

Psymposium

Volume 25 Number 3 – December 2015

Canadian Publications Mail Product Sales Agreement #40020241

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BOARD NOTES



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

As this article is being written, Canadians are almost ready to go to the polls to decide which party will make up the next federal government. Most of us will examine each party's platform so as to make an informed decision based on our own beliefs and principles; some will cast a vote based on a single issue, or even for strategic reasons. Voting is seen to be important, because those in government are able to set policy and advance a certain vision.

As a governing body, one of the jobs of the PAA board is to set policy and advance a vision of psychology on behalf of Alberta psychologists. One of the ways we do this is by articulating position statements that can be communicated and used to guide advocacy efforts with government. You are encouraged as a member to have a look at the PAA's position statements at the following web location: http://www.psychologistsassociation.ab.ca/site/about_us

One of the more recent position statements approved by the board is "The services of psychologists for the assessment & treatment of mental health problems & disorders of Albertans should be covered by the Alberta Health Care Insurance Plan". This position statement is seen to be logically consistent with two other PAA Position statements that state "Mental and behavioral health publicly funded services must reach parity with funding for physical health publicly funded services based on the burden of disease"...and "All Albertans, regardless of income, should have access to psychological services."

The PAA board is aware that advocating in this direction is a monumental task, as well as a task that advances a particular ideology. However, the board also sees this position as flowing from its mission statement: "The Mission of the PAA is to advance the science-based profession of psychology and to promote the well-being and potential of all Albertans." While not all psychologists will agree that advocating for public funding for psychological services is a good idea, please consider the following:

- Psychological/mental health problems are the leading reason for Albertans' visits to their family physicians constituting from 39%¹ to 70%² of visits.

PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

MISSION STATEMENT

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

PAA Symposium [ISSN 1193-2627] is the official newsletter of the Psychologists' Association of Alberta.

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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).

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

If you wish to submit letters to the Editor or submit articles for possible publishing in *Symposium*, please send them to the PAA office at rose@paa-ab.ca.

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- Access problems due to financial considerations are the leading barrier to Albertans in receiving psychological/mental health treatment.³

The EKOS National Survey conducted in 2011 found that Albertans have trust and confidence in psychologists, and 79% of Albertans surveyed thought that it was either important or very important for psychological services to be covered under the Alberta Health Care Insurance Plan.³

The PAA board welcomes any constructive feedback you may have about our advocacy, and invites members to promote the potential and well-being of all Albertans. You can do this by volunteering for a committee, by nominating someone for the PAA board, or by writing to your government representative to voice your own views about the importance of psychological services in Alberta.

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

1. Mazankowski Report
2. Craven et. al. Canadian Journal of Psychiatry
3. EKOS National Survey, 2011

EDITOR'S LETTER



Frank McGrath, Ph.D., R.Pysch.

The Winds and Machinations of Change: I write this editorial the day after our federal election with many of us remaining in a state of shock. Whatever your political stripe, it was clearly a dramatic demonstration of democracy in action. It seems that many minds were made up in the dying days of the campaigns!

My forever optimistic, yet pragmatic, daughters commented: "We'll see what it means for us in the next few months", on the one hand, and "Sad for orange and exciting for red but exciting just the same". We agreed that it is nice and very privileged to live in a democracy where "Every WHO in WHOville counts."

Speaking of Seuss-isms, some of my favorites are from *The Places You'll Go* – a book I often gift to clients

Psymposium Advertising Rates (effective November 2015)

Psymposium is the official newsletter of the Psychologists' Association of Alberta and is published three times a year with the purpose of fostering communication between psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is sent to all members of the PAA, as well as to public subscribers and selected individuals and organizations with interests in the practice of psychology.

All advertisements are invoiced on insertion. All prices quoted are for camera-ready advertisements only. Discount prices for repeat insertions are available. Layout costs for advertisements not camera-ready are indicated below.

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who have worked hard against particularly difficult odds. It is filled with much wisdom like “You have brains in your head and feet in your shoes. You can steer yourself any direction you choose”; “Just never forget to be dexterous and deft. And never mix up your right foot from your left; and, “When you’re in a Slump you’re not in for much fun. Un-slumping yourself is not easily done”.

Now un-slumping ourselves can benefit from some wisdom and guidance from our peers. In this issue, the PAA’s president, Everett J. Vroon, M.A., R.Psych., discusses the PAA’s advocacy of government-funding mental health services. When it comes to therapy, Chris Shorrock, R. Psych., provides a book review of the “old tome” Existential Psychotherapy by Irvine Yalom, and discusses how topics of existentialism presented in this book can be useful in working with our clients during therapy. In What We Do, Terry Wilton, R.Psych., reminds us of the different conclusions and consequences that can arise depending on the therapeutic point of view we take. Moreover, Jeff Chang, Ph.D, R.Psych., provides an overview of marriage and family therapy training in Alberta and provides some best practices for ensuring therapists going forward have the requisite skills to conduct such therapy. In terms of disorders, Amanda Slugoski, R.Psych., introduces us to the Eating Disorder Support Network of Alberta (EDSNA) by telling us her story. In Getting Schooled, Michael Lee Zwiers, Ph.D., R.Psych., discusses changes to learning and intellectual disabilities in the DSM-V with thoughts about how these changes may impact school psychologists. In terms of ethics, Dr. Deborah Dobson, Ph.D., R.Psych., interviews Dr. Jon Amundson who has much wisdom to share on how to practice ethically and provides inspiration of how to enjoy life outside of our practices. On that same note, Dr. Jon Amundson debuts a new ethics section that will be a part of Psymposium going forward. Lastly, when considering some legal implications, Derek Truscott Ph.D., R Psych., discusses the legal responsibilities for psychologists when confronted with suicidal clients; and, Graeme T. Clark, Ph.D., R. Psych., of the Risk Management Group discusses some recommendations of how to help prevent complaints against psychologists working in the family court system.

In a sad and final note, this issue includes an obituary on Vic Grossi, Ph.D., a friend and colleague for many of our readers.

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THE UNIVERSE WITHIN

by Gwen Randall-Young, R.Psych.

Releasing Attachment and Fear of Change



Forever is composed of nows.

Emily Dickinson

According to Buddhist philosophy there are two major causes of all human suffering. The first is attachment, and the second is the inability to accept change.

Attachment is when our wellbeing is dependent on things being a certain way. We can become attached to people, or possessions, becoming devastated if we lose them. We may be attached to success, popularity or looking a certain way. Addictions are an extreme form of attachment, but there is likely an addictive component to all forms of attachment.

The inability to accept change is related to attachment. We like things the way they are, and experience great discomfort if things change. This does not refer to change we have initiated ourselves, but rather to change that is imposed by others, or by fate.

The reason that attachment and the inability to accept change create so much suffering is because, in this world, change is a constant. Nothing stays the same. So if we become attached, sooner or later we will have to let go. In the meantime a lot of energy can go into maintaining that attachment, or experiencing anxiety at the thought of losing that to which we are so attached. Of course, this suffering is all the work of ego. Ego is that part of our awareness that gets so caught up in the story of life; taking on the roles of producer, director and lead character. Ego has an idea of how the script should unfold, and so becomes invested in how others play their parts, including the universe!

Things will not always go according to ego’s plan, but generally ego is not a good sport about it. Think of a football team. The coach has a plan, and the players are trained to execute that plan. However, they have

little control over what the other team will do, who will fumble or be tackled, or even the field conditions.

A professional, sportsmanlike team will not spend a lot of time blaming others or making excuses for what went wrong. Instead, they look at what they can do to improve their performance and ability to handle the opposition. Then they begin to focus on the next game. They do their best, but there are no guarantees.

Life is much the same. We have our plans, hopes and dreams, but there are no guarantees. Somehow though, it seems harder to view our lives with a degree of detachment. Imagine again, watching a football game, and cheering for your home team. It is so easy to get caught up in the game, feeling elation or disappointment. Now imagine you are watching a movie in which there is a football game. You know it is not a real game, and so you watch with interest to see how it will unfold, but without the same attachment you might have during a real game.

This perspective is similar to that of our soul, watching the story of our lives. Soul knows that whatever will be, will be. Soul already can fast-forward to the end of our time here. It does not necessarily know all that will happen, but knows that much of what aggravates and absorbs ego is ultimately of no consequence.

When we tune into soul, and really grasp that perspective, there is a sense of peace and release that floods the body/mind. We can relax, surrender, and watch how the story of our life evolves. We know without a doubt that everything is in a constant state of change, as are we.

We become centered in the core of our being, rather than in things outside of ourselves. We know that even if everything will not always be okay, we can still be okay. We cannot know the future, but we can know this present moment. Be fully present, perceiving what is here, release moment after moment and embrace each new moment as it comes. We are not destined to suffer just because we are human. We have the remarkable ability to choose. Choose peace. Choose bliss.

Gwen Randall-Young is a psychologist in private practice and author of Growing Into Soul: The Next Step in Human Evolution. For more articles, permission to reprint, and information about her books, "Deep Powerful Change" personal growth/hypnosis CDs, visit www.gwen.ca and like Gwen on FaceBook!

WHAT WE DO...

by Terry Wilton, R.Psych.



Those of us doing psychotherapy see enormous changes in the minds of our clients. Not just a change of opinion, the way we usually think of the expression “change of mind”, but a change in the way our clients conceive of themselves and their engagement with the world around them. With psychotherapy, relationships become more stable, negative emotions become less extreme, and adaptation to life’s external demands improves.

I wonder if those changes of mind are also accompanied by neuroplastic changes in the brains of my clients. It seems likely given what we now understand about how the brain works. I would like to think that when psychotherapy is integrative of both emotion and thought, when it is relational, and when it is consistently constructive for clients over a long term what we observe in our clients has substrate changes in our clients’ neural wiring.

But I propose a different neuroplastic process that takes place in the therapy room: not in our clients’ brains but in our own. What happens to our internal wiring, the strength of our own neural circuits, as a result of what we do many times a day, on a day-to-day basis, for years on end?

I suspect that the specific neuroplastic change in our brains depends a lot on the way we do our work. For example, if we focus on what is wrong with people in our clinical interactions then we might end up being especially sensitive to, and focused on, what is wrong around us in all of our living. On the other hand, if we see our clients on a heroic journey, perceive courage in their coming to therapy, and work in a context of hope – then the world around us becomes ripe with positive possibility, discovery and adventure.

In many of our clinical approaches we are trained to perceive the suffering and complaints of our clients as symptoms indicative of disorder or dysfunction. By this process we take what is subjective for our client and make it into object. We then instrumentally impact

on the object (symptom, disorder or dysfunction) rather than relating to the human being who is our client.

What is the long-term effect of this reductionism on us? What happens in our brains when we interact with human suffering in this way? Do we atrophy the aspect of our brain that perceives and interacts with others on a relational basis? Do we lose our capacity for compassion?

I am coming to the end of a long career. Soon I will be spending more time in the presence of professionals pertaining to my own health care. I expect that I will not want to be interacted with as if I were an object – that I will crave the comfort, companionship and compassion that comes in a caring professional relationship. I believe I can better prepare to experience the care I will receive with the professionals serving me if I am good at it now in my interactions with clients. I believe that we are more likely to receive what we are accustomed to giving.

Over the course of my career I have changed my mind. I have also seen many of my colleagues change their minds as well. Some have become more cynical and arrogant. The humanity seems to have been wrung out of them. Their compassion capacity has been eroded, and certainly not from overuse. But other colleagues are alive, remain deeply caring, accept the folly and sorrow of the human condition with genuine sensitivity and warm engagement.

I doubt if we will ever discover the specific complexity of neuroplastic changes that are beneath these two different progressions. But I know which way I choose to go. I know how important it is to the wellbeing of my clients to consistently choose “relationship” in the way I interact with them and their suffering. And this choice likely impacts enormously on my own health in the present, and the in strengths of the neural circuits I take into the rest of my life too.

Is your online presence lack-luster or non-existent?



Our office has just gone through an expensive and discouraging process of marketing and website revision, and we decided that we can do better ourselves. We now have staff trained in *Designing in Wordpress-Business Applications* and we want to help you and your business out!

McGrath & Associates will be offering Web Design services for psychologists and other professionals starting January 2015.

Email us at healingchange@shaw.ca for a quote!

GETTING SCHOOLED

Welcome to *Getting Schooled* and our next article in our series on intervention. Since the publication of the DSM-5, school psychologists have worked diligently to determine the implications for their practice in schools. Changes in certain diagnostic criteria have an impact on how we intervene with students, teachers, and families. Dr. Michael Zwiars provides us with some insights regarding the implications for practice when using this newest version of the DSM, focusing on two commonly diagnosed disorders, *Intellectual Disabilities* and *Specific Learning Disorders*. Enjoy!

Shawn Crawford, Ph.D. (R. Psych.)
Chair, PAA School Psychology Committee

Article: Michael Lee Zwiars, Ph.D., R.Psych., Assistant Professor, University of Calgary Werklund School of Education

DSM-5 and the Provision of Psychological Services in Schools: Intellectual and Learning Disabilities

In May of 2013, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was published. Similar to previous iterations of the manual, there was substantial controversy regarding its contents, including changes to a number of disorders relevant to those working as school psychologists. This article will focus primarily on Intellectual Disability and Learning Disorder, with consideration for a Canadian and Albertan context.



Strengths and Weaknesses of the DSM

“An accurate diagnosis can save a life; an inaccurate diagnosis can wreck one.”

- Allen Frances, Chair of the DSM-IV, 2013, p. 242

The DSM system has not been universally embraced (e.g. the International Classification of Disease is the predominant model worldwide in part because the Mental Health section is simpler to use, but perhaps most significantly because it is available for free, which

has implications in developing countries). Despite differences in opinion about the quality of the newest edition, the DSM system does have utility. It can help clinicians to clarify unique diagnoses, which can in turn inform treatment and support access to services, programs, and benefits; it can help us to understand and communicate common problems, which serves to normalize experience and reduce stigma; and it can improve education and training and facilitate research endeavours.

Just like any other classification system, the DSM comes with risks. A clinical diagnosis may be incorrect in two ways: the clinician may make a commission error and diagnose a disorder that the individual does not have, or the clinician may make an omission error and miss making the diagnosis of a disorder that the individual does have. Either of these can result in potential harm to the client. Even when a diagnosis is accurate, harm can occur through negative outcomes like the stigma associated with a diagnostic label; the embracing of a self-fulfilling prophecy by the individual or caregivers who may limit their prospects; or, the application of more intrusive intervention such as medications that could have detrimental side effects. A diagnosis may actually restrict an individual's access to programs and services (as is common in congregated classroom programs that often deny access to individuals who have significant disruptive behaviour or emotional problems). Finally, there may be unforeseen future consequences such as the individual being denied access to insurance, having limited job prospects, or even being restricted from adopting children.

As psychologists, we are required to communicate potential risks and benefits to clients engaging with our services. The following section will consider challenges associated with the diagnosis of learning and intellectual disabilities using the DSM and offer suggestions based on the Canadian context.

Changes in DSM-5: Neurodevelopmental Disorders

The DSM-5 reformulated the chapter on childhood onset disorders by introducing a neurodevelopmental framework, stating that these disorders typically occur during the development period and impact expected developmental trajectories and outcomes. Within this chapter, a new disorder was quietly inserted: Global Developmental Delay (GDD). This new diagnosis is restricted for use with individuals under the age of

five when the clinical severity level cannot be reliably assessed. It is used when the individual fails to meet expected developmental milestones in several areas of intellectual functioning and is unable to participate in systematic assessment of cognitive functioning. This new diagnosis does not replace a provisional diagnosis of an Intellectual Disability. Importantly, a child given a GDD diagnosis requires reassessment. Unfortunately, the term Global Developmental Delay is used differently across the Canadian landscape. In Ontario, for example, the term has been used to identify preschool children who have notable delays in many areas of developmental functioning (including motor, cognitive, social, and others) and it is considered a significant diagnosis. In contrast, the term has been used in Alberta as a way of describing preschoolers with mild delays in reaching developmental milestones, and who are typically expected to improve over time (although early intervention is usually provided).

Intellectual Disability (Intellectual Developmental Disorder)

The revised diagnosis of Intellectual Disability is one of the most unique in the DSM in that it does not contain the word “disorder”. This was primarily the result of successful lobbying by parents and professionals who support individuals with cognitive impairments, and who had worked hard to have this form of impairment recognized as a disability by governments, in turn gaining access to supportive funding and services. The DSM-5 diagnosis requires formal assessment of both cognitive capacity and adaptive functioning (conceptual, social, practical) as in the past; however, the severity level classification (e.g., Mild, Moderate, Severe, Profound) is now determined by the level of adaptive functioning and not a global cognitive functioning score (i.e., I.Q. score). The diagnosis may also be made if the individual achieves a maximum standard score of 70(±5) on a recognized measure of intellectual/cognitive ability. Although the new model has merit in that the individual’s level of functional impairment is most relevant to day-to-day functioning, adaptive functioning is often measured by school psychologists using rating scales that have been

Despite differences in opinion about the quality of the newest edition, the DSM system does have utility. It can help clinicians to clarify unique diagnoses, which can in turn inform treatment and support access to services, programs, and benefits...

completed by untrained observers. This can too-often lead to quite disparate results from different reporters in different settings (e.g., teacher at school versus parents at home). Although an individual's functional capacity may vary across tasks, settings, and domains as well as across time, school psychologists must consider the influence of the rater on test results. Psychologists must also consider their own limitations, as they are typically involved with the individual being assessed for only brief periods of time. DSM-5 offers some support to clinicians by providing a summary table of severity levels, with behavioural descriptions of functioning across domains, which can serve as a reference point. However, these descriptions also refer to supports that are typically needed by individuals in each category, which could easily be inferred to mean that such supports should be provided. This could have significant implications for school districts, which may have different models of service provision or developing and implementing program plans for students.

Suggestions for Practice

Given the challenges of conducting reliable assessments of adaptive functioning, which in turn inform the severity level of the diagnosis, psychologists may consider providing a severity indicator for each domain of functioning (allowing for differences across domains), and even across settings. The severity level of the global diagnosis could also be reported as a range (e.g. Mild to Moderate). It is also suggested that assessment take place over a more extended period of time and closely involve adults who have regular contact with the individual being assessed. Finally, adaptive functioning assessment could be conducted with an instrument that may be administered using a semi-structured interview, and which uses a benchmark model for scoring, such as the Vineland Adaptive Behavior Scales. One of the benefits of the DSM-5 approach to intellectual disability assessment is that it emphasizes careful evaluation of various domains of functioning. This can help to remind professionals to use these domains (and subdomains) when developing Individual Program Plans (IPPs) and monitoring student progress, making the IPP a living document that emerges naturally from the assessment.

Specific Learning Disorder

The framework for Specific Learning Disorder in the DSM-5 differs in many ways from earlier draft proposals,

which implies that the final version was not roundly accepted. The foundational criteria will be familiar: the individual has difficulty learning and using academic skills, in combination with academic performance that is substantially below expectations (based on age, intelligence, or age-appropriate education). It contains the additional clarification that learning problems may be masked by learned strategies or may not manifest until environmental demands exceed capacities (allowing for consideration of diagnoses at later ages). In contrast to many accepted definitions of a learning disability, DSM-5 does not refer to weaknesses in cognitive processing measures (e.g. working memory, processing speed). In fact, the current criteria do not require the administration of intelligence tests in all situations (average intellectual functioning may be assumed). A learning disorder may now be diagnosed in gifted individuals and lower cognitive functioning populations, although there is a minimum IQ threshold of 65 (70 ± 5). The DSM-5 definition also distinguishes mild, moderate, and severe versions of the disorder, and speaks to the kind of support required at each level (e.g., "intensive individualized and specialized teaching"). This language could pressure the school system to provide a certain intensity or type of service; most school districts will not be comfortable with DSM advising them how to program for students. Finally, the determination of severity level may have implications for access to disability supports (e.g., if a lower level is used by the psychologist, then CRA may deny an application for the disability tax credit).

Suggestions for Practice

Over the years, provincial departments of education have accepted varying definitions of learning disability for the purposes of identification and support (Kozey & Siegel, 2008); however, the Learning Disability Association of Canada (LDAC) definition (2002) has been accepted by most provincial departments of education across the country. None of the existing definitions match the current DSM-5 criteria. Fortunately, a clear distinction can be made between the two models if one examines the terminology used by DSM-5. Although lobbying efforts pressed for adoption of the term "Learning Disability", in the end, DSM landed on the term Learning Disorder, which allows psychologist to distinguish between the two frameworks. In order to support psychologists as they work through questions surrounding the new

framework, the LDAC convened an expert panel that prepared a position paper comparing the two models (LDAC, 2015). It is recommended that psychologists work with their school districts to determine which frameworks and criterion sets are most meaningful for their context, and then work to communicate that understanding across the system to reduce potential confusion in the front lines. In order to further reduce misunderstanding, it is recommended that psychologists not use the acronym LD or SLD if referring to a DSM-5 diagnosis of Specific Learning Disorder. School systems that decide to not use IQ testing in all cases may free up service time so that psychologists can focus on conducting functional educational assessments or monitoring individual response to trial interventions, reserving formal assessment for individuals who do not respond to more targeted interventions. To be responsible, such a system must devise ways to monitor students to reduce the chance of missed diagnoses (e.g., gifted LD).

Conclusions

Ultimately, school divisions must consider whether they wish to utilize the DSM-5 diagnostic criteria when conducting their assessments. It may help to know that Alberta education does not require the use of DSM when formally identifying and programming for students with an identified need:

The...DSM-5 has been considered in the updates to Special Education Coding Criteria 2014/2015. However, Special Education Coding Criteria 2014/2015 is not intended to provide diagnostic criteria for clinicians but rather to provide educators with information to help identify and program for students/ECS children with an identified need. (2015)

Ultimately, no matter what decision a school district may reach about its methods of identifying and programming for students with intellectual and learning disabilities, it must take into consideration the needs of students who are leaving their system. Students with intellectual disabilities may require specific documentation in order to be eligible for services, while those who are leaving high school to enter post-secondary institutions may find that the documentation requirements of their receiving institution differ from the district's practices. It behooves school districts to be familiar with the requirements of the

most common provincial institutions that their students will be transitioning to upon graduation, and to work with those institutions to ensure that their graduates' needs are recognized. Human rights legislation informs this perspective, although it remains silent on the matter of DSM-5.

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PROFILES IN PSYCHOLOGY

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



Deborah Dobson

Dr. Jon Amundson is a well known figure within Alberta psychology, having contributed to the profession in many different ways. He has been involved both with the College of Alberta Psychologists, serving in ethics investigation and remediation; and, with the Psychologists' Association of Alberta, as a consultant, speaker, podcaster and columnist. He has developed and taught an online certificate course in advanced clinical supervision through the University of Calgary and PAA. He has presented and published on many professional topics, including ethics and supervision. He has had a successful private practice in Calgary since 1980 that has included



Dr. Jon Amundson

forensic assessment and expert testimony. I met up with him in Calgary on a beautiful autumn day for a wide ranging and fascinating discussion about psychology and many other related topics.

I see from your biography that you came to Canada from California after completing your Ph.D. at Claremont Graduate University in California. How did your early activism and training prepare you for your career within Canada?

I grew up in California in the 1960s and 1970s and prior to going to graduate school, I worked in drug rehabilitation and a free health clinic in Pasadena that had the goal of bringing health care to disenfranchised people. We were at the forefront of numerous issues that included providing birth control to teenage girls, openness and discussion of gender diversity and sexuality, amongst other things. One of the contributions that I am proudest of was our sickle cell anemia clinic. This is a genetic disease, most common in African Americans. It can be diagnosed but not treated. I thought people had a right to know if they were a carrier of the trait, so I started a screening clinic in collaboration from the Black

Panthers and the Free Angela Davis committees. With this uneasy alliance, we ran a free sickle cell screening program. During my work at the free clinic, my role was as a medical administrator, and I was attending university on a part-time basis at the graduate level. Claremont Graduate University had a broad program based upon a European model that is very flexible and student driven. The Ph.D. that I completed included study in organizational change, psychology and public policy, clinical and developmental psychology. It was a unique program interested in science-based public policy (as opposed to politically based public policy). It was a good fit and following my completion, I accepted a two-year position at the University of Lethbridge where I tried to develop cooperative programs in the Liberal Arts and teach psychology. After about two years, I went to a tenured position in Red Deer, however, it was not a good fit for me and so I left it for Calgary, along with a young family. I 'interned' in a private practice with Steve Edwards for two years and went out on my own in about 1981/82. I have had a great professional life with great opportunities in Calgary and have been here now for many years.

You have had a private practice in Calgary since 1980 and I see that you had the courage to buy a building about 10 years ago. Please talk about the changes that you have seen over the years within the private practice sector and the kinds of modifications that you have made as a consequence. I've heard many practitioners think about the real estate venture, but few take that plunge. How did you make that decision?

I paid rent for about 10 or 15 years and my wife actually found the building that I bought. We saw it, it had good zoning and had been used as a half-way house for addictions. It had been built by the Riley family, who built numerous family houses in the Kensington area for family members. I saw the building, liked it, went to the bank and set up financing. As I'd planned to go fly fishing that day, I went and returned to find that someone else had made an offer and it was sold! The fishing trip ended up costing me a great deal of money, as I had to negotiate with the new owner because my heart was in the building. My strategy since that time has been to have two to three committed colleagues and a few other part-time renters. I have seven people with four who are full time and three who are very part-time. I have now changed my schedule to be in the

office about three days a week. In general, I advise young professionals to participate in a shared practice with a mentor or as an intern for several years before going into independent practice. It is more important to be motivated to learn, work and contribute than it is to be ambitious and open a practice too quickly.

I'm interested in hearing more about your work in the Peace Corp as well as your experiences as a conscientious objector during the Vietnam War. I noticed as well that you were involved as an intervener in the Same Sex Adoption Case in Alberta, representing PAA, CPA and APA. You have also been involved with mediation for high conflict divorce. It doesn't sound as though you have shied away from taking a stance on social issues. What is your opinion about the field of psychology taking positions on issues that may be perceived as controversial in the public eye?

I worked in civil rights during the busing era in the U.S., I was involved in the anti-war movement and was a conscientious objector in California. I joined the Peace Corps, however was thrown out of Panama for protesting the Vietnam War: too peaceful for the Peace Corps due to my anti-war stance! Because I suffer from WARS— Wise Ass Remarks Syndrome, I've never run for political office. I speak up and often feel chagrined for my remarks, which is not always good politically. In my work now, I believe that rather than have a scientist-practitioner model, psychologists should have a scientist-practitioner-advocate model of practice where we not only use science to inform our practice, but build in science based advocacy for our clients or larger social concerns. I have worked in Child Welfare and with families in high conflict divorce and mediation, involving child abuse, neglect and child custody and access. One example of advocacy work was my involvement as an intervener in the Same Sex Adoption Case, in the late 1990s and early 2000s where I represented PAA, CPA and APA.

Activist values have always affected my work and my life, I hope I have not shied away from controversial issues. As Albus Dumbledore said to Harry Potter: "Dark times lie ahead of us and there will be a time when we must choose between what is easy and what is right". Advocacy should have the same scholarly standards and struggle as science and practice. It should not be about merely being politically correct.

We have all seen the images of refugees on our television screens recently. So, putting my money where my mouth is, I would like to challenge PAA and psychologists in Alberta to do 'what is right'. I would like to propose a "Give 'Em A Home, Eh" challenge. As Canadians, we do not speak up quickly but now we need a critical mass of pressure to support those who need help. It takes \$29,000 to support one refugee family for one year. Groups around the world are doing this and if PAA and psychologists provide donations and organizational support (e.g., \$1,000.00 contribution from 29 psychologists/\$100 from 300), we could then challenge other associations, organizations and groups to do the same thing. It could be simple, like the "ice bucket challenge" – PAA consider yourself challenged and my \$1,000 is in the mail!!!

You've done a great deal of volunteer work for the College and PAA, particularly through your work as an ethics investigator and the development of the supervision course, which is offered through the University of Calgary. If you had to offer a few "words of wisdom" to practicing psychologists regarding how to practice ethically (avoid complaints), what would you say.

Professional practice is the opposite of the saying, "Dance like no one is watching, sing like no one is listening". Practice as if everyone is watching and everyone is listening. I have been audiotaped without my knowledge or consent for example! Ethics is the "Impossible Imperative"— so be mindful of what you do. Ambition is not the same as motivation (can you figure out the difference?). Also mid-career rather than early career people get the more serious complaints. We become confident/ 'expert', complacent and do things the same way we learned them even when it's out of date. On a personal level, never feel sorry for yourself, and there is always more work to do; look forward to it! If you are an advocate and pursue the larger vision of the good, listen carefully to those who will be affected by what you are saying or doing! Practice mindfully.

...if PAA and psychologists provide donations and organizational support we could then challenge other associations, organizations and groups to do the same thing.

In addition to being a psychologist, you are an accomplished athlete. Can you tell us about your life outside of your work? Your children are doing some interesting activities as well—please feel free to include them as well.

I like what I do—it's fun. I have lost the ability to differentiate between work and fun, maybe an age thing! Both within work and our life outside work, it's always important to have something to look forward to. I am subject to bursts of enthusiasm, and I like to be really physically active. I race both cross-country skiing and Hawaiian canoes. When I moved to Canada, my sister moved to Hawaii and then later on my mother moved there so I was there frequently for family visits. A friend of mine told me that I know how to do things that take a long time and that really hurt, like cross-country skiing, so I took up marathon canoe paddling, which transferred to Hawaiian paddling. The World Championships were in Calgary in 2012. I was part of one of the men's teams that won gold! I was 8th in my age category at the American Birkebeiner in 2013. And, I'd rather wake up in the night thinking about how to get the wax right for the Birkie than thinking about one of my clients. I can't wait for the snow to come this year—I got a new

hip last July and will be able to get out on the trails this season with even more mad fun. I also usually have a couple of high needs rescue dogs around. If you can't master dogs' behavior, stay away from working with people! One of my sons was the Canadian Champion Break Dancer and does Non-Government Organization work time to time in the Philippines. The other one works at Skywalker Ranch for George Lucas!?! And my step-daughter taught Latin at Trinity College in Dublin Ireland. One out of three academic successes isn't bad, eh?

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

We spend our working lives as clinical psychologists essentially helping people be a little less scared and a little less sad. I think that the danger is that psychologists "brown out" rather than "burn out". We become complacent, risk averse and routine. Remember to be more motivated than ambitious and not to feel sorry for yourself when it all doesn't go right. Living a rewarding and interesting life outside of work helps us remain engaged. AND remember Dumbledore!

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If you issue your donation in the name of the "Give Them a Home Challenge" we will be able to directly see the impact of psychologists in our province and then can challenge other professions and groups, for example nursing or social work, to join us.

*Together, we can Give 'Em a Home, eh!
Dr Jon Amundson & Dr Deb Dobson*

ETHICS - THE IMPOSSIBLE IMPERATIVE

by Jon K Amundson, Ph.D.



Jon Amundson

PAA has been kind enough to initiate a new regular column on ethics. This article for this column – ETHICS THE IMPOSSIBLE IMPERATIVE – is then the first in what is expected to be a regular addition to Psymposium with special thanks to Joaquin Gaete Silva.

A friend recently sent me a copy of a painting by Raphael entitled “The School of Athens”. In this painting we see Plato walking with Aristotle. Plato has his hand raised, pointing to the heavens, while Aristotle’s one hand is in a gesture of reserve while the other hand carries a book waist high. This picture is fitting relative to professional ethics. While Plato admonishes us to transcendence and the pursuit of ideals, Aristotle seeks to instruct us on the ways and means for humans to just do things a little better.

Aristotle referred to competency to do things better as phronesis: the wisdom of practical thought. We might call it as the psychoanalyst Jane Flax said, “know how” which she defines as the ability to read context and apply the most practical means toward best or better ends.

This distinction between the Platonic pursuit of the ideal and the Aristotelian desire to be useful in virtuous ways illustrates a divide in professional practice. When it comes to ethics many psychologists follow Plato, believing if they just align themselves correctly with the stars or chant the names of the gods correctly, a covenant can be established; and, a state of well-being and safety assured. In fact we teach ethics this way providing illustrative examples where alignment with or evocation of particular principles will protect us.

In juxtaposition to Platonism is a particular Balinese saying: ‘We have no art, we simply do everything the best we can’. This is something Aristotle and a generation of pragmatic philosophers would applaud. Within phronesis i.e. the cultivation of practical wisdom,

the transcendent or even specific technical expertise is secondary to a focus upon the immediate – the moment with all its inherent demand and potential.

Staying with the Greeks a bit longer, this practical wisdom consists of the marriage of ethos (from which comes the word ‘ethics’) or habits of thought, and praxis or action in the world. Pragmatists are less interested in what you say than what one does. They appreciate that there is much that can be rationalized, distorted, or hidden under the anesthesia of rhetoric. If you tell me you love me, I shall wait to see what that looks like. Although the emphasis in phronesis and the practicality associated with Aristotle and pragmatism is



on action, praxis without ethos walks on one leg, so to speak. In phronesis, ethos is a commitment to the accumulation of ideas – nothing is more important and potentially useful than a surplus of ideas regarding the good, the virtuous and the wise. From such a contemplative library can be drawn the means to guide action, and action then perhaps evoking deeper thinking, etc., etc...

For Aristotle and the pragmatists, technical knowledge – *techne* in the Greek – or systematized accumulation of facts-referred to as *episteme*, was sterile without the intellectual lubrication provided by attention to ethos. Hence professional ethics for the likes of these would not be focused upon what to do, in a technical or essential sense, but rather on how to think. A contemporary philosopher has said that the pursuit of justice, fairness or ethical behavior is not to end struggle, but that it is struggle. Certainty and assuredness are scarce commodities and so perhaps all we can hope for is to do the best we can in the company of the best ideas we can bear. Leaving the last word to the poet Yevtushenko, we need to remember that, no matter our assuredness:

“Of such baseness is our vanity
that the creator shall only raise up
those who, with even the smallest step,
quake with uncertainty”

Welcome to Ethics – The Impossible Imperative.....

PREVENTING ABUSES OF THE FAMILY COURT PROCESS

Risk Management Group

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

Preventing Abuses of the Family Court Process by Unhappy Litigants

*By Graeme T. Clark, Ph.D., R. Psych.,
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Family Courts in many jurisdictions are increasingly taxed by the demands of divorce litigants who sustain ongoing high conflict over their children. Mental health professionals, predominantly psychologists but including social workers, are valued by the Courts for their expertise in assisting these parents and their children through interventions and evaluations. In fact, in Alberta there are ample opportunities to build successful and challenging practices by way of specializing in divorce-related consultation. The work is not for the inexperienced or for the faint of heart, and senior practitioners are concerned that younger colleagues are shying away from this practice area at a time when demand for the work is actually increasing (Birnbaum & Bala, 2010). A recent panel presentation at the Association for Family & Conciliation Courts 52nd Annual Conference in New Orleans highlighted several controversies in this area of practice (Moscoe et al., 2015).

High conflict Family Court cases frequently involve parents with problematic personality tendencies and/or personality disorders (Johnston et al., 2009). It is sometimes difficult to obtain neutral information to assist in protecting children from emotional harm and other risks while assisting the Court in the creation of child-focused parenting arrangements that best fit particular family circumstances. The work is forensically challenging and emotionally demanding, and unfortunately, also increases likelihood of complaints against the professional by disgruntled litigants.

For example, data from the Alberta College of Psychologists shows that of 35 formal complaints in

2013-2014, 6 involved the custody/access area. If you were one of the 3,175 psychologists practicing outside of the family forensic area, the likelihood of a complaint was very low, but if you were one of the approximately 25 psychologists consulting to the Family Courts, your odds of receiving a complaint were quite high. Informal surveys of lawyers in both Alberta and Ontario showed that evaluators were in short supply and that evaluations took too long to commence and complete.

Although only anecdotal data is available locally concerning the impact of complaint processes for mental health practitioners, that which is available suggests that the process is not only lengthy, time consuming and potentially expensive, but emotionally and professionally difficult and intrusive. Complaints are actually seldom upheld against practitioners (Bow & Martindale, 2009; Kirkland et al., 2004) but research shows significant long-term impacts such as resigning or ceasing to perform evaluations (Bow et al., 2010). A major study of medical professionals (Bourne et al., 2015) showed significantly higher rates of depression and anxiety among those with current or recent complaints compared to physicians without, and over 80% of practitioners subsequently engaged in defensive practices such as hedging or avoidance.

When regulatory bodies for mental health professionals in Canada, the United States and Australia seize the task of investigating ethical complaints and dispensing discipline, complications arise in the family psycho-legal area due to overlapping jurisdictions and competing interests vis a vis the Courts. Colleges are concerned with protecting the public and upholding ethical practice, whereas the Courts are concerned with due process and objective evidence.

In the mental health area, ethical complaints arise from unhappy family litigants who feel wronged and who may be attempting to disrupt due legal process and intimidate the other litigant and/or the practitioner. Given that distinctions between vexatious versus well-grounded complainants are largely undefined, it appears that governing Colleges generally treat all complaints as genuine and proceed accordingly.

In the psycho-legal area, objections to a report from a court-ordered evaluation are properly addressed in Court through examination and cross-examination of the expert, and through the introduction of evidence beyond that included in the report. The complainant is a litigant first, not a client. Since the work is done according to Court Order, the Court is actually the client and both the

report and the file upon which the report is produced actually belong to the Court's jurisdiction.

The complaint process impacts on multiple levels, starting with the particular family, court case and practitioner. When complaints are lodged before a case is adjudicated, they can be used to derail due process of court proceedings, provide unfair access to confidential information, and/or harass the professional to the point of withdrawal.

On the macro level, a number of unintended consequences have arisen from efforts to protect the public interest through complaints investigations. These include the following: practitioners take greater care and increased time to complete evaluations at a financial cost to litigants and an efficiency cost to the Courts, evaluations are inaccessible due to the lack of willing and qualified experts, and evaluators likely become more tentative in their findings and recommendations so as to protect themselves. Overall, a chill has been cast over the area so that younger practitioners are avoiding or withdrawing from high conflict practice.

Ironically, all of these outcomes are to the detriment of the public interest, and raise significant access to justice and public health concerns.

In Alberta, the collaboration among psychologists, the judiciary and the College of Alberta Psychologists (CAP) has resulted in the Family Law Practice Notes 7 and 8 (Alberta Court of Queen's Bench). These are user friendly guidelines for legal professionals and mental health practitioners with important responsibilities and limits outlined. The Practice Notes also entail some protective provisions: first, that the parenting expert/evaluator is a friend of the Court, and, second, that no complaint can be filed with CAP before the matter at hand has been adjudicated. Sample orders are available for the Judiciary and lawyers, and it behooves psychologists to be sure that the protective provisions are included in any PN7 or PN8 order they accept.

Australian Courts also operate with a single neutral expert witness system. Litigants require leave of the Court to make a complaint for any matter before the Court, except in exceptional circumstances, and all documents remain the property of the Court. Unfortunately, problems have continued when psychologists, investigative officers and psychology boards have remained unaware of the implications of these standing orders and policies.

In Ontario, declining rates of complaint in the custody access and child protection area are thought to be related

to increased professional awareness and education concerning best practices, as well as the declining number of assessments ordered, due in part to the "chill" on practitioners and the lack of training opportunities. Parallel to the Health Professions Act in Alberta, Ontario psychologists have provisions requiring the College to abstain from investigating frivolous, vexatious, bad faith and the like complaints, but since no operational definitions are built into the Act very few complaints are actually deemed vexatious or frivolous.

In closing, several important priorities emerged from the AFCC Panel presentation and subsequent discussions:

- (1) The need to increase awareness of these problems and to increasingly collaborate with the Courts and legal professionals, psychological and social work practitioners, and our respective regulatory Colleges;
- (2) The need for mental health practitioners to sharpen their skills and knowledge regarding best practices and related ethical considerations;
- (3) The need for regulatory Colleges to keep more detailed statistics, to examine unintended consequences of current disciplinary practices, to review the adequacy of their investigative and policy processes for addressing vexatious litigants, and to liaise effectively with other parties who share both common and potentially contradictory interests; and finally,
- (4) The need for professionals in this area to develop collegial support systems for members facing complaints, as a counter-measure to the shaming which is implicit to complaint investigations.

Note: While the present author takes sole responsibility for this article, I am indebted to my co-presenters for much of the material—Ms. Tami Moscoe, LLB, Family Counsel to the Office of the Chief Justice, Ontario Superior Court; Dr. Barbara Fidler, Psychologist, Mediator and Educator with Family Solutions, Toronto; and Dr. Jennifer Neoh, Clinical Psychologist, Melbourne, Australia.

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A copy of the presentation slides and full reference list is available on request.

WHAT DO YOU DO WITH A SO CALLED FRIEND NAMED “ED”?

by Amanda Slugoski, R.Psych.



Amanda Slugoski

For those of you who haven't met Ed, and don't have any friends or family who know Ed, allow me to introduce you. Not because it will be your pleasure to make his acquaintance, but because, as psychologists in Alberta, unfortunately, you need to be acquainted. Just as you need to know about the possibility of frostbite in our winters and construction delays

in our summers, having such an introduction permits you to be better prepared for what you might encounter.

Ed was a so-called-friend of mine for many years. He controlled my thoughts and actions. He controlled my relationships with my friends, partners, and family members. He controlled what I wore, how I looked, what I ate, how I spoke, and what time and in what way everything had to be done... every...single...day. He controlled my school grades, my self-concept, and my future. Ed was my Eating Disorder, and was a so-called friend that promised me, time and time again, some illusion of perfect control over my life...just like he is promising to do right now to between 83, 220 and 373, 280 Albertans (NEDA, online).

Flash forward in time. Today, as a psychologist in private practice in Edmonton, I no longer have a so-called friend named Ed. In fact, I would be so bold as to say, with immense gratitude and deep humility, that I am completely Ed-Free. Because of this, one part of my work today is helping others become Ed-Free, because that journey from being Ed-Consumed to being Ed-Free is one...long...lonely...unimaginably scary...road. Did you know that Anorexia Nervosa has the highest mortality rate of any disorder in the DSM-5? More than Major Depression. More than PTSD. More than Schizophrenia. In fact, it has been estimated that 10% of all individuals with Anorexia will die within ten years of its onset (NEDIC, online). This devastating

mortality rate comes from a combination of literal physical collapse due to the physiological consequences of the illness. Have you ever known a straight-A, smart, charmingly articulate, beautiful and talented 16-year-old who has died from a heart attack? Ed has – along with completed suicides. Scary.

But I don't really want this article to be about Ed. He's taken too much of my time already. This article is about what to do when someone wants to take steps towards becoming Ed-Free. What I want you to know is that, in the past year, having a so-called friend named Ed has become a little bit less scary. A little bit less lonely. And a little bit more hopeful.

It is no secret to members of the eating disorder community in Alberta that we have had some pretty significant gaps in the availability of recovery services. In the past, if a loved one was ill with Ed, he or she would often have to be “ill enough” to gain admission to a very limited number of inpatient beds. Or, they would have to be affluent enough to afford private practice or out-of-province residential care rates – not atypically in the ballpark of five figures per month. Or, they would have to connect with 12-step philosophy and recover through attendance and support at meetings.

These three options were great...ARE great...but what about everyone else? If you were fortunate enough to live in Calgary, one additional option was to attend support groups run by the Calgary Counselling Centre, or, more recently, by the Calgary Silver Linings Foundation. But, if you were elsewhere in the province...no such luck. Edmonton's subsidized eating disorder treatment centre (12-step-based), SACRED, was abruptly shut down in 2009 citing financial instability.

So, what happened to those who weren't “ill enough” to require intensive medical intervention, such as the majority of people with Bulimia Nervosa, Binge Eating Disorder, or, most commonly, some combination of these two plus restricting tendencies? Their weight may not have been critically low, but that does not mean that their so-called-friend named Ed was any less distressing or destructive than their hospitalized counterpart. Or what about those who cannot afford years of private practice rates or out-of-province private care? Or what about those who, for various reasons, did not find a fit with 12-step philosophy? They could have read self-help books. They could have looked online,

searching through the chaos of Google while trying to ignore the multitude of pro-ED (e.g. “thinspiration”, or more recently, “fitspiration”) sites, ads, campaigns, and pop-ups. They could have made a go at it themselves, unarmed, hopeful something will eventually make that voice in their heads shut up. And that’s about it.

And then, two years ago, these holes were seen and protested against by an Edmonton mom with an Ed-Consumed daughter. Fueled by her anger and frustration, and motivated by her passion and fear for her daughter, this mom threw herself unabashedly into the task of filling the holes. She created EDSNA – the Eating Disorder Support Network of Alberta. Today, EDSNA is a non-profit organization with branches in Edmonton and Red Deer, and will be expanding again in 2016 to other parts of the province. Their mission is to increase access to recovery resources, to offer direct and indirect support, to foster collaboration between professionals, and to provide education on eating disorders and recovery. Pertaining to access, they are striving to maintain a comprehensive and current list of treatment resources in Alberta, support improved funding and greater access to recovery resources. Pertaining to support, they provide low-cost and no-cost support groups for individuals who are currently struggling with Ed, as well as groups for their loved ones. Pertaining to collaboration, they are creating a platform for professionals to be able to network, reinforce best practices, engage in continuing education, and cross-refer. Pertaining to education, they offer awareness-raising seminars for healthcare

professionals, teachers, parents, social workers, and just about anyone who asks to learn more. Their understanding and compassion is authentic: every single person connected to this organization, from the Executive Director to the board members to the group facilitators, truly gets the complexities of this illness because all of them have somehow experienced Ed in their life firsthand.

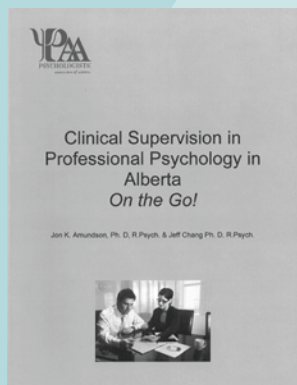
The bottom line is this: EDSNA is working at building hope, reducing stigma, increasing awareness, and providing education and support for Albertans affected by Ed. They are filling a big part of the gaps in service provision between inpatient and private practice services. They are helping individuals, parents, spouses, siblings, and friends learn how to say no to the so-called-friend named Ed, ultimately helping them to reclaim their lives.

So, just like keeping a toque in your car in the winter, or finding alternate routes around construction in your mind in the summer, consider adding this knowledge of EDSNA to your toolbox of possibilities for your practice. Because Ed really isn’t a very good friend to anyone.

For more information on EDSNA please visit www.EDSNA.ca. If you’re interested in becoming involved as a professional, please contact Sue, at Sue@EDSNA.ca

*Amanda Slugoski, R.Psych.
Owner, Equinox Therapeutic and Consulting Services*

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PSYCHOLOGISTS' LEGAL RESPONSIBILITIES WHEN A CLIENT IS SUICIDAL

by Derek Truscott Ph.D., R. Psych.



Derek Truscott

A common concern among psychologists is our legal responsibilities when a client is suicidal. Many have a vague idea that they should break confidentiality and alert the appropriate, unspecified, authorities. Some also think that they are supposed to have the client sign a (non-) suicide contract. Both of these beliefs are quite false, yet surprisingly tenacious. Perhaps the fact that psychologists are concerned is an indication that they don't have a rational source for their belief or that they are conflicted, which is good, because the truth is we are not expected to break confidentiality or perform any particular action.

It may well be that psychologists are confused because they conflate suicide with homicide—both involve death—and then mistakenly think that the “duty to protect third parties” applies. However, the US Tarasoff (1976) and Canadian Wenden (1991) decisions established that psychologists can be held responsible for harms suffered by people with whom they have no professional relationship. Therefore, the duty to protect has no direct bearing when a client is suicidal, because there is no third party needing protection.

Thinking that confidentiality should be broken may be related to the legal expectation that parents be notified when their minor children are suicidal (Eisel v. Board of Education, 1991), however, in this circumstance the parents are responsible for making decisions on behalf of their child; therefore, confidentiality includes them. Also, there certainly are circumstances where other individuals should be involved in a treatment plan, but even doing so without the client's consent is a violation of confidentiality and can be grounds for a complaint. Adding to the confusion may also be that some psychologists believe that suicide is illegal. However, suicide was decriminalized in 1972, and, in fact, interfering with someone who is mentally competent and is attempting suicide can be a criminal assault. Of course, it is difficult to defend not interfering by

claiming that someone who wants to commit suicide is competent. On the other hand, the courts are not particularly sympathetic toward clients who sue a psychologist for saving their life.

The leading case with respect to a psychologist's legal responsibility for a client's suicide is the 1977 decision of *Haines v. Bellissimo*, in which Mr. Haines was discharged from hospital after being under the care of a multidisciplinary team including Dr. Bellissimo, a psychologist. When his wife later discovered a shotgun in their garage she contacted Dr. Bellissimo who asked Mr. Haines to return to the hospital where he was assessed to be not imminently suicidal. Dr. Bellissimo then accompanied him home and took custody of the shotgun. The next day Mr. Haines purchased another shotgun and two days later killed himself with it. His wife sued Dr. Bellissimo for not hospitalizing her husband. The court found that Dr. Bellissimo was not negligent, stating that:

[T]he defendants owed to [Mr. Haines] a duty to exercise that degree of reasonable skill, care, and knowledge possessed by the average of like professionals. If the patient's mental conditions and actions were such that a reasonably prudent psychiatrist or psychologist would under the circumstances have anticipated a suicide attempt, then the concept of “reasonable care” in treatment requires the therapist to take all reasonable steps including hospitalization of the patient, if necessary, to prevent or reduce the risk of self-destruction. To this should be added the fundamental principle of law that governs all professionals, that the psychiatrist or psychologist who makes a diagnostic mistake or error in judgment does not incur liability whatever the harm, provided he exercised reasonable care and skill and took into consideration all relevant factors in arriving at his diagnosis or judgment. Psychology and psychiatry are inexact sciences and the practice thereof should not be fettered with rules so strict as to exact an infallibility on the part of the practitioners which they could not humanly possess.

Thus, while the circumstances of concern to the court was that of hospitalization, the principle of law that was established is that our legal responsibilities when a client is suicidal are to take all reasonable steps to prevent or reduce the risk of it. If failing to do so results in a client committing suicide we could be found liable for damages. However, if we do so and the client still kills him- or herself, we are not liable.

The court also noted that while hospitalization can

be a reasonable response to suicide under some circumstances:

close observation, restrictions, and restraint of the patient may be anti-therapeutic and aggravate the feelings of worthlessness which, in themselves, intensify the risk of suicide. In this case there was the risk that hospitalization, whether voluntary or involuntary, would have been a blow to [Mr. Haines'] self-esteem and pride, would have interfered with his long-term vocational rehabilitation and, most significantly, would have destroyed the strong therapeutic bond that existed between [Mr. Haines] and Dr. [Bellissimo].

Similarly, in some circumstances breaking confidentiality is the reasonable thing to do, but in most it will harm the client and the therapeutic relationship thereby increasing the risk of suicide. Our legal responsibilities with respect to suicide are that we do what is reasonable under the circumstances within the limits of the expertise of our profession to address whatever psychological factors are relevant to our client's suicide risk—an expectation that most psychologists should find reassuring.

References

- Eisel v. Board of Education, 324 Md. 376, 597 A.2d 447 (Md. Ct. App. 1991).
Haines v. Bellissimo [1977], 18 O.R. (2d) 177.
Tarasoff v. Regents of the University of California (1976), 17 Cal.3d 425, 551 P.2d 334.
Wenden v. Trikha (1991), 8 C.C.L.T. (2d) 138 (Alta. Q.B.);
aff'd. (1993) 14 C.C.L.T. (2d) 225.

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETING:

- December 5, 2015 – Edmonton
- March 5, 2016 – Edmonton
- May 27, 2016 - Edmonton

Annual General Meeting:

- May 28, 2016 - Edmonton

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

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 10 copies for \$5.00 (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
- The Psychologically Healthy Workplace

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).

COMPETENCE IN MARRIAGE AND FAMILY THERAPY FOR ALBERTA PSYCHOLOGISTS

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

Many Alberta psychologists intervene with families. Here, I explore the issue of marriage and family therapy (MFT)¹ competence, and recommend further directions for inquiry and action.

Psychologists and Family Intervention

A significant proportion of clinical and counselling psychologists provide MFT. Norcross and Rogan (2013) found 75% of the American Psychological Association's (APA) Division of Psychotherapy regularly conduct couples therapy, while 33% do family therapy. Norcross, Karpiak, and Santoro (2005) surveyed members of APA Division 12 (Society for Clinical Psychology), and of those who practiced psychotherapy, 55% performed couples therapy and 39% performed family therapy. Kozora (2008) found that 68% of private practice psychologists in southern California regularly delivered couples or family therapy. Between 30% and 40% of Employee Assistance Program referrals are for marital and family concerns (Azzone, McCann, Merrick, et al., 2009). Although there is no relevant research on Alberta psychologists, it is likely that a similar proportion of us provide MFT.

Recognizing Competence in MFT

In the United States, "Marriage and Family Therapists" are licensed in all 50 US states and the District of Columbia. The American Association for Marriage and Family Therapy (AAMFT, 2012) credentials clinical fellows, requiring three courses each in human development, family studies, and family therapy; 1000 hours of direct client contact; and, 200 hours of supervision by an AAMFT approved supervisor. There are about 80 clinical fellows in Alberta, about a third of who are Registered Psychologists.

Psychologists can also earn board certification from the American Board of Professional Psychologists (ABPP). ABPP recognizes advanced post-doctoral

competence in fourteen specialties, including Couple and Family Psychology (CFP). In addition to an APA or CPA-accredited doctorate, board certification requires graduate course work and/or extensive continuing education in CFP, one year of postdoctoral training in CFP, and an oral exam based on a video work sample. There are currently no ABPP-certified CFP specialists in Alberta.

Developing Competence in Family Intervention

If the family is "the unit of treatment", I believe that to be competent in MFT, psychologists require conceptual understanding of families, working alliance skills, and theoretical and clinical competence in one or more models of family therapy.

To work with families competently, psychologists must have a conceptual understanding of normal family development (e.g., McGoldrick, Garcia Preto & Carter 2015), interpersonal patterns (Tomm, Wulff, St. George & Strong, 2014), and diverse family structures based on ethnicity (McGoldrick, Giordano & Garcia Preto, 2005), divorce (Carter, 2011; Papernow, 2013), illness (McDaniel & Hepworth, 2004), immigration (Zagelbaum & Carlson, 2010), and many other factors.

It is also necessary to be skilled in managing the working alliance with couples and families. Friedlander, Escudero, and their colleagues (e.g., Escudero, Friedlander, Varela & Abascal, 2008), in an international research program over the last decade, found that a shared sense of purpose is more important than the therapist's alliance with any given family member. Managing the working alliance with a couple or family is qualitatively different than in individual therapy. For example, an empathic response to one family member might alienate another – something for psychologists trained primarily with individuals should note.

Psychologists working with families should have a theoretically coherent approach to family therapy. While some models of MFT are adaptations of individually-based theories, many approaches to family therapy are based on models of social interaction, not individual psychology (e.g., Milan systemic therapy [Campbell, Draper, & Huffington, 1992], social constructionist family therapy [Tomm et al., 2014], strategic family therapy [Haley & Richeport-Haley, 2003], and structural family therapy [Lynch & Lynch, 2000]). These approaches focus more on what goes on between people than what goes on within people.

Family Therapy Training in Alberta Psychology Programs

Clinical and counselling psychology programs in Alberta have limited offerings in marriage and family therapy. Neither CPA-accredited counselling psychology program (the University of Calgary and University of Alberta), nor their “feeder” masters programs, requires a course in MFT. Electives are only occasionally offered (T. Strong, personal communication, August 8, 2015; D. Truscott, personal communication, August 31, 2015). The CPA-accredited Clinical Psychology Program at the University of Calgary requires a course in child psychopathology and assessment, which contains “[s]upervised practical experience in the application of child and family assessments” and a child psychotherapy course, which offers “[s]upervised exposure to the practice of child and family psychotherapy (University of Calgary, 2015). Of the provincial universities’ on-line Master of Counselling programs (i.e., Calgary, Athabasca, and Lethbridge), only Athabasca offers an elective in family therapy. Both American programs offering the Master of Counseling in Alberta face-to-face (Gonzaga University and City University of Seattle) require MFT coursework.

Many educational programs have strong relationships with agencies that do a great deal of family therapy and provide high quality clinical supervision. Some supervisors are clinical fellows or approved supervisors of AAMFT. But, without coursework in family therapy, many are “playing catch-up” conceptually.

Moving Forward to Ensure Competence

Given the proportion of Alberta psychologists doing MFT, it is necessary to explore how psychologists can attain and enhance competence. First, I propose we survey stakeholders (psychology educators, employers, clinical supervisors, and psychologists) to learn how they have developed competence in MFT, and whether they perceive they have had adequate opportunity.

Students’ options are limited as universities have little flexibility to offer MFT electives given cost control and accreditation requirements. MFT courses taken in other departments may not be accepted by the CAP’s Credentials Evaluation Subcommittee. Some large counselling organizations hold seminars for their students and staff, but few agencies can do so. Students may select a practicum site offering family therapy, staffed by experienced family therapists, but without course work to provide theoretical background, they may be lacking conceptual clarity. The Calgary Clinical Psychology

Residency Program offers a rotation in couple and family therapy. Provisional Registered Psychologists who desire to gain MFT competence may be able to find a supervisor who is skilled in family therapy, perhaps an AAMFT Clinical Fellow or Approved Supervisor. I believe that, as psychologists, we should provide professional socialization to new psychologists within the discipline of psychology. This includes modeling competence in MFT and offering training and supervision.

Registered Psychologists have more flexibility to manage their own professional development. Beyond brief workshops, private training programs (e.g., Emotionally Focused Therapy, the Gottman Method) provide intensive training and a certification option if the learner engages in clinical supervision. Calgary Family Therapy Centre, founded by Dr. Karl Tomm, offers a 10-day summer externship biennially.

Conclusion

Given that many counselling and clinical psychologists spend significant time doing MFT, they must acquire adequate knowledge and skill. Students and trainees who are seeking to develop competence in MFT should seek opportunities carefully, and advocate with their universities and training sites. Community agencies should continue to develop their capacity to serve families and pass their knowledge on to trainees and staff. Universities can strive to offer courses within the limits of their resources and develop affiliations with training sites with MFT competence. We should survey stakeholders to ascertain the needs of the field. Finally, we should ensure that counselling and clinical psychologists have sufficient expertise in family therapy to be able to mentor newcomers, while socializing them in their professional identity as psychologists.

References

¹ Of course, not all couples are married. In this article, I use “marriage and family therapy” as it is commonly used by Canadian and US licensing bodies, and professional associations.

A list of references are available on request from the author.

Some supervisors are clinical fellows or approved supervisors of AAMFT. But, without coursework in family therapy, many are “playing catch-up” conceptually.

WELL BEING

Stillness

By John F Christensen, Ph.D

A recent development in information technology is the advent of Google glasses. These are smart goggles that allow streaming of data via the internet onto a sector of the lens and linked to a GPS embedded in the frame. Imagine walking by any place of business and with a glance at the storefront accessing the company website (restaurant menu, movie marquee with IMDB reviews) or being able to encounter a bird in the wild and with instant photo with feature recognition see all the information you want about that bird displayed in your field of vision. Pretty cool! Without waiting for this next best thing to emerge, we already have instant access to more information than was available in the great library of Alexandria (or any historical repository of human knowledge). If we wish, we can allow the information to roll over us in a continuous flow. But is there a cost to wading through this incessant stream?

Although our brains are quite adaptable and resilient, they require the full cycle of a night's sleep to prune unnecessary synaptic connections and consolidate and strengthen the connections of new knowledge. They also require stillness and silence to find the depth and meaning in what we absorb. For us (and our children) these moments of stillness are disappearing as rapidly as ice sheets in the polar regions. I found a New York Times article by Pico Ayer to be a compelling reminder of the deep value of cultivating silence and stillness. <http://www.nytimes.com/2012/01/01/opinion/sunday/the-joy-of-quiet.html?pagewanted=all>

Making a conscious effort to create “unplugged” time can reap dividends beyond the investment of time (be it a day or an hour or even 5 minutes). When we disconnect from light emitting screens, email, Facebook, and the text messages we might delay, we open ourselves to the possibility of encountering what the poet Gerard Manley Hopkins called “the dearest freshness deep down things,” whether it be a manifestation of nature, the touch of a loved one, or the murmurings of our own soul. A physician colleague in New York tries to honor the Sabbath in whatever small way he can. If he cannot take a sabbath day, he takes a “sabbath hour,” into which he enters by placing the devices that connect him to the nonstop world (pager, smart phone, iPad, car keys) into a “sabbath box,” where they remain to be picked up at

the end of the sabbath time. The discipline to collect these moments of stillness requires that we tolerate the technological withdrawal symptoms of boredom or the anxiety of missing out on something.

For a deeper read on this issue, I recommend *The Shallows*” (no pun intended) by Nicholas Carr (<http://www.nytimes.com/2010/06/06/books/review/Lehrer-t.html>)

He refers back to Marshall McLuhan’s *Understanding Media* to explore how the media of technology (rather than the message or content) are reshaping our minds.

To live consciously as humans entails being mindful not only of good nutrition, restorative sleep, and adequate exercise—but also ensuring we get our recommended daily allowance of stillness.

“When you lose touch with inner stillness, you lose touch with yourself. When you lose touch with yourself, you lose yourself in the world. Your innermost sense of self, of who you are, is inseparable from stillness. This is the I Am that is deeper than name and form.” –Eckhart Tolle

John F Christensen, Ph.D is a member of the APA Advisory Committee on Colleague Assistance.

The APA Advisory Committee on Colleague Assistance (ACCA) seeks to promote the health and well-being of psychologists by providing resources to help them prevent burnout and to thrive and flourish in their personal and professional lives. It also seeks to help organizations in which psychologists work to promote their well-being. ACCA has a threefold mission:

1. To prevent and ameliorate professional distress and impairment and their consequences among psychologists.
2. To foster and provide resources via linkages to state associations to this end.
3. Thereby, to better protect the public.
4. ACCA attempts to attain these goals in three ways: by promoting an understanding and acknowledgment of the unique occupational hazards of psychologists’ work, supporting the development and maintenance of state level assistance programming, and encouraging appropriate linkages between state ethics committees, regulatory boards and assistance programs. By working in these areas, ACCA hopes to serve the interests of the public and the professional community. Resources to help psychologists and their professional organizations can be found on the ACCA web page (<http://www.apa.org/practice/leadership/colleague-assistance.aspx>).

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PAA is active with the American Psychological Association and our members benefit from this international collaboration.

On behalf of RESOLVE Alberta, I would like to sincerely thank Colleen Bakker, Ann Marie Dewhurst, and Karen Nielsen, for their extraordinary voluntarily contributions to the RESOLVE network as Steering Committee members. Their efforts have been, and continue to be, highly valuable to this committee. Without their commitment, we could not have achieved our goals of coordinating and supporting research aimed at ending violence. Specifically, our goals are to create and evaluate strategies to address violence and abuse; communicate our research results to policy makers and the public; promote education, awareness and social change; as well as to train students and community members in research methods. The Steering Committee members meet four times a year to identify areas of additional research on violence and to develop action-oriented research projects while working with other community groups and Universities across Canada. I look forward to continuing to work with these individuals on upcoming RESOLVE projects.

Sincerely,



Nicole Letourneau RN PhD FCAHS

RESOLVE Alberta Director

RESOLVE Alberta is part of RESOLVE, which is a tri-prairie research network that co-ordinates and supports research aimed at ending violence, especially violence involving girls and women. The RESOLVE network is affiliated with the University of Calgary, University of Saskatchewan, University of Manitoba, University of Regina, University of Alberta, University of Winnipeg, and Brandon University.



2016

**On behalf of
the
PAA Board &
Staff
we wish
everyone
all the best for
the New Year**

Alberta Family Wellness Initiative

<http://www.albertafamilywellness.org>

Check out the link to The Alberta Family Wellness Initiative website, where there are many useful presentations from the Norlien Foundation's symposia on Early Brain and Biological Development, as well as on Addictions.

BOOK REVIEWS



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

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

recent edition of Psymposium. Book reviews should be forwarded to rose@paa-ab.ca

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

Existential Psychotherapy

By Irvine Yalom

**United States of America: Yalom Family Trust
(1980)**

ISBN: 0-465-02147-6

Reviewed by Chris Shorrock, R. Psych.

“Existential Psychotherapy is a dynamic approach to therapy which focuses on concerns that are rooted in the individual’s existence” (Loc 71 of 7554)

While this is clearly not a recent publication, I have found that the contents of this book are a timeless topic which clearly have implications even for today. I was pleased to read through this extensive book as one of the works selected by the Alberta Psychologists’ Competence Cooperative (APCC) book club, and enjoyed sharing how we each experienced this work.

Yalom seemed to weave together very different parts to each of these subjects including philosophical arguments, case examples through clients, and Yalom’s idea of how to deal with these shared human issues in therapy. I found the included philosophical excerpts (Hume, Kant, Kierkegaard, Sartre, and others) very interesting, however, I believe for some, these lengthy and sometimes convoluted sections of the book can make its length seem unbearable. I found the client

vignettes to be a revitalizing method Yalom uses to bring our attention as therapists back to a much more familiar experience. The final part, in which Yalom offers his insight into what effective therapy should look like when dealing with these difficult topics, is done in a way that is not assuming or arrogant and instead seems to be one that is knowledgeable, compassionate, and direct.

This text was difficult to read partly due to the length but even more so to the topic of the 4 essential existential concerns each of us face: Death anxiety, freedom/responsibility, existential isolation, and meaninglessness. After describing the history and academic research on this topic the author describes the interconnectedness of death with anxiety but also with life: “although the physicality of death destroys man, the idea of death saves him” (Loc 388). Yalom gives hope despite pointing out that of course we are all going to fade away, that we are painfully aware of this fact, and we are fearful of it. The intermittent relief seems to vanish when the book moves to consider death anxiety and death education of children, however Yalom raises the important point of parents very much being left on their own to determine how to approach this topic. Most, especially in times of fear, will offer much denial or magical thinking to temporarily soothe the fears a child will have about their own or their parents’ finitude. It is important to realize this burden is one we must deal with, both in childhood and also adulthood - Yalom implores parents to find balance in offering as much as a child can handle regarding the truth.

In reviewing the connections between existential concerns and psychopathology, it initially seems that the author biases his perspective to include nearly any psychological disturbance as rooted in one or more of the four main topics. As the chapters progress however important links are exemplified that I began noticing clearly in the clients I was seeing as well. When these initially strange connections are described through the experiences of clients Yalom has seen, primarily terminally ill cancer patients, the reality of these concepts becomes very clear. It is a paradox that varied psychopathology arises when someone fails to employ the usual defenses against death anxiety (denial, personal specialness, busyness, etc.) as this can lead to crippling anxiety, however “even defensive maneuvers that successfully ward off severe anxiety, prevent growth

and result in a constricted and unsatisfying life” (Loc 1506). Fortunately Yalom offers some relief in pointing out the importance of simultaneously having awareness of inherent isolation, meaninglessness, and finiteness to our lives, as well as the freedom, responsibility and even choice that is afforded as such.

I was surprised at how much the themes in this book appealed to many of the clients I saw. Clients that I presumed were unconcerned with such topics as death anxiety seemed gripped at the mention of our awareness of our finite life, and spoke at length in session about the topic in a deeply personal way. I am glad to have had the straightforward “answers” so to speak from Yalom, and having gained this awareness, after having done my own work, that helped me comfortably identify these topics that I now continue to notice in so much of what clients say. I am especially grateful in reading through this book and exploring the themes in my personal life, as this has helped me reach conclusions for dealing with these concerns. It is not a problem that can be solved, as much as a realization that can be gained.



NOTICE OF THE 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: Saturday, May 28, 2016
9:00 a.m. – 10:00 a.m.

Place: PAA Office
Unit 103, 1207 91 St SW
Edmonton, AB T6X 1E9

REFERRAL SERVICE CHANGES

We are pleased to announce that the PAA Referral Service has been upgraded! These valuable features will increase your visibility & better showcase your professional services.

New Features Include

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The PAA Online Referral Search page receives over 1000 visits per month. Adding a link to your professional practice website further increases the likelihood that potential clients will contact you. Users of the PAA Online Referral, on average, click on website links 5 times more than phone numbers. A weblink can be added for an additional \$50.00+GST per year (pro-rated after May 1st).

If you are interested in joining the PAA Referral Service, contact the PAA Office or visit our website to download a Referral Service Application Form.

IN MEMORIUM



Dr. Jean Linse Dixon Pettifor was an extraordinary person. She was an exceptional scholar with a CV in excess of 47 pages, in 10 point font. She was a mentor and teacher of unparalleled warmth, engagement and insight. She was a humanist known for her uncompromising kindness, acerbic wit and a commitment to social justice that kept her working for what was good and right long after anyone else would have retired. She was a loyal and giving colleague: she would tell you when she thought you were misguided but she would also support you even when doing so was difficult. Dr. Pettifor's contributions have been vast, to the profession of psychology the world over, as well as to other professions to which her work in ethics gave guidance. She kept going, even into her 90's because there was work to still be done, papers to write, symposia to organize, people to help. She kept going until finally she couldn't any longer. The Code of Ethics she co-wrote with Dr. Carole Sinclair give us aspirational principles. Her life and legacy give us aspirations as well. It is no exaggeration to say that even if you didn't know her directly, you do know her if you are a psychologist, because you know her work. She invested all of herself in her work, and lived, truly lived, the principles the Code of Ethics describe. Our profession has lost a brilliant mind, a tireless organizer, a prolific writer, and a gifted teacher and mentor. In addition, for many of us, we have also lost a true friend.

She was Dr. Pettifor, and she was also "Jean", my friend. During her last few weeks, she continued to give "assignments" to friends, family and colleagues, so that work-in-progress may continue. Because I know she would want this, I'm giving an assignment on her behalf to everyone who reads this. Here it goes. Do the right and good thing that is also the hard thing: you know it when you find it. And be extra, extra kind to each other, not just "nice" because that's a trite and ridiculous word used to control women (which Jean would of course be the first to say) but instead be kind to each other. We all could use it and kindness is never wasted. Jean has taught us that.

Dr. Veronica Horn Ph.D



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

15 November 2015

Mr. Everett John Vroon, Mr. Pierre Berube
Psychologists' Association of Alberta
Unit 103, 1207 - 91 Street SW
Edmonton, Alberta
T6X 1E9, Canada

Dear Colleagues in the Psychologists' Association of Alberta:

Personally, and on behalf of APA, I send you most sincere condolences for the loss of Jean Pettifor. Jean was a distinguished and generative colleague who has left a legacy of important contributions to psychology's discussion of ethics, ethical decision-making, and ethical reasoning. Few psychologists can match the decades of service Jean gave to associations throughout the world in their understanding of ethics. Her receipt of the 2013 Wilhelm Wundt-William James Award for Exceptional Contributions to Trans-Atlantic Psychology is but one indication of that service and the high regard in which her work was held.

She will be missed.

With best regards,

Merry Bullock, PhD, APA Office of International Affairs

750 First Street, NE Washington, DC 20002-4242
(202) 336-6325, (202) 336-6499 FAX
E-mail: international@apa.org
Web: www.apa.org

WHAT IF

“WHAT IF”: RISK IS OUT THERE, HOW TO RESPOND

1. I am being Sued

- Contact Maltman Group International (Maltmans), your insurance adjuster, and speak in confidence to an insurance professional for advice.
- Your insurance adjuster will take down details of the complaint, confirm coverage, and assign you legal counsel, as necessary.
- Work with your legal counsel to prepare a statement of defence which will need to be submitted to the court within a specified period.
- Never alter a client’s record after a legal action is initiated.

2. I am the subject of a College Complaint

- Contact Maltman Group International (Maltmans), your insurance adjuster, and speak in confidence to an insurance professional for advice.
- Your insurance adjuster will take down details of the complaint, assist you in determining what the College is asking you to do, and assign you legal counsel, as necessary.
- Work with your legal counsel to draft your response to the College. Your response should reflect what happened, your interactions with the client and your rationale behind your care or conduct.
- Maintain a respectful tone throughout your response and show empathy as the College expects you to remain professional.
- Never alter a client’s record after learning of a complaint or legal action.

3. I need Legal Advice

- If you are participating in the CPA/CPAP Professional Liability Insurance Program and a professional liability claim (actual or potential) has been made against you, you can access pro bono legal advice from Gowling Lafleur Henderson LLP (Gowlings).
- Members can take advantage of this complimentary

service for questions related to issues such as:

Privacy and confidentiality

Conflicts of interest

- o Responses to requests for information from third parties
- o Inquiries from your regulatory body
- o Responses to subpoenas
- o Professional misconduct
- o Ethical obligations
- o Professional obligations
- When you make this call, you will hear a recording asking you to leave a detailed message. Please be prepared to provide the following information:
 - o Name, telephone number and address
 - o Certificate and policy number
 - o A brief summary of the issue
- A lawyer will return your call and provide you with free, confidential legal advice in order to help avoid or reduce the probability of a claim or complaint.

4. I need to report a Property or Business Interruption Claim

- Contact Aviva Canada (Aviva), your property insurer, to report property or business interruption claims, including claims related to fire, theft, vandalism or weather-related damage and speak in confidence to an insurance professional for advice.
- Your Claims Care Advisor will take down details of the claim and will confirm coverage.
- Work with your Claims Care Advisor to identify the services you need to return your business to normal as quickly as possible.

This article is reprinted with permission from BMS Insurance and also appears in RISK The BMS Canada Risk Services Ltd. Risk Management and Liability Magazine for the Canadian Aware Psychological Association and the Council of Professional Associations of Psychologists (Edition 1, 2015). The full magazine is available as a PDF from the PAA office by contacting Dr Judi L Malone judim@paa-ab.ca or Rose Cooper rose@paa-ab.ca

ANNUAL PAA MEMBERSHIP RENEWALS

With the launch of our new website, membership renewals have become easier than ever! Online membership renewal for the 2016-2017 membership year opens January 1, 2016.

Visit your profile in the Members Only Section where you can renew your membership and access other new features such as registration for PAA workshops, information on member benefits, and more.

Membership renewal notices are being sent electronically in January via email. If you do not receive your renewal notice, please contact the PAA Office. Renewal notices will not be mailed, so please ensure we have your correct email address on file.

Membership fees are due on April 1, 2016. Avoid the late administration fee which will be charged on all membership dues received after April 30, 2016.

Important:

- If you have never logged into the Members Only area of the PAA website before, you will need to complete a first time login to register your PAA membership account. To register your PAA account you will need to use your PAA member number and the email address we have on file. If you are unsure of your PAA member number, email address, or are unsure if you have logged into the member area before please contact the PAA office.
- If you forgot your username or password you can use the “Forgot Password” link to reset your password and retrieve your username.
- If you have had a name change, ensure we are notified. If you have PAA member discounted insurance, the name you register with the insurance company and with PAA must be the same in order to confirm your membership status.

If you have any questions, comments, or concerns regarding your renewal or the online renewal system, please contact the PAA office for assistance paa@paa-ab.ca or 1.888.424.0297.

PSYCHOLOGICAL SERVICES FUND

Psychologists can apply for funding to cover costs for limited psychological services for clients who could not otherwise afford the services. See the Application for Psychological Services Fund in the “Members Only” section of the PAA website to apply.

http://www.psychologistsassociation.ab.ca/site/member_resources

ADVANCED CLINICAL SUPERVISION IN PSYCHOLOGY

A certificate course offered by

**The University of Calgary, Educational Studies in Psychology,
and the Psychologists' Association of Alberta
(CPE 140-012)**

February 1 to April 15, 2016

Within the codes and standards which govern the practice of psychology are admonitions to practice only that for which we have received adequate training or preparation (Canadian Psychological Association, 2000). While supervision is deemed one of the most important aspects of professional preparation, supervision as a professional practice seems to fall short of such standard (Howes et al., 1996; Johnson & Stewart, 2000). As entrance requirements to the profession have increased, supervision, an important aspect of professional preparation, has suffered from 'benign neglect' (Bernard & Goodyear, 1998).

With increasing numbers of psychology graduates and corresponding increased demands for post-graduate training and internships, potential professional and even legal liabilities exist regarding supervision. In June 2001, eleven Provinces and Territories in Canada were signatory to a National agreement entitled "Mutual Agreement of the Regulatory Bodies for Professional Psychologists in Canada". This agreement provided for the mobility of Canadian psychologists, allowing them to practice in the other Provinces and Territories in Canada. This agreement identified and listed six core competencies that the Provinces and Territories would have to ensure would be covered in their training curriculums for psychologists. Supervision is listed as one of the six core competencies required.

Supervision of students or interns in professional psychology is becoming a specified area of competence. As such, development of skills specific to competent supervision is required. In this certificate course registered, provisional, associate psychologists and students with graduate degrees in psychology will be exposed to the current state of the supervisory art as reflected in ethics, regulations and policy, and evidence-based best practice standards.

Course Topics and Objectives:

- Introduction to the Concept/Definition/History of Supervision in Professional Psychology
- Duties, Obligations, and Responsibilities of a Supervisor
- The Centrality of the Supervisee to the Process
- Contracting and Accrediting Supervision
- Design and Delivery of Supervision
- Domains of Supervision
- Models of Supervision
- Evaluation in Supervision
- The Concept of "Best Practice Standards" in Supervision
- Problem-solving Issues in Supervision

Reading Materials:

A series of readings will be suggested consisting of a required textbook and online articles, as a foundation for the learning process for this course. In addition to the required weekly readings, web-based content will be provided.

Evaluation:

There are 3 assignments or learning tasks. First, students are expected to participate in weekly, asynchronous online discussion forums containing a set of questions for discussion and issues for reflection. Each of the discussions will be related to the weekly readings and online lectures.

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The second learning task involves the moderation of weekly discussions. As part of a team, students will be responsible for leading one of the weekly discussion forums by (a) formulating 3 questions related to the topic of the module, and (b) facilitating the weekly online discussions.

The final assignment consists of a personal position paper, in which you will outline your emerging supervision framework that demonstrates your personal way of understanding and describing supervision. This paper will be no longer than 15 pages and will allow you to integrate the course readings and discussions into a document that will guide your current supervisory practice and future professional development in this area.

Each assignment will be graded on a pass/fail basis. Passing all of the assignments will constitute a successful certificate pass.

Certificate:

A certificate of completion will be issued by University of Calgary Continuing Education to those who successfully complete the course.

Course Delivery/Hours:

The course will be delivered on-line. It will consist of approximately 40 hours of study running from February 1 to April 15, 2016. Registrants will be able to complete all of the work online in accordance with their personal schedules, however, all students are expected to progress at the same rate through the course, completing each of the weekly modules before moving on to the next one.

Course Fee:

\$1,212.00

Members of the Psychologists' Association of Alberta (PAA) will be eligible for a rebate of \$175.00 from the PAA. Receipt of the rebate will be dependant upon submission of proof of successful completion of the course, and receipt of a request for the rebate within six weeks of course completion.

Course Materials:

Required Textbook

Bernard, J.M., & Goodyear, R.K. (2013). *Fundamentals of Clinical Supervision* (5th ed.). New York: Pearson Education.

Required textbooks can be purchased at the University of Calgary Bookstore. Online ordering is available via the web (www.calgarybookstore.com) or by telephone, at 1-877-220-5937 (toll free) or (403) 220-5937. Please inform the bookstore that it is Continuing Education course number CPE 140-009 when ordering. Additional materials will be accessed directly from within your course at no charge.

Course Pre-requisites:

Registered psychologists, provisional psychologists, and associate psychologists may register for this certificate course.

It is highly recommended that all participants who do not have prior experience with on-line courses also register in the University of Calgary Continuing Education's "Learning Online course".

For dates, costs, and registration for the Learning Online, go to: <https://www.ucalgary.ca/cted/business/psychology/>

Registration opens October 15, 2015

Registrations may be completed on-line at: <https://www.ucalgary.ca/cted/business/psychology/>

or by telephone at (403) 220-2988, toll free 1-866-220-4992

Note that the course may be cancelled if the registration numbers are low.

Course Faculty:

TBA

For further information about the course content, please contact Dr. Michael Zwiers, Chair of Counselling Psychology University of Calgary mzwiers@ucalgary.ca



Psychologists' Association of Alberta presents: The Seven Habits of Highly Ethical Psychologists (And One Good Habit You Don't Want to Practice)

Date: Friday 29th January 2016
Time: 9:00 a.m. - 4:30 p.m.
Location: Calgary

Presented by:

Dr. Derek Truscott Ph.D, R.Psych. & Dr. Richard Spelliscy Ph.D, R.Psych.

Intended Audience:

Practicing Psychologists and Psychologists-in-Training

Learning Objectives:

- Learn about common ethical trouble spots
- Learn to apply ethical reasoning to difficult situations
- Learn habits of practice that promote ethical behaviour
- Learn how to respond effectively to a complaint of unethical behaviour

Program Format and Schedule:

Psychologists, and this is true of all professionals, rarely get into ethical trouble because they don't know the right thing to do. They get into trouble when they don't know they should be thinking about the right thing to do, lack the fortitude to do the right thing, or want very badly to do something they know is wrong but do it anyway. All of these missteps are best addressed by establishing habits of practice that make behaving ethically second nature. Using case examples, experiential exercises, lecture, and group discussion, you will be presented with ethical conundrums drawn from real life to struggle with and learn from. You will then be shown how to build ethical habits into your practice that will help you deal with ethically troubling situations. Then, just for good measure, we will show you how to respond to a complaint of unethical behaviour in a manner that can improve your reputation and practice.

Rates:

	Early Reg. Received at PAA by Dec 24 2015	Reg. after Dec 25
PAA Member	\$ 200.00	\$ 225.00
PAA Student /Provisional Member	\$ 140.00	\$ 165.00
Non-Member	\$ 265.00	\$ 290.00

Presenters:



Dr. Derek Truscott, PhD, R.Psych. (AB) is a Professor of Counselling Psychology in the Department of Educational Psychology at the University of Alberta. He has practiced in hospital, community, group home, rehabilitation, and private settings. He is the author of *Ethics for the Practice of Psychology in Canada*, *Becoming an Effective Psychotherapist*, and *Ethics and Law for Teachers* as well as numerous articles on ethical and professional practice. He has served in a variety of regulatory capacities for the College of Alberta Psychologists, Canadian Psychological Association, and the U of A. Additional information at www.DerekTruscott.com.

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The Seven Habits of Highly Ethical Psychologists (con't)



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. He is a registered psychologist in three Canadian jurisdictions and has maintained a private practice offering consultative services to education, health, social service, and public/occupational safety organizations for over two decades, and currently serves on the board of the Legal Assist Society. He has previously occupied a number of volunteer roles for the College providing expert opinions, ethics/practice reviews, and council member for seven years including a term as president.

More information and registration is available on the PAA Website:
http://www.psychologistsassociation.ab.ca/site/paa_workshops

PAA FALL 2015 WORKSHOPS HELD



Starting & Operating a Professional Practice in Psychology

- Presented by Dr. Stephen Carter
- September 11, 2015 - Edmonton
- There were 30 participants.

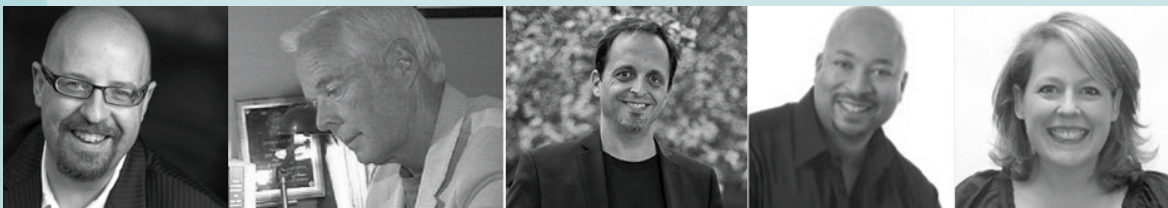


Preparing for your Oral Exam in Professional Practice

- Dr. Jim Eliuk presented 2 x half day workshops on September 25, 2015, in Edmonton.
- There was a total of 18 participants.
- He presented this half day workshop on October 16, 2015, in Calgary.
- There were 19 participants

Enhancing Media Engagement: Advancing Psychological Health & Wellness through Public Education

- Presented by Mark Kozub (Alberta Media Consultant), Dr. Ganz Ferrance Ph.D, R.Psych, Dr Brent MacDonald R.Psych, Dr Janet Miller Ph.D, R.Psych, & Dr Jon Amundson Ph.D, R.Psych.
- There were 28 participants



**The Psychologists' Association of Alberta would like
to invite you to volunteer**

at the PAA booth during the Teachers' Conventions
Calgary February 11 & 12, 2016
Edmonton February 25 & 26, 2016



Please contact Cindy at the PAA office if you are interested
780.424.0294 Edmonton
403.246.8255 Calgary
1.888.424.0297 Toll Free
or paa@paa-ab.ca

Thank you for assisting PAA in promoting, the importance of psychological services

WEBINAR FOR RURAL & REMOTE PSYCHOLOGISTS

PAA was pleased to partner with the Minnesota Psychology Association through the APA for their 7th Annual Behavioural Health Practice Webinar Conference 09 October 2015. Our involvement ensured Canadian content and enhanced ability for our members to participate in such targeted training from either the PAA offices or their own online site.

The theme of this webinar was “Innovation in Rural Behavioral Health”. As rural psychologists know, practitioners continually adapt their work to the needs of rural people and communities, as well as to new practice models and research. This online conference highlighted practical ideas for rural care’s ethical demands, rural disasters, rural indigenous populations and needs, and working with rural schools.

Presentations were made by:

- Jeffrey Leichter, Ph.D & Jonathon Aligada PsyD on “Navigating ethical challenges in rural integrated primary care settings: A primer for behavioral therapists”.
- Randal Quevillon, Ph.D on Disaster Mental Health in Rural Communities: Suggestions for Planning & Response.
- LaVerne Demientieff, LMSW, Deg Xit’an Athabaskan, & Sam Demientieff, Deg Xit’an Athabaskan Elder on Historical Trauma, Historical Strengths: An Indigenous Perspective of Navigating Wellness Today.
- JP Jameson, Ph.D. & Kurt Michael, Ph.D on Mental Health Practice in Rural Schools: The Assessment, Support, and Counseling (ASC) Center Model.

PAA members in attendance were joined by participants from over 20 US states.

WELCOME TO NEW PAA MEMBERS

(July 1, 2015 – October 27, 2015)

Abojedi, Amjed (Provisional)	Groeneveld, Janine (Student)	Nakonechny, Thomas (Provisional)
Agafonov, Marina (Provisional)	Gruszecki, Catherine (Student)	Nizio, Artur (Full)
Aikin, Kelsey (Student)	Guidotti, Alessandro (Student)	Nolan, Caroline (Provisional)
Attai, Khoban (Provisional)	Hartley, Alana (Student)	Nwachukwu, Linda Lukindo (Student)
Baillie, Beth (Provisional)	Hawley, Kelty (Provisional)	Plaizier, Kayla (Student)
Baisi, Melissa (Provisional)	Hayes, Colette (Provisional)	Premji, Farah (Provisional)
Bal, Manroop (Provisional)	Heintz, Carla (Provisional)	Proano, Nadia (Provisional)
Barham, Jeremy (Full)	Hoard, Ryan (Provisional)	Quinlan, Lorian (Provisional)
Benoit, Shawna (Provisional)	Holden-Laarman, Eva (Full)	Ramani, Kirthana (Provisional)
Bishop, Angela (Provisional)	Hoover, Stuart (Student)	Ryan, Alyssa (Provisional)
Boehme, Conrad (Full)	Jackson, Nick (Provisional)	Sabzevari, Rosita (Student)
Bown, Johnathan (Provisional)	Jago, Erika (Student)	Saini, Gagandeep (Provisional)
Chaban, Lyndsay (Student)	Jarrett, Lisa (Professional Affiliate)	Santarossa, Amanda (Student)
Champagne, Jennifer (Provisional)	Jessa, Zahra (Full with Referral)	Schmode-Kristoff, Melissa (Student)
Cheng, Fang-Chia Jackie (Provisional)	Jette, Jennifer (Full)	Scott-Casey, Helene (Professional Affiliate)
Cheveldayoff, Kyle (Provisional)	Kiefuik, Kimberley (Provisional)	Sembo, Mariko (Student)
Chrzanowski, Jan-Marie (Student)	Kim, Julie (Full)	Sesma Vazquez, Monica (Psych. Assistant)
Cochrane, Jennifer (Provisional)	Klasson, Robin (Provisional)	Shaheen, Dalal (Provisional)
Cole, Kari (Provisional)	Knorren-McGrath, Helen (Full)	Shaw, Katrina (Provisional)
Connolly, Sarah (Provisional)	Knull, Kimberly A. (Full)	Siemens, Jolene (Provisional)
Currie, Alyssa (Student)	Kuznicki, Jennifer (Student)	Sikora, Stephanie (Student)
Datu, Geminina (Professional Affiliate)	Limoges, Kendice (Full)	Skelton, Shelley (Full with Referral)
DeRozea, Cynthia (Out of Province)	Lust, Shannon (Student)	Spurrell, Jason (Full)
Dewan, Alexandra (Provisional)	MacDonald, Lindsey (Student)	Stewart, Kenedy (Student)
Dittrick, Crystal (Provisional)	MacKenzie, Meghan (Full)	Szwender, Mark (Professional Affiliate)
Dorn, Christopher (Provisional)	Mantai, Alana (Student)	Teebay-Webb, Rebecca (Provisional)
Duggan, Erin (Provisional)	Manveiler, Bryanne (Provisional)	Terlecki, Lauren (Provisional)
Ehsan, Mubashra (Provisional)	Marshall, Catherine (Provisional)	Thomas, Charmaine (Full)
Eissfeldt, Kara (Student)	Martin, Cayla (Provisional)	Thorlakson, Chantal (Student)
Faith, Sari (Provisional)	McCallum, Karim (Provisional)	Timpany, Kirsten (Provisional)
Farrell, Kevin (Full)	McDougall, Debra (Full)	Toledo, Rocio (Student)
Fines, Justine (Provisional)	McFarland, Patrick (Provisional)	Toll, Kendal (Provisional)
Gall, Kendra (Provisional)	Mckay, Shannon (Full)	Tonn, Ryan (Full)
Gardener, Jenifer (Full with Referral)	Miller, Janet (Full)	Varma, Natasha (Provisional)
Gayle, Margaret (Provisional)	Murch, James (Provisional)	Walliser, Dana (Student)
Ghazyani, Raabia (Student)	Murray, Beth (Full with Referral)	Watson, Vanessa (Student)
Glisic, Jessie (Student)	Myers, Lanna (Provisional)	
Grenier, Christen (Provisional)	Najdziak, Lisa (Full)	

PSYCHOLOGY MONTH

February, 2016 is national Psychology Month. This is an opportunity for all of us to let the public know what psychology has to offer. Please consider what you, your firm or agency might do to promote psychology during the month of February.

Also, please be sure to advise the PAA office of any activities you are planning for psychology month and we will post these on our website.

To see a list of events that occurred in Alberta in February, 2015, log on to the PAA website About Us – PAA News and Events.

The following materials can be obtained from the PAA office to assist with your promotional activities during psychology month:

- Psychology Month posters: The posters were produced by the Council of Provincial Associations of Psychology and can be viewed on the Psychology Month web site <http://www.cpa.ca/psychologymonth>. PAA has printed 11x 17 inch copies of the posters and is making them available to members at no cost. The posters are also available to non-members at cost (55cents per copy plus postage).
- Tent cards: Tent cards advertising Psychology Month and “what psychologists do” have been prepared for display in cafeterias and various locations.
- Display boards: We have two professionally developed display boards which can be borrowed for information sessions, trade fairs, public information sessions, or other forums.
- PAA Banner: that banner highlights “What Psychologists Do and PAA’s Referral Service”. The banner can be borrowed for information sessions, trade fairs, public information sessions, or other forums.
- Psychology Works brochures: We have seven CPA produced “psychology works” information brochures (on depression, anxiety disorder, etc.) which we have modified slightly to include the PAA phone and referral numbers.
- Referral Service brochures: The PAA referral service brochure is available for handing out to the public at displays and information sessions.
- School Psychology Service brochures.
- The Value of Choosing a Psychologist brochures.
- A PAA brochure entitled: Psychological Services in Primary Health Care is available for your advocacy efforts with family physicians.
- A PAA brochure entitled: The Psychologically Healthy Workplace is available for your advocacy efforts with businesses; organizations, and employers.
- A Power Point presentation on the Psychologically Healthy Workplace is posted in the ‘Member log-in – Member Resources’ section of our website www.psychologistsassociation.ab.ca. The presentation is available to use in order to promote psychological health in the workplace.
- Book marks: We have PAA book marks available for distribution to the public at information sessions and displays.

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 and click on *Continuing Professional Development/ PAA Workshops / PAA Connect2015* or *Classifieds/Non-PAA Training Events Calendar*.

January 29, 2016 – 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 collaboration with the College of Alberta Psychologists. Location: Calgary. AB

PAA DISPLAY / BANNER UNIT



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

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

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

PROMOTE A PSYCHOLOGICALLY HEALTHY WORKPLACE

A Power Point presentation on the Psychologically Healthy Workplace has been developed by the PAA Psychologically Healthy Workplace Committee.

This presentation is posted in the "members only" section of the PAA website. Psychologists are encouraged to make use of this presentation in order to promote psychological health in the workplace.

Other Resources:

Psychologically healthy workplaces have 28% less employee turnover and enhance organizational performance and productivity. To learn more about the psychological health in the workplace, go to the following website: <http://www.phwa.org/resources>

The PAA office has the following brochure available at a cost recovery fee of \$0.15 each (plus postage).

If you know of an organization that would be interested in a free presentation, they can contact the following Chair of the PAA Psychologically Healthy Workplace Committee:

Contacts:

Dr. Don Beeken
780-423-1896
donbeeken@shaw.ca

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media generated through the PAA office: July 2015 – November 2015

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
July 2015	Dr. Judi Malone	The Medicine Hat News	Medicine Hat takes a stand to tackle the psychological trauma of homelessness
	Dr. Judi Malone	Alberta Primetime - Primer	Regulating Counsellors

Psychology in the Media – not generated through the PAA office: July 2015 – November 2015

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
July 2015	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Are you a victim or a martyr? - Are you a perpetrator or an offender? - Are you a perpetrator or an offender? Part two. - Are you a rescuer or an enabler? - Getting healthy again.
	Dr. Ganz Ferrance & Dr. Janet Miller	Alberta Primetime	- RCMP to parents: be in charge. - ‘Autonomous motherhood’
	Dr. Ganz Ferrance	CTV News Edmonton	Surviving summer with your kids.
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- Are you a perpetrator or offender? - Are you a rescuer or enabler?
	Dr. Brent Macdonald	Alberta Primetime	Are too-involved parents causing problems?
	Dr. Ganz Ferrance	Alberta Primetime	- Periods between interview, start date increasing. - Negotiating vacation time.
	Dr. Brent Macdonald	Alberta Primetime	The growing popularity of gender-neutral names.
August 2015	Dr. Ganz Ferrance	CTV News Edmonton	Ganz Ferrance and your brain’s bouncer.
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Happiness is ... - Mistakes that hamper personal progress. - We could all learn from Alexander’s story. - Computer addiction.
	Dr. Ganz Ferrance	Alberta Primetime	- Are teens addicted to technology? - Playing favorites with your kids. - Being picky eaters as kids may lead to problem. - Getting kids to help around the house.
	Dr. Heather Macdonald	Global News	Raw interview: Psychologist explains how to talk to kids about drugs.

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ALBERTA PSYCHOLOGY IN THE MEDIA (con`t)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
August 2015	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	Happiness is ...
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	- Discussion on parenting and teaching children about safety on-line. - Cheating – Why people do it, how do you deal with it and can a relationship survive it?
	Dr. Patrick Keelan Dr. Brent Macdonald Dr. Ganz Ferrance	Alberta Primetime	- Long-held bullying beliefs may be wrong. - Are university students being coddled?
September 2015	Dr. Ganz Ferrance	CTV News Edmonton	- People for People Conference. - Managing stress and embracing change.
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Five steps for protecting children from sexual abuse. - What you say with your clothes.
	Dr. Brent Macdonald Dr. Ganz Ferrance	Alberta Primetime	- Back to school stresses for kids and parents. - Worried about your child wearing dark clothing?
	Dr. Ganz Ferrance	Our Weekly - Los Angeles	- The truth about Black violence.
	Ms. Kendice Limoges	Global Morning News Calgary	- How to recognize when your child stressed or dealing with anxiety.
	Dr. Ganz Ferrance	Alberta Primetime	- Collecting data on employees – hit or miss? - Poor economy = poor mental health?
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	- Confrontations and challenges in the workplace.
September/ October issue	Hull Psychological Services	Calgary's Child Magazine	- Sick with Worry? Understanding Child Anxiety.
2015 Autumn issue	Dr. Ganz Ferrance	Wellness Alberta magazine	- What Steve Segal taught me ... coping with challenging people.
October 2015	Dr. Patrick Keelan Dr. Ganz Ferrance	Alberta Primetime	- New campaign aims to prevent suicide. - Should mindfulness be taught in school?
	Dr. Laura Hambley Work EvOHlution	Flexible Boss	- Personality testing for flexible work: useful tool or total 'tosh'?
	Dr. Susan Macdonald	Alberta Primetime – Lifestyle Panel	- Dealing with bereavement time. - Going into work with a flu.

ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	- Fears.
	Dr. Ganz Ferrance	CTV News Edmonton	- Change and how to manage the stress that comes along with it. - Talking about fear.
	Dr. Linda Hancock	The Medicine Hate News - All Psyched Up (regular column)	- Procrastination can often lead to problems.
November 2015	Dr. Linda Hancock	The Medicine Hate News - All Psyched Up (regular column)	- Understanding on Nov. 11 and victory remembered.
	Dr. Ganz Ferrance	630 CHED radio	- Dorms for Grown-ups.

**In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public.
July 2015 – November 2015**

DATE	PSYCHOLOGIST	VENUE
September 2015	Ms. Sandra Annis Ms. Heather Ponech	2015 55+ Live Well Showcase, Lethbridge, AB
October 2013	Dr. Brent Macdonald	Outrun the Stigma, U of C. A run for mental health awareness.

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.

PSYCHOLOGISTS IN THE MEDIA

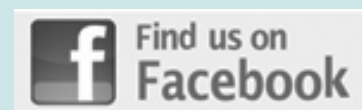
Have you or one of your colleagues, been featured in the media?

Drop us a line to let us know judim@paa-ab.ca or paa@paa-ab.ca.
We keep a repository of psychology events that happen in the media
and want your help to ensure that we don't miss any.

The Mission of the PAA is to advance the science-based profession of psychology
and to promote the well-being and potential of all Albertans

PAA IS NOW ON FACEBOOK

Please visit the PAA Facebook Page by typing in the link below into your web browser. <http://www.facebook.com/pages/Psychologists-Association-of-Alberta/169589246436220>



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

PAA MEMBER BENEFITS FOR GOODS & SERVICES

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

INSURANCE

BMS Group Inc.

Exclusive professional liability insurance for members of PAA. BMS brings a new member-centric perspective to the design and delivery of the psychology insurance program, including significant immediate and long-term benefits to policy holders.

For more information visit the BMS Group website, Phone: 1-855-318-6038, or Email: psy.insurance@bmsgroup.com

TD Insurance Meloche Monnex offers PAA members group home and car insurance. You can benefit from special privileges, such as preferred group rates, enhanced coverage and flexible limits. Request a free, no-obligation online quote and more details, visit www.melochemonnex.com/paa or call (toll-free) 1-866-258-3036.

TD Travel Insurance is also available at PAA preferred rate for PAA members who has home or auto insurance, please call (toll-free) 1-877-593-8023 for more information.

MERCHANT SERVICES

TD Merchant Services is offering a preferred pricing program for medical market professionals including psychologists. For more information and to apply, contact TD Merchant Services at 587-336-4471 or by email Steve.Kantor@td.com

QUIKCARD Solutions Inc. - Health Benefit Solutions

Preferred Rate for members of the PAA for Quikcard health benefits for your company employees. Merchant accounts are also available for accepting payment from your clients for psychological services if your client is on the Quikcard plan. Quikcard Solutions Inc. also offers a wide variety of insurance including life, disability and travel insurance. For further information contact QUIKCARD at (780) 426-7526 or toll free 1-800-232-1997 or visit their www.quikcard.com

CAR RENTAL

Alamo Rent a Car

Year-round membership discounts available at more than 550 participation locations, unlimited mileage, wide selection of quality vehicles, up to 10% off discount and 24 hours emergency roadside assistance. Call 1-800-354-2322. Request **Rate Code BY and Assoc. ID 706768** whenever you have a car rental need.

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PAA MEMBER BENEFITS FOR GOODS & SERVICES (con't)

Avis Rent a Car

PAA members can get daily and weekly discount rate in both Canada and the United States. Click the link to the online reservation or call 1-800-331-1212. Request **AWD Code S017100** for our association rate.

HOTELS

The Sandman Signature Hotel Edmonton South – offers from \$149 for the standard guestrooms and will extend the privileges to our members for complimentary upgrades upon arrival if the King Suites are available. You can phone for reservations at 780-430-7263

Sandman Signature Hotels and Sandman Hotels - preferred association rates vary at each hotel, depending on location. **Sandman Hotel Group Central Reservations: 1-800-726-3626** and indicate that you are a member of the Psychologists' Association of Alberta in order to get the best available association rate.

Clarion Hotel Calgary Airport would like to extend the privileges to PAA members and look forward to providing guaranteed preferred guest room rate starting from \$149.00 per night/ standard guest room for your business or leisure travel. Please contact 1-800-661-8157 or visit our website for on line reservation. For more information, visit www.calgaryclarion.ca

*Preferred rates are subject to availability and black out dates

OTHER GOODS & SERVICES

Login Brothers Canada Books

PAA members can purchase psychology books through Login Brothers Canada at a 10% discount by contacting Ray Humphrey at 1-888-221-2212 or raymondh@lb.ca

Red Arrow Bus Travel

PAA Members receive preferred pricing at 5% off. Use the coupon code **PAA2015** to receive your 5% discount.

IN MEMORIAM

Dr. Vic Grossi

The PAA Board would like to express their deepest sympathy
in the passing of
Dr. Vic Grossi, who passed away on October 16, 2015.



CALL FOR PAA BOARD NOMINATIONS

In accordance with the Bylaws of the Psychologists' Association of Alberta, we hereby call for nominations for the Board for a three year term commencing May, 2016. All nominees shall be eligible voting members* in good standing with the Psychologists' Association of Alberta and shall be nominated by two eligible voting members in good standing with the Psychologists' Association of Alberta. Candidates must agree to accept, uphold, be governed by and support the by-laws and objectives of the Association.

- 3 Director Positions are open for election. The term of office for these positions is three years.

A call for Nominations form can be obtained on our website at www.psychologistsassociation.ab.ca or by calling the PAA office.

A completed "Call for Nominations" form must be received at the PAA office by 4:00 p.m. on Friday March 4, 2016.

*eligible voting members – Full, Life and Out of Province Members

CONTINUING EDUCATION RECIPROCITY 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 under 'PAA workshops/conferences', to find the link to BCPA and PSS.

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) or (403) 246-8255 (Calgary)
or toll free 1-888-424-0297 (Anywhere in Alberta)

PAA RECOMMENDED FEE SCHEDULE

The PAA Fees Committee has made recommendations to the PAA Board of Directors to make changes to the PAA Recommended Fee Schedule as of January 1, 2016. The following changes have been approved by the PAA Board of Directors:

- Individual Therapy and Individual Assessment to be increased from \$180 to \$190 per session
- Couple/Family Therapy and Couple/Family Assessment to be increased from \$180 to \$190 per session.

No other changes to the previous PAA Recommended Fees Schedule were recommended.

Fee Schedule (Based upon a 50 minute session) Recommended Fee Schedule for 2016

Service	Per Session
Individual Therapy/Assessment	\$ 190.00
Couple/Family Therapy/Assessment	\$ 190.00
Group Therapy	\$ 60.00 (<i>per person</i>)
Custody/Access & Legal/Forensic Assessment	\$ 300.00
Expert Witness Testimony (half day minimum fee)	\$1200.00 (<i>half day</i>)
Expert Witness Testimony (full day minimum fee)	\$2400.00 (<i>full day</i>)
Consultation/Corporate Services (half day)	\$ 900.00 (<i>half day</i>)
Consultation/Corporate Services (full day)	\$1800.00 (<i>full day</i>)

- Report writing, telephone consultation, letters & form completion is billed at the rate of the service being provided
- Billing can also occur in 10 minute increments for services done outside the therapy hour such as phone calls, letters & the like calculated at one-fifth the hourly rate for each 10 minutes. Incremental billings are also appropriate for services provided beyond a 50 minute session.
- Fees for specialized services & treatments not listed on the above schedule may exceed the current recommended guidelines.

This fee schedule is a guideline & reflects a fair fee for service consistent with the qualifications of registered psychologists.

Changing Your Address?

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

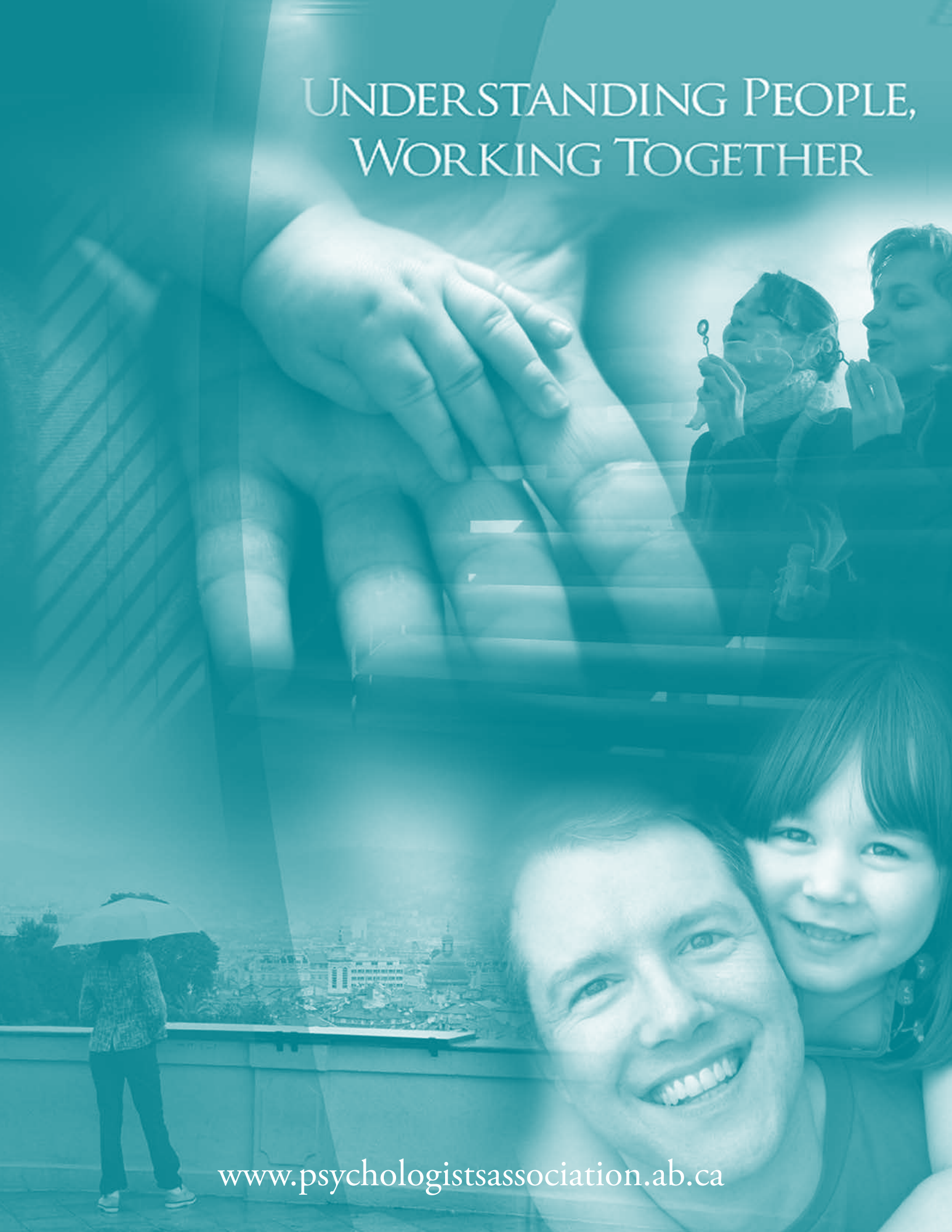
http://www.psychologistsassociation.ab.ca/site/member_profile

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

UNDERSTANDING PEOPLE, WORKING TOGETHER



www.psychologistsassociation.ab.ca