologist in private practice in Edmonton, AB www.Melina-Dayne-Psychologist.com

BOOKS FOR REVIEW

We have the following book available at the PAA office for reading and submitting a book review for a future issue of Psymposium. If you are interested in reviewing this book, please contact Torrie LeBlanc at the PAA office.

Once you have read the book and submitted your book review to our Book Review Editor, Dr. Michelle Vandegriend, you may keep the book for your own resources.

- **Stop Lying: The Truth About Weight Loss ... but you're not going to like it**
  By Deborah Nicholson, Arlene Cox, Ph.D., R.Psych, and Kelly Sullivan, BSc, RD

PAA STAFF SUPPORT YOUR ASSOCIATION'S GOALS

PAA's five staff members work on behalf of our 2000 members to carry out the PAA goals and strategic plans.

Pierre Berube, M.Ed., R. Psych., is our Executive Director who spends a great deal of time consulting directly with members on a wide range of practice issues; provides support to PAA Committees and Task Forces; advocates with Government, Alberta Health Services, third party payers and other agencies on behalf of PAA; sits on the Executive Committee for the Alberta Alliance on Mental Illness Mental Health as well as the Practice Directorate (Canadian Psychological Association) and liaises with the American Psychological Association as well as the Council of Executives of State and Provincial Psychology Boards. Pierre has been on staff at PAA for over 8 years.

Linda Forsythe is our Business and Operations Manager who manages the day to day operations of the Association office, supervises and provides leadership to the administrative staff and manages the Association finances in consultation with the Executive Director and the PAA Board of Directors. Linda has been on staff at PAA for over 11 years.

Torrie LeBlanc is the Executive Assistant to the Executive Director. She organizes the meetings of the PAA Board of Directors and provides assistance to PAA committees and task forces. Torrie also co-ordinates and manages the administration for the PAA newsletter, Psymposium, as well as the PAA Facebook page. Torrie has been on staff for a year.

Cindy Kennedy is our Receptionist/Administrative Assistant who provides the friendly voice when you call into the PAA office! In addition to receptionist duties Cindy also administers and maintains the PAA website; the administration and distribution of the PAA display boards for various events; the administration of media requests; assists with PAA committees and task forces and provides assistance to all PAA staff during peak work periods. Cindy has been on staff for over 10 years.

Joanna Leung is our Continuing Education/Member Services Administrative Assistant who takes care of our membership renewals and new applicants for membership, as well as managing and co-ordinating PAA continuing education activities. Joanna is our newest staff member, having joined the staff team in September, 2011.

Please feel free to contact any of our staff by calling the PAA office at (780) 424-0294 or toll free 1-888-424-0297 or by email:

pberube@psychologistsassociation.ab.ca
linda@psychologistsassociation.ab.ca
torrie@psychologistsassociation.ab.ca
paa@psychologistsassociation.ab.ca
joanna@psychologistsassociation.ab.ca

HAVE YOU JOINED THE PAA REFERRAL SERVICE?

The referral service is a program established, operated and maintained by the Psychologists' Association of Alberta (PAA). The Referral Service is designed to provide the public with access to the names of registered psychologists who are participating members of the Referral Service.

PAA members who are registered psychologists are welcome to join the referral service at any time during the year. Pro-rates are available after May 1st. The yearly fee of $180.00/year is easily recovered through one referral call given to you through the service.

The PAA office receives many calls each day requesting names and phone numbers of psychologists through the referral service.

Another option for referral service members is to have their name included on the on-line referral service which is available through the PAA website. The on-line referral service is provided at no additional charge over and above the annual fee for referral service.

Another feature for the referral service members who are on the on-line referral service is an optional direct link to the referral service member's website. There is an additional cost of $50.00/year for those members who choose to include a direct web link as this is an extra feature which provides an excellent advertising venue for their practice.

Over a six month period an average of 6 referral calls per day were given through the PAA office telephone referral service and an average of 1201 visits were made to the online referral search page of our website per month.

If you have not already done so, we would encourage you to join your colleagues on the PAA referral service. We are certain you will find that the service will provide you with an excellent advertising venue in generating business/gaining new clients. The fee for the referral service can also be a tax deduction for advertising your business.

You can download a referral service application on the PAA website at www.psychologistsassociation.ab.ca and go to the Memberships tab – Membership applications. Alternatively, you can contact the PAA office and have a copy of the application emailed, faxed or mailed to you.

(780) 424-0294 – Edmonton
(403) 248-8255 – Calgary
1-888-424-0297 – toll free anywhere in Alberta

REFERRAL SERVICE ADVERTISING

The PAA referral service is advertised through Yellow Pages.ca as well as the white pages of Alberta telephone directories.

The PAA has also established a regular advertisement of the PAA Referral Service through a reciprocal advertising arrangement between *moods* magazine and *Psymposium*. *Moods* is distributed nationally.

In 2011 we advertised in the Lethbridge Herald during Mental Health Week; the Fall 2011 issue of *Network* magazine published by Human Resources Institute of Alberta and WCB Alberta magazine *Worksight* advertised our referral service in their Employee Assistance Program feature.

We also provide referral service brochures to various agencies upon request and we provide referral service brochures through the PAA display booth at various times throughout the year such as the annual teacher's conventions, career fairs, Family Physicians annual conference and other events.

We continue to search for marketing opportunities for the PAA Referral service through various advertising opportunities that present themselves throughout the year. If you have not already done so, please consider joining the PAA Referral Service. Please refer to the article in this issue of *Psymposium*.

PODCASTS: WHAT'S NEW?

In order to assist PAA members with continuing competence needs, Dr. Jon Amundson has developed Podcasts on current topics of interest. The link to these podcasts is available in the Members Only area of the PAA website (www.psychologistsassociation.ab.ca). Please check back on a regular basis as new Podcasts will be added on a weekly basis. We welcome your feedback.

Listen to these topical podcasts and keep a record as you may want to include these in your portfolio to satisfy CAP's requirement for "documentation of continuing competence activities".

Latest Podcast titles include:

- Snakes in the MRI!
- "Tapas" More video games, Risk Assessment and Eating Disorder
- Aging and Cognitive Decline
- Devils and Angels
- Professionalization and Tribunal Justice
- The Moral Telescope Effect
- Scholar – Activist Role for Psychologists
- Get Out and Sweat!!!
- ACEs in the Hole
- Kids and Porn
- Neureconomics, Intelligence and Well-Being and Autism
- Why Men Die Sooner and Schermer's Believing Brain
- Childhood Adversity and Adult Health
- Moms Working and Kids on the Toilet
- Same Sex Marriage and Wal-Mart as Social Comfort
- Gender in co-operation, Child maltreatment and Weather/Moods
- Psychotherapy Timely Advocacy
  - *Special Edition*
- Bad Psychologists!
  - *Update Special Edition*
- Vicarious responsibility/ last place aversion
- Political dreamers, long life and immortality

IMPORTANT VOTE AND INFORMATION SESSIONS IN APRIL 2012

In June 2012, the Canadian Psychological Association Practice Directorate will take a vote on whether to support a doctoral standard of entry into the profession of psychology for all of Canada. The Practice Directorate is composed of the delegates (usually Executive Directors or Presidents) of all the provincial and territorial psychological associations in Canada, as well as a CPA representative. At this time, Alberta is one of the few jurisdictions left in Canada and the USA that supports registration with the title of psychologist at the master's level. Some other jurisdictions in Canada and the USA have some form of registration (e.g., a psychological associate) at the master's level.

The Psychologists' Association of Alberta must decide how to instruct its Executive Director, Mr. Pierre Berube, to vote on behalf of PAA at the Practice Directorate meeting in June. The PAA Board of Directors, by itself, could provide such direction; however, the Board recognizes that the question of master's versus doctoral level registration is a very important issue for the entire PAA membership.

As a result, the Board of Directors has decided to call for a vote by our eligible voting members to determine how Alberta will cast its ballot at the Practice Directorate meeting. The Alberta vote will take place in mid to late April 2012 via a computer voting system. The result of the vote, whether Alberta votes in favour or against a national doctoral standard for psychologists, will be determined by simple majority of those who vote (50% plus one).

Please note that the Practice Directorate vote, as well as our own provincial vote in April 2012, WILL NOT have an immediate effect on whether Alberta changes to doctoral level registration. Our provincial vote will determine two things: (1) how Alberta will vote on this issue at the Practice Directorate meeting in June; and (2) PAA's decision about our possible advocacy for doctoral level registration. In terms of changes to the current registration process, it is important to note that the views of the Alberta government are central to this issue and that PAA does not have jurisdiction over the registration process. As well, even if the government did support changes to the current registration process, any changes likely would not happen for at least several years, depending on many factors. Please note that PAA would not agree to support a move to a doctoral standard without a satisfactory grandparenting clause for existing psychologists. As well, it would be necessary to agree on a number of important issues (e.g., addressing the issue of students who are in master's programs during the time period of the changes in registration and their possible requirements for registration; access to doctoral level training programs in Alberta, etc.).

In order to provide information and an opportunity for discussion, PAA will host three meetings.

April 10, 2012
3:30 pm to 6:00 pm

Calgary – Peter Lougheed Centre Auditorium
3500 – 26 Avenue NE

Continued next page...

April 11, 2012 **9:00 am to 11:30 am** **(please note time change)**	**Edmonton – Glenrose Rehabilitation Hospital** **Dr. Bill Black Auditorium** **10230 – 111 Avenue**
April 11, 2012 **3:30 pm to 6:00 pm**	**Videoconference** Please arrive slightly early at the room location in the city where you wish to attend. If no one attends the meeting at a particular site then the local staff members who are assisting with setting up the videoconference equipment MAY close the site after fifteen minutes or so.
Calgary	**Foothills Medical Centre Auditorium (1403 – 29 Street NW)**
Fort McMurray	**Northern Lights Regional Health Centre, Sunset Room (7 Hospital Street)**
Grande Prairie	**Queen Elizabeth II Hospital, Discovery Room, level 0 (10409 – 98 Street)**
Lethbridge	**Location to be announced as soon as possible**
Medicine Hat	**Medicine Hat Regional Hospital Lecture Theatre (666– 5 Street SW)**
Peace River	**Peace River Community Health Centre, Room M259 (10101 – 68 Street)**
Red Deer	**Red Deer Hospital, Telehealth Conference Room 3401 (3942 – 50A Avenue)**
St. Paul	**St. Paul Healthcare Centre, Telehealth Room (4713 – 48 Avenue)**
Edmonton	**Alberta Hospital Edmonton, Telehealth Room, 10 Building, Room 288 (17480 Fort Road)** Edmonton is hosting the meeting and the telehealth room is rather small. People who wish to attend the videoconference in Edmonton should please contact the PAA office at 780-424-0294 so that we can arrange for a larger room if necessary.

The agenda will include the following information:

- An explanation of the voting question and its implications.
- A presentation by Dr. John Service, Director of the Practice Directorate
- A presentation of the experiences of other Canadian provinces that have changed to the doctoral standard, relevant historical information, as well as possible implications for Alberta if we were to move to a doctoral level for registration.
- Approximately ninety minutes for discussion. Some of this time will be devoted to members who wish to make a short presentation, and the remainder of the time will be for open discussion.

PAA members who wish to make a short presentation at the meeting(s), either for or against doctoral level registration, should contact Mr. Pierre Berube, Executive Director, at pberube@psychologistsassociation.ab.ca or 780-424-0294 or toll free 1-888-424-0297. Please contact Mr. Berube before 4:00 pm on Friday, March 30, 2012.

As well, PAA will explore the possibility and related costs of recording one of the meetings and posting it on the web site for members who are unable to attend any of the meetings.

Please mark you calendars for one of the above information sessions, and plan to vote in April 2012!

PAA MEMBER BENEFITS

The following is a summary of member benefits for goods and services:

INSURANCE

McFarlan Rowlands Insurance offers PAA members group rates for Professional Liability Insurance, Commercial General Liability Insurance, Disciplinary Hearing Insurance and Office Contents Insurance packages as well as a variety of Life and Health Care Insurance products. Contact McFarlan Rowlands Insurance at 1-877-679-5440.

TW Insurance Brokers offers PAA members Professional Liability and an Office Package which includes Comprehensive General Liability. They have also negotiated a special rate for Provisional Psychologists and students. In addition they offer a Preferred Rated Home and Auto Insurance Plan. Contact TW Insurance Brokers at (780) 428-6431 Edmonton or toll free 1-800-272-5688. For more information go to their website at www.twinsurance.ca.

QUIKCARD Solutions Inc. -
Health Benefit Solutions:

- Preferred Rate for members of the PAA for Quikcard health benefits for your company employees
- Merchant accounts available for accepting payment from your clients for psychological services if your client is on the Quikcard plan.
- Quikcard Solutions Inc. also offers a wide variety of insurance including life, disability and travel insurance.

For further information contact QUIKCARD at (780) 426-7526 or toll free 1-800-232-1997 or visit their website at http://www.quikcard.com.

HOTELS

Coast Hotels offer PAA members a preferred corporate rate for guest rooms at any of their facilities. Reservations can be booked online at www.coasthotels.com using online **booking code PAA424**. Preferred corporate rates vary at each hotel, depending on location. You can also phone for reservations at 1-800-716-6199 and indicate that you are a member of the Psychologists' Association of Alberta in order to get the best available **corporate rate**.

MERCHANT SERVICES

TD Merchant Services is offering a TD Merchant Services and First Data preferred pricing program for medical market professionals including psychologists. For more information and to apply, contact TD Merchant Services at 1-800-363-1163.

OTHER SERVICES

Grand & Toy offers PAA members a 10% discount on all office supplies (some exceptions may apply for example computer cartridges). Present your membership card for this discount when purchasing your office supplies.

Login Brothers – Ray's On-line Psychology Bookstore – A direct web link is available on the members only area of the PAA website. Members are offered a 10% discount for psychology books purchased on-line.

Avis Rental Cars offers PAA members a daily rate discount and a weekly discount of 10% if vehicle returned to the same city; 5% discount on inter-city rentals; mini-lease discount of 5%. These rates apply in both Canada and the United States. If you wish to take advantage of these discounts, contact the PAA office for the discount code account number or you can access a direct link to Avis on the PAA website in the members only area.

FEES FOR PSYCHOLOGICAL SERVICES

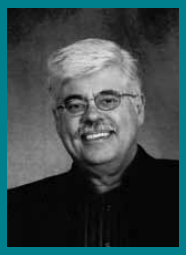
Veteran Affairs, Canadian Armed Forces, RCMP

PAA has been in contact with Veteran Affairs, Canadian Armed Forces and the RCMP in regards to the increase in our Recommended Fee Schedule for Individual Therapy and Individual Assessment from $170.00 per hour to $180.00 per hour. PAA has been informed that if psychologists providing services to these client groups bill at the rate of $180.00 per hour, they will be remunerated accordingly.

PRACTICE ADVISOR UPDATE

Dr. Joanne Seitz has recently given notice that she will no longer continue as a PAA Practice Advisor. We would like to thank Joanne for volunteering many hours of her time over the last several years. We sincerely appreciate and recognize her work and dedication to the profession.

IN MEMORIAM *Mr. Eugene Marvin Kalita*



The PAA Board would like to express its deepest sympathy in the passing of ***Mr. Eugene Marvin Kalita*** of Edmonton who passed away suddenly at the age of 64 years.

IN MEMORIAM *Dr. David F. Merchant*

Dave passed away on January 21, 1212. He was in private practice in Edmonton for over 30 years. Dave was a scholar, mentor, consultant but best known for his unique work with children. He had a magical ability to quickly maneuver into a child's world moving them to discovery and growth. He had an abiding faith in and appreciation for people, always seeing and sponsoring the best in each of us. Dave was the recipient of the Dick Pettifor Memorial Award in 2002, for his outstanding contribution to our profession. He was a compassionate, caring, creative person with a wonderful ability to find humor in life. He will be remembered by the many souls he touched.

PSYCHOLOGY MONTH EVENTS FEBRUARY, 2012

Dr. Joan Neehall promoted Psychology Month within her Edmonton office with a variety of PAA materials and Psychology Month posters.

Ms. Leona Corniere displayed a variety of materials about Psychology Month in a bulletin board in her Whitehorse office for the parents of the Child Development Centre, as well as the staff and general public.

Ms. Naznin Virani provided different activities during Psychology Month including a display booth in the main foyer of her Sherwood Park office at Synergy Wellness Centre on January 30th – February 5th with a variety of PAA materials that were distributed to the public.

On February 6th an important Press Release was issued by CPA, CMHA and Mood Disorders Society of Canada entitled **"Canadians Need Better Access to Psychological Services"**. The Press Release can be viewed under PAA News Releases http://www.psychologistsassociation.ab.ca/site/news_releases

PAA's display board and materials were displayed at the following Calgary AHS sites during February:

Feb. 6, 7, 8:	Alberta Children's Hospital
Feb. 9:	Sheldon Chumir Centre
Feb. 10:	Rockyview Hospital
Feb. 13, 14:	Foothills Hospital

Additional displays throughout February were within various clinics at ACH, at the Child Development Centre and Richmond Road Diagnostic and Treatment Centre. In addition, a Psychology page was posted during the month of February in the Celebrate Health link on Insite, the AHS internal website. This page included descriptions of psychologists' contributions within AHS, and related links; e.g. to CPA, PAA, CAP and AHS accredited psychology training programs.

On February 8th Dr. Peter Doherty and Mr. Tom Shand, Executive Director of the Alberta Division of the Canadian Mental Health Association where part of a discussion on Bell "Let's Talk" day, Alberta Primetime on the topic *the silence of suicide*. To view this segment please visit http://www.albertaprimetime.com/Headlines.aspx?pd=3303

Dr. Judi Malone facilitated three 1.5 hour public presentations on anxiety & depression in St. Paul sponsored by the Town of St. Paul FCSS. The sessions were held in the Town of St. Paul FCSS Meeting Room on the following dates:

Feb. 9th 1:00 – 2:30 p.m. (Thursday)
Feb. 13th 6:00 – 7:30 p.m. (Monday)
Feb. 21st 9:00 – 10:30 a.m. (Tuesday)

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PAA's display board and Psychology Month materials were exhibited and manned by Dr. Brent MacDonald, Ms. Brenda Peat-Dunbar, Dr. Charlene Barva and, Dr. Megan McElerhan at the Calgary City Teachers' Convention held at the Telus Convention Centre on February 16th & 17th.

On February 17th PAA School Psychology Committee members Dr. R. Coranne Johnson and Ms. Michelle Pentyliuk provided a presentation at the North East Teachers' Convention Association (NETCA) on *School Psychology Services: An Underutilized Resource*.

The King's University College displayed posters in their cafeteria and placed tent cards on tables to draw attention to Psychology Month. On February 17th, the psychology students hosted a table display with a variety of materials from PAA such as Psychology Works Fact Sheets, tip sheets for depression and stress, and bookmarks and pens that were handed out.

The PAA display board and Psychology Month materials were displayed at the AHS Chronic Pain Centre from February 27 – March 2, 2012. In addition, Psychology Staff developed and posted an internal "Did you know?" daily series of interesting facts about psychology and mental health suitable for staff and clients, running the month of February.

PAA's display board and Psychology Month materials were exhibited and manned by Dr. Christopher Armstrong, Ms. Debra Goethe and, Ms. Helene Flamand at the Greater Edmonton Teachers' Convention held at the Shaw Conference Centre on March 1st & 2nd.

Thank you to everyone who dedicated their time to promote Psychology Month

PAA MANUAL FOR PURCHASE:

Clinical Supervision in Professional Psychology in Alberta, On the Go!

Clinical Supervision in Professional Psychology in Alberta, On the Go has been developed so the novice or experienced supervisor can approach the task of clinical supervision more expediently. This manual was created by Jon K. Amundson, Ph. D, R.Psych. & Jeff Chang, Ph. D, R. Psych. You can purchase this manual from the PAA office for $8.00 plus postage and GST.

Please contact the PAA Office to order a copy.
(780) 424-0294 – Edmonton
(403) 248-8255 – Calgary
1-888-424-0297 – toll free anywhere in Alberta

PAA FALL 2011 WORKSHOP HELD

The Biology of Loss: Recognizing the Consequences of Impaired Attachments and Fostering Resilience

November 18, 2011 – Edmonton, Alberta
Presented by Dr. Gabor Mate, M.D.
There were 41 Participants.

FUNDING STILL AVAILABLE FOR PSYCHOLOGISTS' MUTUAL SUPPORT

PAA received funding last year from Occupational Health and Safety, Alberta Employment and Immigration, to assist psychologists who are interested in developing a support network. Currently, there is $2,300.00 in funds still available to be distributed to applicant PAA member psychologists.

Rationale:

Approximately half of Alberta's 2,127 psychologists work in private practice, and many of these are alone in their practice settings. Consequently, social isolation, lack of opportunities for consultation and feedback, as well as burnout can become an occupational hazard for psychologists. This project will provide opportunities to mitigate against this occupational hazard.

Purpose:

The purpose of the project is to:

a) Promote the psychological wellbeing/mental health of PAA member psychologists who may be vulnerable due to working in isolation or otherwise lacking peer support.

b) Introduce and inform participating psychologists of psychological hazards in the work place by providing them with, and having discussions about Occupational Health and Safety's document entitled: Best Practices for the Assessment and Control of Psychological Hazards.

The intent is for psychologists to come together for mutual support by forming any of: support groups, continuing competence groups, psychology book clubs, discussion groups, consultation groups, or combinations of any of the above.

In addition, participating psychologists will commit to reviewing and discussing the implications for their practices of the "Best Practices for the Assessment and Control of Psychological Hazards".

The intent is to initiate a process that may continue well beyond the period when available funds have been exhausted.

Scope:

Priority will be given to psychologists who are working alone, i.e. not part of an agency, firm, or other group of psychologists.

Funding could be used for any of the following:

- Honorariums for speakers (e.g. self-care speakers)
- Reasonable travel costs (mileage) for getting people together
- Refreshments
- Materials and supplies

Groups of 3-5 PAA member psychologists will be eligible to receive $500.00

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Groups of 6 or more PAA member psychologists will be eligible to receive $1000.00

A minimum of 3 meetings must occur for the group to be eligible for funds.

Controls and Accountability:
The applicant psychologist will be the coordinator of the group, and the contact person with PAA.

Receipts or invoices must be provided for all expenses and submitted to PAA.

Any group may apply for additional blocks of funding after their first three meetings until all of the funds have been exhausted.

Applications for funding will be approved by the PAA Executive Director.

Timelines and duration of the project:
The program will be in place up to October, 2012, or until the funds have been exhausted, whichever comes first.

Applications:
The applying psychologist must submit a written application identifying who and how many psychologists will be involved and how they intend to spend the funds, in accordance with the above established criteria.

Please contact the PAA office or go to our website under the members-only section for an application form.

WELCOME TO NEW PAA MEMBERS

(November 4, 2011 – February 20, 2012)

Ainsley, Kimberley (Full Member)
Bain, Karen (Full Member)
Baril, Veronique (Professional Affiliate)
Campbell, Hollic (Student)
Clelland, Krista (Full Member)
Dosenberger, Brian (Provisional)
Friesen, Kim (Full Member)
Genovese, Maddalena (Provisional)
Goxender, Saxon (Provisional)
Harrison-Barr, Lindsey (Student)
Katona, Melissa (Provisional)
Knodel-Moser, Amy (Psychological Assistant)
MacWhirter, Jennifer (Full Member)
McMillan, Daniel (Student)
Moulder, Denise (Provisional)
Murray, Jason (Psychological Assistant)
Nwoke, Georginia Ngozi I (Professional Affiliate)
Orendain, Monica (Provisional)
Palykhata, Petro (Provisional)
Ross, Marc (Provisional)
Roth-Peters, Angela (Provisional)
Skinner, Victor (Professional Affiliate)
Turner, Cheryl (Out of Province)
Stahl, Isa (Provisional)
Sullivan, Keri (Full Member)
Thorne, Keoma (Student)
Tiemer, Lori (Provisional)
Tsoukalas, Maria (Provisional)
Vartosu, Alexandra (Student)
Ward, Alexis (Provisional)
Weir, Cassandra (Student)
Whitmore, Charlotte (Full Member)
ZoBell, Stephen D. (Full Member)

PAA AWARDS

PLEASE CONSIDER NOMINATING
FOR THE FOLLOWING AWARDS

We are accepting nominations for PAA Awards on an ongoing basis, which will enable you to nominate someone for an award at any time rather than waiting for a specific call for nominations. The deadline date for submission of the next award nominations is March 29, 2013.

All nomination forms are available on the PAA website or you can call the PAA office and request that a nomination form be sent to you. Specific criteria information is provided for each award on the award nomination form.

The PAA Awards Committee will review all nominations and select the recipient for the award.

PAA Awards are given every two years. The deadline date for submission of the next award nominations is March 29, 2013; however, nominations may be submitted at any time.

JUANITA CHAMBERS EXCELLENCE IN COMMUNITY SERVICE AWARD

The Psychologists' Association of Alberta invites nominations for the Juanita Chambers Excellence in Community Service Award. This non-monetary award is presented to an individual, who may or may not be a psychologist, in recognition of important work in advancing psychological health, well-being and quality of life for Albertans through service to the community or advocacy. A PAA member is required to nominate an individual for this award. Nominations must be accompanied by a letter of support from the nominator (maximum of two pages) regarding the nominee's area of outstanding service including specific accomplishments of the individual nominated.

The PAA Awards Committee will review all nominations and select the recipient for the award.

Nominations for individuals not selected as the recipient of the award may be carried forward for consideration by the committee in subsequent years.

Recipients of this award may be nominated again for this award in the future; however, a period of three (3) years must have passed before they are eligible for re-nomination. Recipients of this award are eligible for nomination for any other of the PAA awards in subsequent years.

Criteria to consider in nominating an individual for this award include the following (not necessarily exhaustive):

- Contributes to the quality of life in the community through volunteer work;
- Advocates for improved quality of life for Albertans;
- Educates the community about the value of psychological health, advocates for those in the community that need support and/or community resources to improve their quality of life;

- Is a positive role model for others;
- Contributes to the psychological health and well being of the community;
- Contributes to enhancing the public perception of psychologists through community service.

JOHN G. PATERSON MEDIA AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the John G. Paterson Media Award. This is a non-monetary award presented to a psychologist or non-psychologist in recognition of:

- Exceptional contribution to portraying psychological knowledge to the public
- Furthering the advancement of the profession of psychology with the public through their contribution
- Conveying psychological knowledge through the media of radio, television, print, or electronic communication
- The media contribution which has taken place within two years immediately preceding the submission date of the nomination

One nominator is required.

The PAA Awards Committee will review all nominations and select the recipient for the award.

Nominations for individuals not selected as the recipient of the award may be carried forward for consideration by the committee in subsequent years.

Recipients of this award may be nominated again for this award in the future; however, a period of three (3) years must have passed before they are eligible for re-nomination. Recipients of this award are eligible for nomination for any other of the PAA awards in subsequent years.

SUPERVISORS NEEDED FOR PROVISIONAL PSYCHOLOGISTS

Provisional psychologists or those seeking provisional status frequently contact the PAA office in order to obtain the names of potential supervisors. The PAA office has developed a list of supervisors in order to assist provisional psychologists in their search for a supervisor. If you are willing to supervise a provisional psychologist please contact the PAA office or visit the PAA website for a Supervisor Information form to complete and return for our records.

If your name is already on our list, however, you are unable to supervise a Provisional Psychologist at this time please let the PAA office know in order that we can keep out list up to date.

Contact the PAA office at:
(780) 424-0294 (Edmonton)
(403) 246-8255 (Calgary)
or toll free 1-888-424-0297 (Anywhere in Alberta)

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media generated through the PAA office:
November 2011 – March 2012

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
February 2012	Dr. Gary Meiers	CKLB Radio - Yellowknife	Teen Internet Addiction
March 2012	Dr. Patrick Keelan	Alberta Primetime	Challenges That Can Come With Retirement
	Dr. Wendy Froberg	Alberta Primetime	Video Game Addiction

Psychology in the Media – not generated through the PAA office:
November 2011 – March 2012

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
November 2011	Mr. Michael Stolte	Edmonton Journal	Wrote an article on "Psychologists can help with mental-health needs"
	Dr. Linda Keeps	CBC Radio News Vancouver	Allegations of Sexual Harassment in the RCMP
Winter 2012 issue	Dr. Kerry Mothersill	apple magazine	"Don't fret: worrying can hurt you".
February 2012	Ms. Carolyn Schoepp	Drayton Valley Western Review	Celebrate your partnership

In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public.
November 2011 – March 2012

DATE	PSYCHOLOGIST	VENUE
November 2011	Ms. Michelle Pentyliuk, Ms. Lorraine Smyth-Cassidy, Ms. Melanie Reed-Zukowski, Ms. Carol Huber and Dr. Coranne Johnson	Attended PAA's display booth with a variety of materials at the Learning Disabilities Association of Alberta Conference in Red Deer.

If you or a colleague are interviewed through any media outlet (newspaper, radio, television), or if you have attended a career fair or public speaking engagement, please contact the PAA office to advise us so that we can include the information in our report.

CALENDAR OF EVENTS

May 11, 2012 – Beginning & Ending Cognitive Behavioural Therapy. Presented by Dr. Deborah Dobson. Location: Delta Edmonton South Hotel in Edmonton. **Sponsored by the Psychologists' Association of Alberta.** To register contact (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary), or 1-888-424-0297 toll free anywhere in Alberta, or email paa@psychologistsassociation.ab.ca.

May 15-18, 2012 - Certificate in Sandplay Therapy. Presented by Rocky Mountain Play Therapy Institute (RMPTI). On-line component available April 1st: On-site class in Calgary. To register contact RMPTI at (403) 245-5981 or email rmpti@telus[planret.net. Application form available on website www.rmpti.com.

June 1, 2012 - Family Restructuring Therapy: Interventions with high conflict separations and divorces. Presented by Dr. Steve Carter. Location: Radisson Hotel Calgary Airport in Calgary. **Sponsored by the Psychologists' Association of Alberta.** To register contact (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary), or 1-888-424-0297 toll free anywhere in Alberta, or email paa@psychologistsassociation.ab.ca.

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETINGS
March 24, 2012 - *Edmonton*

ANNUAL GENERAL MEETING
May 25, 2012 - *Calgary*

**Please advise the PAA office if you are interested in attending any of the above board meetings.

Please be sure to check the PAA web site regularly for any newsletter updates and upcoming events. Log onto the website at www.psychologistsassociation.ab.ca and click on *PAA Workshops/Conferences and/or Non-PAA Training Events.*

Changing Your Address?

Please print your new address and telephone number below and return to PAA with your mailing label.

Name: _____

Street: _____ City: _____

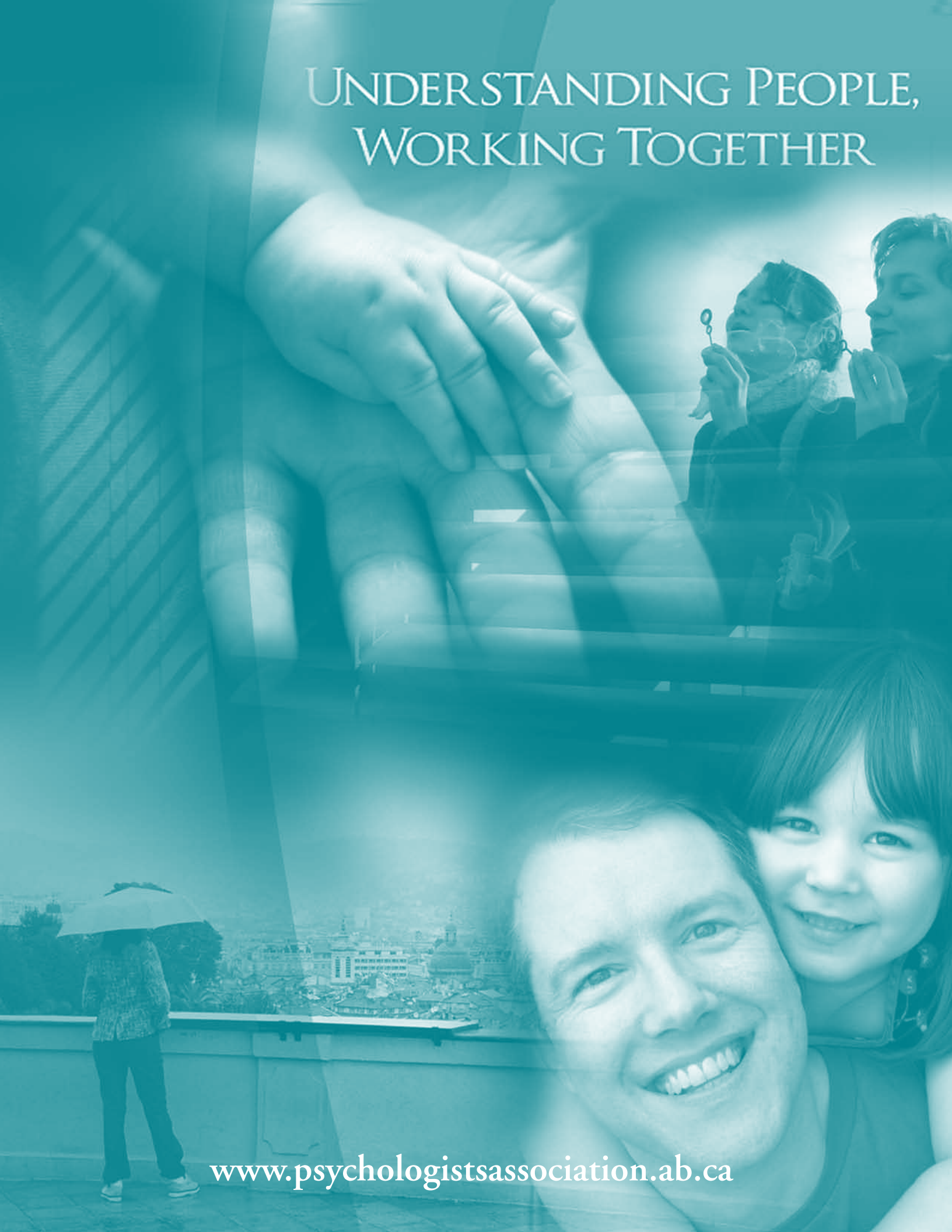
Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Effective Date: _____

Mail to: PAA *Psymposium*, Unit 103, 1207 – 91 Street SW, Edmonton, Alberta T6X 1E9

Understanding People, Working Together



www.psychologistsassociation.ab.ca