

# Psymposium

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## BOARD NOTES



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

Over the years I have had the pleasure of listening to a number of good speakers and a few great ones. One of the great ones (in my estimation) was the former head of the CPA Practice Directorate, a gentleman named Dr. John Service. He presented as a colorful and passionate character, with a paradoxical mixture of humility and gravitas that at once commanded respect. In any event, Dr. Service was speaking about the Doctoral Standard for entry into the profession, an issue that has come up more than once in the history of Alberta psychology. In his role as head of the Practice Directorate, he was very much in favor of having a national standard for entry into the profession. He also knew the history of struggles in this area not just in Alberta but also in other Canadian jurisdictions.

He added context to the issue by way of a story about, of all things, scurvy. The following Wikipedia entry provides a concise breakdown of the story:

*Historically, Hippocrates (c. 460 BCE–c. 380 BCE) described scurvy, and herbal cures for scurvy have been known in many native cultures since prehistory. Nevertheless, treatment was inconsistent, and scurvy was one of the limiting factors of marine travel, often killing large numbers of the passengers and crew on long-distance voyages. It was a Scottish surgeon in the Royal Navy, James Lind, who first proved it could be treated with citrus fruit in experiments he described in his 1753 book *A Treatise of the Scurvy...it would be 40 years before effective prevention based on fresh produce became widespread. Scurvy remained a problem during expeditions and in wartime until the mid-20th century.**

It took approximately 200 years for a known cure (vitamin C from citrus fruit) to make it onto ships so that sailors and crew would not perish from scurvy. Insight and change can be not only painful, but painfully slow. This truth is one that can help the discouraged soul who feels at times that her labors are in vain, or that the results of his hard work are not forthcoming.

In an earlier issue of Psymposium, the PAA's efforts to work with the College of Alberta Psychologists toward a resolution of the "Doctoral Entry" issue was presented, and

PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

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

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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](mailto:rose@paa-ab.ca).

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subsequently additional information from both the College and PAA were presented to Alberta Psychologists that highlighted, sadly, that the two organizations were not only at odds about the issue but seemed unable to work together to bridge the differences.

Recently, there have been some signs of a growing rapprochement between CAP and the PAA. A joint task force was established to allow issues of substance and mutual interest to be discussed at a formal level that both sides hope will allow for an increasingly unified approach to the challenges that face our profession in Alberta and in Canada. It is our sincere belief that CAP Council should be commended for allowing increased dialogue between our two bodies, and for graciously accepting invitations to engage and collaborate with us on important issues.

Perhaps *Cooperation and Collaboration* will be the “vitamin C” that saves psychology in our province from a preventable and tragic (though figurative) ailment.

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

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## Psymposium Advertising Rates (effective January 2016)

*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.

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## EDITOR'S LETTER



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

*The journey of a thousand miles begins with one step ~ Lao Tzu*

Over the past number of years I've had the pleasure of reviewing several wonderful book reviews as the Book Review Editor for the Psymposium.

Now, in slightly broadening my horizons, I've decided that it was time to take the next step on this journey. I was given the opportunity to serve as Editor-in-Chief, a position held by my distinguished predecessor, Dr. Frank MacGrath who I'd like to thank as well as Dr. Judi Malone and Rose Cooper for their support in this transition.

As I sit down and write my first article in this new role, I look at a rather large stack of Psymposium publications on my desk, and I begin to chuckle as I believe I have every edition since 2009. In browsing through editions from years past, I feel both edified and humbled by the dedicated and skilled contributors who have advanced our professional knowledge in the field and provided us with many thought-provoking articles. I'm also drawn to the fact that as I write this we are in the middle of Psychology Month in Alberta – a time when we as psychologists focus on enriching public awareness of mental health and our role in the community. As clinicians we are probably thinking about mental health at some level on a daily basis. February reminds us of the important task of disseminating information about our profession, to get involved in some way, and to continue taking steps in raising recognition and understanding about mental health concerns.

In this edition of Psymposium, Mr. Everett J. Vroon, M.A., R. Psych. shares his reflections on the reoccurring issue about the Doctoral Standard for entry into the profession.

Ms. Gwen Randall-Young, R. Psych. discusses how the ego can interfere with communication in our relationships. She also describes how creating a conscious shift can lead to both individuals feeling better understood and reminds us that it is the

relationship, not the issue, that is important.

Terry Wilton, R. Psych. writes about the subjectivity that all psychologists bring to the counselling room but not to disqualify it because there is much value in this subjectivity and the subjectivity that clients also bring with them. In leaning too far on the side of objectivity, we miss important aspects of the therapeutic relationship.

In the Getting Schooled section, Dr. Troy Janzen, Ph.D., R. Psych. and Melissa Tremblay, MSc. share some important points about cultural sensitivity with regard to Indigenous children and families and providing consultation services as psychologists.

Dr. Deborah Dobson, Ph.D., R. Psych. presents an interview that Dr. Judi Malone, R. Psych. had with two of our PAA members who were elected as Members of the Legislative Assembly of Alberta in 2015. Personal interests, inspirations, career goals, and the importance of raising awareness of psychology and becoming involved in the political sphere are discussed.

Dr. John K. Amundson, Ph.D., R. Psych. reflects on *The Possibility of More Ethics* and discusses aspects of virtue as well as “a quietist approach to ethics”.

In the Public Education Initiatives, the document *The Value of Choosing a Psychologist* and reflections by Mr. Michael Stolte, R. Psych., who helped author this document, are outlined. It reminds us of our need to bring more public awareness about our value as psychologists with regard to: trust by the public, unique training, accountability, expertise, and accessibility.

Dr. Marc W. Ross, Ph.D. reviews the book, *The Origin of Everyday Moods: Managing Energy, Tension and Stress*. Central elements of the biopsychology of moods and self-regulation are presented as well as implications for counselling. The purpose of moods and key components such as energy and tension levels are described, and some questions from the book are listed to get us checking in with our own energy levels.

I hope you enjoy this edition of Psymposium.  
Warm regards,

*Michelle Vandegriend, Ph.D., R. Psych.*  
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## THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

### Conscious Communication

“The single biggest problem in communication is the illusion that it has taken place.”

*George Bernard Shaw*



By the age of two most humans are learning how to talk. However, some can go a lifetime without ever learning to really communicate. Communication is one of the biggest problems between couples, and between parents and teens. There may be lots of talking going on, but it is often “talking at” rather than “talking with.” The word communication comes from the word “commune,” which means, *to be in a state of intimate, heightened sensitivity and receptivity, as with one’s surroundings.*

Humans are gifted with the ability to share meaning. This happens best when there is a heightened sensitivity and receptivity to what the other is saying. We see this during the honeymoon stage of a new relationship. Each hangs on every word of the other, and intimacy comes as each shows real understanding of the other. To truly see and know another is the deepest of all intimacies.

Of course it is ego that gets in the way, for when it has its own agenda it is not so interested in another’s point of view. Think how present and responsive we can be when listening to the trials of a friend. We have no real vested interest in how he or she views the situation or chooses to respond. We just want to be there and lend support.

However, when dealing with a spouse or teen, and there is a difference of opinion, it is another matter. The ability to listen with a supportive and receptive ear somehow disappears as ego is immediately on guard. Ready to attack or defend, there is no time to take up the cause of the opponent.

Ego gets into power, and what began as differing points of view becomes a win/lose contest. It is about challenging the views of the other, and making him or her wrong. Ego must do this, for if the other is right, then ego is wrong, and ego will not stand for that. Ego will argue for its “rightness” even in the face of evidence to the contrary. Fairness, respect, and validation of the other go out the window.

Often this is a long-standing pattern, and two people will fall into it almost without realizing it. Interestingly, even though both are contributing to the negative process, each will blame the other for being difficult. Unquestionably, the relationship suffers, and will not have the trust and closeness both would undoubtedly like.

There is a way out. It requires a conscious shift, and to stay conscious regardless of what the other says or does. It helps to set a goal of always making the relationship more important than the issue. Then, what is required is to establish some agreed upon process to use when discussing an issue. An example may be that each person gets to state his or her case without interruption or interrogation, and the listener repeats back the essence of what was said to ensure accurate understanding.

Once both sides of the issue are understood, it is not about trying to convince the other to agree or give in. This will only lead back to arguing and the rest of the negativity that comes with that. Rather, the next task is to work together to find a compromise or solution that will work. Whereas the old way had each reiterating his viewpoint and perhaps denigrating the other with escalating intensity, the new way shifts once each has stated his case. Having heard my way and your way, we now work as a team to find a “third way.”

This takes practice and mutual co-operation. If the process starts to derail it needs a time out. Reminding each other that the relationship is more important than the issue, and refusing to let ego jump in and take you out of integrity will assist in establishing a higher road.

*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](http://www.gwen.ca) and **like** Gwen on **FaceBook!***

## PROFILES IN PSYCHOLOGY

### Psychology in Alberta Politics Interviews with the Honourable Debbie Jabbour and the Honourable Denise Woollard



**Honourable Denise Woollard, Honourable Debbie Jabbour, Dr Jo Eustace, & Dr Judi L Malone after meeting with the Honourable Sarah Hoffman, Health Minister, & the Honourable Brandy Payne, Associate Minister of Health, 16 February 2016 specific to the Alberta Mental Health Review**

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



*Deborah Dobson*



*Dr. Judi Malone*

We have done things a bit differently for this issue of Psymposium. Dr. Judi Malone, R. Psych. the PAA Director of Education and Communication spent some time recently interviewing two of our members who were elected in 2015 as Members of the Legislative Assembly of Alberta. Here, I combine these interviews to showcase psychology in Alberta politics.

MLA Debbie Jabbour represents the constituency of Peace River, and she was elected as the Deputy

Speaker and Chair of Committees in June 2015. She has worked as a mental health specialist for 10 years with Almasana Creative Wellness as well as with Alberta Health Services. She has also worked in a number of different roles, including administration, as a Hansard input editor, as a freelance writer and as a professional musician. She has been a provisionally registered psychologist since 2014.



*MLA Debbie Jabbour*

MLA Denise Woollard represents the constituency of Edmonton-Mill Creek, and she is currently serving on a number of Standing Committees. Prior to becoming an MLA in 2015, she worked as a facilitator at the University of Alberta and was an educational psychologist following 32 years as a teacher and counsellor at schools throughout the province. She has been a member of PAA since 2007.



*MLA Denise Woollard*

We are indeed very fortunate to have PAA members in government!

### ABOUT YOU AS A PERSON

#### MLA Debbie Jabbour

I have four daughters and four grandchildren who are key parts of my life and we are all very close. I wanted to be a psychologist from the time I was young, but the opportunity presented itself when my youngest daughter was in high school. During my undergraduate studies I became the president of the Athabasca University Students Union, which was my first real foray into politics although I worked at the Alberta Legislature before taking my first position with Addictions and Mental Health in High Level. Throughout my career I have balanced my education with family and life commitments.

Right now I am provisionally registered as a psychologist in Alberta and am preparing for my EPPP which is the last step in my registration process. My experience in addictions and mental health work really solidified how essential family-focused treatment is, which fits with my own strong family values.

### **MLA Denise Woollard**

I have really eclectic interests and a varied background. I'm a natural born student and love academics and learning. I've always had an unwavering commitment to facilitating change, which has informed my career path – as a teacher, a special education consultant, educational psychologist, and now as an MLA.

### **PERSONAL INTERESTS**

#### **MLA Debbie Jabbour**

I used to be a musician and was active with a local performing arts group before being elected. I still really enjoy music and theatre in addition to travel and cooking. My love of reading now includes a lot of audio books given all of my time spent traveling as an MLA!

#### **MLA Denise Woollard**

My top interests would be family, literature, and having an active lifestyle in a healthy environment. I am an avid reader and have maintained my focus on environmentalism through the *Canadian Federation of University Women*. And, although I'm less active than I used to be, I still fondly remember hiking the West Coast Trail on Vancouver Island with my son.

### **INSPIRATION AND JOY**

#### **MLA Debbie Jabbour**

I have a passion for helping people. That passion is what drew me to psychology and also to politics. I have been inspired by my work with Alberta's First Nations people. I am passionate about gender issues. I'm happy to be getting an opportunity to get women more involved through my duties as Deputy Speaker. In addition, my involvement with the non-partisan Commonwealth Parliamentary Association, where I can work with other Canadian women in politics should prove very interesting. I'm passionate about supporting and encouraging women to get involved in politics and to ensure that political work in Alberta has more family-friendly policies.

#### **MLA Denise Woollard**

I've had amazing experiences travelling with family, and I still hold a beautiful image of the sunset on Lake Athabasca. I'm most passionate about environmental change through awareness and personal responsibility.

### **CAREER GOALS**

#### **MLA Debbie Jabbour**

Right now I'm enjoying the dual career focus of politics and practising psychology. My future career path isn't specific, but I will continue to do what will help me most effectively facilitate change and help others. I love research and there are so many fascinating topics. I haven't ruled out completing a PhD but right now am unsure where that might fit in my life moving forward.

#### **MLA Denise Woollard**

My curiosity greatly shapes my career. I'm really enjoying my role as an MLA, and I am very focussed on maximizing this opportunity. I want to take an active role in making a difference for my constituents and the province.

### **TRANSITIONING FROM PSYCHOLOGY TO POLITICS**

#### **MLA Debbie Jabbour**

I may not have originally seen myself in this role. Serving as an MLA has really been an extension of my desire to help. Now I have more ability to influence systemic change. With two active psychologists who are MLAs, we have had great conversations about raising the profile of psychology in the province. It is important that the government and Albertans know how psychology fits within the bigger picture of health care. We can do more to take the profession of psychology to a higher level in Alberta.

#### **MLA Denise Woollard**

At first it was a bit like treading water! Networking with peers and building connections has really made a difference. My focus right now is on the interrelationship between psychology and politics and how I can make the best contributions given my profession.

### **PSYCHOLOGY TRAINING IN RELATION TO SERVING ALBERTANS AS AN MLA**

#### **MLA Debbie Jabbour**

I think that my ability to do research, to understand where people are coming from and what their issues are has been and will be extremely helpful to my current work. Psychologists develop good listening skills, which will help me to really listen and hear what people are saying.

These are important skills for both psychologists and politicians.

**MLA Denise Woollard**

In my role as an MLA – much like in my work as a psychologist – I am determining which questions to ask and helping people to find solutions to problems. In addition, my training and skills really make a difference for crisis resolution as well as being able to take different perspectives in considering issues.

**GETTING MORE PSYCHOLOGISTS IN POLITICS**

**MLA Debbie Jabbour**

If we can raise awareness of the important role that politicians play in our lives, hopefully, more psychologists will become interested in running for political office. Our government and our laws affect every aspect of our lives. What if the school and university curriculum highlighted that connection? If we want to make real change, we need to not only influence individuals and families, we need to influence systems.

**MLA Denise Woollard**

We do need to raise awareness, which is something that I want to be a part of. I think that this article is a great idea. I'm considering presenting a Member Statement in the Legislature on Psychology and Politics, and I will encourage PAA members to attend. That initiative would not only raise awareness amongst politicians but hopefully also amongst psychologists. Change can and will happen.

**MESSAGE TO ALL PAA MEMBERS**

**MLA Debbie Jabbour**

It only takes one person to make a very large change – one person who says, “I want things to be different”. Never feel that you are only one person. You can make a difference. One person can make real change – we each have power.

**MLA Denise Woollard**

Be heard! I encourage all PAA members to speak up for what they believe in and what they care about.

**MESSAGE FOR PAA STUDENTS / EARLY CAREER PSYCHOLOGISTS**

**MLA Debbie Jabbour**

Be aware of your own needs and don't forget to engage in self-care. Take care of yourself first. It's not selfish, but necessary. Burnout is a risk at the end of graduate school and in the early stages in your career. Don't forget that the work load can wait until tomorrow and that family is important.

You cannot have a present notion of where you are going to go with your career or your job. Like me, you can end up in an area that you don't expect. Don't be too rigid – sometimes you need to go where circumstances take you. Psychology can take you anywhere, even to our government!

**MLA Denise Woollard**

Be patient with yourself and the process. It may take a while to get where you are going but be flexible, be persistent, and you will find your fit.

**Join us in thanking these members for sharing their views and for representing us in the Legislative Assembly of Alberta!**

Honorable Debbie Jabbour  
peace.river@assembly.ab.ca

Honorable Denise Woollard  
edmonton.millcreek@assembly.ab.ca

***The Narrative Project*** 

Narrative Therapy: Working with Families  
Jill Freedman MSW, ACSW  
from Evanston Family Therapy Centre  
April 25 & 26, 2016  
Room 7 at Stanley Milner Library  
Edmonton, AB.

Information and brochures at  
[www.thenarrativeproject.ca](http://www.thenarrativeproject.ca)

## WHAT WE DO...

by Terry Wilton, R. Psych.



Our clients bring many different attributes and qualities into the therapy room. Typically they bring courage, and hope, perhaps even a sense of personal responsibility. There is one aspect of our clients that is so very precious; however, our scientific minds may wish to disqualify it - they bring their

subjectivity.

When they bring accounts of life circumstances, their descriptions of the actions of others are presented as factual. They speak what is important to them as though it is an objective reality. Ultimately, however, what they do bring is their own experience of these things, filtered through their own mental processes of interpretation. As psychologists we might draw conclusions about objective reality on the basis of what our clients report, but we do so at our own peril.

Oh, and by the way, as professional psychologists we bring our subjectivity too. Oops, am I allowed to say that? In our scientifically founded discipline of knowledge and technique we value our objectivity. We might think that this is all that we bring, or at least strive for that to be so. But for us to think that it is possible for us to be just objective is likely our own defense of denial. Let me start with an illustration. I worked several years in an agency that had a policy of the random assignment of cases amongst the therapists. That agency also called upon the therapists to get together periodically and review diagnoses of all the new cases they had seen. We were expected to be sharp, not miss pathology; our diagnoses were expected to be accurate. I made the unpopular observation that the proportion of different diagnoses varied amongst therapists. Some had more depression, some more personality disorders, and some more trauma cases. And I made the even more

unpopular interpretation that perhaps diagnosis was more projection of the therapist rather than an objective determination of what existed in the clients. Hmmm, that was unpopular!

Even in the act of diagnosis, our subjectivity creeps in. Is this a bad thing? When I have opened myself to feel within me the same feelings my client has within, that is a subjective experience. This capacity, whether we think in terms empathy or mirror neurons, forms the foundation of therapeutic alliance. Without it we could just be a computer cleverly programmed for conversation and analysis, or the conscientious out-loud reader of a treatment manual. Without the foundation of subjectivity on our part therapy becomes cold, coldly correct perhaps and easily documented, but absent of human connection.

Be thankful our subjectivity creeps in. Honoring subjective experiences of the client/consumer/patient is an integral part of many professional disciplines. I think of practitioners of palliative care, the designers who engineer the interface of a product with a consumer, nurses, advertisers, artists and entertainers. All of them really value the subjective experience of the recipient of their efforts.

Unfortunately, within our profession we have considered competence to be largely focused on interactions that objectify our clients. We can utilize lists of assessment questions, perhaps even standardized diagnostic tools. And we can utilize structured treatment protocols that are determined by diagnosis. Certainly, these activities can comprise a portion of competent interaction. However, by relating just on the objective level these approaches miss the depth of subjective meaning that client difficulties presents for him or her, and miss the healing aspects of the relationship that we can engender with them.

While our clients surely want us to be competent, I believe that what they want more is for us to be human. That humanity requires that we honor their subjective self, and that we too have a subjective interpersonal experience with them. To be effective we need to be capable of standing with them in what their humanity

means for them – whether that is despair, inadequacy, fear, exhilaration, outrage or confusion. When we can stand with them, we can also walk out of there with them to places of greater security, replenishment and peace.

Being in practice for decades in the same community I have sometimes had the experience of seeing a client again after many years have passed. I am always amazed they would remember me, and come back. When I asked why, it has always been the same sort of answer, some variation of, “When I was with you the last time you made me feel...”. It was the subjective experience of the last therapy that made the difference, not the accuracy of diagnosis, not the effectiveness of treatment plan, not my clever insights and re-framings.

Ultimately, as much as we might think we are practicing a science that deals in objective, analytic, replicable and documentable processes, it is the subjectivity of the experience that makes the difference. Vive la difference!

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## GETTING SCHOOLED

Welcome to *Getting Schooled* and the newest feature in our series in interventions. As we practice in schools, cultural sensitivity is of paramount consideration with respect to providing meaningful service. Ms. Melissa Tremblay and Dr. Troy Janzen discuss some critical issues with respect to consultation and intervention with Indigenous peoples, highlighting the importance of understanding contextual factors as well as cultural competency and responsiveness.



Shawn Crawford PhD. (R. Psych.)

Chair: PAA School Psychology Committee

Article: Troy Janzen, PhD., R. Psych, & Melissa Tremblay, MSc University of Alberta

### Consultation in Schools with Predominantly Indigenous Populations

Consultation has a long history and a growing dominance as a professional service and form of indirect intervention that psychologists offer to schools. The current article focuses on providing psychological consultation services for Indigenous children and families. In this article, we use the term “Indigenous” to refer to individuals who self-identify as First Nations, Inuit or Metis. We believe that consultation and other forms of direct or indirect interventions offered to Indigenous children and their families require adapting existing models to be culturally informed, responsive, and aligned with best practices.

#### What Do We Mean by Consultation?

Consultation is a rather nebulous term with multiple connotations. Within school psychology, consultation may be defined as a structured, indirect, collaborative, problem solving relationship between the psychologist (consultant) and one or more consultees. Psychologists often consult about behaviour, social and emotional

wellbeing, and programs, instructional/academic issues and skill development. Consultees can include teachers, parents, administrators, and organizations. Typically, psychologists consult about a child with the goal of improving the behavioural, emotional and/or mental health of that child. A secondary goal can be to facilitate improved home-school connections, communication, and partnerships to address needs as they arise. Psychologists can use various consultation models in schools, all of which typically incorporate problem solving.

#### Indigenous Context

**Demographic realities.** Alberta is home to the third largest population of self-identified Aboriginal or Indigenous peoples. In Alberta, Indigenous peoples represent a highly diverse population, with more than 60 distinct languages, 48 First Nations, and eight Metis settlements. Canada’s Indigenous population is growing at three times the national average, with substantial growth taking place in Alberta as well. In the province of Alberta, the Indigenous population is particularly young; the median age of Indigenous peoples was 25.3 in 2011, as compared to a median age of 36.8 for the general population. Nearly half of all Indigenous peoples in Alberta live in rural areas.

Some of the pragmatic realities of Indigenous communities can be easily taken for granted by consultants. For example, in consulting with parents at their child’s school, many families might be challenged to find transportation or access to a phone. This might especially be true in more remote communities. In addition, consultants should take into account the immense variability of Indigenous communities with respect to the availability of resources and access to health, therapeutic and other services. It may not be safe to assume that families have access to such resources and services.

**Social strengths and challenges.** The social, cultural and political issues facing many Indigenous peoples, combined with issues of geographical location and

*The social, cultural and political issues facing many Indigenous peoples, combined with issues of geographical location and isolation, pose distinct challenges for the provision of psychological services.*

isolation, pose distinct challenges for the provision of psychological services. Some of the social challenges that face many Indigenous communities include a lack of access to quality housing, over-crowding, poverty, unemployment, substance abuse, domestic violence, and low high school graduation rates. While an awareness of these challenges is critical, it is equally important for consulting psychologists and other professionals to recognize that Indigenous communities across the province possess resilience and strengths that variably impact the ways that these challenges are experienced.

**Truth and reconciliation.** In 2009, the Truth and Reconciliation Commission of Canada (TRC) was formed to acknowledge residential school experiences and impacts, and to promote awareness and education about residential schools to the Canadian public. The work of the TRC has been instrumental in taking steps to move past conflict toward respectful and healthy relationships between Indigenous and non-Indigenous Canadians. However, the TRC has acknowledged that “we are not there yet”.

It is important for non-Indigenous consultants entering schools serving predominantly Indigenous students to keep this acknowledgement in mind. The residential school system has resulted in far-reaching inter-generational consequences that continue to impact Indigenous students and schools today. It is incumbent upon psychologists to recognize the ongoing impacts of residential schools rather than perceiving impacts as being confined to the past. While we can move forward with positive goals for healthy relationships in mind, we must do so with an understanding that the work of reconciliation and healing is still very much ongoing in schools and elsewhere.

### **Translating school-based consultation for work with Indigenous populations**

**Cultural competency.** The American Psychological Association cites six key guidelines for performing psychological services across cultures.

1. Recognize that individuals, as cultural beings, may hold attitudes and beliefs that can influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves. In consultation relationships, reflexivity becomes particularly important in adhering to this guideline.

2. Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals. In consulting with Indigenous populations, it is important to move beyond simply knowing about historical events toward deepening understanding about the potential for ongoing impacts.
3. Psychologists should employ the constructs of multiculturalism and diversity in psychological training and education.
4. Conduct culture-centered and ethical psychological research. This is absolutely essential for respectful relationships with Indigenous schools and communities. Because many Indigenous communities have experienced significant harm from research, sensitivity to this issue is paramount.
5. Psychologists are advised to develop multicultural competencies, as well as skills and practices that incorporate unique cultural perspectives.
6. Use organizational change processes to support culturally informed organizational (policy) development and practices.

The concept of culture is also interwoven throughout the Canadian Psychological Association Code of Ethics for Psychologists. For example, the Code explicitly prohibits unjust discrimination due to culture and advises psychologists to be responsive to cultural differences (for example, non-verbal indications of a desire to terminate services if it is not culturally appropriate for a person to express this verbally). It is imperative for consulting psychologists to consider how these guidelines and codes relate to their own practice and skills before taking on consulting roles with Indigenous populations.

**Cultural responsiveness.** What does it mean to be culturally responsive? According to Cotton, Nadeau, & Kirmayer (2014), it has become increasingly important to provide culturally responsive health services, especially in remote Indigenous communities. Cultural responsiveness is a broader term than cultural sensitivity. To be culturally responsive requires one to move beyond cultural sensitivity toward being informed about cultural knowledge, including socio-political forces, cultural values, and history. When working with Indigenous communities in particular, the importance of understanding historical contexts cannot be overstated. A lack of historical knowledge is known to contribute to inaccurate and incomplete perceptions on the part

of non-Indigenous people, and to fuel mistrust when working with Indigenous communities. Building on this, Knotek (2012) comments how cultural responsiveness toward Indigenous peoples means having knowledge of and affirming diversity and culture, a commitment to connect the home and school experiences of students, and a willingness to adopt a wide range of instructional and assessment strategies.

**Indigenous cultural values and consultation.** It is important for consultants to familiarize themselves with the positive values and strengths among Indigenous peoples in Canada, including values of cooperation and harmony, connectedness to one another and the world, and highly relational cognitive and communication styles. Indian and Northern Affairs Canada describes how many Indigenous values follow from spiritual teachings that emphasize Wisdom, Love, Respect, Bravery, Honesty, Humility and Truth. In our experience, additional strengths common to many Indigenous populations include a clear value for family and a strong ability to use humour in the face of adversity.

**Best practices in consultation with Indigenous populations.** There is a paucity of research examining the effectiveness of school-based consultation among Indigenous populations. However, best practice guides on consultation in school settings generally outline the need to apply some sort of problem solving model. However, Sheridan (2000) cautions against uncritically applying research findings to cross-cultural settings and multicultural populations.

The authors' experience with consulting in Indigenous communities in Alberta, combined with the general guidelines for psychological practice with multicultural populations outlined above, has led to a number of considerations that can be taken into account by psychologists practicing in this field. When entering schools serving primarily Indigenous children and families, psychologists are advised to:

1. Be informed about the history, culture, and values of the population and the community.
2. Demonstrate cultural responsiveness.
3. Be open to diverse perspectives on diagnosis and use a strength-based, trauma-informed approach.
4. Be patient.
5. Carefully build collaborative relationships (and especially with key stakeholders such as Directors

- of Education, Principals, and Chief and Council).
6. Use a more relational communication style that respects the values for harmony and cooperation. Indigenous cultures are highly relational, with values centering on respect and reciprocity and this must be taken into account throughout the consulting process.
7. Approach the task of consultation with humility and respect, honouring the local people and the strengths of the community.
8. Maintain awareness of challenges while working toward strengths.
9. Enact a community- and family-minded approach.
10. Employ a non-hierarchical approach with an intentional emphasis on building a collaborative alliance.

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*A copy of the full reference list is available upon request.*

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# ETHICS - THE IMPOSSIBLE IMPERATIVE

By Jon K. Amundson Ph.D.

## The Possibility of More Ethics



### Introduction

In our training as psychologists we perhaps, however mistakenly, over-emphasize rational potential to acquire and behave within ethical principles. Understanding codes, standards, and guidelines is approached in a straightforward manner. It is presumed rational understanding leads to appropriate application. Decision-making is outlined in a lineal, multi-step process. Research, however, from social psychology and more recently neuroscience brings to question the ability of reason to override pre-disposition or situational press. Well-known examples of moral situationalism would perhaps be Zimbardo's prison and Milgram's electroshock experiments. However, subtler research – both thought experiments we can impose upon ourselves, formal experiment by social psychologists and neuroscience – raise even more interesting questions regarding reason as means to good behavior.

### Limits to Reason

Freud once stated anatomy is destiny and so too are we hearing similar refrain from neuroscience regarding the nervous system. In a special issue of Behavioral Science and the Law (2009) a number of authors raise questions regarding the determinant role of the central nervous system in impulsivity, moral reasoning, callousness, or empathy. In this volume the authors suggest that while it is too soon to identify neuro-signatures specifically reflective of psychological diagnosis, there is evidence to suggest humans are neuro-anatomically differentially loaded in their capacities to empathize, manage arousal bind neurons, which give rise to moral cognitive representations and display differentiated morality generally.

Aside from emerging neuro-cognitive discussion,

there seem limits to virtue. Socially as well, Appiah, in *Experiments in Ethics*, cites research on contextual altruism. He describes how seminarians by-pass people in distress if running late for a meeting; how good fortune, reflected in money found in a phone booth, promotes assistance to a stranger; and how the smell of fresh baked bread makes us more generous with our time. Reflective of Appiah's perspective is the following thought experiment:

*You are driving to a parking space in a crowded lot. As you wait for a car to back out, signal lights on, a car coming the other way with the advantage of not waiting for the departing vehicle jumps into "your" spot. You must now drive on in your search. Another spot opens but alas another gets that spot as well. Then you have the opportunity to 'get' the next spot before another, who is waiting. What do you do? In experiments of sort the subject often takes advantage under the auspices of fairness: that they have paid their do and so the spot is owed to them.*

While conceptually we may espouse virtue, be of the opinion we might act with virtue, we would probably be wrong. In experiments where a subject is hard done or victim to unfairness, like our parking subject above, the consequence is entitlement. Have a bad day or feel misused by others, and ethics may become optional.

### Honest Effort, Heroes and Heroines

Research upon effective ethical behavior has isolated moral intensity as drivers of better conduct. Several authors have suggested moral intensity is the interplay between social consensus (who are performing for) and consequentialism. To what consensus do we turn for approbation in our decision-making and what do we see as consequence in acting or not acting. Consequences are considered as not only the personal, but also the ripple effect of action/inaction. Virtue is reflected in the ability to go from, "what will happen to me?" to "how will my action/inaction promote the best in the world?" Training, internships, and supervisory relationships become the place for the introjection of consensus. In professional training there is the possibility for the internalized ethical ideal to override contextual pressure or emotional challenge. Conscientiousness as healthy neuroticism or functional anxiety seem cornerstone to ethical professional behavior. It is less anti-social or bad behavior that derails ethics but instead asocial posture, situational obliviousness, or passivity. The demands

associated with muddling through are not unsubstantial. As Dumbledore said to Harry, *“There comes a time when every person will be confronted with the decision to do what is right; or what is easy”*.

### **The Possibility of More Ethics**

Brian Leiter proposes a tentative position when it comes to ethics, which he refers to as “quietism”. Ethics ought to be a quiet method. Ethics is only about getting it right case to case not getting it all right once and for all. A poem is written not to end poetry but for its own purpose. A minimal, quietist approach to ethics requires each psychologist to consider each action as more poetic gesture than adherence to or application of law. Quietism does not slight, dismiss, nor place tax upon the full value of ethics but compassionately acknowledges the vagaries of both getting and keeping it right - be fair, of course, but also look fair. We are told to dance as if no one is looking, but do psychology as if everyone is!

The audience to our practice is the social context within which we operate and the inner gaze of our ego ideals. When we see our actions as of virtuous potential, when we consider honor in relation to others and consequences in the largest provenance, rather than consequence as personal risk or liability, then perhaps ethics has a better chance.

*A copy of the full reference list is available upon request.*

## **PSYMPIOSIUM EDITOR**

Welcome to Dr. Michele Vandegriend who has volunteered to be the Editor for Pysymposium starting with the April 2016 issue. We sincerely thank Dr. Vandegriend for her dedication and service to PAA as Editor of Pysymposium.

If you wish to submit letters to the Editor or submit articles for possible publishing in Pysymposium, please send them to Rose Cooper at [rose@paa-ab.ca](mailto:rose@paa-ab.ca). Rose will forward all submission to Dr. Vandegriend for her review.

## **SCHOOL PSYCHOLOGY**

### **SCHOOL PSYCHOLOGY, PSYCHOMOTOR FUNCTIONING, AND POOR MOTOR SKILLS**

*By Paulene Kamps Ph.D*

In supporting its mission and vision statements, NASP published the Model for Comprehensive and Integrated School Psychological Services (NASP, 2010), which documented 10 domains of practice. Domain 3 (Interventions and Instructional Support to Develop Academic Skills) states: “School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental [emphasis added] processes; and evidence-based curricula and instructional strategies.” Domain 4 (Interventions and Mental Health Services to Develop Social and Life Skills) states: “School psychologists have knowledge of biological, cultural, developmental [emphasis added], and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social–emotional functioning and mental health.”

Although I firmly believe that school psychologists are well versed in our practice domains, I am concerned that the psychomotor domain, especially motor skill acquisition, does not receive the attention it warrants. Smooth, progressive motor development is important, indeed crucial, as infants learn to sit, crawl, walk, feed themselves, talk, and much more. However, the way motor skills influence achievement, social skills, behavior, and mental health is much less recognized in our profession. While society as a whole understands the general benefits of and positive relationships between proficient motor actions, physical fitness, and mental health, do we really understand and acknowledge the profound negative effects on individuals who struggle to develop skilled, age-appropriate motor movements? In these cases, I am not referring to people diagnosed with a neurological, medical, or pervasive developmental disorder, but rather a typical learner who struggles to develop functional motor skills. Yet such motor

incoordination can be recognized and even diagnosed.

Because motor skill acquisition eventually impacts many other areas of functioning, school psychologists would benefit greatly from learning about developmental coordination disorder (DCD), a condition identified by the American Psychiatric Association (APA) and listed in each version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) since 1987. The DSM-5 (APA, 2013) clearly outlines the consequences of DCD: “reduced participation in team play and sports; poor self-esteem and self-worth; emotional or behavioral problems; impaired academic achievement; poor physical fitness; and reduced physical activity and obesity” (p. 76). Surely these negative consequences relate directly to our work with children and teenagers? Students who display inefficient and poorly coordinated movements not only feel the direct and negative impact of these motor learning difficulties on their daily living tasks, but also on their academic achievements (APA, 2013). Many other psychosocial issues arise from poor motor performances—a reflection of the intense frustrations these students feel as they struggle to thrive.

Currently, DCD is not well known by parents, educators, or doctors (Wilson, Neil, Kamps, & Babcock, 2012). As a result, parents who notice motor difficulties during their child’s early years’ experience significant difficulty trying to obtain a diagnosis (Kirby, Sugden & Purcell, 2014; Novak, Lingam, Coad & Emond, 2012). Furthermore, since poor motor performance is seldom scrutinized or endorsed in resources designed to support mental health professionals (Barnhill, 2014; First, 2014), school psychologists may not fully comprehend the important interconnections between motor functioning, academic achievement, social skills, behavior, emotional well-being, and other aspects of physical and mental health.

Although researchers are fully aware of difficulties experienced by children with DCD (Blank, Smits-Engelsman, Polatajko, & Wilson; 2012), Emck (2011) and Gillberg (2010) report that the importance of motor development and learning are often neglected in clinical and research efforts within psychology and psychiatry. Viholainen, Aro, Purtsi, Tolvanen and Cantell (2014) state that when investigating psychological well-being, motor skills are quite simply ignored despite the belief that physical activity is beneficial for mental health.

Novak et al. (2012) state that having DCD is akin to having a “hidden disability”; yet the effects of this condition on human movement skills are visible.

DCD manifests through clumsy and poorly coordinated motor movements affecting different motor skills. The APA (2013) also reports that DCD co-occurs with many other DSM disorders that concern psychologists, notably: learning, written expression, expressive language, mixed receptive–expressive language, phonological (formerly developmental articulation), Asperger’s, and ADHD, as well as language, speech sound, and autism spectrum.

In the very thorough presentation from the European Academy for Childhood Disability (EACD) by Blank et al. (2012), co-occurring conditions have been clearly noted. For instance, DCD co-occurs with difficulties in arithmetic, reading, comprehension, writing fluency, writing speed, spelling, quality of penmanship, writing composition, and perceptual–motor dysfunction; however, ADHD is identified as the most frequent (up to 50%) comorbid disorder with DCD. The DSM-5 (APA, 2013) reports that the negative impact of DCD amplifies with co-occurring conditions.

Negative emotional and behavioral concerns arising from DCD include anxiety, withdrawal, social problems, psychosocial maladjustment, depression, oppositional defiant disorder, and conduct disorder; in essence, a greater risk of mental health difficulties (Lingam et al., 2012). And, as students increase in age, those diagnosed with DCD and ADHD have been found to display “antisocial personality disorder, alcohol abuse, criminal offending, reading disorders, and low educational level[s],” (Blank et al. 2012, p. 67). Other consequences of DCD include: difficulty producing gestures; being teased, excluded, or bullied; social withdrawal; low physical fitness and movement frequency; increased bodyweight; and serious psychiatric problems (for specific references about the co-occurring or comorbid disorders, see Blank et al., 2012). Research has also revealed the long-term impact of DCD as it persists into adolescence (Cantell, Smyth, & Ahonen, 1994; Gillberg & Kadesjö, 2003; Losse et al., 1991) and adulthood (Kirby, Sugden, & Purcell, 2014; Kirby, Williams, Thomas, & Hill, 2013).

Sugden (2006) and Blank et al. (2012) identify DCD as a severe or significant problem of childhood; therefore,

it is a mystery why psychologists seldom investigate the short- and long-term impact of motor difficulties on learners. House (2002) commented on the benefits of developing an awareness of DCD, as it “should lead to a better understanding of the links among sensory, motor, cognitive, and academic development in children” (p. 141). This awareness is still missing. Although First (2014) offers information to mental health clinicians about differential diagnosis including decision trees as they relate to the new DSM-5 (APA, 2013), absolutely no comments can be found in the APA-published resource about how motor coordination difficulties affect other domains of functioning. The significant difference between current international research findings and First’s (2014) apparent lack of awareness of this topic is troublesome and, I would advance, highly unacceptable. In summary, DCD is not an emerging area; rather, DCD is a documented developmental disorder that is relatively unacknowledged by mental health professionals.

This brief introduction to DCD may help medical experts and mental health workers develop a greater awareness of and appreciation for the complex needs

of learners who, early in life, present with inefficient and poorly coordinated motor development. School psychologists are in the very privileged position of assisting parents, teachers, and other specialists to better understand underlying causes of a student’s difficulties. This role is paramount in helping these students overcome often profound frustration at their circumstances. For students presenting with academic, social, emotional, or mental health problems, an underlying cause may well be undiagnosed and unsupported motor problem difficulties—also known as developmental coordination disorder or DCD.

References available on request from the author.

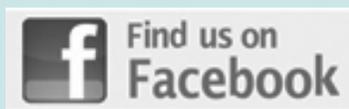
*Paulene Kamps, PhD, is a psychologist, educator, kinesiologist, and author who has a part-time private practice and works for a large metropolitan school board in Canada. With appreciation to Helen Soucie, PhD, who provided editorial support in the development of this manuscript.*

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## 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](mailto:rose@paa-ab.ca)*

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

### **The origin of every day moods: Managing energy, tension and stress (1996) By Robert E. Thayer**

**ISBN 0-19-508791-7**

*Reviewed by Marc W. Ross, Ph.D.*



Several years ago a secondary supervisor of mine, a man who loved psychology classics, recommended that I read *The origin of every day moods: Managing energy, tension and stress* by Robert E. Thayer, and I am thankful that he did. The book is a deep study of the biopsychology of moods, and although it is already

20 years old it offers a lot of wisdom and evidence in support of self-regulation.

Thayer (1996) offers a variety of definitions and ways of thinking about mood. For instance, "We can think of mood as a background feeling that persists over time... Moods are not the same as emotions, but they do have a great deal in common with them" (p. 5). Moods, argues Thayer, are barometers of well-being and are deeply tied to our evolutionary history. What would be the evolutionary purpose of states such as depression or elation? Although some of his argument is speculative, Thayer surmises that moods are vital signs of readiness

for action and the need for rest or recuperation.

Further, moods can also serve as a guide and may indicate when to be cautious, inconspicuous, or perhaps more mobilized. Moods carry information about safety and danger, suggesting that anxiety, fear or nervousness might be valuable sources of information. The central components of mood, according to his research, are **energy** and **tension**. And these two constructs give rise to four main states on two arousal continuums: (1) calm energy, (2) calm tiredness, (3) tense energy, and (4) tense tiredness.

According to his review of the literature and his own studies/observations, decreases in energy leave an individual vulnerable to greater tension. In this tense-tired state, we are predisposed to a wide array of negative reactions. Conversely, when we have increased energy and are calm, as opposed to tense, we are much more resilient, in the flow and coherent. Several models of energy and tension are proposed that are both illustrious and informative. Other practitioners and researchers have developed this line of thinking. The HeartMath Institute (2015), for instance uses an emotional wheel broken into four axes. On the top sympathetic activation (arousal), and the bottom parasympathetic (relaxation), whereas on the left are higher levels of cortisol (depletion) and on the right higher levels of DHEA (renewal) - all this to suggest that Thayer's ideas have had an impact in the field of health psychology.

After describing these biopsychological states and relating them to the circadian rhythms a human being experiences on a daily basis it becomes quite clear that there are a variety of factors that impact our levels of energy and tension. Taking these factors into consideration we can not only be more self-aware, but also plan our lives accordingly, thereby reducing certain struggles in our lives.

The book is peppered with evidence of how moods are directly affected by our health, nutrition, sleep quantity and quality, exercise, weather, social interactions and the time of day. For example, he explains why challenges seem more serious just before sleep. Similarly, why conflict with a colleague or partner has a greater likelihood of negative outcome given the time of day (e.g. mid to late afternoon - low energy periods).

Thayer delineates a mix of strategies for managing our

moods from active mood management (e.g. relaxation, stress management) to more passive or withdrawal/avoidance like approaches (e.g. watching TV or taking a nap). Although the lists and ways of managing moods feel very intuitive and natural for most of us, I found the power of the book was in laying everything out clearly and openly, thereby inviting deeper self-reflection. Listening to music and spiritual activity, a couple of my favorites were found to be used by many people and rated to be very effective in managing mood.

What works best to regulate moods? Exercise, explains Thayer. This result, however, begs the question of why it is often difficult for people to stick to exercise regimens. In other words, if it is such a natural mood enhancer, why don't we do it all the time? Thayer suggests that enjoyment is a key factor. The human being, according to his view, has a natural propensity towards joy and fun, so the trick to staying on the treadmill is to make it enjoyable!

What might be the implications for counselling? "Generally, when we are in a bad mood, some variation of tense-tiredness is at the base of it. Recognizing this state can help us regulate our moods and better understand why we indulge in certain behaviors and help us substitute healthy behaviors" (p. 171). It seems to me like this statement has far reaching implications for our work as practitioners...

Having a deep understanding of our energy levels is "powerful medicine", because when we can observe signs of tense tiredness at work in our thinking and even self-

esteem we can "shelf" our ruminations for when we have more energy. Therefore, as mental health workers and people, it is incumbent on us to recognize and monitor our energy levels. Thayer, in his concluding chapters, provides an index of tense-tiredness and questions that can help us assess where we are on the continuum (p. 177-178). Why not check in with yourself right now:

1. What time of the day is it?
2. How much sleep have I had recently?
3. When did I last eat (and what kind of food did I consume)?
4. Have I been sedentary for a long period (when did I exercise last)?
5. How good is my general health?
6. What is my general stress level?
7. For women, what time of the month is it?
8. What is my current energy level?
9. What is my current tension level?

Although for some of this might feel like pretty basic stuff, Robert E. Thayer, who died two years ago after offering great contributions to the field of psychology, is worthy of much consideration and praise.

#### References

Thurber, M.R., McCraty, R., Kabaker, B., Shaffer, T., Allen, K., Wilson & Sawyer, S. (2015). *HeartMath® interventions for counselors, therapists, social workers and health care professionals: Establishing a new baseline for sustained behavioral change*. Boulder Creek: Institute of Heartmath Press.

## ALBERTA HUMAN SERVICES PROVIDERS

In January 2016, the Ministry of Human Services (HS) is asking current and prospective service providers who wish to be considered for future business with HS to apply to be on one or more province-wide Pre-Qualified Resource (PQR) lists for the following four major service categories:

- Services to individuals with disabilities (division-specific)
- Child and family services (division-specific)
- Transportation services (ministry-wide)
- Specialized assessments and consultation with health professionals (ministry-wide)

For more information regarding the services categories, the PQR list, deadline dates and general information about the program login to the Member Area of the PAA website and visit the Member Resources section.



## PUBLIC EDUCATION INITIATIVES: DEMISTIFYING PSYCHOLOGY

Michael Stolte, Psychologist Centre for Autism Services Alberta  
mstolte@centreforautism.ab.ca

As a member of the Psychologists' Association of Alberta, Michael Stolte and his colleagues authored a public education document called, "The Value of Choosing a Psychologist". In this document they focus on five key messages that speak to all of us in the field. First, they cite research that shows **psychologists are trusted by the public** and are seen as competent professionals capable of dealing with mental health problems.

In the face of many paraprofessional services and mental health support being provided by those with certificates or undergraduate degrees, they highlight the **unique training** that psychologists complete with regard to cognition, emotion and behaviour. It is important for the public to remember that **psychologists are accountable** to the public, that we are a regulated professionals who practice within specific areas of competency. Our Code of Ethics and practice guidelines set us apart from other service providers, and highlights our commitment to the dignity of the individual and to the fair treatment of our clients.

**Psychologists are experts**, and yet many of us downplay our knowledge, our expertise, and talents to promote meaningful change, perhaps because by nature we are a humble bunch doing most of our best work behind closed doors. Yet it is important the public recognize that psychologists have expertise in psychological assessment and therapeutic modalities, as well as extensive knowledge about human development, motivation, personality, trauma recovery, learning, neuroscience, dysfunction, and flourishing.

They conclude with the message that **psychologists are accessible to the public**. We work in public and private settings, in a multitude of health care, non-profit, rehabilitation and educational settings. Our work is well recognized, and well integrated into our communities, and yet so much of what we do remains quiet, undisclosed and of course, confidential. Michael often speaks to the media in his role with the Centre for Autism Services Alberta, and while he doesn't crave the limelight, he does recognize the need to bring more awareness to Canadians about the value of psychological services.

We've all had that awkward moment when we are asked to explain what a psychologist is or to describe exactly what we do. It's fluid and sometimes difficult to describe, but this work by Michael and his colleagues at the PAA provide some guidance about how to make our work easier to understand.

To learn more, please visit the PAA website [www.psychologistsassociation.ab.ca/site/paa\\_brochures\\_materials\\_7](http://www.psychologistsassociation.ab.ca/site/paa_brochures_materials_7) or contact Dr. Judi Malone, Director, Education & Communications, Psychologists' Association of Alberta, [judim@paa-ab.ca](mailto:judim@paa-ab.ca)

*"A Psychologist studies how we think, feel & behave from a scientific viewpoint & applies this knowledge to help people to understand, explain & change their behaviour" – CPA*

Reprinted by permission of the authors, Dr. Janet Miller & by Michael Stolte (R. Psychologist), first published in CPA Kaleidoscope, Fall 2015.



## SYRIAN REFUGEES MEMBER RESOURCES & INFORMATION



PAA has made available additional resources for members who want to keep abreast on developments for the Syrian Refugees in Alberta.

### **Providing Psychological Services**

Our members only area has links to the information and application process for the government funding that is available to support therapeutic work with the Syrian refugees [http://www.psychologistsassociation.ab.ca/site/syrian\\_refugees](http://www.psychologistsassociation.ab.ca/site/syrian_refugees) Members who get approval and have taken additional training are encouraged to advise our office [judim@paa-ab.ca](mailto:judim@paa-ab.ca)

### **Continuing Professional Development**

- We have been sharing information on relevant training and support that is available in the province through our Non-PAA training opportunities at [http://www.psychologistsassociation.ab.ca/site/non-paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/non-paa_workshops)
- PAA offered, “Mental Health and ‘New Canadians’: Psychosocial and Cross-Cultural Considerations When Working with Refugees” presented by Ms. Dalal Shaheen & Dr Jon Amundson (R. Psychologists). To maximize benefit to those participating, our training focussed on work with any new Canadians and refugees to provide a larger scope of ethical and practical considerations.

### **Member Initiatives**

Canadians, Albertans, and specifically, many of our members, have found many ways to become involved. One such initiative “Give them a Home, eh” was started by member’s Dr Jon Amundson & Dr Deb Dobson (R. Psychologists) [http://www.psychologistsassociation.ab.ca/site/paa\\_news\\_and\\_events](http://www.psychologistsassociation.ab.ca/site/paa_news_and_events)



## MEMBER RESOURCES

Did you know there is a wealth of resources & information available exclusively to PAA members? Login to the Members Only area of the PAA website to access some of these great resources available to you:

### **Addiction & Mental Health Mobile Application Directory**

An extensive list of mobile resources dealing with mental health & addiction-related issues.

### **Alberta Human Services Provider Information**

Information on how to apply to be on one or more province wide Pre-Qualified Resource (PQR) lists for Human Services, descriptions of service categories, & examples of services.

### **Psychological Services Funds**

Information, application forms & donation forms for the PAA Psychological Services Funds.

### **Alberta Health Practice ID Numbers**

Information & applications to get practice identification numbers.

### **Podcasts**

Free Podcasts on current topics of interest. To listen to the podcasts, login to the Members only area of the website for the direct link.

### **Psychologically Healthy Workplace PowerPoint Presentation**

PAA Members have access to a free presentation on psychologically healthy workplaces to help them

promote psychological health in the workplace.

### **Member Benefits for Goods & Services**

PAA Members received preferred rates for insurance, car rentals, hotels & other goods & services. Access the list of current benefits & get your discount codes.

### **Psymposium**

Read our current & back issues of our newsletter, *Psymposium*.

### **Medavie Blue Cross & IFHP Information**

Information for health care providers working with Veterans Affairs Canada, the Canadian Armed Forces & the Royal Canadian Mounted Police is available. In addition, information about the Interim Federal Health Program (IFHP) can be found in the members' only area, including information on how to become a provider.

### **Doctoral Standard Information**

Learn more about the Doctoral Standard including advocacy efforts, history, & frequently asked questions.

### **Marketing Your Practice Information**

Learn more about how to market your practice effectively.

### **PAA Information & Reports**

Other information including the survey results from the latest PAA member benefits survey, AGM Minutes, annual reports, & Bylaws.



## MEMBER BENEFITS

A PAA membership provides many benefits including: special rates for Professional Liability Insurance, discounts for goods & services, access to practice advisors, continuing education opportunities, & awards.

As the Psychologists' Association of Alberta is the voice of, & for, psychology in Alberta, a PAA membership will ensure that your interests are represented to government, service providers, & the public. Your PAA membership will help PAA:

- Advocate for psychology in Alberta
- Defend the legislated scope of practice
- Inform the public & the media
- Work to enhance opportunities for psychologists
- Advocate for consumers of psychological services

All membership categories receive the following benefits:

### **Professional Development Benefits**

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

### **Communication Benefits**

- Free online subscription to the PAA quarterly newsletter, Psymposium
- Special advertising rates on the PAA website & Psymposium
- Keep informed of the latest issues & trends in the profession
- Opportunities to network, get involved & shape the profession

### **Professional Support Services**

- Discounted professional liability, home, auto & office insurance
- Discounted rates for goods & services such as hotels & car rentals

### **Additional Member Benefits for Full Members**

- Referral Service
- Access to practice advisors

### **Additional Member Benefits for Students**

- Supports through the transition from student to psychologist including supervisor lists & information regarding the registration process.
- Network with experienced psychologists
- Student research awards
- Post your CV & seek employment



## COMMENTARIES ON A REMARKABLE PSYCHOLOGIST: JEAN PETTIFOR

*By Dr Ken Pope*

A remarkable woman and internationally-recognized psychologist -- Jean Pettifor -- died last month at the age of 93. An active leader in the profession well into her 93rd year, she presented at both the Canadian Psychological Association and American Psychological Association conventions this year.

Jean was a great friend and I owe her so much, particularly for her wise guidance and support when I was making some difficult decisions. I thought many of you might be interested in some of the commentaries and obituaries that have appeared since Jean died.

Here's the U of Calgary obituary:

<http://www.ucalgary.ca/facultyandstaff/memorial/pettifor>>

Here's Jean's bio -- which includes cites to some of Jean's hundreds of published articles -- by Axelle Karera at the Feminist Voices site:

<http://www.feministvoices.com/jean-pettifor/>>

Here's a remembrance by Carole Sinclair:

[http://jean.pettifor.org/index.php?title=Remembrance:\\_Carole\\_Sinclair](http://jean.pettifor.org/index.php?title=Remembrance:_Carole_Sinclair)

Here's a remembrance by Bob van Mastrigt:

[http://jean.pettifor.org/index.php?title=Remembrance:\\_Bob\\_van\\_Mastrigt](http://jean.pettifor.org/index.php?title=Remembrance:_Bob_van_Mastrigt)

Here's Jean's obituary from the \*Calgary Herald\*:

<http://calgaryherald.com/news/local-news/city-psychologist-never-forgot-humble-beginnings>

Here's Jean's obituary from the European Federation of Psychologists' Associations:

<http://www.efpa.eu/news/former-wundt-james-award-winner-drjean-pettifor-deceased-at-age-of-93->

*"Who must do the hard things? Those who can. And, who must do the impossible things? Those who care." Carolyn Payton, "Who Must Do the Hard Thing?" (American Psychologist, 1984)*

Reprinted in full with the exception of the lead words, "As members of this list know from a post I sent a few weeks ago" with permission of the author from a listserve share on the 29 December 2015.

## HAVE YOU JOINED THE PAA REFERRAL SERVICE?

Our PAA Referral Service provides the public with contact information of participating registered psychologists with great exposure:

- An average of 160 referral service calls monthly
- Over 1100 visits to our online referral search page monthly
- A direct link to your professional practice website is available for an additional \$50.00/year + GST

### Recent Upgrades

With the recent upgrades to the referral service, you can now add a profile photo and biography to your Referral Service Profile! These valuable added features enhance your visibility & better showcase your professional services, making the PAA referral service better value for your money.

### Eligibility & How to Join

PAA members who are registered psychologists can join the referral service when they renew their membership online. Eligible members are welcome to join the referral service at any time during the year by downloading a Referral Service Application Form from the PAA website.

### Fees

Referral Service: \$190.00/year (plus GST)

Weblink: \$50.000/year (plus GST)

## PAA AWARDS

Every 2 years PAA recognises companies, psychologists & other individuals through a series of awards, including Lifetime Achievement & Excellence Awards & Research Awards. The deadline for submission for the 2017 Awards is 27 February 2017.

Awards will be presented to the winners at our PAA Connects 2017 Banquet on 25 May 2017 in Edmonton.

Nominations forms are available on our website under General Info/PAA Awards & Recognition [http://www.psychologistsassociation.ab.ca/site/paa\\_awards](http://www.psychologistsassociation.ab.ca/site/paa_awards)





Psychologists' Association of Alberta Presents:  
**BASC 3**

**Date:** Friday 22 April 2016    **Time:** 9:00 a.m. – 4:30 p.m.    **Location:** Edmonton

**Presented by:**

Dr. Randy Kamphaus Ph.D, MA

**Intended Audience:**

Credentialed psychologists, and graduate students in advanced practica or internship, with background and training in child, child clinical, school, pediatric or similar psychology subdisciplines.

**Learning Objectives:**

After successful completion of this course participants should be able to:

- demonstrate knowledge of the strengths and weaknesses of rating scale measures of child behavioural and emotional status,
- link behavioural and emotional assessment results to scientifically-based interventions, and
- articulate a rationale for engaging in universal behavioural and emotional risk screening of children and adolescents.

**Rates:**

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



**Dr. Randy Kamphaus Ph.D, MA** is professor and dean of the College of Education at the University of Oregon. His work has focused on issues of child assessment theory and practice, test development, and diagnosis/classification. He is best known for co-creation (with Cecil R. Reynolds) of the Behavior Assessment System for Children, now in its third edition (BASC-3). He has authored or co-authored more than 80 journal articles, 10 tests or software devices, 10 books, and numerous book chapters, test reviews, and other publications. He is a licensed psychologist with practice experience in hospital, school, and private practice settings.

More information and registration is available on the PAA Website:  
[http://www.psychologistsassociation.ab.ca/site/paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/paa_workshops)

Psychologists' Association of Alberta Presents:  
**UPPERS, DOWNERS AND ALL-ROUNDERS:  
KNOWING THE DRUGS YOUR CLIENTS ARE ABUSING**

**Date:** Friday May 20 2016    **Time:** 9:00 a.m. – 4:30 p.m.    **Location:** Edmonton

**Presented by:**

Dr. Robert Julien, M.D., Ph.D

**Intended Audience:**

This workshop is intended for Psychologists, psychology students, counsellors, physicians and nurses involved in substance abuse issues. Also pharmacists & general medicine prescribers.

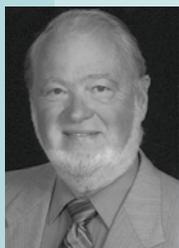
**Learning Objectives:**

After successful completion of this course participants should be able to:

- Develop a patient medication form
- Take a detailed drug & medication history from each patient on each encounter
- Identify which drugs/medications are capable of inhibiting cognitive abilities
- Understand how drug half-lives contribute to missing such effects
- Know the continuum of effects of CNS stimulants
- Understand how some drugs combine both psychostimulant and psychedelic effects
- Identify what drug underlies the holiday of Halloween
- Understand the antidepressant and psychedelic effects of ketamine
- Know the different effects and uses of THC and CBD
- Know the relationship between blood THC concentrations and driving behaviors
- Understand how physicians may contribute to heroin abuse
- Understand the difference between a pure agonist, a pure antagonist, and partial agonist opioid
- Identify available products that combine these in the treatment of opioid dependence

**Rates:**

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



**Dr. Robert Julien** received his M.S. and Ph.D. in Pharmacology from the University of Washington and his Medical Degree from the University of California at Irvine.

His many research articles focus on the psychopharmacology of sedative and antiepileptic drugs. Previously an Associate Professor of Pharmacology and Anesthesiology at the Oregon Health Sciences University, Dr. Julien is retired from the active practice of medical anesthesiology at Providence St. Vincent Hospital in Portland Oregon. He has published the 13th edition of his psychopharmacology textbook *Julien's Primer of Drug Action* (Worth Publishers, 2014). With 41 years of continuous publication, *Julien's Primer of Drug Action* is regarded as a definitive textbook of psychopharmacology, covering both psychotherapeutic agents as well as substances of abuse.

More information and registration is available on the PAA Website:

[http://www.psychologistsassociation.ab.ca/site/paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/paa_workshops)



The Psychologists' Association of Alberta is joining with Hull Services to co-sponsor continuing education credits for the 2nd International Neurosequential Model Symposium.

## NEUROSEQUENTIAL MODEL OF THERAPEUTICS SYMPOSIUM

**Date:** Wednesday 8 June - Friday 10 June, 2016      **Location:** The Banff Centre, Banff, AB

More information and registration is available on Hull Services website: <http://www.hullservices.ca/events/nmt-symposium>. PAA is approved by the Canadian Psychological Association to offer continuing education for psychologists. PAA maintains responsibility for the program.

Psychologists' Association of Alberta Presents:

## STARTING AND OPERATING AN INDEPENDENT PROFESSIONAL PRACTICE IN PSYCHOLOGY

**Date:** Friday 30th September, 2016      **Time:** 9:00 a.m. – 4:30 p.m.      **Location:** Calgary

**Presented by:**

Dr. Stephen Carter

**Intended Audience:**

This workshop is intended for psychologists, provisional psychologists, and graduate students in psychology.

**Learning Objectives:**

After successful completion of this course participants should be able to:

- understand the personal skills and characteristics desirable for success in a private practice setting;
- gain awareness of the multitude of practical (office rental and set-up, security, etc.) and business (marketing, partnership, financial, insurance, etc.);
- increase knowledge of ethical and record keeping issues related to private practice;
- enhance awareness of self-care issues related to private practice;
- develop practical forms for use in private practice based upon samples.

**Rates:**

	Early Reg. Received at PAA by Sept 4 2015	Reg. after Sept 4
PAA Member	\$ 200.00	\$ 225.00
PAA Student /Provisional Member	\$ 140.00	\$ 165.00
Non-Member	\$ 265.00	\$ 290.00



**Dr. Stephen Carter** has been in private practice since 1992 and is a partner in the firm Carter Haave Vandersteen Bateman Vroon in Edmonton. He has presented on the topic of private practice many times over the past 15 years and developed an on-line private practice course for the Canadian Psychological Association. Dr. Carter is also an adjunct assistant professor at the University of Alberta in the department of Educational Psychology and is known for the practical nature of his presentations.

More information and registration is available on the PAA Website:  
[http://www.psychologistsassociation.ab.ca/site/paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/paa_workshops)

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

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

**Date:** Saturday 28 May 2016  
9:00 a.m. – 10:00 a.m.

**Place:** PAA Office  
Unit 103, 1207 91 St SW, Edmonton, Alberta

The agenda will include Special Resolutions to amend the PAA Bylaws as follows:  
Changes are identified in **bold** and ~~strikeout~~)

### 5.0 RESIGNATIONS, SUSPENSIONS, TERMINATIONS

5.1 **Full membership**, (including Out of Province Membership) and Provisional Membership including all rights and privileges, shall terminate if the Member ceases to be registered with the College of Alberta Psychologists, unless the member is a retired psychologist who was in good standing with the College at the time of retirement.

#### Rationale

- This a housekeeping change to make Bylaw 5.1 consistent with a previous bylaw revision which added retired members to the Full membership category.

### 9.0 ORGANIZATIONAL STRUCTURE

#### 9.1 Board Composition

9.1.1 Voting members consist of ~~eleven~~ **nine** (~~11~~ **9**) elected directors.

#### Rationale

- There is a trend in recent years to move towards smaller boards because they are more efficient.
- A smaller board of directors would be more cost effective for the Association
- Limited nominations in recent years has resulted in the board not having a full roster of 11 members.

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

Contact the PAA office at:

(780) 424-0295 (Edmonton) | (403) 246-8255 (Calgary) | Toll Free: 1-888-424-0297 (Anywhere in Alberta)  
Email: [paa@paa-ab.ca](mailto:paa@paa-ab.ca)

## STAFF SHOWCASE



The Psychologists' Association of Alberta would like to introduce you to our newest member of staff:

### **Hodan Youssuf, Executive Assistant/Membership Coordinator**

I joined the association in March 2016 and provide support to the Executive Director and the Director of Education and Communications in the day-to-day operations of the association. In addition I provide services to our members including membership renewals, applications and the referral service.

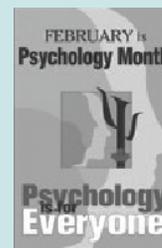
My experience includes administrative work in both provincial and federal government, I am currently working on my Bachelors of Commerce Degree at MacEwan University.

When I am not studying or working, I enjoy a vast array of interests and hobbies such as going to concerts, travelling and recently, working out.



## 2016 PSYCHOLOGY MONTH EVENTS IN ALBERTA

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



PAA doubled its social media outputs (Facebook, Twitter, & LinkedIn) in February in recognition of Psychology Month. Included in the regular social media feed was the promotion of CPA's new Fact Sheets which were released each Tuesday in February.

Throughout the month Stanley A. Milner and St. Albert public libraries displayed information on mental health and psychology. The displays included information about PAA and psychological concerns such as anxiety, depression, ADHD, and parenting. Ms. Erin Buhr organized this event.

Throughout the month Mr. Colin Collett displayed a variety of PAA promotional materials within each of the High Prairie School Division staff rooms. Providing additional information to teachers on psychological services while promoting the profession.

Throughout the month Kells Counselling and Family Solutions displayed PAA promotional materials during February in their main reception area as well as in their psychologists' offices. Materials were handed out to clients when interested.

Throughout the month the psychologists at Creating Solutions challenged all Alberta Psychologists to "PUT YOUR MONEY WHERE YOUR MOUTH IS" for February, Psychology Month. This was a fundraising challenge to donate one billable hour (the recommended rate of \$190.00) to the Psychological Services Fund during February 2016.

Throughout the month Ms. Zuraide Dada distributed PAA psycho-educational materials to primary care facilities and co-presented a lunch & learn on "Domestic Violence in the workplace" and distributed PAA materials in Calgary.

In February Dr. Paulene Kamps was invited to join a panel of experts to create the international recommendations for Developmental Coordination Disorder (DCD).

**February 2nd** – Ms. Silva Henning and Ms. Caroline LaPierre attended PAA's display booth with a variety of materials at The University of Calgary - Career Expo.

**February 2 – 11th** – PAA materials were displayed in public areas, accompanied by Psychology staff to answer questions at the following Alberta Health Services locations: Foothills Medical Centre, Sheldon M. Chumir Health Centre, Alberta Children's Hospital and Richmond Road Diagnostic and Treatment Centre.

*Continued next page...*

Ms. Shelly Skelton offered a series of free information sessions at Country Hills Library on Mondays about mental health issues that impact youth and families.

**February 8th** – Emotional Intelligence

**February 22nd** – Depression

**March 7th** – Anxiety

**March 14th** – Cyber-bullying

**TBA** – Self-harm

**February 11–12th** – 2016 Calgary City Teachers' Convention was held at Telus Convention Centre and manned by Ms. Sherri-Lynn Pearce, Ms. Dee Dee Kay, Ms. Marina Agafonov, Ms. Zuraida Dada and Ms. Sophia Lang.

**February 18th** – PAA offered an internal Brown Bag Luncheon on Psychological Health & Wellness presented by Dr. Judi Malone.

**February 25–26th** – Ms. Naznin Virani displayed a variety of PAA materials in her private practice offices in Sherwood Park and Edmonton.

**February 25 – 26th** – Greater Edmonton Teachers' Convention was held at the Shaw Conference Centre and manned by Dr. Deena Martin, Dr. Jim Eliuk, Ms. Neelam Chadha and Mr. Colin Auschrat.

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

## PAA WINTER 2016 WORKSHOPS HELD

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

- Presented by Dr. Derek Truscott R.Psych & Dr. Richard Spelliscy R.Psych
- January 29, 2016 - Calgary
- There were 40 participants.



### CONDOLENCE

It is with regret that we acknowledge the passing of Weslyn Mather, Registered Psychologist (AB), and her contributions to the psychological health & wellness of Albertans. She passed away on 22 November, 2016.

It is with regret that we also acknowledge the sudden passing of Chris Diachuk, Registered Psychologist (AB), who passed away in March 2016

Notices of condolence for colleagues can be shared with the PAA at [paa@paa-ab.ca](mailto:paa@paa-ab.ca)

## ALBERTA PSYCHOLOGY IN THE MEDIA

### Psychology in the Media generated through the PAA office: November 2015 – March 2016

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
<b>November 2015</b>	Dr. Beth Hedva	Reader's Digest	How to Forgive: A Four-Step Plan
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- Victory Remembered - The Blame Game! - Help – I'm in Crisis! - Self-Image: You are what you think!
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- In the blame game, you're never a winner - Supports are vital and other things to know about people in crisis - Self-image: You are what you think
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	Fears & Terrorism
	Dr. Ganz Ferrance	CTV News Edmonton	How to cope with tragic world events
<b>December 2015</b>	Mr. Farrel Greenspan	My Mental Health newsletter	8 Tips For Holiday Mental Wellness
	Dr. Paulene Kamps	National Association for School Psychologists – Communiqué	DSM-5 & School Psychology: Developmental Coordination Disorder
	Ms. Janet Caryk	630 CHED – Afternoon News	Fright Night – Time to Face Your Fears
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- Christmas resolutions - Teach people how to treat you - The Christmas story is all around us - Get Started Right
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Christmas resolutions - Teach people how to treat you - The Christmas story is all around us
	Ms. Angelica Rojas	Edmonton Journal	Helping perpetrators may be key to progress on domestic violence, Edmonton workers say
	Dr. Ganz Ferrance Dr. Brent Macdonald Dr. Janet Miller	Alberta Primetime	- Coping with seasonal blues - Staying within a holiday budget
	Dr. Ganz Ferrance	CTV News Edmonton	- Holiday Helping – Psychologist - Beating the winter blues - Keeping your head up if you don't keep your New Year's resolution
	Dr. Ganz Ferrance	630 CHED radio afternoon show)	Seasonal Affective Disorder
	Dr. Ganz Ferrance	CBC Edmonton AM Radio	CBC Edmonton AM Radio
<b>January 2016</b>	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Get started right - Trust might not be a good thing - Pay your bills, get back on track - Four factors that lead to entitlement
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- Get Started Right - Trust might not be a good thing - Pay Up! - Entitlement

*Continued next page...*

## ALBERTA PSYCHOLOGY IN THE MEDIA (con`t)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
<b>January 2016 (con`t)</b>	Dr. Susan MacDonald and Dr. Ganz Ferrance	Alberta Primetime	- Dealing with mounting layoffs across the province - Workplace trends in 2016
	Dr. Ganz Ferrance	CBC Edmonton News	Blue Monday blahs a far cry from depression, expert says
	Dr. Linda Hancock	The Medicine Hat News	Beating the winter blues
	Dr. Brent Macdonald Dr. Ganz Ferrance	Alberta Primetime	- Is the mid-life crisis a myth? - Mental health issues during a recession
	Dr. Ganz Ferrance	CTV News Edmonton	- Keeping the conversation on mental health going, and ways to combat the stigma - The importance of talking about mental health and how to ask for help when you need it.
	Ms. Sharon Smith	Radio Active	Campaign asks Alberta psychologists to buck up for mental health 'Put Your Money Where Your Mouth Is' campaigns for affordable psychological services.
<b>February 2016</b>	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	– I want to do what you do – There are several ways to spend Valentine's Day – Three key concepts
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	What are the rules and guidelines to social media in relationships?
	Ms. Kendice Limoges Hulls Psychological Services	Global News – Calgary's Child	Seasonal Affective Disorder, what to do about it and who can help.
	Dr. Ganz Ferrance	Alberta Primetime	- Average relationship length is not great - Hallmark holiday or something more?
	Dr. Janet Miller Dr. Susan MacDonald	Alberta Primetime	- Should spanking be banned in Canada? - Ensuring all students feel safe and included

**In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public.  
November 2015 – March 2016**

DATE	PSYCHOLOGIST	VENUE
<b>November 2015</b>	Mr. Mitchell Colp	Voices of Counselling: Creating Connections Calgary and Region. Guidance Council Conference 2015

*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.*

## MOBILE APPS FOR ADDICTION & MENTAL HEALTH

Alberta Health Services has published an extensive list of mobile resources related to addiction & mental health issues. PAA members have access to the 2015 Addiction & Mental Health Mobile Application Directory for free in the Member Resources section of the PAA website with our thanks to AHS [http://www.psychologistsassociation.ab.ca/ieadmin/files/2016-01-07\\_-\\_Addiction\\_and\\_Mental\\_Health\\_Mobile\\_Application\\_Directory\\_2015.pdf](http://www.psychologistsassociation.ab.ca/ieadmin/files/2016-01-07_-_Addiction_and_Mental_Health_Mobile_Application_Directory_2015.pdf)

## WELCOME TO NEW PAA MEMBERS

(October 28, 2015 – February 24, 2016)

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| Andersen, Caroline (Full)             | Makela, Marnie (Provisional)         |
| Anderson, Michelle (Provisional)      | Matijevic, Martina (Provisional)     |
| Astels, Sharla (Provisional)          | McMorris, Carly (Provisional)        |
| Barber, Kimberly (Provisional)        | Meldrum, Michelle (Full)             |
| Bieganek, Taralyn (Psych. Assistant)  | Murray, Pamela (Student)             |
| Born, Doris (Provisional)             | Nolin, Sarah (Provisional)           |
| Bradford, Charlene (Out of Province)  | Nowicki, Denise (Provisional)        |
| Bullock, Nicole (Provisional)         | Ohlmann, James (Provisional)         |
| Childs, Katherine (Student)           | Pirbhai, Nadia (Full with Referral)  |
| Cordazzo, Sheila (Provisional)        | Reise, Rebecca (Student)             |
| Daines, Jenni (Provisional)           | Robinson, Joy (Full with Referral)   |
| Day, Lindsay (Full)                   | Rodriguez, Adriana (Provisional)     |
| Dhillon, Jasmin (Provisional)         | Schultz, Lara (Full)                 |
| Epp, Jonathan (Student)               | Scott, Paloma (Provisional)          |
| Eyben, Scarlett (Provisional)         | Shillington, Anne (Full)             |
| Fadol, Marwa (Full)                   | Shivji, Alisha (Student)             |
| Foucault, Darlene (Full)              | Skar, Sabrina (Provisional)          |
| Gaetz, James (Professional Affiliate) | Steiestol, Kristi-Anna (Provisional) |
| Genee, Michelle (Provisional)         | Steinley, Ken (Full)                 |
| Haig, Judy (Full)                     | Stelmaczonek, Karl (Full)            |
| Hanley, Cheryl (Provisional)          | Storton, Sharon (Provisional)        |
| Hehar, Rupinder (Provisional)         | Tyerman, Christin (Student)          |
| Howard, Marney (Provisional)          | Unger, Lydia (Full)                  |
| Irwin, Paige (Professional Affiliate) | Villegas, German (Full)              |
| Kelly, Shannon (Provisional)          | Walker, Juliana (Provisional)        |
| Khan, Osman (Student)                 | Walker, Miranda (Provisional)        |
| Kucherawy, Amy (Provisional)          | Warron, Lesley (Student)             |
| Liu, Irene (Student)                  | Willan, Valerie (Provisional)        |
| Lynch, Shane (Full)                   | Wright, Julie (Provisional)          |
| Lyseng, Annelise (Provisional)        | Zaidi, Shelina (Provisional)         |

## CALENDAR OF EVENTS

### April 22, 2016 – BASC 3

Presented by Dr. Robert Julien, M.D., Ph.D.  
Location: Edmonton, AB

**Sponsored by the Psychologists' Association of Alberta**

### May 20, 2016 - Uppers, Downers and All-rounders: Knowing the Drugs your Clients are Abusing

Presented by Dr. Robert Julien, M.D., Ph.D.  
Location: Edmonton, AB

**Sponsored by the Psychologists' Association of Alberta**

### June 8 – June 10, 2016 - Neurosequential Model of Therapeutics Symposium

The Child Trauma Academy and Hull Services are proud to announce the second international Neurosequential Model of Therapeutics Symposium to be held at The Banff Centre located in Banff, Alberta, Canada. PAA is approved to offer Continuing Education Credits for this Symposium. More details are available on Hull Services website: <http://www.hullservices.ca/events/nmt-symposium>

### September 30, 2016 - Starting and Operating an Independent Professional Practice in Psychology

Presented by Dr. Stephen Carter. Location: Calgary, AB

**Sponsored by the Psychologists' Association of Alberta**

More information and registration on all these workshops is available on the PAA Website: [http://www.psychologistsassociation.ab.ca/site/paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/paa_workshops)

## UPCOMING MEETINGS & SOCIAL EVENTS

### BOARD MEETING

March 19, 2016 – Edmonton

May 28, 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.

Please be sure to check the PAA website regularly for any newsletter updates and upcoming events.

Log onto the website [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca) and click on *Continuing Education/PAA Workshops or PAA Workshops/Non-PAA Training Events*.

### Changing Your Address?

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

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

or complete your information below and return to PAA with your mailing label.

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

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



PSYCHOLOGISTS'  
ASSOCIATION *of* ALBERTA

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Edmonton, Alberta  
May 25th & 26th, 2017

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Toll Free: 1-888-424-0297  
Fax: (780) 423-4048