

# Psymposium

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## BOARD NOTES



*Everett J. Vroon,  
M.A., R. Psych.  
President*

Back in September of 2014, the Board had occasion to discuss a document about Outcome Informed Practice (OIP), and whether PAA should promote its use among our membership. OIP is not exactly the same thing as Evidence Based Treatment (EBT), though it is considered by the Canadian Psychological Association to be a necessary part of EBT. Simply put, OIP provides a feedback mechanism that can help psychologists achieve better therapeutic outcomes.

According to Barry Duncan and Scott Miller, therapy performance gurus: "Current estimates suggest that nearly 50 percent of therapy clients drop out and at least one third, and up to two thirds, do not benefit from our usual strategies." Further, who the therapist is, accounts for much more of the variance in therapeutic change (between 6% and 9%) than the model or technique

the therapist does (a shocking 1%). While some therapists achieve great outcomes (up to 70% effective), some are much less effective (as low as 20% effective).

Research has demonstrated that psychologists do not become more competent with increased age and experience. Nor are we particularly accurate in our estimates of our own competency, nor even at predicting how well our clients are functioning. Given the above information, it is perhaps not surprising that many clients drop out of therapy or do not improve in their level of functioning. It does not seem a stretch of logic to suppose that therapists who are least effective may also be least satisfied with their career choice.

Fortunately, there is some good news for psychologists who want to have the best possible therapeutic outcomes. By monitoring client progress as well as the therapeutic alliance with the client, the rates of cancellations and no-shows decrease, and those who are at the highest risk are identified much more quickly. Additionally, psychologists can determine what areas they are very good at, as well as areas that will require more training; the benefits of (sometimes painful)

**PSYCHOLOGISTS'**

ASSOCIATION of ALBERTA

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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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*PAA Symposium* is published three times a year (April, August and December) for the purpose of fostering communication amongst psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is sent to members of the Psychologists' Association of Alberta as well as to selected individuals and organizations with interests in the practice of psychology. Non-members may subscribe for \$25.00 per year (3 issues).

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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 [rose@psychologistsassociation.ab.ca](mailto:rose@psychologistsassociation.ab.ca).

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insight can thus be shared by client and therapist alike.

With the research clearly pointing to the benefits of OIP through progress monitoring, and with many referral sources demanding value for their investment in treatment, one might expect that the majority of psychologists already incorporate progress monitoring in their work. Nope – in a 2012 survey of Alberta psychologists, less than 12% of those surveyed reported that they used a progress monitoring measure.

While there may be an opportunity for enterprising psychologists to offer workshops about how to utilize and implement progress monitoring tools in a practice setting, there is also a wealth of information online (see, for example <http://www.psychotherapy.net/article/therapy-effectiveness>). Please e-mail us at the PAA if you have any additional suggestions or comments.

Sincerely,  
 Everett (E.J.) Vroon, M.A., R. Psych.  
 Board President

## Canadian Developments in Psychology NATIONAL STANDARD FOR ENTRY TO PRACTICE

ACPRO is the Association of Canadian  
 Psychology Regulatory Organizations  
<http://www.acpro-aocrp.ca/>

They recently released a Position Statement on  
 National Standard for Entry to Practice!

Read more at <http://www.acpro-aocrp.ca/documents/ACPRO%20Position%20Statement%20-%20National%20Standard%20-%20November%202014.pdf>

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## EDITOR'S LETTER



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

I think this is the warmest day so far this year – another chinook. I'd like to be outside but I am here at the computer. Deadlines loom. I am feeling a little pressure and realizing that this is what my kindly physician was talking about after taking my blood pressure. She sat down and began to tell me about mindfulness in the face of deadlines. I think she remembered I was a psychologist (or maybe it was strategic self-disclosure) as she was sharing her own struggles with "practicing what she preaches". It was ingratiating and a bit amusing. And in the end it was helpful as I have re-prioritized mindfulness in my life.

I suppose that is what is important. Are we being helpful? I don't know if she billed for psychotherapy or not as she is clearly not a therapist. Can you bill for "kindly advice?"

I had the opportunity, recently, to be interviewed about what it meant to be a psychologist. I had to delineate the differences between psychologists and other helpers and found myself a bit defensive. "Well I think I see us as using science to guide us in what is primarily an art. We also have accountability structures and ethical guidelines that the public can take reassurance in." The interviewer asked about other professionals and I agreed that there were well intentioned helpers out there but they were not as pre-occupied with outcomes and evidence based practice as psychologists are.

That conversation foreshadowed this issue of *Psymposium*.

We begin this issue with an article by Everett J. Vroon, M.A., R. Psych, the PAA Board President, which discusses *Outcome Informed Practice* and progress monitoring tools in therapeutic practice. Douglas D. Murdoch, R. Psych. directly addresses the "Why psychology?" question both in terms of career and consumer choice. He highlights the need for profiling the *therapist as scientist*

in our relationship with colleagues as well as referral sources. Deborah Dobson, Ph.D. provides us with an engaging interview with Dr. Megan McElheran wherein the breadth of training is seen as critical for developing an evidence-based private practice.

Our regular contributors return with their own helpful insights and recommendations. Dr. Joanne Seitz, Ph.D., R. Psych. provides tips on how to navigate the tricky waters of informed consent when we are dealing with child custody assessments/orders. In *Getting Schooled*, Krista Bergman, MSc., R. Psych. and Charlene J. Barva, Ph.D., R. Psych., discuss cyberbullying and how school psychologists can incorporate programs to help students who are impacted by this type of bullying. Gwen Randall-Young, R. Psych. offers some insights into how we may allow ourselves to turn-off our egos and tap into the collective unconscious.

Terry Wilton, R. Psych. talks about the challenges of trying something new, which he and other PAA Continuing Education Committee members have planned for the PAA Connect 2015 Forum. Jewel Sawnsen, R. Psych. discusses how the field is evolving to include more interrelated perspectives, which aligns with PAA Connect 2015 Forum's speaker Dr. Dan Siegel. Finally, Harriet Johnston, also on the PAA Continuing Education Committee comments on Dr. Siegel's view of bringing together diverse perspectives by ensuring the PAA Connect 2015 Forum relates to various fields within the profession.

So in this issue we go full circle from emphasizing our differences with other professionals to promoting collaboration among helpers as they provide their unique perspectives and resources to those in need. I had the opportunity to see Dr. Siegel in 2014 and I am confident that he will provide an unforgettable experience for attendees as he portrays and exemplifies both the science and art of our craft.

PAA Connect 2015 Forum is scheduled for May 29 in Cochrane. Enjoy!

*Frank W. McGrath, Ph.D. R. Psych.  
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## THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

### The Language of the Universe



More than ever before people seem to be searching for the way to “be” in this world. With the power of the internet there can be large shifts in human consciousness as many are exposed to the same ideas and perspectives at the same time.

While the internet has certainly sped things up, groups of people subscribing to the same philosophy is not new. Have you noticed though, that every couple of years there is a new path that seems to enchant the masses? It seems as though there will be a true shift in consciousness as so many seem to embrace a new way of thinking. Then, within a couple of years or even months, that awareness seems to fade. Then something new comes along with the hope that maybe this will be the answer.

Humans have been seeking for a long time, and if there were an answer out there it seems we would have found it by now. It is the thinking mind that tries to figure it all out, be it what it all means or why we are here.

The answers, however, are not “out there” and it is not the thinking mind that would lead us to them. The thinking mind rearranges ideas that are the product of our own minds or the minds of others. It is basically our word processing program, and it has limitations—the major one being language itself. Think of the vastness of the universe, and a tiny blue planet somewhere in the midst of it all. Humans have developed a way to communicate with each other and even speculate about things beyond our little world. We no more have the language to talk meaningfully about things beyond the beyond any more than ants could talk about the country they live in, much less the cosmos. Answers will not come from words, no matter how we rearrange them.

There is, however, another way of knowing. Because

everything in our universe is connected, there is a part of us that can tune in to all that is. It is a little like the oceans of the world. They are all connected. If we had the ability to “read” the energy in the water, we could dip our feet into the Pacific Ocean and “pick up” information from the Atlantic or the Indian Ocean.

The language of the universe is silence. An ocean of energy underlies everything. When we go into the silence (as in meditation) we can “tune in” to the larger frequencies. Energetically, we can “go” anywhere in the universe.

We are like drops of water that have separated ourselves out of the oneness so we could experience individuality. We developed our own separate ego selves to differentiate ourselves from the other drops. The problem came when we identified with that ego self, thinking it was the real “us” and forgot about the true essence beneath that.

Ego is on a continuous quest to feel better, understand more, reduce suffering, be evolved, or to “get it.”

The truth is that what we yearn for is not answers or even understanding. It is connection. When we shed ego like a suit of clothing and go naked into the silent ocean, we merge back into the home from which we came. We experience our own soul—that drop of cosmic consciousness that belongs to the whole. That is where we experience peace, contentment, and even joy. When we re-enter the world, having tasted the sweetness of home, we realize nothing here need bother us. We see all the machinations of ego—how it creates dramas, polarities, unhappiness and stress, and how we can choose to no longer identify with that aspect of our being. When we cease to identify with it, it loses all power.

There is nothing to seek, nothing to find, no answers. It is all about where we choose to put our consciousness. Shall we let it energize ego and take us on a wild ride, or do we use it to maintain an open connection with the oneness, and live our lives as our true soul selves?

*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 “**Deep Powerful Change**” personal growth/hypnosis CDs, go to [www.gwen.ca](http://www.gwen.ca)*

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## PROFILES IN PSYCHOLOGY

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



Deborah Dobson



Dr. Megan McElheran

*Dr. Megan McElheran completed her undergraduate training in psychology at the University of Calgary. She went to PGSP—Stanford to do her graduate work and completed her Psy.D. in Clinical Psychology in California. She returned to Calgary and completed her internship with the Calgary Consortium in Clinical Psychology in 2009 and has remained living and working in this part of the province. She initially worked at the Operational Stress Injury Clinic and then took the plunge into full time private practice. She is a clinical psychologist and owner of WGM Psychology and Associates in Calgary, which is a group practice providing comprehensive treatment related to trauma and posttraumatic stress disorder. She is a certified trainer and supervisor for prolonged exposure for PTSD and a certified expert in stress management from the American Academy of Experts in Traumatic Stress. Dr. McElheran has become a leader in the treatment of the devastating effects of trauma and in speaking on behalf of those who suffer these experiences.*

**I see from your Curriculum Vitae that you did your graduate training in the Psy.D. Consortium in Palo Alto, California. Before and after that you did your undergraduate degree and then your predoctoral internship in Calgary. Can you comment on what it was like to do your training in California? What were some of the similarities and differences between training in Canada and in the U.S.?**

Please let me start by saying that I had incredibly valuable training experiences in both countries. There are certainly ways in which both opportunities were

similar and that they differed, but I feel very fortunate to have experienced them both.

In the US, the training experiences that were available were quite broad. I had numerous opportunities within the Veterans Affairs administration, which is the most substantial provider of training experiences in the US. This is obviously quite different than Canada, and Calgary in particular. There were also many more non-VA training sites compared to what we have available in Calgary. While this was appreciated in terms of scope of experience, it was also challenging at times, as this typically meant caseloads were quite high and the number of patients in need of care at any training facility was often high.

Work with insurance companies was also present to a far greater degree in training in the US than in Canada. This provided exposure to working with Health Management Organizations (HMO's) and the challenges inherent in this type of managed care. While I continue to work with insurance companies in my practice at present, it is on a different scale than was required in the US.

Cultural differences were also frequently present in the US relative to training in Canada. In California, where I trained, there was a large population of Latino clients not encountered to the same degree in Canada. This was also true for African American clients. At the same time, rarely would I work with clients of Aboriginal descent in the US. It was therefore incumbent on me to learn about issues of cultural importance for those clients, given that their experience in the US was very different.

In Canadian training sites often my clients were very appreciative of being able to access publically-funded health care, however it was often difficult that waiting times were as long as they tended to be. It was more likely in my Canadian training experiences that clients would be familiar with health care options throughout Calgary, given that all are publically available. This would not be the situation in the US, as individuals there had to remain within the health care company through which they had authorization for service.

From a theoretical perspective, Cognitive Behavioural Therapy (CBT) was the main thrust of treatment in my training experiences in the US, while in Canada I found

that there was more diversity in my training sites. I was able to gain experience in Family Systems theory, Process Experiential/Interpersonal as well as CBT, whereas in the US the emphasis was much more focused on CBT as the intervention of choice.

**Your dissertation title was “Posttraumatic Growth among Children and Adolescents: A review of the current literature”. As psychologists, we typically think about the negative effects of trauma, could you address some of the areas of growth that were reviewed in your dissertation?**

This was one of the key reasons I became a trauma-focused psychologist in the first place. When I started work in mental health 17 years ago it was in a community-based program for teenage girls who were leaving the sex trade. I became fascinated by the growth experiences I witnessed in this work, and this formed the basis for my dissertation.

What I found in my dissertation research, as well as what is now known in circles of clinicians working with trauma, is that growth experiences often go hand-in-hand with recovery from trauma. After someone endures a traumatic event, and as recovery occurs, it is commonplace for someone to have greater appreciation for his or her life, and his or her relationships. These are two of the key growth factors that comprise Posttraumatic Growth. It is true, also, that after enduring a traumatic event, especially if a death occurred at the time of the trauma, that the recovering individual will develop or elaborate a personally held spiritual belief system. Wrestling with issues of death, dying and justice, which are common themes during traumatic events, provides the opportunity for the individual to become stronger in spiritual conviction and/or develop a sense of spiritual belief that may have been absent prior to the traumatic event.

The above are a few of the growth areas that comprise Posttraumatic Growth as it has been proposed. What is important to note is that Posttraumatic Growth is supported by productive rumination; that is, that engaging in reflection and cognitive digestion of traumatic events allows for growth to be achieved. Posttraumatic Growth is also consistently seen to develop in context with adequate social support. This observation highlights the importance of connection in the recovery process.

**Trauma and posttraumatic stress disorder are two of your key clinical interests. Congratulations on your awards and honours in this important area. Many practitioners shy away from prolonged exposure for clients who have experienced trauma. I wonder if you have shared their anxieties and could comment on some of the research in this area? Could you also comment on what it has been like to engage in prolonged exposure with clients, as well as to train and supervise practitioners?**

Certainly when I began working in the field of trauma and PTSD, I had concerns that asking my clients to talk, in detail, about the traumatic events they had endured could result in a “re-traumatizing” experience. Through experience and excellent supervision, though, I increasingly learned that the opposite occurred. Allowing clients who have suffered horrible, traumatic events to about them more often than not allowed for a sense of relief, freedom and validation that their stories could be heard without harm to another. I certainly have learned that there is a degree of intestinal fortitude required in working with trauma survivors, as often times the stories are horrific and shine a light on the worst parts of humanity. But if a clinician can create a supportive network to engage in de-briefing, peer consultation and consistent self-care, I think he/she will find that helping survivors of trauma to recover has incredible potential for reward and fervent belief in the power of the human spirit to survive. And what I have shared is supported by a vast research base. There is more research to say that not supporting a trauma survivor to engage in trauma-focused treatment could result in harm than allowing for engagement. We simply know that providing an effective treatment for trauma and PTSD helps people to get better and recover. This is the knowledge that I hold on to if ever I have a moment of doubt or anxiety.

At this juncture, I am about to be certified as a trainer in Prolonged Exposure, and have and continue to supervise new clinicians learning this therapy. I can’t say enough about the therapy, which has been driven by my experience using it with my clients and watching them get better. Prolonged Exposure requires some heavy lifting in learning the rationale, the procedures and how to deliver these to clients. But after the initial phase of learning and applying the therapy, most clinicians seem to intuitively understand the therapy and how it

works. And then they are able to help their clients make meaningful change after being traumatized. I fully intend to continue using Prolonged Exposure and remaining a part of the international community of clinicians using Prolonged Exposure. In fact, I am presently in the process of gathering support from Canadian clinicians who are members of CPA to create a Prolonged Exposure subsection. I am hoping to create a structured means for clinicians to come together to discuss this therapy and to continue to advance knowledge and understanding of what works in treating clients with PTSD.

**I know that both of your parents worked in the mental health field. Did you grow up knowing that you would become a psychologist?**

No! As I look at it now, though, I kind of wonder if it was inevitable. There are lots of interesting experiences that may be unique to growing up with two parents in the mental health field, but those would be for a different interview. What I can say is that whether I wanted it or not, I was steeped in the world of psychology through my childhood and adolescence. My parents taught me how to think about my feelings and how to make connections between things I was thinking and feeling, and events in my life. I think this laid a solid foundation to eventually build on with formal education. When I first entered University at age 17, I thought I would go into Hotel and Restaurant Management. After a practicum experience in this field, I knew it was absolutely not a fit for me and so started to explore a bit in terms of courses I was taking that were of interest. I had a pivotal experience in my second semester of my first year of university when I took a Special Issues in Psychology course. I became enthralled by the material I was learning and not only worked hard towards achieving a top mark in the course, but wanted to work hard! That was a good sign to me that I should continue in the field, and just kept having interesting experiences in the psychology faculty after another, which ultimately led to completion of a BA in Psychology from the University of Calgary.

**You took the plunge into full time private practice fairly quickly after completing your internship. What has it been like to be the owner of WGM Psychology and Associates? What are some of the skills and experiences psychologists need to run a business?**

Being the owner of WGM Psychology and Associates is equivalent, to me, of growing an orchid garden. It requires time, patience, the right ingredients, more patience and respect for the process. If you can provide these factors on a daily basis, something beautiful can grow. I feel very proud of what we are building at WGM Psychology and Associates, and so despite the challenges it brings, and the mercurial nature of being a self-employed small business owner, I am devoted to it for now and for as long as I'm fortunate enough to build it with my very talented business partners. We are doing our best to create a clinic that is at the forefront of advocacy for mental health and the profession of psychology in this province and in Canada as a whole. We are also doing our best to be as innovative and accessible as possible. It feels like a very exciting time.

In terms of the skills and experiences needed to run a business, there are many that I continue to learn, many of which have happened on the fly. If I could go back 7 years to when I first started, I think it would have behooved me to take some kind of an introductory course on running a business. The worlds of accounting, marketing and taxation were foreign to me when I started, and still are to some extent, so at least a better cursory understanding of business basics would have been helpful.

I also think for anyone thinking about heading into private practice it is key to never underestimate the power of relationships and connections. I strive to never pass up an opportunity to meet someone new, or to get out there to talk about psychology and about what we're doing in our clinic. Much like the work of therapy, I think the success of a small business rests on the relationships we build.

**Thank you for your contributions in providing annual seminars to the psychology residents in Calgary on starting and operating a private practice. Most psychologists do some private practice in their careers. Do you think that additional training is required and if so, what would it be?**

Apart from training regarding how to run a business, as I mentioned earlier, I think stressing for clinicians interested in private practice the importance of establishing a peer network. I think this becomes essential if psychologists are working with clients with

complex issues in their practices, as there are often many issues to think through that could be well served by regular peer consultation. Plus, as we all know, the isolation factor in private practice is significant and having people to connect with on a regular basis can add to job satisfaction.

**In addition to your professional work in service delivery, consultation and teaching, how do you enjoy spending your time?**

My husband and I recently moved to Airdrie and nowadays I like spending my time at home, decorating and enjoying our new house. We have two giant dogs that are also an endless supply of joy and amusement. I make a point of exercise on a daily basis, as I find this has helped me with self-care, and so being active in some way is a typical component of my down time.

**What advice do you have for psychologists entering the field in 2015 and the future? What recommendations do you have for new professionals?**

The most important piece of advice I received early in my education was to find a niche and specialize. I think this was key advice as it helped focus me in terms of my dissertation research, practicum opportunities that I sought and generally encouraged me to reflect on what I find most fascinating when it comes to humans and their behavior.

I would also say that it has helped me immensely to stay involved in continued education and training in my career thus far. Not only has this allowed me to stay abreast of new innovations in the world of trauma and PTSD, but it has greatly added to career diversity and my enjoyment of my work. For me, this has been advanced training in Prolonged Exposure, as well as the other trauma-focused therapies and I have welcomed any opportunity I have been offered for supervision or consultation as I continue to learn and hone my skill in this area.

*I certainly have learned that there is a degree of intestinal fortitude required in working with trauma survivors, as often times the stories are horrific and shine a light on the worst parts of humanity.*



NOTICE OF  
**ANNUAL GENERAL MEETING**  
OF THE MEMBERSHIP OF THE  
PSYCHOLOGISTS' ASSOCIATION OF ALBERTA

The PAA Board of Directors is hereby providing notice pursuant to PAA Bylaw 6.3, to call an Annual General Meeting of the membership as follows:

Date: Friday, May 29, 2015 Place: Cochrane, Alberta  
8:00 a.m. – 9:00 a.m. Cochrane RancheHouse  
101 RancheHouse Road, Cochrane, AB T4C 2K8

There are no bylaw changes or special resolutions proposed for the meeting.

Please advise the PAA office if you are interested in attending the AGM.

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## OPPORTUNITY TO HAVE YOUR BOOK REVIEW PUBLISHED...

New book reviews are always welcome for publication in the “Book Reviews” section of *Psymposium*.

As part of this publication reviews of informative, relatively current, and high quality books that are likely to be of interest to practicing psychologists are accepted. Book review submissions should be approximately 1200 words or less, include the publication information as well as the ISBN number, and follow the format in any recent edition of *Psymposium*.

At times, the PAA also receives great books available for review. For more information about these titles you can contact the PAA at: 780-424-0294

Book reviews can be forwarded to [rose@psychologistsassociation.ab.ca](mailto:rose@psychologistsassociation.ab.ca)

Submissions will be reviewed and edited by Dr. Michelle Vandegriend, R.Psych., *Psymposium* Book Review Editor.

## WHAT WE DO...

by Terry Wilton, R. Psych.



What do you do when what you are doing isn't working?

All right, it is true confession time: far too often, what I do is do the same thing, only harder. After all, I must have the right idea, right? Maybe I am just not putting in enough effort. Well, in the end I can end up putting in great effort doing what isn't working, and still end up baffled by the poor result.

I remember back to the early days of Solution Focused Therapy when we were introduced to the "skeleton key". What you do when what you are doing isn't working is... do something different.

Doing something different often requires much of us. We have to accept that we are part of the problem. We have to think creatively, not giving in again to the rationales of what we have always done, rationales that suggest it is really the only thing that we can do. We have to have the critical thinking skills involved in developing different perspectives and assessing different potential courses of action. It takes courage to decide on an alternate course of action, engage that new approach and watch for a different outcome.

Over the last year and a half I have had the privilege of working with a group of psychologists able to do this. We are a diverse group: some educational psychologists, an academic, and clinical psychologists too. Some of us work for institutions, others in the sphere of private enterprise. We vary in age, by decades! Both genders are represented (just barely!).

This group has been responsible for doing something different. It is called PAA Connect 2015.

PAA Connect 2015 breaks the mold of the previous PAA Conferences. The previous approach was thought to have contributed to declining attendance and financial loss. It was time for something new.

But not just any sort of something: we needed to decide what would be appealing, what would be beneficial and what would be uniquely suited to psychologists. We

recognized that just like our committee, our Association membership is a diverse population working in an array of different branches. We wanted our event to appeal to the range of that diversity.

PAA Connect 2015 is different. For starters, PAA Connect 2015 is a Forum. A forum promises an exchange of ideas. We recognize that as psychologists we not only receive information (be it expert knowledge or client responses) but we work with that information and respond back. In our Forum, participants will not only be listening but have the opportunity to respond as well. Our day is a dance of presentations and conversations with each other that allow us all to explore what we have learned and how it applies to our daily practice.

And what quality of information we will have to receive! Dr. Dan Siegel is an internationally renowned presenter on the topic of Interpersonal Neurobiology. He will provide an address and respond in conversation with Alberta psychologists. To complement this outside "expert" we are also featuring six Alberta Psychologists, exemplars who will share their personal experiences and wisdom in doing the work of the profession here in our province.

Central to our Forum is the word "Connect". Our Forum will include a structured discussion format that invites new perspective and deepens wisdom: the World Café approach. Later in the day, when we wish to unwind a bit, informal connection and networking will happen in a pub/coffee house format. Our Alberta exemplars will mingle with listeners to keep the flow of ideas going.

PAA Connect 2015 is designed to start a new brand. We are nurturing a pre-Forum community using social media. We have selected an airy venue with daylight and a view of the mountains. We have a great keynote speaker. However, what is going to develop brand loyalty is the great experience you will have as a psychologist as you come to connect and renew your passion for our profession.

Diversity, creativity, critical thought, courage. PAA Connect 2015.

Oh, and by the way, even as this column is written months before the event we already have more ticket sales than attendance at the previous PAA Conference. If you haven't already purchased your ticket, visit the PAA website page "PAA Connect 2015" to connect to our EventBrite page and follow the link to get your ticket.

See you there.

## GETTING SCHOOLED

Welcome to *Getting Schooled*. In this article, Ms. Krista Bergman and Dr. Charlene Barva address an important and very topical issue that is impacting increasing numbers of students in our schools. They provide insights into the specific nature and prevalence of cyberbullying, as well as the impact of this type of bullying. Ms. Krista Bergman and Dr. Charlene J. Barva also discuss some powerful ways that school psychologists can address these concerns, as well as providing some valuable resources. Enjoy.



Shawn Crawford, PhD., R. Psych.  
On behalf of the PAA School Psychology Committee

Article by: Krista N. Bergman, MSc., R. Psych., Calgary Board of Education and Charlene J. Barva, PhD., R. Psych., Calgary Board of Education

Whether it happens at school or off-campus, cyberbullying disrupts and affects all aspects of students' lives.

Many school-age children have experienced the cruelty of bullying and the topic has been an issue for decades. But online or cyberbullying is a newer phenomenon as well as a significant and growing problem with reports indicating that up to 50 percent of school-aged children experience bullying via technology (Mishna, Cook, Gadall, Daciuk & Solomon, 2010). With the increased use of technology and widespread use of social media, bullying in the form of cyberbullying can be inflicted through many different modes and reach thousands of children. Technologically savvy students deliver threats, send unflattering or incriminating photographs, harass, tease, belittle, or snub fellow classmates. The consequences of cyberbullying are increasing daily, and include children dropping out of school, physical and emotional illnesses, suicide, homicide, and other acts of violence. Cyberbullying as the newest form of bullying brings additional challenges for school personnel. School psychologists are in an ideal position to help combat this behaviour by taking a leadership role in spearheading efforts to reduce and effectively respond

to bullying behaviours among school-age youth.

### What is Cyberbullying?

Cyberbullying is a new form of bullying that is an intentional, repeated, aggressive, hostile, or harmful act and involves sending or posting harmful text or images using the internet or other digital communication devices (Feinberg & Robey, 2009). Cyberbullying can be categorized as either a direct or indirect form of aggression that includes harassment, social exclusion or activities such as flaming and impersonation. Flaming is the act of exchanging negative emails between two or more people, forwarding inappropriate photos, participating in teasing online, or excluding or isolating others (Willard, 2007a). Impersonation is when an aggressor poses as the victim and spreads inappropriate, cruel, or negative information to others, acting as though the victim were sharing these thoughts (Kowalski, Limber & Agatson, 2008). Cyberbullying aggression is relatively easy to engage in due to the anonymity of the Internet, and the impossibility of retracing the identity of the person who has posted the information, or confirming information accuracy (Hines, 2011).

### Cyberbullies and Victims

Cyberbullies and victims are equally likely to be male as female, and more likely to be older, rather than younger, adolescents (Ybarra & Mitchell, 2004). The prevalence rates of cyber bullying victimization in Canada are approximately two in five children (STOP Cyberbullying, 2015). In addition, one in five Canadian Teens have witnessed online bullying, and 51% of all teens have had a negative experience with social networking (STOP Cyberbullying, 2015). However, percentages reported by researchers stating incidents of cyber bullying vary widely among studies (Tokunaga, 2010). This may be due to the fact that many victims of cyberbullying decline to report their victimization. Therefore, statistics noting the frequency of cyberbullying victimization may not be an accurate and true representation of the exact prevalence of cyberbullying among middle school students (Keith & Martin, 2005). As a result, the actual prevalence rate may be much higher than what has been reported in the research literature (Hines, 2011).

### Consequences of Cyberbullying

Cyberbullying victimization has been linked to school problems (Ericson, 2001), suicidal ideation, eating disorders, chronic illness (Striegel-Moore, Dohm, Pike, Wilfey & Fairburn, 2002), and depression (Roland,

2002). Willard (2006) has noted the various concerns about youth online behavior related to cyberbullying, such as disclosing large amounts of personal information through web pages, profiles, and blogs, as well as the risk of suicide and self-harm, especially to depressed youth. Creating a safe atmosphere in which cyberbullying victims can openly talk about their cyberbullying experiences may increase the probability that these children will seek help and support (Wing, Lam, & Frydenberg, 2009). School psychologists can promote increased awareness of potential negative psychological problems that are common amongst individuals' who are victims of cyberbullying. School professionals play a crucial role in supporting these children with coping strategies in order to prevent further incidents of negative online experiences.

### **What School Psychologists Can Do**

Within the Response to Intervention (RTI) model, school psychologists are in a unique position to have a vital role in addressing the problem of cyberbullying in the schools. Utilizing a "whole-school" intervention and prevention approach, school psychologists can, at **Tier 1**, intervene to broadly educate students, staff, and parents and change the normative climate so bullying is seen as unacceptable. Promoting awareness of cyberbullying and its impact on children and adolescents' emotional and psychological well-being is an important initial step for school psychologists to take to address the problem of cyberbullying. There are various strategies including workshops, online training, informational brochures and pamphlets, and lesson plans on cyberbullying that school psychologists can use with faculty and staff to promote awareness throughout the school. For example, current and research-based content about cyberbullying can be accessed from sources such as Hinduja and Patchin (2006a, 2006b) and the i-Safe National Assessment Centre ([www.isafe.org](http://www.isafe.org)). Text resources such as the *Educator's Guide to Cyberbullying: Addressing the Harm Caused by Online Social Cruelty* (Willard, 2007c), which provides information on how cyberbullying is defined, its impact on children and adolescents, strategies for educators, legal concerns related to schools and cyberbullying, and how schools can develop a comprehensive approach to addressing cyberbullying, can be a useful resource for teachers, school counselors, and school administrators. The free CyberSmart curriculum ([cybersmart.org](http://cybersmart.org)) provides downloadable lessons and activities to educate school staff, students, and parents, and emphasizes core character values

(caring, honesty, respect for self, responsibility and fairness) as the underlying message of cyberbullying education. At **Tier 2**, the interventions should target students at risk of being involved in cyberbullying. School psychologists can support administrators in establishing a team whose purpose is to review any reports of cyberbullying as well as an established procedure to follow when an incident of cyberbullying is reported. Besides providing intervention guidance for the school, school psychologists can provide intervention strategies for students. Willard (2007e) has identified school intervention strategies for cyberbullying directed at students. One intervention action for students includes the "Stop, Block and Tell" strategy (Stop Cyberbullying, n.d.), which the student has been taught to do before responding to a cyberbullying message. This strategy consists of the student taking time to stop and calm down, rather than responding to a cyberbully in an adverse way, blocking the cyberbullying, limiting all communication on a buddy list, and telling a trusted adult. **Tier 3** focuses on intensive, individualized interventions for students who have been the target and/or the perpetrator of cyberbullying. At this level, school psychologists can help an individual student who has been the target of cyberbullying by assessing their emotional status and assessing whether the student feels safe at school. If the perpetrator has been identified, the school psychologist can interview him/her to determine what triggered his/her actions and whether the perpetrator still poses a potential threat. At this level, school psychologists can also be instrumental in offering groups for students who are experiencing cyberbullying to problem-solve, work on conflict-resolution skills, and teach appropriate response strategies.

### **Conclusion**

Cyberbullying is a phenomenon that presents challenges for school personnel. School psychologists are in a unique position to have a vital role as change agents in addressing the problem of cyberbullying in the schools through awareness promotion, assessment, prevention,

*"Creating a safe atmosphere in which cyberbullying victims can openly talk about their cyberbullying experiences may increase the probability that these children will seek help and support..."*

intervention, and involvement in policy-making decisions. There are implications, however, that need to be considered. Taking a lead role in addressing cyberbullying adds to the workload of school psychologists who are often already overextended in the many responsibilities that they have, such as assessment, consultation, crisis intervention, and counseling. Conceivably, this may add stress for school psychologists to balance all of their job duties. However, school psychologists may be receptive to having an opportunity to practice “outside of the box”, and welcome the prospect of having an impact on inclusive education and the exceptional needs of students at a system level as well as at one’s own designated school(s).

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## RISK MANAGEMENT GROUP

The Risk Management Group is a private group of professionals dedicated to examining risk management issues in private practice.

### Informed Consent in Divorce-Related Work

*By Joanne Seitz, Ph.D., R. Psych.,  
Risk Management Group  
jseitz@shaw.ca*

Obtaining informed consent is one of the basic first steps psychologists follow in interacting with clients. The components of informed consent are clearly outlined in the Standards of Practice for Alberta Psychologists (2013) and the Canadian Code of Ethics for Psychologists (2000), and most psychologists understand the fundamental importance of informed consent in therapeutic and assessment activities. However, when psychologists work in legal contexts, the concept of informed consent can become less clear.

When parents become involved in custody and co-parenting disputes that lead to court orders, their freedom to consent is, in effect, removed. For example, parents who are ordered to enter into an arrangement with a Parenting Coordinator, and parents who are ordered to undergo a custody/parenting time assessment, do not have the option to refuse to do so. Because participation is directed by the Court, it is not voluntary, and if parents want to stay inside the law they must obey or they will be in breach of the order. In many cases, parents may feel (and are) coerced into, not only participating in the activity, but also paying for it. Even when parties agree to an activity, which is then formalized in a Consent Order, they cannot truly consent in the normal sense, because, pursuant to the order, they do not have the ability to withdraw their consent. As well, despite agreeing to an assessment or parenting coordination, it is often the case that

individuals are not well-informed about the process and potential outcomes at the time a Consent Order is made.

Under court ordered circumstances, parties only have the freedom to assent or agree to participate. To clarify degrees of informed consent, Greenburg (2005) distinguished four levels of understanding between psychologists and examinees in forensic settings: notification of purpose, assent, consent and informed consent. At the legal level, it can be argued that notification of purpose is all that is required to undertake a court ordered activity. However, it is well established in forensic psychology that the maximum level of consent must be sought to ensure the psychologist fulfills the ethical obligation of informed consent.

Because of the disconnection between the expectation (informed consent) and the reality (assent), some authors have suggested using alternate titles for the forms used in the “informed consent” process. Suggestions have included calling it a *Statement of Understanding* (Stahl & Simon, 2013), a *Policy Statement*, or more directly, a *Notification of Purpose* (Connell, 2006). This appears to be a transparent and respectful approach because the alternate title does not pretend to imply that fully informed consent can occur. *Note: Be aware that the College of Alberta Psychologists may not approve of using an alternate title.*

Aside from the ethical requirement that consent be as informed as possible, from a risk management perspective, custody assessors and parenting coordinators should be aware that misunderstandings create a significant risk. Due to the unusual nature of custody evaluation – in contrast with therapy and other better known psychological roles – the psychologist is working with parties at a time when they are under duress with diminished coping skills, their adequacy as parents are being compared and contrasted with their for-

*Even when parties agree to an activity, which is then formalized in a Consent Order, they cannot truly consent in the normal sense, because, pursuant to the order, they do not have the ability to withdraw their consent.*

mer partners, and there is a strong possibility that highly personal information will be exposed. Further, the parties are more likely than other separated parents to engage in high levels of interpersonal conflict (Montgomery et al, 1999), and it is well established that this population has a greater than average tendency to file board complaints (Pickar, 2007).

Connell (2006) pointed out that parties and their lawyers may not understand the implications of a forensic assessment. They may not grasp the inherent lack of confidentiality and assume they can comment off the record. They may not understand the psychologists' neutral, evaluator role and assume that because they provided payment they can influence the outcome. In some cases, parties do not understand the possibility of a negative outcome, that their parenting privileges could actually be affected. Others might not understand the nature of evidence and assume psychologists have an unrealistic capacity to determine histories of abuse. The bottom line is that psychologists should make no assumptions about what parties know or understand.

Ensuring parties *comprehend* informed consent information is necessary. The following suggestions might be helpful:

- The psychologist can ask questions that require the party to explain aspects of the assessment process and its limitations in his or her own words. It is useful to compose a list of questions to be used in such interviews to ensure that all major areas are addressed.
- Comprehension of the absence of confidentiality is particularly important. The party must understand that the court and the opposing party will be aware of information disclosed, and "that this can be controlled only by withholding sensitive information" (Connell, 2006, p. 448).
- It is useful for the party to be asked to describe their understanding of the possible outcomes of the assessment. Parties must understand that the outcomes may not be as they would wish.
- In interviewing a child, the psychologist should ensure a child (of appropriate age) understands

there are no secrets and that he or she has the option not to talk about something. This should occur at the beginning of each interview and should include discussion about what the child can say if unable or disinclined to answer.

When parties comprehend the process at the outset, it may be that they are better able to absorb and adapt to negative outcomes, if necessary. It may be that this would reduce the likelihood of a formal complaint.

An excerpt from the College of Alberta Psychologists' Standards of Practice (2013) related to informed consent follows:

### 3. Informed Consent for Services

3.1 A psychologist shall obtain informed consent from the client and/or guardian before providing a professional service, including research, and before seeking form consultation regarding a client.

3.2 A psychologist shall document the discussion held with a client, including whether consent was limited or refused.

3.3 A psychologist shall obtain written signed consent from a client and/or guardian when requesting the client's participation in research.

3.4 A psychologist shall provide information for informed consent in a language that the client can understand and ensure that the information is understood by the client; this may include the provision of translation in another language, if necessary.

3.5 The informed consent process shall address the following:

3.5.1 purpose and nature of the activity;

3.5.2 mutual responsibilities;

3.5.3 confidentiality protections and limitations;

3.5.4 likely benefits and risks

3.5.5 alternatives;

3.5.6 likely consequences of non-action;

3.5.7 option to refuse or withdraw at any time, without prejudice;

- 3.5.8 period of time covered by the consent;
- 3.5.9 how to rescind consent, if a decision to rescind consent is made.

*Providing New Information*

- 3.6 A psychologist shall, in a timely manner, provide new information to a client when such information becomes available and significant enough that it could reasonably be seen as relevant to the original or ongoing informed consent.
- 3.7 In addition to obtaining informed consent from a guardian or substitute decision maker, a psychologist shall also provide an appropriate explanation to the client, seek the client’s assent, and consider the client’s preferences and best interests before providing professional service to the client.

*Providing Services Without Informed Consent*

- 3.8 Notwithstanding section 3.1, a psychologist may provide a professional service without informed consent in the case of an emergency, but only to the extent necessary to reduce or alleviate the emergency; further professional services shall only be provided by the psychologist with informed consent from the client.

We trust you have found this discussion helpful. For any comments or suggestions for future issues to cover contact Dr. Seitz.

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## WHY PSYCHOLOGY?

by Douglas D. Murdoch, PhD, R.Psych.  
(Mount Royal University)

Mental health services are provided by a wide array of individuals, so why should consumers choose a psychologist? Most members of the public do not recognize the differences (Bray, 2010) and choose a physician (Ekos, 2011; Janda, England, Lovejoy, & Drury, 1998). Health care managers and policy makers do not seem to recognize or value the differences either with generic job postings such as “mental health therapist” for which social workers, psychologists, registered nurses and registered psychiatric nurses can all apply (Alberta Health Services, n.d.). In truth, psychology has no exclusive scope of practice. Everything psychologists do overlaps with at least one other profession. So why should the public choose a psychologist? Recently we found out that it is actually possible to obtain a nursing degree, a medical degree or a social work degree in Canada and never take a single course relating to psychology – the basic science of human behaviour – or specific courses in mental health (Advance online publication <http://dx.doi.org/10.1037/a0038191>). Registered psychologists – clinical and counselling – receive far more mandatory training in psychology and mental health than do nurses, social workers or general physicians. Given our results, it is not surprising that most nurses (e.g. Wynaden, Orb, McGowan, & Downie, 2000), doctors (e.g. Wilkinson, Dreyfus, Cerreto, & Bokhour, 2012) and social workers (Bland & Renouf, 2001) feel inadequately trained in mental health. However, in 2013, “General/Family Physicians” (GP) in Alberta billed over sixty million dollars for “Psychotherapy/Counselling” (Alberta Health, 2013). It is also hard to understand how job descriptions can suggest that nurses, social workers and psychologists are equally qualified to fill the role of a “mental health therapist” or “behavioural health consultant”. This blurring of professional responsibilities and training is a disservice to all the professions, misleading to the public, and potentially dangerous if the demands of the service population exceed the skill set and knowledge base of the person occupying the position. Health Canada (2006) has called for “the

right mix of health care providers with the right skills in the right place at the right time” (parag. 1). Given our results, psychologists should have a central place in the provision of mental health services.

As highly trained clinician-scientists, psychologists can fulfill many roles within the health care system and in primary care clinics. Our expertise in taking empirically justifiable multi-method, multidimensional, and multisource approaches to assessment that place findings within a developmental, systems and cultural context; with knowledge of psychopathology and comorbidity; and, integrating all this information within empirically derived theoretical models can mean that psychologists can play an integral role in decision making along the entire continuum of care, from diagnosis through intervention design to the evaluation of treatment progress and outcomes (Achenbach, 2006; De Los Reyes, Bunnell, & Beidel, 2013; Mash and Hunsley, 2007). How can this occur if one has not studied normal and abnormal development; has not studied psychopathology and diagnostic systems; and, has not been trained in the administration and limitations of multiple methods of assessment?

We must caution that our results are about programs, not individuals. Prior degrees, independent study, optional courses, and practicum placement choices may enhance the psychological literacy of an individual in any of the professions. Each individual’s qualifications should be assessed on their own merits.

One clear message to psychology is that we cannot lose sight of the importance of our intensive training as scientists as well as clinicians. A major part of our distinctiveness is our mastery of the *science* of psychology (Drapeau & Hunsley, 2014), and the diversity of tasks and roles psychologists can therefore perform. If we lose that distinction we risk becoming generic mental health providers (Bray, 2010). But it is not enough to have an edge unless *managers, policy makers and the public are aware of the differences, and embrace the value added components brought to mental health care by psychologists* (Murdoch, 2013).

Perhaps the last word can go to a physician: “Integrating psychologists into primary care makes the system more effective, allows for early recognition and intervention in the pervasive psychosocial nature of health and illness, and will save a ton of money by avoiding needless tests

and treatments” (Scherger, 2004, p . xi).

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## WHY SHOULD SCHOOL PSYCHOLOGISTS ATTEND THE PAA CONNECT 2015 FORUM IN MAY?

*By Jewel Swanson, R. Psych.*

School psychology today is an exciting and demanding profession. It is now, and always has been, far more than psychometrics and “testing” in schools. It is built on a foundation of helping identify and educationally support students who have learning, developmental, physical, and mental health problems; and, who are in some type of distress at school, at home, or in both situations. It has always been an integrated practice, blending educational theory about how children learn with developmental and psychological theory. Now the work of Daniel Siegel (and others) has begun to look at the field of interpersonal neurobiology from an integrated viewpoint. This is of great significance to all school psychology practitioners.

I have to admit to being a “dinosaur” in the field of psychology, recently retired from the Calgary Board of Education after registering in the College of Alberta Psychologists in 1983. Yet, I am enthralled by what has been happening in my field during the last decade, and how much the science of neurobiology has enriched the practice of school psychology.

Daniel Seigel, in his book *Pocket Guide to Interpersonal Neurobiology (An Integrative Handbook of the Mind)* talks about how the field of interpersonal neurobiology was born from the idea (developed in an interdisciplinary group) that a wide array of scientific disciplines that think about the nature of the mind and mental well-being could be linked. School psychologists are already part-way to embracing this idea. We have always had educational and psychological frameworks to inform our thinking. However, the idea of looking at students’ learning and emotional development from different perspectives is now more open to us than ever before as we engage in the process of assessment, consultation, counselling and

working at the system level within our schools. We can draw from the work of psychotherapists, neurobiology, organizational functioning, contemplative practice, parenting and education, to name only some disciplines, and develop an inter-disciplinary way of thinking about our lives and the nature of well-being.

My colleague, Terry Wilton, in his December 2014 *Psymposium* column “What we do...” talked about the value of being present, attuned and resonating with the client. This is also essential in school psychology. If we are genuinely present in our interactions with a student, their parents, and their teachers; attuned to the impact of a student’s mental health, emotional regulation and/or learning difficulties, both educationally and personally; and resonating with our client, their parents, their teachers and the larger educational system itself, we will be able to practice successfully as school psychologists. The experiences of growth and awakening that are inherent in interpersonal neurobiology will benefit not only us personally and professionally, but through us will also benefit those who we work with in the practice of school psychology.

I believe that relationships are at the core of school psychology. Dan Siegel describes a healthy relationship as involving the honoring of differences between people and cultivation of their linkage through compassionate, respectful communication. He also points out that health emerges from the linkage of differentiated parts of a system, and that integration is the foundation of good health. This can be applied to school psychology at the interpersonal level, the intrapersonal level, the school level and the system level. Becoming a part of “we” as school psychologists is essential but does not mean losing “me”. Both are essential for individuals, groups and organizations, and impact us as school psychologists.

I believe that school psychologists have the opportunity today to see supportive science that validates good practice, to look at ways to apply these concepts in the day-to-day process of living and awakening/enhancing the minds of themselves and the students, teachers and parents that they work with on a daily basis. We are now able to bridge the exciting findings from a range of sciences, interweaving the social with

the neurobiological, and I would propose, with the education. What an opportunity and what an exciting journey this could be for all school psychologists.

I am thrilled that Daniel Siegel will be joining us through an interactive video experience on May 29 at the PAA Connect 2015 Forum, and I hope that I will see many other school psychologists there. It is an opportunity to sample interpersonal neurobiology’s fascinating theories and make them yours. In my opinion, school psychology is on a very interesting journey, one that I hope to enjoy to the maximum! In my personal life, I will be focusing on the aspects of my life that support neuroplasticity: relationships, aerobic exercise, good sleep, good nutrition, novelty, the close paying of attention, time-in and humour. Professionally, I know that my young colleagues will carry the practice of school psychology forward and enjoy the journey as much as I have.

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## PAA CONTINUING EDUCATION COMMITTEE: STRENGTH IN DIVERSITY

By Harriet Johnston, Committee Member  
PAA Continuing Education Committee

One of the main goals of the PAA Continuing Education Committee is to provide learning opportunities that are relevant across the various psychological disciplines represented in our membership. This would be achieved by not only having a wider range of discipline specific offerings, but also aiming to hold annual learning opportunities with broad appeal. We hope to achieve this through the fast approaching PAA Connect 2015 Forum.

In planning for PAA Connect 2015, it was important for the committee that the day would have broad appeal. In thinking about a key speaker, we chose Dr. Dan Siegel as his work covered a range of areas of psychology and his presentations are geared to a variety of professional audiences.

In his book, *Pocket Guide to Interpersonal Neurobiology*, Dr. Siegel echoes the goal of bringing together diverse perspectives in his cross-disciplinary work in the field of Interpersonal Neurobiology. Through this work, he emphasized the common focus on mental functions he saw represented across diverse disciplines and his goal to keep the field “discipline neutral”. Dr. Siegel encourages an “interdisciplinary way of knowing” with guiding values that we think would resonate through our own membership as well to “promote growth and well-being” and to “help people grow and heal”.

Through his work, Dr. Siegel has aimed to “respectfully represent” a “wide variety of ways of knowing”. The PAA Continuing Education Committee hopes we too can achieve this goal through the PAA Connect 2015 Forum. We hope to harness the strength in our diversity through many opportunities to connect in cross-practice groups, highlighting the work of promising students and prominent Alberta psychologists from broad areas of

practice and social opportunities all centered on the core messages in our interactive session with Dr. Siegel.

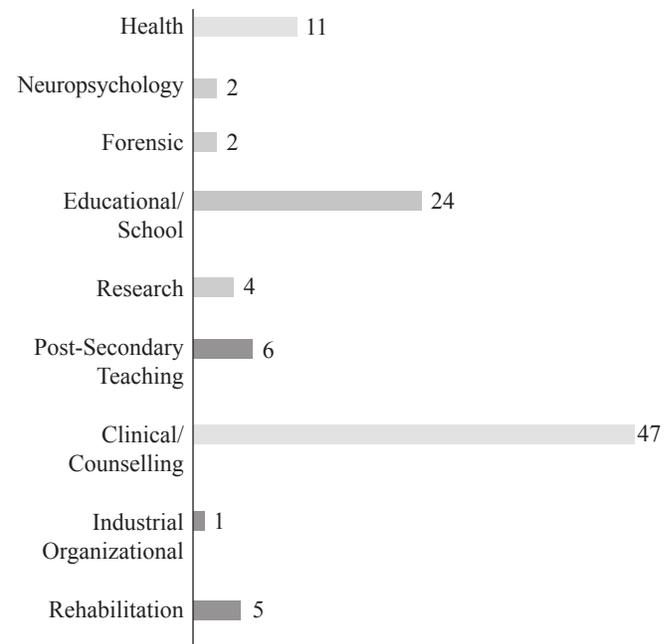
Ticket sales started in November. Looking at the statistics on ticket sales so far, it seems we are realizing this goal with representation from all core practice areas of psychology. We hope to continue to increase interest in those areas with lower representation.

It seems that the committee is off to a good start in our first attempt to organize a continuing education opportunity that has cross-membership appeal. There are many ways that members can help through sharing ideas or taking part in pre-forum activities that will allow us to hear directly from you.

You can connect with the PAA Continuing Education Committee through email: [paaconnect2015@psychologistsassociation.ab.ca](mailto:paaconnect2015@psychologistsassociation.ab.ca).

PAA Connect 2015 Forum Early Bird tickets are still available. Visit the PAA website for more information about the day and to purchase tickets. We look forward to seeing you there!

### PAA Connect 2015 Forum Participants: Areas of Practice



# PAA CONNECT 2015

Cochrane Ranchehouse, Cochrane



Dr. Dan Siegel



Alberta Café



Cochrane Ranchehouse

Featuring an online conversation with Dr Dan Siegel renowned neuropsychiatrist, interactive engagement delving into the big questions of psychological health & wellness, inspiring personal stories from those shaping our field with an opportunity to engage in an intimate collegial environment, welcoming those who will be the future of our profession, celebration of those making a difference, & learning what your association does for you.

## Day at a Glance

### *Kick off Your Day*

8:00 **PAA AGM** Complimentary breakfast

### *Become Informed*

9:00 **Welcome & Invitation to Connect**

9:30 **Dr. Dan Siegel** Live online presentation & interactive discussion on interpersonal neurobiology

### *Become Engaged*

11:30 **Alberta Café** – Cross-disciplinary exploration of current key issues

### *Become Connected*

1:00 **Networking Lunch** (included) with colleagues in the beautiful foothills

### *Become Enlightened*

2:00 **En-Lightening Speakers** A series of quick, thought provoking, personal & professional stories from exemplars in Alberta psychology

### *Become Rejuvenated*

4:15 **Discussion Pub** An intimate opportunity to continue the conversation with presenters & peers while enjoying the musical talents of participants (cash bar)

### *Celebrate*

6:00 **Welcome to the Profession & Awards Banquet** (additional cost)

PAA Connect 2015 A Forum for Learning, Connection  
En-Lightening Speakers Series

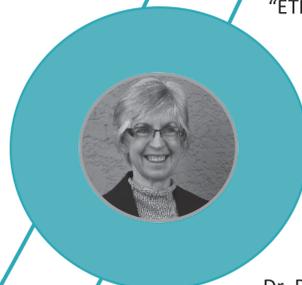
In these rapid session orations, exemplars from our profession share personal & professional wisdom with inspirational take-away messages. This will be the pinnacle of an exciting day that brings interpersonal neurobiology to life through our learning, connection, & renewal. The En-Lightening presentations represent that interweave of the science & the art in our practice & will be capped off with a discussion pub for an informal exchange of ideas amongst presenters, participants, & PAA members.



Dr. Kevin Alderson  
"Same-Sex Marriage and My Fight for Equality."



Dr. Jon Amundson  
"ETHICS: The Impossible Imperative or ...."



Dr. Deb Dobson  
"Are we making promises we can't keep? The delicate balance between awareness and access to cognitive behaviour therapy."



Dr. Terry Pezzot-Pearce  
"Mentoring in your Professional Practice."



Mr. Terry Wilton  
"Surviving Suicidality."

A Forum for Learning,  
Connection and Renewal



PAA CONTINUING EDUCATION COMMITTEE:

## BUILDING A PRE-FORUM COMMUNITY THROUGH SOCIAL MEDIA

The PAA Continuing Education Committee (CEC) is trying new ways to reach out to its membership and build a sense of connection and camaraderie. In promoting the PAA Connect 2015 Forum, the CEC is venturing into new frontiers using a variety of social media tools.

Members can join in the PAA Connect Pre-Forum Community several ways:

Join us on twitter @paaconnect2015 and catch our regular tweets related to content in Dr. Dan Siegel's books and presentations and other messages that are of broad interests to psychologists. Retweet, favourite or reply to a post. Use hashtag #paaconnect2015.



Like or comment on our facebook page:  
[facebook.com/pages/PAA-Connect-2015/285594124946610](https://facebook.com/pages/PAA-Connect-2015/285594124946610)  
You don't need a facebook account to see posts and follow the discussion.



Join our wikispace - blog. PAA members have been encouraged to read together Dr. Dan Siegel's Pocket Guide to Interpersonal Neurobiology. Our wikispace contains comments and videos related to the content of the book. Anyone is welcome to join and add a comment/content to an existing page or add a new page & content at PAAReadsIPNB wikispace. This is also the place to find out about upcoming live PAA Reads meetings and online book discussions. To join please send a message to the CEC email at [paaconnect2015@psychologistsassociation.ab.ca](mailto:paaconnect2015@psychologistsassociation.ab.ca).



Finally, ticket sales for PAA Connect 2015 are being managed through Eventbrite for the first time. This gives flexibility in ticket purchasing options, an easy way to engage with participants and many other tools to help things run smoothly on the day of the event. To purchase tickets, you will be directed to our Eventbrite site through the PAA Connect 2015 page under Continuing Professional Development on the PAA website.



Our pre-forum community is slowly building through the use of social media. The CEC hopes that this will set the stage for a greater feeling of connection with colleagues that will lead to a richer experience at the PAA Connect 2015 Forum.

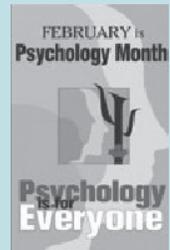
Harriet Johnston, Committee Member  
PAA Continuing Education Committee



## 2015 PSYCHOLOGY MONTH EVENTS IN ALBERTA

*PAA's display board and Psychology Month materials were exhibited and displayed at the following Psychology Month Events:*

PAA is on Twitter and Facebook. Throughout Psychology Month we were promoting mental health and wellness through our various social media outlets. Follow us on Twitter: @PAAAlberta, like us on Facebook: <https://www.facebook.com/pages/Psychologists-Association-of-Alberta/169589246436220> .



Throughout the month PAA's Public Education Committee (PEC) had facilitated a dozen libraries in Edmonton and the surrounding area to have displays on mental health and psychology.

Throughout the month to recognize Psychology Month, PAA posters & pamphlets were displayed in the main lobby of Undergraduate Student Services in the Faculty of Education at The University of Alberta. Catherine Wilkes, Registered Psychologist, Director of Student Support, Undergraduate Student Services wants Education Students and Staff to know 'Psychology is For Everyone'. She had also displayed posters and pamphlets in her private practice office in St. Albert, Alberta.

Throughout the month Ms. Erin Buhr displayed a variety of PAA materials at the University of Alberta Student Clinical Services and on February 5th she spoke to Youth Empowerment and Support Services (YESS) and provided information on Mental Health in a question and answer format during Psychology Month.

Throughout the month Dr. Shelagh Dunn provided a Lunch & Learn presentation at Spartan Controls on depression and other mental illness symptoms and a display of PAA materials in her private practice waiting room.

Throughout the month Ms. Naznin Virani displayed a variety of PAA materials in her private practice offices in Edmonton and Sherwood Park.

**February 2 – 12th** – PAA materials were displayed within the various Alberta Health Services (AHS) hospitals and clinics. Information was distributed to individuals, families, as well as staff relating to psychology services and the profession.

**February 5th** – Ms. Meena Ramaswamy provided a variety of PAA materials when she promoted the benefits of psychological counselling and the different types of strategies used, to the staff of the non-profit organization iHuman during Psychology Month.

*Continued next page...*

**February 3rd** – Dr. Brent Macdonald attended PAA’s display booth with a variety of materials at The University of Calgary - Career Expo.

**February 12 – 13th** – 2015 Calgary City Teachers’ Convention was held at Telus Convention Centre and manned by Dr. Patrick Keelan, Ms. Kimberly Walters, Ms. Leona Doig and Ms. Monique Jamin.

**February 17 – 18th** – Ms. Jane Rowley, Mr. Michael Poole and Ms. Chelsey Stang displayed Psychology Month materials at Red Deer Regional Hospital for staff and the general public to view.

**February 19th** – PAA offered an internal Brown Bag Luncheon on Season Affective Disorder (SAD) presented by Dr. Judi L. Malone.

**February 19 – 20th** – 2015 South Western Alberta Teachers Convention was held at the University of Lethbridge and manned by Ms. Sandra Annis and Ms. Heather Ponech.

**February 26 – 27th** – 2015 Greater Edmonton Teachers’ Convention was held at the Shaw Conference Centre and manned by Ms. Christy Hennig, Ms. Irene Spelliscy, Ms. Eva Laarman, Mr. Carlton Duff, Dr. Arthur Burrows, Dr. Joe Eustace and Ms. Raimona Ullah.

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

## PAA MEMBER DIRECTORY

The PAA Member Directory is available for all members in our new website. If you are interested in being listed in the PAA Member Directory, please go to the Member Log In area on our website and update your profile by entering contact information in the Member Directory section. If you are listed in the directory, you and other PAA members will have immediate access to your up-to-date contact information.

We encourage you to visit and explore the Member Log In area in our new website where you can register for workshops, access information on member benefits, and more.

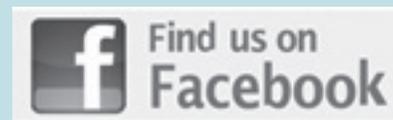
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You do not have to have a Facebook account to view the PAA Facebook page.



## A PAA WORKSHOP REVIEW

“The Seven Habits of Highly Ethical Psychologists  
(And One Good Habit You Don’t Want to Practice)”

*Presented by: Dr. Derek Truscott & Dr. Richard Spelliscy  
in Edmonton, on December 12, 2014*

When I heard that Dr. Derek Truscott and Dr. Richard Spelliscy were offering a PAA Workshop entitled *Seven Habits of Highly Ethical Psychologists (And One Good Habit You Don’t Want to Practice)*, I knew this was one workshop that I did not want to miss. I had the privilege of having Dr. Truscott as a professor at the University of Alberta; and I have heard Dr. Spelliscy speak several times at CAP conferences. Dr. Derek Truscott, PhD, R.Psych (AB) is a Professor of Counselling Psychology at the University of Alberta, and the author of *Ethics for the Practice of Psychology in Canada, Becoming an Effective Psychotherapist, and Ethics and Law of Teachers*. Dr. Richard Spelliscy, PhD, R. Psych (AB) is the Complaints Director, Privacy Officer and former Director of Professional Guidance for the College of Alberta Psychologists, and an Adjunct Professor in the Faculty of Education, University of Alberta.



Ethics, in my view, could potentially be a dry topic for a workshop, especially when presented by experts in the field. However Dr. Truscott and Dr. Spelliscy, as I knew from previous experience, have a gift for presenting in a manner that is inspiring and engaging. The audience at this PAA workshop was a diverse group: psychologists, provisional psychologists, and students, from a variety of settings and areas of specialty. We were seated at round tables in the Aurora Room at the University of Alberta’s Lister Conference Centre, an arrangement and setting conducive to learning and sharing with fellow participants. Dr. Truscott and Dr. Spelliscy also, consistent with their teaching (See habit #6 *Community* below), encouraged this sense of community.

The title of the workshop was indeed provocative. What psychologist wouldn’t be curious about what is the “one good habit you don’t want to practice?” But we had to wait until the end of the day to hear about that one good habit. First we were introduced to seven habits, according to Dr. Truscott and Dr. Spelliscy, that as ethical psychologists we do want to practice: Connection, Consent, Competence, Confidentiality, Care of Self, Community,

*Continued next page...*

and Conscientiousness. These are seven aspects of psychological practice that were described as good habits that can help us act ethically. The point was made that although it is not always easy to start a new habit, once a habit has been practiced for a certain amount of time, it is easier to maintain.

Each of these habits was discussed in depth. Here I will mention some of the highlights of each habit that stood out to me. In terms of Connection, it was interesting to hear that complaints most often arise at the outset of the relationship, before there is an opportunity for a good connection to be made between the therapist and client. Further, Dr. Truscott explained that most complaints are made when the client feels hurt or angry. Some ways to help clients experience a good connection were introduced.

Next on the topic of *Consent*, we were reminded that it is a good habit to spend more time obtaining consent; that the consent process does not end when the form is signed; and that it is important to document the discussion about consent. On the topic of *Competence*, it was interesting to hear that experience is uncorrelated with competence, and that most psychologists are poor judges of their effectiveness. The point was made that *Confidentiality* is the most frequent ethical concern cited by psychologists.

The importance of the habit of *Care of Self* was reinforced; after all, we were reminded that every aspect of our psychological practice includes the use of our “self.” Given that, as explained by Dr. Truscott and Dr. Spelliscy, “our practice is a manifestation of our personal functioning,” we must strive to always be *at our best*. Next in the discussion of *Community*, the point was made that it is important to share our values with others because people who share their values, the presenters explained, are more likely to “live by them;” and conversely psychologists who are isolated are more likely to commit ethical violations. They made the point too that “the strongest influence on our ethical intuition is the people we associate with,” that is, “you are the company you keep.” The seventh habit was *Conscientiousness* - that in order to lessen the chance of behaving unethically, we must continuously pay attention to our behaviour and continuously strive to have good habits.

In the discussion of each of these habits, provocative case studies were presented. We were provided the opportunity to consult, first with co-participants at our tables and then, guided by the presenters, with the larger group. We were encouraged to examine and share such issues as our values, our behaviours, our strengths, how we might incorporate new habits, and what impediments there might be to incorporating these habits. It struck me how Dr. Truscott and Dr. Spelliscy, throughout the presentation, shared their personal experiences also, which certainly made the atmosphere more open and safe to share. I appreciated how they seem to “walk the talk.”

Questions were welcomed throughout the presentation. At times, not only did the presenters answer the questions, but fellow participants with relevant expertise were also encouraged to provide feedback. Ethical psychological practice is of course a broad topic for a one day presentation, and with such a diverse group of participants, it could have been easy to get off track. When participants had questions that were specific to their organization or area of specialization, that might not be applicable to other participants, they were

*Continued next page...*

directed where to look - for example in the Standards of Practice - to address the issue.

The “good habit that we don’t want to practice” was exposed later in the presentation. It is this: Responding appropriately to a complaint is a good habit; but we certainly do not want to have the chance to use this good habit. We were advised not to take a complaint personally, that anyone can get a complaint. Informed by his expertise as the Complaints Director at CAP, Dr. Spelliscy provided us with a description of the complaint process, and a detailed plan on how to manage a complaint. Both presenters could illustrate this process with examples that made the material real and relatable.

It seemed at the end of the day, that participants were prepared to learn more from these two experts in the field of Ethics, Dr. Derek Truscott and Dr. Richard Spelliscy; and to consult more with fellow participants, some we may have already known and some we had a chance to meet for the first time. For me, it was a perfect way to end the day - energized and inspired. It was as if we were being encouraged to continue these important discussions - on habits to practice ethically - amongst our community of students, provisional psychologists, and psychologists.

Respectfully submitted,  
Amrita Bhar, M.Ed.  
Registered Psychologist



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Registration now open at [CACBT.ca](http://CACBT.ca)  
Early Bird Rates until April 6<sup>th</sup> 2015

## WELCOME TO NEW PAA MEMBERS

(October 17, 2014 – February 17, 2015)

- Alonzo-Schulte, Rosemarie Joy (Provisional)  
Attewell, Valerie (Student)  
Badesha, Jaswinder (Full)  
Baker, Brittany (Provisional)  
Bellows, Carmen (Full)  
Berg, Zachary (Provisional)  
Bonneteau, Laurie (Student)  
Brown, Candace (Provisional)  
Bzdel, Daniel (Full)  
Chan, Carmen (Provisional)  
Christens, Erla (Provisional)  
Clyburn, Lisa (Full)  
Corcoran, Ella Marie (Provisional)  
Davis, Teresa (Full)  
Deeth, Sander (Full)  
DeRosier, Theresa (Provisional)  
Durante, Justin (Student)  
Elliot, April (Provisional)  
Foster, Melissa (Full)  
Harcus, Christie (Student)  
Hegler, Jason (Provisional)  
Hildebrand, Landon (Provisional)  
Jabbour, Debbie (Provisional)  
Jay, Melissa (Student)  
Jones, Kailyn (Student)  
Kenyon-George, Leah (Full)  
Knapp, Kathryn (Provisional)  
Kubas, Hanna A. (Student)  
Kully-Martens, Katrina (Student)  
Larke, Ian (Full)  
MacMullin, Amy (Provisional)  
Malito, Skylar (Provisional)  
Mankavil, Tena (Provisional)  
Marleau, Amanda (Full)  
Martinovich, Pina (Provisional)  
McDaniel, Francis (Student)  
Moen, Joanna (Provisional)  
Nand, Jocelyn (Provisional)  
Nathoo, Nina (Provisional)  
Navarro, Joanna (Full)  
Ohlmann, Chelsea (Full)  
Paca, Marlena (Provisional)  
Parker, Neil Matthew (Student)  
Piitz, Jessica (Provisional)  
Pukalo, Joel (Provisional)  
Redman, Lindsay (Provisional)  
Rignault de Chezeuil, Nicolette (Provisional)  
Rioux, Jennifer (Full)  
Romanoski, Kristin (Full)  
Saini, Parampreet (Provisional)  
Sanford, Melodie (Full)  
Sanghvi, Renuka (Full with Referral)  
Schellenberg, Henry (Full)  
Scratch, Cynthia (Provisional)  
Smith, Amanda (Student)  
Sokoloski, Nadia M. (Provisional)  
Soucy Dahl, Michelle (Full with Referral)  
Syeda, Maisha (Student)  
Tharayil, Davis (Provisional)  
Tougas, Luke (Provisional)  
Valiakalayil, Agitha (Full)  
Vallely, Joanne (Full)  
Ward, Jennie (Full)  
Wiebe, Kalyn (Provisional)  
Wygiera, Donelda (Full)  
Young, Jenna (Student)  
Young, Marley (Student)

## 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, and you are unable to supervise a Provisional Psychologist at this time please let the PAA office know in order that we can keep our 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)

## PSYCHOLOGY BROCHURES AVAILABLE

The Canadian Psychological Association (CPA) “*Psychology works*” brochures are available with the PAA referral service information included on them. The following brochures are available at a cost recovery fee of \$0.15 each (plus postage) from the PAA office:

- *Psychology works for Depression*
- *Psychology works for Eating Disorders*
- *Psychology works for ADHD*
- *Psychology works for Chronic Pain*
- *Psychology works for Generalized Anxiety Disorder*
- *Psychology works for Parenting Challenges*
- *Psychology works for Insomnia*

If you are interested in purchasing brochures for your office, please contact the PAA office at (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary) or toll free 1-888-424-0297 (anywhere in Alberta).

## CONTINUING EDUCATION RECIPROCAL AGREEMENT

The Psychologists’ Association of Alberta (PAA) has a reciprocal agreement with the British Columbia Psychological Association (BCPA), the Psychological Society of Saskatchewan (PSS) and Idaho Psychological Association offering registration to the three associations’ respective continuing education programs at the same fees that each of these associations charge to their own members.

Members of the PAA who register for workshops and conferences offered either by the B.C. Psychological Association, the Psychological Society of Saskatchewan and Idaho Psychological Association are now able to register to these functions at the respective association’s member rates.

Go to our website [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca) under ‘PAA workshops/conferences’, to find the link to BCPA and PSS.

## ALBERTA PSYCHOLOGY IN THE MEDIA

### Psychology in the Media generated through the PAA office: November 2014 - March 2015

| DATE         | PSYCHOLOGIST    | MEDIA OUTLET     | TOPIC                    |
|--------------|-----------------|------------------|--------------------------|
| January 2015 | Dr. Judi Malone | Edmonton Journal | Tragedy traumatizes city |

### Psychology in the Media - not generated through the PAA office: November 2014 - March 2015

| DATE          | PSYCHOLOGIST   | MEDIA OUTLET  | TOPIC   |
|---------------|--|---|---|
| November 2014 | Dr. Ganz Ferrance  | CTV Edmonton News   | People losing battles with depression, anxiety and PTSD   |
|               | Dr. Linda Hancock  | The Medicine Hat News – All Psyched Up (regular column)       | - True Peace<br>- Important things you should know about anger<br>- Communication: Hola! Como esta usted?<br>- It's important to set parenting boundaries |
|               | Dr. Janet Miller<br>Dr. Brent Macdonald<br>Dr. Ganz Ferrance | Alberta Primetime – Lifestyle                                 | The silence surrounding sexual assault, and the ever-expanding impact of PTSD   |
|               | Dr. Brent Macdonald<br>Dr. Janet Miller<br>Dr. Ganz Ferrance | Alberta Primetime   | The silence surrounding sexual assault  |
|               | Dr. Janet Miller<br>Dr. Ganz Ferrance<br>Dr. Brent Macdonald | Alberta Primetime   | Discussing end-of-life care   |
|               | Dr. Karen Dushinski  | Edmonton Journal  | Calls to sex-assault hotline soar after CBC scandal   |
|               | Dr. Dianne Kipnes  | Edmonton Journal  | Power 30 – Edmonton's top movers and shakers are building one of Canada's most exciting cities – Irv and Dianne Kipnes, philanthropists                   |
|               | Dr. Brent Macdonald  | Alberta Primetime – Lifestyle                                 | Keeping an eye on your teen's friends, and potty-mouth children   |
|               | Dr. Linda Hancock  | Indian Head – Wolseley News – All Psyched Up (regular column) | Important things you should know about anger  |
| December 2014 | Dr. Ganz Ferrance  | CTV Edmonton News   | Dealing with stresses during the holidays   |
|               | Dr. Linda Hancock  | Indian Head – Wolseley News – All Psyched Up (regular column) | - How it's supposed to be<br>- Is this healthy?   |
|               | Dr. Brent Macdonald<br>Dr. Janet Miller<br>Dr. Ganz Ferrance | Alberta Primetime – Lifestyle                                 | 10 years strategy for mental health and addictions  |

*Continued next page...*

## ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

| DATE                         | PSYCHOLOGIST   | MEDIA OUTLET  | TOPIC   |
|------------------------------|--|---|---|
| <b>December 2014 (con't)</b> | Dr. Ganz Ferrance  | Alberta Primetime   | Keeping seasonal affective disorder in check  |
|                              | Dr. Linda Hancock  | The Medicine Hat News – All Psyched Up (regular column)       | - Is this healthy? Ways to strengthen relationships<br>- How it's supposed to be<br>- Miracles<br>- Boxing Day means different things to different people |
|                              | Dr. Linda Hancock  | The Medicine Hat News   | Talking can help alleviate symptoms of seasonal affective disorder  |
|                              | Dr. Ganz Ferrance  | 630 CHED radio  | Advice on how to avoid holiday stress   |
|                              | Dr. Ganz Ferrance  | CTV Morning Live  | Managing stress   |
| <b>January 2015</b>          | Dr. Linda Hancock  | The Medicine Hat News – All Psyched Up (regular column)       | - 2015, leave the past behind<br>- The bills are coming, the bills are coming<br>- How are you?<br>- You are not alone                                    |
|                              | Dr. Ganz Ferrance  | CTV News Edmonton   | Getting a better sleep  |
|                              | Dr. Linda Hancock  | Indian Head – Wolseley News – All Psyched Up (regular column) | - Leave the past behind<br>- The bills are coming in!<br>- How are you?   |
|                              | Dr. Ganz Ferrance  | Alberta Primetime   | Are teen behaviors a result of brain development?   |
|                              | Dr. Ganz Ferrance  | CTV Morning Live  | Signs to look for if you think someone you know is suffering from depression  |
| <b>February 2015</b>         | Dr. Ganz Ferrance<br>Dr. Brent Macdonald<br>Dr. Janet Miller | Alberta Primetime   | How what you say can impact someone else  |
|                              | Dr. Ganz Ferrance  | CTV News Edmonton   | Anatomy of an apology   |

**In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public.  
July 2014 – November 2014**

| DATE                 | PSYCHOLOGIST      | VENUE   |
|----------------------|-------------------|---|
| <b>November 2014</b> | Ms. Raimona Ullah | The Guidance Council of the Alberta Teachers' Association<br>"Voices of Counselling: Connecting with Kids ...is There an APP for That?" |
| <b>January 2015</b>  | Ms. Raimona Ullah | Attended PAA's exhibit display booth at Concordia University College of Alberta's 2015 Career Fair.                                     |

*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.*

## MARKETING YOUR PAA REFERRAL SERVICE

We continue to expand the marketing reach for our already successful PAA Referral Service. The following is a summary of some of these advertisement & marketing opportunities:

- Prominent PAA Referral Service Banner & information at all PAA workshops, public education activities, & with our promotional materials at events throughout the province which include the annual teacher's conventions, career fairs, Family Physicians annual conference & other events
- Regular placement via a reciprocal advertising arrangement with *Moods Magazine* & *Psymposium*. An upcoming reciprocal agreement to exchange public education articles for advertising in *Apple Magazine*, Alberta's premier health magazine with a readership of over 500 000 Albertans.

Advertisements in yellow & white pages of telephone directories.

## OFFICE SPACE FOR RENT

Shared office space with a broad based clinical group (Peterson/Card/Quigley/Limacher/Glossop) in NW Calgary available. Reasonable rent and month to month or year lease opportunities.

Email [peter@newthresholds.ca](mailto:peter@newthresholds.ca)

## UPCOMING MEETINGS & SOCIAL EVENTS

### BOARD MEETING

May 28, 2015 - Cochrane

### ANNUAL GENERAL MEETING

May 29, 2015 - Cochrane

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

## CALENDAR OF EVENTS

Please be sure to check the PAA website regularly for any newsletter updates and upcoming events. Log onto the website [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca) and click on *Continuing Professional Development/ PAA Workshops / PAA Connect2015* or *Classifieds/Non-PAA Training Events Calendar*.

### April 21 – 23, 2015 CONDUCTING CHILD CUSTODY EVALUATIONS

Presented by Dr. Stephen Carter

Location: Executive Royal Hotel, Leduc

More information is available on the PAA website. **Sponsored by the Psychologists' Association of Alberta.** Contact (780) 424-0294 Edmonton, (403) 246-8255 (Calgary), Toll free (888) 424-0297 anywhere in Alberta or email [paa@psychologistsassociation.ab.ca](mailto:paa@psychologistsassociation.ab.ca)

### May 29, 2015 PAA CONNECT 2015 FORUM

Location: Cochrane Ranchehouse, Cochrane

More information is available on the PAA website. **Sponsored by the Psychologists' Association of Alberta.** Contact (780) 424-0294 Edmonton, (403) 246-8255 (Calgary), Toll free (888) 424-0297 anywhere in Alberta or email [paa@psychologistsassociation.ab.ca](mailto:paa@psychologistsassociation.ab.ca)

### MAY 7-9, 2015 – FIFTH ANNUAL MEETING

Presented by CACBT/ACTCC.

Location: University of Calgary Dining Centre, 124 University Gate NW, Calgary, AB T2N 1N4.

More information is available at <https://www.eply.com/cacbt2015> Contact Deborah Dobson (403) 923-2005 or email [Deborah.dobson@albertahealthservices.ca](mailto:Deborah.dobson@albertahealthservices.ca)

## PAA MEMBER BENEFITS

### Advancing Your Professional Identity

- Keeps us in touch as psychologists  
Understands & supports psychologists
- Connects students, affiliates, & psychologists

### Your Voice

- Advocacy for psychology & our consumers
- Defending scope of practice
- Informing the public & the media
- Enhancing psychologists' opportunities

### Professional Development

- Discounted, accredited, & responsive PAA Continuing Professional Development
- Recognition & Awards

### Communication

- Newsletters, *Psymposium*, & Member Advertising Rates
- Social Media (Facebook, Twitter, LinkedIN)
- PAA Web Presence
- Opportunities to Network & to get involved & shape the profession

### Support

- Referral Service (Full members) with link to own website
- Discounted Professional Liability, home/auto, & office insurance

## STUDENT MEMBER SPECIFIC BENEFITS

### Professional Identity

- Supports through the transition from student to psychologist

### Professional Development

- Special PAA CPD rates
- Student Research Awards & Presentations

### Communications

- Post your CV & seek employment
- Network with experienced psychologists

### Interested in more information?

Visit our webpage site [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca)

Login to the Members' Only area of the PAA website

Or, call us at the office!

### Changing Your Address?

You can update your personal details directly through the Members Log In page on our website:

[http://www.psychologistsassociation.ab.ca/site/member\\_profile](http://www.psychologistsassociation.ab.ca/site/member_profile)

or complete your information 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



PSYCHOLOGISTS'  
ASSOCIATION *of* ALBERTA

*Proudly Presents*

# PAA Connect 2015

Cochrane Ranchehouse Conference Centre  
Cochrane, Alberta  
May 29th, 2015

*Our Inaugural Forum for  
Learning, Connection, and Renewal*

Contact PAA:

Edmonton: (780) 424-0294

Calgary: (403) 246-8255

Toll Free: 1-888-424-0297

Fax: (780) 423 4048