

Psymposium

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BOARD NOTES



*Bonnie
Rude-Weisman,
PAA Board
President*

The World Needs More of Us

Like many of our colleagues, I tend to be a sensitive individual. Throughout my workday, while bearing witness to the stories of children, families and adults alike, I am not immune or impervious to their despair, their joy, their anguish, their hopefulness, their fears or their triumphs. Through my training, supervision, continuing education and on-going self-care, I have learned how to manage and regulate my sensitivity, so that my responses are reflective, thoughtful, measured, and evidence, rather than emotionally or value-based. The knowledge accrued through our university classes, scholarly readings and continuing education workshops; the skills honed through our practicums,

clinical internships, supervised practice and peer consultations; the judgment guided and sharpened through adherence to our ethical code, our standards of practice and our self-care; and the diligence that stems from a passion and commitment to providing the best practices in helping others, allows psychologists to respond in ways that elevate, rather than denigrate, humanity. We can build bridges of understanding, acceptance and self-regulation that transcend the twisted, maze-like paths forged by fear, ignorance and the unregulated thoughts, actions and emotions of some. The world needs more of us to unite humanity, rather than divide it; to accept rather than to reject our fellow man; and to respond in helpful ways rather than to react in ways that prove hurtful to individuals, their families, their communities or society generally. To this end, your PAA has been working both independently and collaboratively with the College of Alberta Psychologists, to ensure psychologists' voices are heard on various committees and task forces, including the Ministerial Panel for Child Intervention; we recently started a Social Justice Committee; we are involved in training for Medically Assisted Dying; we have recently developed a response to the upcoming Cannabis Legislation that is evidence, rather than value-

PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

MISSION STATEMENT

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

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

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

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

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based, and the list goes on.

While the world may not experience more of us in terms of sheer numbers with the anticipated retirement of many baby boomers, the world nonetheless needs more of each of us. As individual psychologists and provisional psychologists, the world needs our knowledge, skills, judgment and diligence. Share these attributes in whatever way works for you and use your PAA as an effective vehicle to assist you in your endeavours. Given the world stage, the world needs us now.

As always, I welcome your thoughts, ideas and feedback as president of your PAA Board of Directors.

Respectfully,
Bonnie Rude-Weisman, M.A. R. Psych
Board President

Email: brudeweisman@shaw.ca

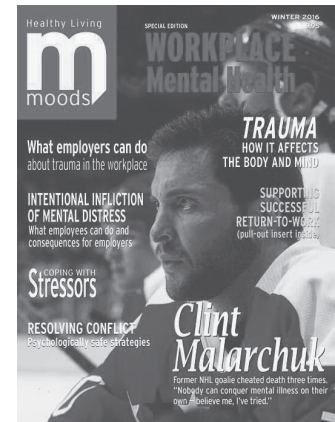
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Contributions Accepted

Moods, a Canadian publication found on newsstands across the country, is directed at consumers. Moods covers various aspects of mental health, such as addictions, anxiety, bipolar disorder, depression, eating disorders, trauma, PTSD, OCD, relationships, stress, research and more. Each issue also brings you success stories of celebrities and everyday people who have struggled with mental illness.

If you wish to contribute content please contact us at info@moodsmag.com or visit our website for subscription information.



Psymposium Advertising Rates (effective January 2018)

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

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

Psymposium is published three times a year: April, August and December. Article deadlines are: 07 February, 08 June & 05 October. Advertisements printed in *Psymposium* deadline: 23 February, 20 June, and 19 October. Insert deadline: 23 March, 20 July, and 28 November.

5% Goods and Services tax to be added to all costs quoted above. A 25% discount on gross billing will be allowed to PAA members placing employment, office space, or professional training workshop advertisements. A 25% discount on gross billing will be allowed to private sector non-profit organizations placing ads.

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Full Page	17.7 x 23 cm	Half Page	8.6 x 23 cm
Half Page	17.7 x 11.5 cm	Quarter Page	8.6 x 11.5 cm
Minimum Size	8.6 x 5.75 cm		

Size	Cost per issue 1 issue only	Cost per issue 2 consecutive issues	Layout Costs If Not Camera Ready
1/8 page	\$115	\$105	\$20
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1/2 page	\$385	\$350	\$40
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EDITOR'S LETTER



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

Welcome to the winter edition of Psymposium. A recent piece in *Time* magazine's special edition, *Beautiful Phenomena* caught my eye and had me wondering with all the snow we get in Alberta, how often have we ever gone outside on a winters day, and stopped to really examine a snowflake? We know that for the most part no two snowflakes are ever exactly alike. You can actually check this out on snowcrystals.com. It is a website dedicated to the study of snowflakes by a physicist professor from Caltech. Pretty cool stuff.

Just like these spectacular, unique snowflakes, every one of us as psychologists is also unique in the collective pursuit of helping others with mental health and providing ongoing improvements to mental health services in Alberta. In our profession we have diverse individual skills, ideas, talents, and creativity; various experiences and backgrounds; as well as specialized aspects to our training, education and expertise. There is so much variety in the service we bring to our profession and community – all the way from innovative therapeutic modalities, to teaching and supervision, and to research and advocacy – this is certainly not an exhaustive list. Working together, in all our uniqueness, we move forward to help others, inspire people, and promote positive change in our ever-changing world. This is one of the many aspects that makes our profession so beautiful.

I hope you enjoy the unique articles in this issue as well as join me in saying “farewell” and “thank you” to one of our dedicated and inspiring columnists, Terry Wilton...best wishes in your future endeavours.

Warmest regards,

Michelle
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NOTES FROM THE CEO'S DESK



Dr Judi L Malone
PAA CEO
Registered Psychologist (AB/AUS)

December already...time seems to pass quickly when life is filled with wondrous activities. As I bid my daughter farewell on her trip to Pearson College this August I turned to my first autumn season as your PAA CEO. And, what a fall it was! Our profession really has so much potential, in growth, but also in service to Alberta. A psychologically healthy province benefits us all.

For Albertans

Did you know that members have access to fact sheets on a variety of topics including cyberbullying? Share your ideas for topics and access these and our key messages in the PAA brochures – free to members. More of our members are active in media and you are certain to see psychology briefs on HUTV in waiting rooms as only one example.

And, knowing that the position, “Generic Mental Health Therapist” is a disservice to Albertans, we are collaborating with the Alberta Alliance for Mental Illness and Mental Health (AAMIMH), AHS, and others to target this area where the lack of parity between physical and mental health represents discrimination.

For Members

Bridging through your career is a monumental task at times and we are excited to be stepping up our services for students, provisionals, and early career psychologists through our workshops (preparing for your oral exam or EPPP), supervision list, and targeted communication plans.

We continue to expand our support to all members. We've had some amazing continuing professional development, ranging from our first webinar on neuropsychology to an indepth overview of psychotherapy in relation to Medical Assistance in Dying. With our evolving communications strategy, stay tuned for innovative changes to Psymposium and our web presence.

For the Profession

At PAA, our PAA Social Justice Committee has launched and we are looking forward to exciting initiatives such as Indigenizing Psychology and taking supervision to the next level. In the field, if you know Alberta psychologists who are making a difference in shaping the profession – nominate them for our 2018 PAA awards!

With our Government

Taking research and practice into the policy arena, we presented to the Ministerial Panel on Child Intervention and prepared a formal brief for the Cannabis Secretariat. Those are rewarding processes that involve qualitative feedback from you, our members with expertise, literature reviews, and then formal briefs that protect or advance psychology or to contribute to public debate where the field of psychology has special expertise that informs its position on an issue. There is a wealth of valuable knowledge and often psychology has special contributions to make.

With our Regulatory Body

Most of those governmental and provincial initiatives are done jointly with CAP where, together, we double the voice of psychology. Join us in our town halls throughout the province to have your voice heard and to get an update from both PAA and CAP.

With our Partner Organizations

Active collaborations to date have been with psychiatry, the AAMIMH, AHS PPPC, AHS, Alberta Education, CMHA-Alberta, and others. Together, we can work for a healthier Alberta and ensure psychology is contributing a valuable piece of that puzzle.

Responding to Change

Our 2016 wildfire trauma treatment program is underway ensuring access to psychologist-driven trauma treatment in the Wood Buffalo region and across the province thanks to our partners at the Canadian Red Cross and active members with trauma expertise.

In the Boardroom

Our annual retreat with a very new board was a rewarding and engaging experience. I encourage you

to connect with any of these key contributors to our profession – their dedication and passion sets our vision and maximizes our potential as an organization and profession in Alberta.

At the Office

The hard working and passionate team of leaders here at the office work on continuous improvements for you, our members. Specifically, we have a holocratic organizational structure and a commitment to being a role model as a psychologically healthy workplace – in addition to celebrating employers with our PAA Psychologically Healthy Workplace Initiative Award.

In closing...

Season's greetings to all of you, our members.

Our association, board, key contributors (volunteers), and staff come together to serve you, our members, our profession, and our province. PAA is the voice of, and for, psychology in Alberta. We are the voluntary body that advocates for psychology in Alberta, informs the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services.

I appreciate this opportunity to highlight some of PAA's activities since my last update and wish you a safe and happy holiday season.

As always, I appreciate your insight, questions, and comments.

PAA is OUR association.

Judi



PAA HAS AN eSTORE!

PAA, in partnership with Login Canada, has offered you, our members, a 5% discount through PAA's online eStore. To access all relevant psychological material (ebooks not included) go to the website at lb.ca/paa

By shopping on this site, you are supporting your professional association.

THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

Past, Present and Future

"If you awaken your soul, you will change."

- Gabrielle Roth



How often do we become angry or frustrated with others, or the world, because things do not go the way we want them to? This can be an occasional reaction when our favourite team loses, the car breaks down the day we have an important meeting, or a friend cancels at the last minute.

Sometimes, however, it seems to be a lifelong pattern. Perhaps emotional needs were not met in childhood and so there seems to be a void. This void can become like a black hole that draws into it more and more of the same feelings. One may feel that parents were not there for them, so are often disappointed by friends, and frequently let down by a partner.

Sometimes individuals in this situation become people pleasers, feeling that if they do a lot for others, more will come back to them. They may empathize with and nurture others, but with the expectation that the other person will "be there" in return to meet their own needs on demand. Often a life of drama ensues, a victim persona develops, and the individual moves farther and farther away from what he/she really wants, and in fact, creates the opposite.

Let's look at what is really going on here. We have talked about the ego aspect of our being, and understand it is the more primitive part of us that thinks primarily of itself. It sees things only from its own perspective, rarely seeing, understanding or validating the perspective of another. It wants its needs met, and it becomes frustrated or angry when they are not. Ego may even turn on itself, generating feelings of worthlessness, and self-judgment or criticism, based on the fact that others did not conform to its expectations. It creates polarity thinking, seeing things in terms of good guy/bad guy. Ego is always of course, the good guy, which automatically makes the other person bad.

Ego develops in childhood. It is a basic program that comes already "installed" and for a long time it is the

default program. Ideally, as we evolve in consciousness, we continually "upgrade our program."

Higher consciousness, or what I think of as soul, is also pre-installed, but we have to learn how to access it and run it. Once we know what it is, we have to *choose* to run it. Ego will still try to keep running in the background, but we use our powers of conscious choice to bypass it.

If we do not, or cannot make this choice, ego remains the default program. This means that the ego perceptions of the past are brought into the present. Life events are viewed through the prism of past ego interpretations and are refracted into aspects of past conditioning and beliefs. Further, this "distorted" view is also used to predict the future so one reacts to present life circumstances as though they are continuations of old negative dramas. Further, the future, which is clear, open and filled with multiple possible outcomes, instead becomes contaminated with ego predictions. The old ego ideas are projected onto the future, and so *that is what is created*.

We need to recognize the tremendous power of our thoughts. It is our thoughts that create our reality. Do we want the limited, primitive, unevolved ego to be creating our reality? If so, life will be characterized by things like: anxiety, conflict, stress, troubled relationships, dissatisfaction, depression, anger, communication problems, negativity, criticism and judgment of self and others.

However, when we allow our higher consciousness, or soul essence to guide our thoughts and actions, then we choose a life characterized by a balanced mood, healthy communication, positive relationships, self-validation, understanding, compassion, acceptance and a relaxed approach to life.

What differentiates us from other species is our ability to consciously choose. If our lives are not the way we would like them to be, then rather than blaming others for our circumstances and replaying the same old "movie," we need to create a new script. Only this time we are the sole producer and director.

*Gwen Randall-Young is a psychologist in private practice and author of **Growing Into Soul:***

***The Next Step in Human Evolution.** For more articles, permission to reprint, and information about her books, "Deep Powerful Change" personal growth/hypnosis CDs, visit www.gwen.ca and **like Gwen on Facebook** for inspiration.*

PROFILES IN PSYCHOLOGY

by Kelly Scott Moroz, R. Psych.



Kelly Scott Moroz, R. Psych.

In this column for Psymposium I endeavour to interview highly regarded psychologists in their areas of clinical expertise. This month I interviewed Calgary psychologist Christoph Wuerscher, who I truly consider my mentor from a private practice perspective. When starting my own private practice in 2003, there were ways that Chris ran his own clinic and his therapy sessions that I may not have considered, such as the value of paying for front-end reception for the experience and perception of the client, and how a well running front-end could add financial value to a practice. Chris also brought to my attention advanced screening methods to help aid the selection and hiring of this integral position. He further taught me the need to be direct with clients, while at the same time showing them care and compassion. Chris helped me to understand the value of personality testing as it relates to both individual and couples therapy sessions and to be able to help individuals understand how and why certain events or situations have been playing out in their lives.



Christoph Wuerscher R. Psych.

I began my career as a psychologist in Ontario, working with developmentally handicapped adults (where I was fortunate to have Donald Meichenbaum as a supervisor) and also with federal and provincial inmates. The middle of my career was occupied primarily with police personnel and organizations in Alberta in the roles of staff psychologist, manager of psychological services, and consultant. Since January 2000, I have had a full-time private practice serving individuals (including veterans), couples and organizations. I am especially enjoying my work with provisional psychologists and with psychologists who are wanting assistance in transitioning from employment to private practice.

Who, if anyone, would you consider a mentor professionally?

Gordon Stephenson. He was a psychologist. He was someone who introduced me to the idea of comprehensive psychological evaluation. He convinced me of the merit of the idea that one thing psychologists can do better than any other professional is evaluating people. He said lots of people can do therapy and lots of people can do workshops, but because of the tools that we have, we are in a unique position in order to evaluate and understand other people. He was one of the originators of the comprehensive career evaluation process in Alberta.

How did you cross paths with Gordon?

We crossed paths in that he carried out an evaluation of me when I was going through a career transition. I discovered things about myself that I wish I had known much earlier, because it possibly would have made a difference in some of the decisions I had made.

What would you consider a therapeutic session gone well?

I would say it is when the client experiences “being known” by another human being. From a therapist perspective, knowing the person who is your client – knowing the person behind the illnesses or injuries that that person is suffering is really critical, and when your client experiences being known, it is one of the most wonderful and shattering experiences one can have.

I have always found you well-spoken. Have you ever considered running for public office?

Oh dear. No, but I actually have worked for politicians, and I have helped them craft their messages in a way that I thought would give voice to their individual thoughts rather than just how a normal communications person (i.e., the spin doctor) would normally work with politicians with their messaging.

I discovered things about myself that I wish I had known much earlier, because it possibly would have made a difference in some of the decisions I had made.

If you were giving advice to somebody considering making the transition to private practice, what might that be?

It would be that one should think of marketing not in abstract terms but, rather as intentional ways of, on the one hand, getting to know more deeply the needs of other people and organizations and, on the other, giving them the opportunity to get to know who you are.

In our profession, I do believe that one thing that gets overlooked is indeed the marketing piece.

I think of it more as relationship building than marketing.

When thought of that way, how might you get that message out best?

By increasing the amount of face-to-face contact with people you would see as perspective clients or referral agents.

So that may mean physically being in those types of environments?

That's exactly what it means.

What advice would you give, if any, on how to get through report writing, particularly in regards to assessment report writing, so that psychologists are not always feeling like they are 30 hours or so behind?

I can't say that I have found a way to make that faster or less painful. I think that the reward really comes from having a sense that you have captured the essence of another human being in your report, and that is an arduous process.

I agree with the pride of uniquely capturing our clients in our reports.

Absolutely, and maybe it's one area where we are seeking for efficiencies at our own peril.

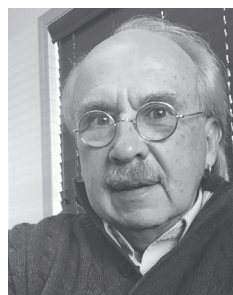
Do you remember a time when you had considered the idea that some people may not actually require a physical report at the end of an assessment?

I do. With quite a number of my clients, they are happier to not have to pay for a written report and they get a lot of value from what I can relate to them from what I have learned through an evaluation process without writing a report, but writing a report still constitutes a higher level of integration of information. The act of doing the report requires deeper thinking about an individual. Whether it's worth the extra time and money perhaps is up to the client but I think to some degree some clients can be served efficiently with just verbal feedback.

Kelly Moroz has been the Director of the Moroz Child Psychology Group in Calgary, Alberta since 2003. Please do not hesitate to contact our office at (403) 541-1199 or kelly.moroz@morozchildpsychology.com with any questions or comments.

WHAT WE DO...

by Terry Wilton, R. Psych.



So this is it: my last column for *Psymposium*.

Over the last several years I have written about aspects of professional practice that are typically not discussed. I have hoped that some of what I have said would resonate, tweaking into the part of us that is not totally content with conventional thought and correctness.

And so, a last attempt.

As far as I know, no one guides us on how to leave this profession: to leave it graciously, on good terms, but with the degree of disengagement that allows one to evolve into a next journey in life.

Entering into the profession: that is another story. There is a lot established about that. At least half a dozen years of university studies to get two degrees are required. Then there are the rites of passage: a horrific written exam, the scariness of the oral, the acculturation of supervision.

And for many, the debt.

And then the years, decades even, of being on the front lines of human emotional pain, perplexity, healing and growth.

Finally, either by deliberate choice or by truncating circumstance, we leave it behind.

I am going to leave with a profound sense of what has been good. This profession will give me 40+ years of meaningful work. Within it I have existed on the raw edges of human nature, complex and ambiguous as it typically is. I have pursued a line of work that is both a science and an art.

I have great respect for the thousands of clients who have put their lives in my hands, and I will always feel privileged and grateful to them for the confidence they have invested there. I have enjoyed the compassion and companionship of great colleagues. I am grateful for the vibrant community of psychologists in the Alberta Psychologists' Competence Cooperative. I am humbled by the talent, commitment and good spirits of the 30 or more provisional psychologists I have been honored to supervise. I am leaving this profession in good hands.

I leave with a deep gratitude to the PAA and Psymposium for the platform it has provided to me over 25 years, publishing over 100 of these columns.

I am very grateful that we now see a paradigm shift in clinical practice. Perhaps it is just the company that I keep, but I note a ground swell away from reductionist thought which led to linear practice models. Let's hope that the odd and stifling notion that therapy could be reduced to something which could be manualized will continue to fade. And perhaps, as the paradigm shifts, researchers will catch up to the true nature of therapy as an emergent phenomenon rather than a deterministic one. New mathematical models to study the contributing variables to human healing and growth through psychotherapy are definitely needed.

On my more cynical side, I am glad to leave before my one-inch binder of codes, alerts, guidelines, standards and jurisprudence becomes a two-inch binder, or even a whole shelf of cautions and considerations. I suspect the next edition of the DSM will be a two volume set; I am glad I will not need to use it.

As I leave, I am reminded of the old adage. "You can take the man out of the army but you can't take the army out

of the man." Working with dozens of military personnel and veterans over the last 15 years I can certainly attest to the truth of that adage.

Will I be able to take the 'psychologist' out of the Terry?

Will I ever be free of the automatic patterns of thought and discourse that I have used as my tools in trade for the last 40 years? While contributory to the wellbeing of others, clinical psychology offers a skewed view of human suffering. Can I adjust away from that skew? I am drawn to the basic existential questions integrated into therapy by Irvin Yalom. I suspect there are many more ways to think about them than what modern psychology presses.

I have chosen to shift out gradually. This is my last column. I am gradually letting go of formal associations. I have target dates of 18 months from now for when I will see my last client and when I will close out my incorporated business.

And I have begun the journey down another path that promises a different goodness for me. For those of you who have looked for me in this column I am going to suggest you might be interested in a different form of writing. As I write this column I am in the process of publishing a first novel entitled *A Greater Good*. It should be available through Amazon by the time you are reading this column. It is a dystopian view of where applied psychology might take us and the timelessness of human emotional and interpersonal existence even there. I am publishing under the pen name of "t wilton dale". By the time this column is published in *Psymposium*, the website and Facebook page identified by twiltondale will be running (I hope!) and I would love to meet you there in the future.

Thank you for reading to a not-at-all-bitter end. *Namaste*.

I have great respect for the thousands of clients who have put their lives in my hands, and I will always feel privileged and grateful to them for the confidence they have invested there.

FAREWELL TO

Terry Wilton R. Psych



Terry wrote his first article for *Psymposium* in September 1992. At that time his column was called “Tool Kit” with his first article titled “The Suicidal Client Gets us Hooked”. There was a title change to “Catalytic Corner” in January 1995, and then 2 years later Terry decided a new title would be more fitting for his column as “he had been challenged and changed by new therapies”. As of September 1996 the new title “**What we do...**” appeared in *Psymposium* and 25 years later is now synonymous with over 100 excellent articles written by Terry.

PAA thanks Terry Wilton for his excellent contributions to our professional newsletter.

Please join us in thanking him for this contribution to our professional association.

GETTING SCHOOLED



Have your record-keeping practices changed along with advances in technology? Do you exchange protected health information via fax, email, or text message? Do you know what to include in

your case notes? Are you collaborating with other professionals from different disciplines on client care and documentation? If you answered yes to any of these questions, it may be time to polish up on your record keeping practices. As Johnson (2004) notes, “failure to keep session notes” is listed as one of the high-risk situations in psychological practice that psychologists need to avoid. In this issue of Getting Schooled, registered provisional psychologist Kailyn Jones and myself explore some of the more critical areas related to record keeping including regulatory body and legal considerations, informed consent, and confidentiality of client records. While we recognize that psychological practice entails applications in a wide range of settings for a variety of potential clients, this article is written to provide broad guidance to providers of services that include assessment, diagnosis, prevention, treatment, psychotherapy, and consultation.

Charlene J. Barva, Ph.D. (R. Psych.) On behalf of the PAA School Psychology Committee

Article by: Charlene J. Barva, Ph.D. R. Psych., and Kailyn Jones, M.Sc., Registered Provisional Psychologist/Doctoral Candidate

What’s in the File? Opening the Drawer on Record-Keeping for Psychologists

Record-keeping isn’t just paperwork or something psychologists have to do, alas. It is an integral part of a psychologists’ professional, ethical and legal responsibility. But the whole process can be challenging as psychologists need to take into consideration legal requirements, ethical standards, and other external constraints, as well as the demands of the particular professional context. Indeed, in some situations, one set of considerations may suggest a different course of action than another, and it is up to the psychologist to balance them appropriately. In record-keeping psychologists need to strike a fine balance between the need to maintain client privacy and confidentiality and the need to communicate with third parties, insurers, other treating professionals, and larger health systems. Additionally, psychologists must plan for retirement and the eventual disposal of their records. Lastly but very importantly, psychologists’ records must also adhere to provincial and federal legislation.

Regulatory Body and Legal Considerations

In Alberta, the maintenance and retention of records is addressed by the requirements and guidelines of both the Canadian Code of Ethics for Psychologists and the Standards of Practice of the College of Alberta Psychologists (i.e., the “College”). Both documents represent the minimum professional behaviour and ethical conduct in regards to creating and maintaining appropriate professional records of psychological work with clients. In its’ discussion of maintaining client records, the College stipulates that psychologists shall maintain written, legible records that include the following content areas: (1) identifying information; (2) presenting problem and/or purpose of the professional service; (3) fee arrangement; (4) date and substance of each professional service, including relevant information on issues discussed, results of assessments or interventions provided, and/or observations made by the psychologist; (5) informed consent; (6) issues related to termination; (7) test results or other evaluative results obtained and basic test data from which the results were derived; (8) results of formal consultations; (9) sufficient information to allow for the continuation of care by another psychologist or healthcare professional; and (10) copies of correspondence and reports prepared and received (CAP, 2013, Standard 7.1). The College further reiterates their rationale for record-keeping standards and reminds psychologists of the importance of compliance in a practice alert titled, “Rationale for Records,” which the reader is encouraged to review for further detail.

With regard to retaining client records, the College differentiates between clients who receive service as a minor versus an adult. When the client is a minor, records are to be retained for a period of two years after the age of majority or ten years after the last date on which a professional service was provided, whichever is longer (CAP, 2013, Standard 7.3). For adult clients, the record is to be retained for a period of no less than ten years after the last date on which a professional service was provided (CAP, 2013, Standard 7.4). Further to this issue, the College issued a practice alert in 2014 titled, “Retention of Records” that provides guidance on special cases in which records may be retained for a longer period of time. The reader is encouraged to review this document for the individual circumstances of the client that apply.

Although it is the responsibility of the psychologist to

prepare and maintain client files, it should be kept in mind that every client has the right to access their file. This right has been reiterated in Canadian legislation regarding access to and the freedom of information, and the protection of privacy. [Note: Relevant legislation in Alberta: public sector—Freedom of Information and Protection of Privacy Act (FIPPA, also known as FOIP); private sector—Personal Information Protection Act (PIPA); health legislation—Health Information Act (HIA).] Clients also have a right to challenge inaccurate or incomplete information contained within their record, even though many clients are unaware of this privilege. In regard to correcting factual inaccuracies, the College stipulates that a psychologist shall correct factual inaccuracies, write an amending letter or attachment to the client record and, to the extent possible, notify parties who received the inaccurate information (CAP, 2013 Standard 7.9.1/2). If the psychologist is not in agreement that there were factual inaccuracies, the College stipulates that the psychologist shall document the reasons for refusing to make the requested corrections (CAP, 2013 Standard 7.9.3). In these instances, the client may write a statement outlining reasons for disagreement and request that it be attached to the record (CAP, 2013 Standard 7.9.4). As such, some authors have suggested that a precautionary approach to record keeping may be to assume that the client record will be ultimately seen and potentially challenged by the client (Bemister & Dobson, 2011). Importantly, this approach has been debated due to the potential limitations that it poses to psychologists, as it requires a lack of speculation in the file and ongoing sensitivity to the impact the file may have on the client. In this regard, the reader is encouraged to review a scholarly debate between Bemister and Dobson (2011; 2012) and Mills (2012).

Informed Consent

Psychologists are required to obtain informed consent from all competent individuals to whom they provide psychological services (Canadian Code of Ethics for Psychologists. 2017, I.16). Best practices specify that consent should be documented in writing but in exceptional cases where this cannot occur (e.g., cultural situations, distance, etc.), then oral consent or a click-through electronic consent may suffice. According to the College, this process should be documented in each client’s record (CAP, 2013, Standard 7.1), and should also include the information that was given to the client, the client’s apparent understanding of that information,

and the client's decision regarding the psychological service (Luepker, 2003). An issue that is particularly relevant to psychologists working in schools is that of guardian consent for clients younger than the age of the majority. Although this is often considered to be age 18 or 19 years, some jurisdictions have established an age of consent that ranges from 14 to 16 years, and most have adopted what is known as the "mature minor principle." This principle states that minors can consent to health-related services if they can appreciate the nature and purpose as well as the consequences of giving or refusing consent. The mature minor principle is typically applied to youth between 16 to 17 years of age, and it is rarely applied to anyone younger than 14 years. In schools, this principle may or may not conflict with school board policies, leaving psychologists working in this setting required to navigate multiple demands. The reader is encouraged to review our previous "Getting Schooled" article which focused on Informed Consent. Important to the issue of record keeping, is that the informed consent process and decision-making capacity regarding the client is documented in detail in their record. In the event that client consent is rescinded, this also needs to be documented in the client record.

Confidentiality of Client Records including Maintenance and Storage

Psychologists are expected to maintain and protect the confidentiality of clients (Canadian Code of Ethics for Psychologists, 2017, I.43-I.45), including maintenance and security of information contained within their records. In multi-disciplinary settings (e.g., educational institutions, health centers, hospitals), record-keeping policies are already defined by applicable laws as well as institutional policy. Thus, psychologists who work in these settings may not have full control over the record, however, they can advocate for record-keeping practices that meet psychological guidelines and also address the needs of other disciplines to coordinate care. Specific to psychologists working in schools the maintenance and storage of records created by a psychologist working within that setting generally belong to and are legally under the custody of the school jurisdiction employing that psychologist (CAP, 2005, pg.4). Hence, while a student file is open it is both the psychologist and the school's responsibility to ensure that the records are properly secured, kept locked whenever possible, and not left where other people can access them. When school psychologists travel within their daily practice, paper files should be placed in a locked vehicle and a

locked trunk when transported as well as generally stored in a manner that protects their integrity and privacy. Client's files should also be brought in from the vehicle overnight and placed securely in the psychologists' home where others do not have access to the information. For psychologists who work as independent consultants for organizations, it is important to clarify at the outset who has ownership and access to psychological records.

With expanding wireless and computer technologies, psychologists may keep client data in various electronic formats. Special attention has been given to this issue by the College, which states that any electronic record ought to have safeguards to protect the security and confidentiality of the information it contains. Suggested safeguards include, but are not limited to, the use of password and encryption controls, limiting access to identifiable information to authorized users only, unique user identification systems, documented access levels based on designated roles, audit logging (i.e., chronological record of the sequence of activities over time), and secure transmission, back-up and destruction protocols that disallow reconstruction (CAP, 2013, Standard 7.6). Regardless of the manner in which information is collected and stored, psychologists must be vigilant in preventing unauthorized access to the data and protecting the actual equipment from theft. Laptops should be password protected and the information encrypted. Following the recommended retention period, paper files should be shredded or incinerated and electronic data deleted in a manner that does not allow reconstruction.

Conclusion

Psychologists face a professional, legal and ethical responsibility to carefully consider the content, access, ownership, and retention of client records in their practice. As technological advances continue to impact record keeping practices, psychologists are tasked with minimizing risk to clients whilst maximizing benefits and keeping up with an ever-changing world. As such, psychologists need to remain up-to-date with regulatory guidelines, legal implications of privacy legislation, as well as other best practices relevant to record keeping. Although this article by no means addresses all of the critical and complex aspects of record keeping, it is intended as a brief review of issues commonly discussed in the field and emphasized in the existing literature.

A list of full references is available upon request.

ETHICS – THE IMPOSSIBLE IMPERATIVE

by Jon K. Amundson Ph.D. & Mahdi Qasqas

Social Activism – Where Do We Stand?



In PAA's emerging emphasis upon activism i.e. the scientist-activist/clinician-activist role, we are following upon principle IV of the CPA Code of Ethics (2017): Responsibility to Society. Subsumed under this principle is the accountability of the discipline to society at large.

Within this obligation is a need to bring the light of social and behavioral science to critical emergent issues. In this spirit, this column is dedicated to concerns existent in contemporary social, political or cultural provenance. Its purpose is to provide information upon current, topical and even controversial issues facing our profession. This emphasis reaches far beyond what some would refer to as political correctness, embracing empirical and research-based evidence, which serves public interest. In this light, the psychology of terrorism is presented as inaugural offering.

What ought we know about terrorism?

Given the added importance on cultural context in both the DSM V and the newest revision of the Code of Ethics, it is paramount that psychologists apply cultural competency, attitudes and skills to the issue of terrorism. For example, despite the fact Muslims are the majority of victims of terrorism worldwide (and here in Canada, see Bissonnette, Alexandre and the massacre involving 6 deaths and 10 injuries at a Quebec Mosque), Muslims and Islam are often conflated with terrorism. Despite the fact that no religion nor culture has a monopoly upon terrorism, Canadians persist in a negative attitude toward Islam, and as terrorist cohort.

In this light, we turn to a recent issue of the *American Psychologist* (April 2017) devoted to the psychology of terrorism. Drawing upon the work of scholars in the field, information was provided upon everything from 'radicalization' through assessment, and amelioration.

Several key points emerge for psychologists to consider when thinking, speaking or opining upon this critical issue.

Initially, MacCauley and Moskalenko (2017) point out that we must differentiate between the ideologically based and the action inclined relative to political terrorist threat. This distinction is around those who may be situated in a position of concordance with the ideology associated with given political, cultural or religious perspectives and those who emerge as activists i.e. participants in acts of violence. Using Islam and Muslims as an example, and the current intermittent acts of terror anecdotally associated, several considerations emerge.

1. **Psychologists ought to assist the public in appreciating the distinction between adherence to creed and aberrant acts of aggression.** In many instances, public discourse has been dominated by the fact that a significant percentage of Muslims subscribe to beliefs regarding defense of (their) faith and actions thereto associated, correlating belief with action potential. Two closed views related to Islamophobia should be noted here. First, assuming Muslims to be a monolithic group and second, viewing anti-Muslim discourse as normal rather than problematic. Knowing that over 1.6 billion Muslims exist worldwide and over 300 million live as minorities in other nations across the world, the percentage of Muslims engaging in aberrant acts of terror are infinitesimal. Rather, Muslims are ethnically and racially diverse and generalizations should not be made without valid and reliable measures. In addition, open-minded cultural formulations should include an empathic understanding of the socio-political context in which one may adhere to a combative creed to defend their way of life as the only option. Certainly, Muslims living in Syria or Iraq and under constant attack by Daesh (here we opt to use the title preferred by Muslim leaders rather than the politicized term Islamic State of Iraq and Syria- or ISIS) have a different reality than Canadian Muslims petitioning government and publishing articles to defend their way of life.

As stand-in for discussion of ideologically-based vs. activist inclined, Catholicism and therapeutic pregnancy termination serves as a template. Practicing, devout Catholics, if queried upon

abortion, characterize the procedure as unacceptable or even murder. This robust percentage of ideologically committed individuals i.e. practicing or devote Catholics however is not synonymous with terrorist, pro-lifers associated with bombing of clinics, assaults upon providers or even murder. While an individual may state they would 'die for their faith' 'defend on ideology violently' if compelled, etc., such subscription to belief does not axiomatically transfer to action. Like asking a parent if they would die for their child, the context and impact of the inquiry should not be understated. Hence while most Muslims, or in our example Catholics, may espouse devotion to articles of faith, extremist execution under such tenets is limited to a smaller, emergent activist cohort and ultimately it is not the belief that is problematic but the myriad of factors that push an individual forward to violence.

2. **What then is known about the activist cohort relative to acculturation to violence?** MacCauley and Moskaleiko (2017) use a pyramid model to illustrate the path to violence. Adherence to basic tenets of a social movement may be held by many; that is ideological belief or commitment present as a base. However out of the larger pool of these individual, select dynamics operate to 'push' certain groups or individuals to the upper apex of the active terrorist. These 'pop-ups' are associated with:

- Marginalization or humiliation
- Cyber network/media recruitment
- Cohort identification and
- Individual susceptibility

Marginalization or humiliation is illustrated in the macro and micro socio-political domains. Where dominant social, cultural or political institutions sharpen the sense of the 'other', movement toward activism is heightened. Specifically, with Islam, when Western ideology seeks to define the legitimate, and demands the other to be "my Muslim", not only personal but group grievance emerges. The late Edward Said states, "Malicious generalizations about Islam have become the last acceptable form of denigration of foreign culture in the West" (Said, 1997, p. xii). When the Islamic way of life is accepted, and unchallenged, as being monolithic, 'othered', isolated, and separate from any shared values with other peoples or in other words, when anti-Muslim discourse becomes normal, general grievances are bound to arise. This personal experience can in fact be

considered as one aspect of '**particular susceptibility**' (see below).

Recruitment through media and cyber networks is a second factor. As the net proliferates in information, certain information regarding membership, affiliation and identity emerges in all social movements. This driving force, as push to the top, is most often associated with group affiliation. Motivation (see **susceptibility**, below) and ambition articulate and/or are sponsored through affiliation. Cohorts emerge and fulfill needs on multiple levels. People need people and ideas live in people, so being someone with others is important and, more so, considering shared experience. Black Lives Matter, serves as an example **not** of terrorist movement but regarding identity/affiliation/media activation. Afro-Americans can 'relate' to the common experience(s) associated with salient events as they are shown and discussed in the media; moving from an ideological congruent base to peaceful protest (out of which there have been the rare activist i.e. terrorist 'pop up').

Finally, **susceptibility at the individual level consists in the summative nature of the events, above, and the status of the particular individual.** As with gang affiliation in urban environments, some go and some no. This elective process seems governed by the factors above plus the aberrant or critical load associated with:

- The degree of need for identity consolidation through affiliation.
- The absence of a more "diversified portfolio" i.e. other sources of meaning, agency or identity, in the individual.
- Empathy for political, social, or cultural real/imagined denigration (as with the recent (June 2017) shooting by a Bernie Sanders supporter of Republican Congressmen).
- Ability i.e. competency and means associated with achievement of active/terrorist status.

Except for lone wolf terrorists, psychopathology is not always a salient feature, contrary to dominant narrative. Persons seeking significance, with avenues for much more limited or exhausted, exposure to information regarding non-dominant discourse regarding their world, empathy for the suffering of others, opportunity or ability through actual or virtual means, and then, perhaps, a critical tipping point event. As with one of the abortion clinic bombers, it was his daughter's spontaneous abortion and loss of a six-month fetus,

and his holding of the stillborn that led to his violent engagement. If we look at commitment to violence from a more nuanced lens, then we begin to see that context is everything. With those who have committed to terrorist acts, it is often unknown if they were moved forward by a myriad of causes, as above, or actual killers i.e. anti-social character, in search of a cause. Understanding baseline behavior, amongst other things, is essential then in the assessment of risk for abhorrent acts of violence and places a higher level of importance on collecting relevant data.

3. **What then of assessment or amelioration in such situations? How ought we engage not only terrorism but the dynamics associated with ‘pop-ups’?**

There are nuances involved in all the points introduced, above. For example, the diverse roles and identities associated with terror-related affiliation and activity i.e. proximal vs. distal actions, self-sacrifice vs. design/plan, individual vs. group, etc. As well Maghaddam (2005), Horgan (2005), Wiktorowicz (2005), Silbor and Bhatt (2007), Sageman (2008), Bartlett, et al. (2010), Adelman et al. (2012), Porta (2013) have sought to articulate particular perspectives regarding the macro and micro variables, which sponsor or conversely undermine terror. Each of these authors provide lenses to guide evaluation/assessment of individuals at the personal level or general principles to consider in community or public policy intervention.

The role of psychologists at the micro level, in assessing likelihood of a particular individual ‘popping up’, is beyond the scope of discussion here. That said, salient clinical questions are related to: **specification of risk** i.e. what are we really speaking of – what sort of risk?; **risk vs. resilience/resistant factors**; and the **danger of false positives** in light of **base rate absence**. Inability to predict the non-pop out based upon actuarials, leads to a structural professional judgment approach as opposed to more preferred science/statistical emphasis. Theories then regarding the vulnerable can guide assessment.

In the macro sense then what might psychologists propagate to impact/mitigate group affiliation at the action apex and even lone wolf events?

At the level of enforcement of law, these have been demonstrable successes at interdicting acts of

terror through cyber-vigilance. The intrusion upon civil liberty seems a cost associated with searching, evaluating, infiltrating and interdicting group actions. However, at the level of social and behavioral science there are specific foci for advice and policy design. In the spirit of ‘some things only a psychologist can believe’, suggestions from the Army and Marine Corps Counter Insurgency Field Manual (2006) offer a platform for policy design at a political level. These psychologically informed dictates state that the more we react in kind and escalate in authority, control or confrontation the more likely we squeeze the pyramid. That ‘less is more’, and that rhetoric, political or direct confrontation with radical activities is an exacerbating factor, and that belligerent, nomothetic and demeaning response only invites more of the same. For the terrorist, action is self-affirmation, for the psychologist/public intellectual acts of terror are tangled webs with many strands and for the politician it is opportunity. This ‘opportunity’ however is often exploited in the exact opposite ways the Army/Marine Manual would advise against, politically i.e. look to policy in the United States.

On the other side of the street public policy and political emphasis would focus upon inclusion. Ellis and Abdi (2017) in their article speak of the promotion of resilience, and the diversified portfolio model can be evoked in this sense. Where particular groups have greater and greater stake in the game, through support group solidarity and facilitation of outgroup access, ideology is refuge not launching pad. Any effort to combat Islamophobia for example, would and should at least include ongoing consultations with authentic actors in the community and professional development opportunities for psychologists working with Muslim individuals and communities.

Although beyond the scope here to discuss community, resilience, (integration as opposed to marginalization or assimilation), it would behoove psychologists to combat Islamophobia even at the pragmatic level: that anti-Islam potentiates more radical posture and the push to the top. In fact, creation of the ‘other’ through exclusion based upon ‘they are not and cannot be like us’ has a long history. Reference ought be made to the struggle with integration in the United States where everything from biology to scripture was used to set ‘Afro-Americans’ apart (see Stamped From

the Beginning) and more breathtakingly the 19th and early 20th century discourse on the Irish.

Despite the lack of knowledge about Islam and Muslims, Islamophobia, and terrorism, it need not be a highly complex issue. If we are to truly subscribe to our aspirational level of ethics, then the onus is on each psychologist to ask questions and question answers. Visit a mosque, talk to your Muslim colleagues, recognize diversity, and at the very least recognize the impact of socio-political context. Finally, it is often heard; “Why do Muslim leaders not speak out against terrorism”. The simple answer to this was given in a testimony to the Canadian senate’s committee on national security and defense in February of 2015 by Mahdi Qasqas, “How would you know if they did?” Despite our own knowledge of the massive amount of stinging indictments made by Muslim leaders against terrorism, the inclusion of Muslim leaders in this dialogue remains scanty but positive social activism and commitment to integration is changing that. Hopefully psychologists, based upon the emerging literature will be part of this as well.

References available on request.

INNOVATIVE PRACTICES IN PSYCHOLOGY

by Naheed Jawed, Ph.D., R. Psych



Naheed Jawed, Ph.D., R. Psych.



Jim Marland, R. Psych.

Innovative Practices in Psychology is a regular feature that showcases psychological practice in the province unlike the standing Psymposium column Profiles in Psychology that targets a psychologist of note in the province. This month, learn from psychologist Jim Marland, R. Psych. as he talks about Can Praxis, an equine assisted therapy program for veterans and first responders diagnosed with Operational Stress Injuries.

Jim, before we talk about Can Praxis, can you tell our readers a little about yourself?

I am a co-founder of Can Praxis, a registered psychologist and an equine assisted learning facilitator. I have over 40 years of experience in prisons, in treatment centres, and providing wilderness based communications and leadership training for the 10 largest companies in the UK. I have travelled extensively: mountaineering, sailing, long distance overland journeys in remote parts of 40 countries. I have been married to Rebecca for 37 years and we have 6 adult children and several grandchildren.

What is Can Praxis and how did it come into being?

Can Praxis began in 2013 after Steve Critchley, a 28 year Veteran of the Canadian Armed Forces (CAF) and an international mediator, and I met to discuss ways to develop an idea he and his wife, Patti, had been creating. Can Praxis is now a registered charity that provides Veterans and First Responders diagnosed with an Operational Stress Injury, e.g. PTSD, an opportunity to reclaim their relationships.

What do you mean by an opportunity to reclaim their relationships? Is this couples therapy and how does it impact on PTSD?

PTSD brings increased crisis and conflict into relationships. It’s brutal. Thus, relationships need to be reclaimed in a realistic, practical way by learning skills of conflict resolution so both spouses can be equally satisfied with the result.

Is there significance to the name “Can Praxis?”

Yes!

Can: Canada, and the ‘can do’ attitude (exemplified by the Canadians soldiers at Vimy Ridge)

Praxis: Turning theory into practice

Who would be common users of Can Praxis services and how does one get referred?

Veterans and First Responders, serving and retired, who have been diagnosed with an Operational Stress Injury, e.g. PTSD, anxiety, depression. The need is often critical; people arrive saying that they’ve tried everything and if Can Praxis doesn’t work, their relationship is over.

Another obvious indicator of the severity is that if couples continue to communicate poorly, the risk of suicide keeps going up. We are now seeing suicidal spouses too. PTSD affects the whole family.

Referral is very simple. Couples hear about Can Praxis from their peers, professionals or social media. They contact Steve Critchley at canpraxis.com and after a short conversation, he sends them an air ticket and joining instructions. There is no cost to them. It's that simple.

What types of services are provided at Can Praxis?

Can Praxis is like a four legged stool. The first leg is conflict resolution. When couples have the skills and confidence to manage crisis and conflict they have realistic hope. The second leg is equine therapy. The horse, an animal of prey is hypervigilant. It assesses the risk any other horse or person presents to it. So, we use them as feedback machines. The horse watches the participants and I watch the horse. The horses' body language is not a judgement, not a criticism and not a diagnosis; it's an invitation to a conversation. Participants find the instinctive reaction of a horse to be an accurate and acceptable segue into discussing and discovering their own lives. The third leg is Meaning Centred Counselling. All human behavior has meaning and purpose behind it; these conversations improve understanding of the meaning behind the behavior and helps develop a new identity for those who have been medically retired. The fourth leg represents our research, conducted by Dr. Randy Duncan; the study is in its fifth year and has been published several times.

What is your research about?

It's about the long term impact of the program on the relationship between the Veterans/First Responders and their spouse/family friend who came with them to Can Praxis.

Could you provide us with a brief introduction to the use and efficacy of equine assisted therapy in various psychological disorders?

As mentioned above, horses are social animals; they need and crave social interaction with their own kind and attach easily to people as well. They live on a chain of command; Veterans and First Responders understand the pressure and privilege this affords. As an animal

of prey they survive partly by being hypervigilant and by conducting threat assessments. These three characteristics inspire their body language. It is their body language that we use because it acts as a feedback mechanism, it lets us know how the horse might be reacting to the participants. It's important to always remember, though, that the display of body language is not a diagnosis, judgment or criticism. It is an invitation to a conversation.

As for how effective they are in helping with various psychological disorders, when participants suffer an anxiety attack, I will often ask them to stand with me by a horse and to gently caress the horse's neck. The horse will know the person is anxious and it has a comforting effect on the person.

We have 4 years of anecdotal and empirical data. One example of anecdotal evidence from an individual who attended our program is "You saved my life!"

The empirical data is encouraging too. After 40 months post the first intervention 59/88 respondents (67%) reported that their relationships had improved; 24/88 respondents (27%) reported improvement "sometimes"; therefore 94% of respondents reported improvement at least some of the time. As for a reduction in PTSD symptoms 68/88 (77%) reported that at least "sometimes" PTSD symptoms were improving and/or better managed.

What is the theoretical basis of equine assisted therapy?

Ironically, the theoretical basis of equine assisted therapy is based on thousands of years of practice. All over the world, people have discovered that the horses reacted instinctively to them. The most recent, reliable and scientific work is Evidence Based Horsemanship by Dr. Steven Peters and Martin Black.

How is equine assisted therapy utilized in work with patients with PTSD? Could you give us some examples of treatment outcomes?

Horses communicate their intent by using pressure and release. When one horse challenges another, say for some food or water, the more assertive or aggressive horse will put physical and or psychological 'pressure' onto the other. This is how they decide who will eat or drink first. So, we help participants develop an

exquisite understanding of pressure and release while working with a horse so they can develop an exquisite understanding of pressure and release while relating to their spouse. As for outcomes, typically people will discover how much pressure they exert on their spouse, talk about pressure, and change it.

What are some challenges associated with providing equine assisted therapy and how have you resolved them?

The main challenge is educating senior managers who don't realize a horse can be used therapeutically. Their reluctance is, in part, a sign of our civilization – we inhabit cities. We all know about 4 way stops and subways, but we are divorced from nature. Resolving this problem usually means demonstrating the empirical evidence, journal articles, and a conversation. YouTube helps too.

Can equine assisted therapy be used with those who are not “animal people”?

Yes. Most people who come to Can Praxis are not animal people. No experience is necessary. No assembly required!

What does treatment at Can Praxis involve, as in structure of program, treatment length, frequency, other approaches utilized? What would a typical treatment day look like?

Treatment involves three phases of three days each, which can be months or years apart. Each phase is noticeably different from each other. Phase I is conflict resolution, equine therapy and meaning centred therapy; there is no riding involved. It's intense. Phases II and III involve riding and caring for horses, at a western guest ranch in near Bowden and in the Rocky Mountains. The days are a practical way to prepare people psychologically (they are acutely aware of relationships) and practically (they've had some fresh air and exercise) for group therapy and peer support around a camp fire.

I understand Can Praxis is associated with Wounded Warriors Canada, what is Wounded Warriors Canada and what is the affiliation?

Wounded Warriors Canada honours and supports Canada's ill and injured Canadian Armed Forces members, Veterans, First Responders and their families.

They are our founding funder. Their funding allows ill and injured Veterans and First Responders and their spouses / family member to attend Can Praxis at no cost.

What does competency training in equine assisted therapy involve?

Initial competency begins with being certified in Equine Assisted Learning. However, Can Praxis requires the equine therapist to have decades of additional experience working with people in a subculture characterized by violence and death. This usually means gaining experience in the armed forces or in prisons. Plus, one must be able to do individual crisis counselling one minute, run a group the next, and manage horses at the same time.

Would you be so kind as to suggest some further reading for those interested in learning more on this type of intervention?

The Canadian Medical Association Journal previewed our ongoing study: <http://www.cmaj.ca/content/185/14/1205.full>

The Canadian Military Journal has reviewed the data in two of its publications. The latest edition is <http://www.journal.forces.gc.ca/Vol17/no2/page45-eng.asp>

Study Shows Success of Specialized Equine Therapy for PTSD Sufferers (CTV) <http://calgary.ctvnews.ca/study-shows-success-of-specialized-equine-therapy-for-ptsd-sufferers-1.3368353>

<https://www.youtube.com/watch?v=rYZ8akRhabA>

Field Exercises: How Veterans are Healing Themselves through Farming and Outdoor Activities by Stephanie Westlund, Ph.D. (a chapter about Can Praxis).

Evidence Based Horsemanship Dr. Stephen Peters and Martin Black (this is a scientific- practitioner approach to working with horses in general).

I would like to give a very big thank you to Jim for his effort and enthusiasm in sharing his knowledge on an innovative psychological practice in Alberta.

Should you have a suggestion regarding an innovative practice in Alberta that can be featured in this column, please send me an e-mail at drnaheedjawed@shaw.ca

ALBERTA HEALTH SERVICES' GENERIC MENTAL HEALTH THERAPIST POSITIONS AND CLASSIFICATION

by Pierre Berube

In the August 2017 issue of Psymposium I provided a brief history of PAA's advocacy efforts in addressing Alberta Health Services' (AHS) use of the mental health therapist classification in their Community Mental Health Clinics. In this article, I will update you on what has been happening in this regard between April and September 2017, during which period I have continued to work for Dr. Malone and the Association on a part-time contract.

This is in no means a report on the full advocacy efforts of the Association which are being addressed by Dr. Malone and the Board. My work has been explicitly focused on AHS's use of the mental health therapist classification in their clinics, and on seeking to have AHS adopt PAA's two official position statements in this regard, namely that:

Mental health counsellors and psychotherapists should be recognized by their professional title. The use of the generic title, "Mental Health Therapist" is a disservice to Albertans.

Mental health counselling and psychotherapy should only be provided by regulated health professionals with at least a master's degree in psychology, counselling, psychotherapy, social work (in clinical practice), or by psychiatrists.

After several years of concerted advocacy efforts with senior Alberta Health (AH) and AHS officials which led to only minor progress, and after consultations with Dr. Malone, I decided to take a new approach. Before I left my position as the ED of PAA, the Board had already considered our going beyond internal advocacy with AHS and AH on this matter, and they had agreed that it may be approaching a time when we would have to seek the engagement of the media and public opinion to nudge the Government and AHS. Accordingly, one of my first contract projects was to draft an article for the media which would explain to the public how AHS is effectively discriminating against Albertans who have psychological/mental health disorders by providing below-standard psychotherapy by unqualified professionals in many of their Community Mental Health Clinics.¹ This article now sits in the PAA files ready to be released (and modified as needed to fit the occasion) at a time when the public and medias' attention turns to psychological/mental health.

I then turned my attention to getting new collaborators to assist PAA with our advocacy efforts related to the mental health therapist positions and classification in AHS. Obviously one of our big hurdles has always been that PAA can easily be dismissed as being "self-serving" when we advocate for the use of psychologists rather than lesser-trained professionals to provide counselling/psychotherapy. I thought therefore that we should strategize to involve the Alberta Alliance on Mental Illness and Mental Health (AAMIMH, or the Alliance) in our cause. Mental health advocacy is the central purpose of the Alliance. At the core of its structure, the Alliance has three distinct types of organizations:

- 1) Mental health service providers with a broad, usually Provincial mandate.
- 2) The professional associations involved in mental health.
- 3) The provincial consumer organizations of mental health:
 - a. The Schizophrenia Society of Alberta
 - b. The Organization of Bipolar Affective Disorder (OBAD), and
 - c. The Alberta Network for Mental Health

It is funded in part by its member fees, but primarily by a grant from Alberta Health. Voting members must represent one of the above-listed groups, but individuals can also join as non-voting members for a small fee.

The Alliance can have a powerful voice as an advocacy group, in part because of its' makeup as described above, but also because the Mental Health Patient Advocate; ministers of health and their senior officials; as well as the CEOs of AHS and their senior officials have often attended some of our meetings.

Getting the RPNs, Social Workers, and OTs (they all sit on the Alliance) to agree with PAA's position statements could present a major challenge. PAA Board member Dr. Jake Trembley and I have previously met with the Board of the College of Social Workers (circa 2015) to seek their support for PAA's position statements. The outcome of this meeting was that they could support our first statement, but not the second one about the masters-level qualifications.

I recently met with the ED of the College of Registered Psychiatric Nurses of Alberta. There is now a Bachelor's degree in Psychiatric Nursing at Grant MacEwan University; however, most psychiatric nurses currently practicing only hold a two or three-year college diploma. Nevertheless, I discovered that we may have some support from the RPNs for our first position statement, and for seeking to establish at least some level of academic preparation for practicing in the mental health clinics. As it turns out, the RPNs may not support our position about master's level training to conduct counselling and psychotherapy, but they are opposed to RNs working in mental health because they have no training in mental health. Since RNs make up 11% of the mental health staff in the Community Mental Health Clinics (RPNs make up another 11%) I came out of this meeting with a sense of encouragement about possibly involving the Alliance in finally addressing and advocating for better standards of academic preparation for mental health therapists and possibly pushing for the abolishment of this classification system.

This led to meetings with:

- a) The ED of the Alliance (I had often broached this with him and his predecessor in the past).
- b) The current Chair of the Alliance (I had broached this topic with her once before and felt we would have her support).
- c) The President of the Alberta Network for Mental Health (who also sits as a voting member of the Alliance).

I proposed that we would need to strategize with key members of the Alliance and push towards the eventual adoption of PAA's position statements. This of course will not be an easy accomplishment. However, if we could:

- a) Come to some agreement about PAA's first statement that: Mental health counsellors and psychotherapists should be recognized by their professional title. The use of the generic title, "Mental Health Therapist" is a disservice to Albertans, and
- b) agree to jointly advocate towards the elimination of this title and classification system, then we might be achieving an important step towards improving mental health services for Albertans.

The next step would then be to talk about our respective mutual roles in the Community Mental Health clinics, and as stated above, the ED of the RPNs thought that RNs should not be working in these clinics since they have no training in mental health. This is a more restrictive position than that of PAA. We don't say that RNs should not be working in the mental health clinics, but rather that they should not be providing counselling and psychotherapy in these clinics.

So, we might be able to come to some agreement on minimal qualifications with at least some mental health academic training to work in the clinics, advocate for this, and then focus on the different professions' respective roles, and hopefully someday arrive at an endorsement of PAA's second statement:

Mental health counselling and psychotherapy should only be provided by regulated health professionals with at least a master's degree in psychology, counselling, psychotherapy, social work (in clinical practice), or by psychiatrists.

There is another prong to PAA's advocacy to change the mental health therapist positions and classification. That consists of our involvement in AHS's Provincial Psychology Professional Practice Council (PPPPC) which is chaired by psychologist and AHS provincial Senior Practice Lead for Psychology, Dr. Lana Hawkins.

The PPPPC membership is comprised of psychologist representatives from four of the five AHS Zones as well as a provincial and a pre-doctoral residency program. The CEO of PAA and the Registrar of CAP, as well as a representative from a Strategic Clinical Network, are also members. The PPPPC is not an advocacy body. Its' role is to identify practice

issues and act on opportunities to create practice supports for psychology within AHS. However, the PPPPC is aware of PAA's concerns with AHS's mental health therapist classification, and I have worked closely with Dr. Hawkins on this for many years now. She was a support to us when I was working with AHS senior officials to gather stats and information on the staffing qualifications of the community mental health therapists, and she led a consultation group of AHS psychologists on this matter.

In a recent meeting with Dr. Hawkins we discussed how now that we have worked with AHS to collect data; have formulated and made our arguments; these arguments have been brought before senior management of AHS; and that they have decided that they are comfortable with the status quo of their staffing arrangement in the clinics, PAA has pretty much come to a dead-end with the AHS management. They are not likely to commit more resources to work with us on this, and therefore it is very difficult for us to get anything beyond anecdotal information about what is actually happening in the clinics. So, I was hoping that Dr. Hawkins and the PPPPC might take on a stronger advocacy role on this matter. She advised me that the PPPPC can be a forum for bringing forward and discussing these matters, and although it is not an advocacy group, the Council has worked to advance role clarity of psychology to promote effective use of psychology positions. This Council is also aware that AHS has taken approaches in other areas to do service reviews to determine how to best meet the needs of the population served by optimizing safety, quality, and efficiency of care, and that this approach is often what leads programs to change how they approach staffing. Were this approach at service review taken within Community Mental Health Clinics, it may well result in changes that better align with PAA perspectives and better and more appropriately meet the mental health needs of Albertans. Dr. Hawkins noted that within her role, she is committed to furthering approaches that best meet the mental health needs of AHS patients and families, and wherever possible, brings forward these issues and opportunities to leadership.

I too see potential in a service review for Community Mental Health. Such a review is needed to validate the concerns that have been voiced and identify where things could be done better. Such a review would answer many questions. What are the actual academic qualifications of the staff conducting counselling and psychotherapy (e.g. are the social workers MSWs in clinical social work, and if not, what are their actual academic qualifications as well as those of the nurses)? Another question would be the degree to which multidisciplinary teams are being used in a meaningful manner rather than in a melting-pot approach where all are doing the same thing, i.e. counselling/psychotherapy. A further question could be whether there is meaningful triage occurring. The information given me by psychologists is that there is very little because patients are assigned to whoever is next in line with a vacancy on their caseloads. Finally, what are the primary needs of their patients and their reasons for seeking help from the clinics (I doubt very much that many are coming just for case management, navigation, emotional supports or advice. I think they are there because they have a need for psychotherapy with a qualified professional).

Dr. Hawkins is part of a provincial AHS portfolio which includes the Senior Practice Leads of 10 disciplines, including those eligible for the Mental Health Therapist positions: Social Work, Nursing, OTs and Psychology. She is very optimistic about approaches which would identify the respective roles and classifications of each profession in the Community Mental Health Clinics and this would be right in line with our hopes, as addressed above, with what might be addressed with the Alliance.

I very much hope that Dr. Malone and the PAA will continue to work closely with Dr. Hawkins and the PPPPC to facilitate these matters being addressed from within the structures of AHS.

By the time this is published I will have completed the term of my contract with PAA. I am optimistic however that we have set a positive course that the Board and Dr. Malone will not abandon. I wish you all the best.

¹ Note that we are talking specifically about the Community Mental Health Clinics, and most particularly those outside of Edmonton and Calgary. In some other programs, such as hospitals, AHS appears to do a much better job of using psychologists and providing better psychological/mental health care.

BRAIN HEALTH: Mood, Metabolism, & Cognition

Instructors: Laura Pawlak, Ph.D., M.S., R.D. (emerita) (April 26 & 27) & Beverly White, Ph.D., R.D. (May 9 & 10)

6 HOURS CREDIT (Psychologists)

PROGRAM / LECTURE

Conference registration is from 7:45 AM to 8:15 AM. The conference will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

Registration: 7:45 AM – 8:30 AM

Morning Lecture: 8:30 AM – 10:00 AM

- **Mounting Brain Disorders in America:** Cognitive Decline, Alzheimer's Disease, Anxiety and Depression.
- **The Vulnerable Brain:** What the Brain Needs to Be Healthy.
- **The Brain's "Gatekeeper": The Blood-Brain Barrier.** What Causes a "Leaky Brain" or an "Inflamed Brain"? What are the Consequences?
- **Diabetes and the Brain: The Final Frontier.** Parallel Lives of Insulin in the Body vs. Brain. How Sugar Affects Thinking. Effect of Diabetes on the Blood-Brain Barrier. Diabetes and Depression: Double Trouble. Repurposing Diabetes Drugs for Dementia?

Mid-Morning Lecture: 10:00 AM – 11:30 AM

- **The Obese Brain.** Obesity and Cognitive Decline: Chicken or the Egg? Could Trimming Your Waistline Delay Alzheimer's Disease? Obesity and Depression: What's the Link?
- **Scourge of the "Western Diet":** Does What We Eat Really Affect How We Think? Are Wheat, Carbs and Sugar Really the "Silent Brain Killers"? How a Poor Quality Diet Can Disrupt Appetite Control and Promote Overeating. Food and Mood: What Foods are "Addictive" and Why?
- **Sleep and Brain.** Sleep as a "Power Cleanse" for the Brain? "Social Jet Lag" and Brain Health.
- **Leaky Gut ↔ Leaky Brain?** Neurodegenerative and Neuropsychiatric Consequences of Poor Gut Health. Gut Microbes as the Brain's Peacemaker? Trust Your Gut: The Power of a Healthy Gut and Gut Microbes to Heal and Protect the Brain. Microbiome Reprogramming: Probiotics, Prebiotics, Symbiotic, and Others.

Lunch: 11:30 AM – 12:20 PM

Afternoon Lecture: 12:20 PM – 2:00 PM

- **Oral Health and the Brain.** Periodontal Disease and Depression. Periodontal Disease and Cognitive Decline. What Factors Explain This Link? Toxic Mouth to Toxic Brain.
- **Periodontal Therapy to Prevent or Delay Alzheimer's Disease.**
- **Periodontal Disease and Brain Health.** The Role of Chronic Bacterial Infection and Inflammation on Brain Health and Overall Metabolic Health.
- **What to Eat to Defend and Fortify "the Castle."** The "Whole Foods Diet": A Feast for the Mind. "Super Foods" for the Brain?
- **Supplements and the Brain:** Hazard or Panacea? What the Science Says. Fasting for Improved Brain Health?

Mid-Afternoon Lecture: 2:00 PM – 3:20 PM

- **Nutritional Psychiatry.** Can We Eat to Beat the Blues? "Psychobiotics" for the Pursuit of Happiness? Mental Health: Thinking from the Gut? Gluten Psychosis?
- **Change Your Lifestyle to Transform Your Brain:** Physical Activity, Social Engagement, Mental Exercises and Stress-Reduction Techniques.
- **Return to the Life of Our Ancestors:** Our Modern "Paleo-Deficit Disorder." Your Brain On Nature: Nature's Influence on Brain Health and Vitality.

Evaluation, Questions, and Answers: 3:20 PM – 3:30 PM

Biomed's Website: www.biomedglobal.com

MEETING TIMES & LOCATIONS

EDMONTON, AB

Thu., April 26, 2018
8:30 AM to 3:30 PM
Radisson Hotel
4520 76th Avenue
Edmonton, AB

CALGARY, AB

Fri., April 27, 2018
8:30 AM to 3:30 PM
Executive Royal Inn
2828 23rd Street NE
Calgary, AB

CALGARY, AB

Wed., May 9, 2018
8:30 AM to 3:30 PM
Executive Royal Inn
2828 23rd Street NE
Calgary, AB

EDMONTON, AB

Thu., May 10, 2018
8:30 AM to 3:30 PM
Radisson Hotel
4520 76th Avenue
Edmonton, AB

INSTRUCTORS

Dr. Laura Pawlak (Ph.D., M.S., R.D.) (emerita) is a full-time lecturer for INR. Dr. Pawlak undertook her graduate studies in biochemistry at the University of Illinois, where she received her masters and doctoral degrees. Author of 22 scientific publications and many academic books, she conducted her postdoctoral research in biochemistry at the University of California San Francisco Medical Center.

Dr. Beverly White (Ph.D., R.D.) is a full-time instructor for INR (Institute for Natural Resources), presenting seminars nationally and internationally. For over 30 years, she has also served as a clinical dietetic consultant. Dr. White obtained her doctorate in nutrition from Oregon State University. She holds a bachelor's degree in dietetics from the University of California, Davis.

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NEW KIDS ON THE BLOCK: A column for early career psychologists



Dr. Marc Ross,
(PhD in Education) R. Psych



Maria Schmidt,
R. Psych



Sara Jungen,
R. Psych

Greetings y'all! I'd like to say hello and introduce myself as the new host of a column meant for early career psychologists. Early career means within the first 10 years of your registration as a psychologist, so that makes up a nice little group of us here in Alberta. Registered rookies! Mental health minors! Debutante diagnosticians! OK, I'm done. My name is Marc, I work in the area of family therapy and specialize in connecting with teenagers, and my teenage clients call me Dr. Wheelz because I use a power wheelchair for mobility after having broken my neck at the age of 17. I've been registered for the last couple of years and work out of a home office in the Northwest of Calgary.

I volunteered/was invited to contribute to the illustrious Psymposium magazine, and I am happy to contribute my efforts, but more than that, also perhaps attract a bit of interest or collaboration by writing exciting articles that may be of value to early career psychologists. So please reach out so that we can jam on an article together! You can connect with me directly at mross@integraltherapy.org or contact rose@paa-ab.ca at PAA directly to let her know that you'd like to contribute something.

To begin, three of us collaborated to present the following as a kick off to the New Kids on the Block column. I am Dr. Marc Ross (Ph.D in Education), a registered psychologist, and this piece was co-authored with Maria Schmidt and Sara Jungen, both registered psychologists and also early career psychologists.

It feels easy to slip into routine and the busyness of clinical practice, and to forget the importance of a little bit of... what's the right word here?... Clarity?

Playfulness? Enthusiasm? Curiosity?... whatever fits for you, when there is so much going on in your personal and professional life. Managing a clinical practice of any size takes a diversity of skills, energy, curiosity, ethical decision making, time management, and the crucial responsibility of reevaluating our skill set, abilities and, in a word, competence. In this article, we wanted to briefly highlight one way to stay competent on a continuous basis by interjecting a little "social and reflective effort" into your areas of practice.

There has been a growing emphasis on a "culture of competency" in the professional literature (Kaslow et. al., 2009), and more work is being done to develop an awareness in the field of psychology with respect to how we practice our trade. Amundson (2017), who has written about this in his "Ethics, the Impossible Imperative" column as well as in a forthcoming book chapter on ethics, suggests that the ethical principle of responsible caring rests in part on our ability for self-reflection, better judgment, the capacity for relationship and interpersonal skills, as well as continual development in the areas of functional and foundational competency.

The difference between functional and foundational skills was highlighted by Rodolfa et. al. (2005) through their cube model of competency: foundational competencies relate to attitudes, values, skills and the knowledge that serve as a foundation for the work psychologists are expected to perform (e.g., understanding of ethics, awareness of individual and cultural diversity issues, scientific knowledge of psychology); and functional competencies delineate the important functions that psychologists are expected to perform (e.g., consultation, intervention, assessment, research). The foundational competencies are the ground from which the functional capacities spring forth. Remember that the model is three-dimensional and therefore a cube, rather than a square, which suggests development over time, or an ability to continue growing in our foundational and functional competencies.

The College of Alberta Psychologists does not yet have a mandatory continuing competency program, and is waiting for Alberta Health Services to approve the version they submitted under the Health Professions Act before instituting such a program across Alberta. In the meantime, there are a few resources on the CAP website for those among us eager to 'govern' ourselves. What follows is a brief demonstration of one way of making use of resources offered. Using the PDF document

available under the member section on the CAP website, three of us found a template to reflect on and fill out individually before coming together in a discussion to report on our past year and set realistic goals for the year ahead.

In coming together, there was an initial nervousness and trepidation of how others might respond to our own sense of ourselves and our work. The imposter phenomenon as defined by Clance and Imes (1978) was present to some degree, as well as perhaps some of the points written by Pope, Sonne and Greene (2006) in their book “What therapists don’t talk about and why,” such as doubts about our clinical effectiveness etc. Nevertheless, we jumped in and tried to address some of the foundational and functional capacities that we hope to see grow in ourselves over the coming year.

We were all surprised by how much we gained from sharing our personal perspectives on what constitutes competence and readiness. Discussions opened new directions in addressing ourselves, our limitations, our experiences, our excitement. We each took away more than we offered. We gave one another encouragement, consultation, support, ideas and even pressure for personal and professional enrichment. We found

a simple, yet effective process to get us feeling more accountable and ethical about our roles as psychologists.

A lot more could be written about this topic. For today, we simply wanted to offer an invitation and stimulate some interest and enthusiasm for continuing competency. We encourage you to login to the member’s area and look at some of the documents under the continuing competence program. There are some great tidbits of information and people you can contact for support in this endeavor. The self-assessment guide and professional development plan is a simple and useful tool to orient yourself professionally for the year ahead. Are you feeling eager yet? Ready for your annual check-up?

Full reference list available upon request.

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PAA OR CAP: WHO DO I CALL FIRST?

When I call?	PAA Practice Advisor Program	CAP Professional Guidance Service
What can I expect?	Free, confidential advice regarding professional practice and/or ethical issues	Peer consultation, referrals and regulatory resources
What is the issue?	Specific clinical/practice guidance	Broad regulatory framework guidance
What can be addressed?	Issues surrounding ethics, clinical and professional practice are most common within a specific area of practice.	Issues surrounding Legislation, Bylaws, Code of Ethics, Standards of Practice, Practice Guidelines and Practice Alerts.
Who is eligible for this service?	PAA full members can access practice advisors.	All regulated members can access CAP professional guidance (registered & provisional psychologists) as well as the public.
Who do I call first?	Call CAP to get regulatory information	Call CAP to get regulatory information
How do I access service?	Members can phone or email.	Members may call, email, use the website, or have in person meetings.
What is the process?	Upon verification of membership, individual is provided with a name and phone number for a practice advisor within a specific area of practice. Advisors are selected based on numerous criteria: location, availability, and issue.	Prefer inquiries in written form via email, allows time to research, then ask follow-up questions and provide resources. A survey is requested to improve service delivery.
How is the service delivered?	Over the phone	Over the phone, in an email, or in person

Note – for supervision issues, contact CAP for clarification after your review with your supervisor.

PAA or CAP: Who Do I Call First? continued...

Who is responsible?

Which sentence best describes the role of a college (CAP) versus the role of a professional association (PAA)?

- i. The college serves the public interest and professional associations serve the interests of the profession.
- ii. The college and professional associations both serve the public interest.
- iii. The college and professional associations both serve the interests of the profession.
- iv. The professional associations direct the operations of the college.

The best answer is i. The college's mandate is to regulate the profession in order to serve and protect the public.

Answer ii is not the best answer because professional associations are designed to serve the interests of their members. While professional associations care about the public interest and often take actions that assist the public interest, they are under no statutory duty to do so and are accountable only to their members.

Answer iii is not the best answer because the college is not permitted to serve the interests of its members under its statute. While the college tries to ensure that it regulates its Members fairly and justly, and consults with its members, the college's mandate is to protect the public interest.

Answer iv is not correct. While the college may consult with professional associations and consider their views, it is not under the control of any professional association.

PAA members who provide NIHB services via FNIHB

UPDATE

PAA has been engaged in various fee and service quality negotiations and advocacy efforts provincially, regionally, & nationally.

At present, the Alberta region and one other region have the highest paid therapists but now everything is coordinated nationally and regions have to have everything approved at the national level. No further advocacy is planned until the new year as there are major changes that should begin to come into place beginning around February 2018 and we will all await those changes to respond in the best interests of Indigenous people in Alberta and psychology.

Stay tuned for updates or contact brittany@paa-ab.ca for a historical overview of some of the advocacy in this area.

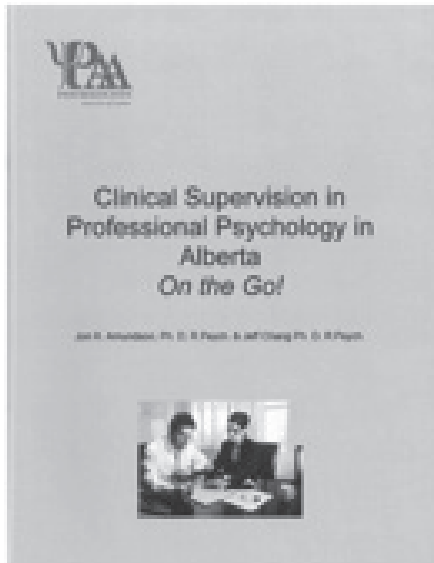
And, consider attending our Indigenizing Psychology workshop April 2018.



SAGE (Secondary Analysis to Generate Evidence) is a collaborative data repository platform from PolicyWise for Children & Families that connects stakeholders through secondary use of data. Research data, community service data, and administrative data related to health and social well-being is managed and shared through SAGE. SAGE increases the value of data by providing the infrastructure, processes and governance to bring stakeholders together to use data in new ways and inform social policy and practice.

<https://policywise.com/initiatives/sage/>

The SAGE team offers a broad array of services that support data management, secondary use of data and knowledge mobilization. To access or deposit data or find out more, contact us at data@policywise.com.



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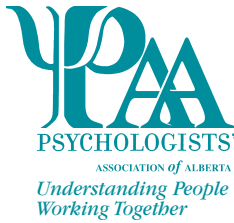
Clinical Supervision in Professional Psychology in Alberta On the Go! (Manual) - \$10 each plus postage and GST. Clinical Supervision On the Go has been developed so the novice or experienced supervisor can approach the task of clinical supervision more expediently.

† *IN MEMORIAM* †

It is with regret that we acknowledge the passing of Anita K.F. Li, *Ph.D, L.H.D* who passed away in August, 2017.

Notices of condolence for colleagues can be shared with the PAA at paa@paa-ab.ca





Psychologists' Association of Alberta
Unit #103, 1207 – 91 Street SW
Edmonton, Alberta T6X 1E9
Telephone (780) 424-0294
Toll Free 1-888-424-0297
Fax (780) 423-4048
Toll Free Fax 1-888-423-4048
Email: paa@paa-ab.ca

PRESS RELEASE

PAA Recognizes Two Alberta Organizations for Healthy Workplace Practice

The Psychologists' Association of Alberta recognizes two employers for their efforts in creating positive work environments that promote employee wellbeing. The 2017 PAA Psychologically Healthy Workplace Initiative Award winners are Alberta School Employee Benefit Plan and Hallmark Tubulars Ltd of Calgary.

The Alberta School Employee Benefit Plan (ASEBP) is a Not-For-Profit health and welfare trust with 151 employees in a mix of full-time, part-time and contract positions. With a primary focus on school employee health and wellness, ASEBP provides comprehensive health benefits and services to the K-12 public education sector in Alberta.

They are proud to support the mental health and wellbeing of their own employees by promoting work-life balance through practices like earned-days-off and paid volunteer days and fostering mental health literacy by encouraging all staff

to attend their two-day, on-site Mental Health First-Aid training. Employees are also encouraged to seek other training and development opportunities to help them advance their career.

Hallmark Tubulars Ltd of Calgary are a For-Profit company with 130 full time employees and 2 part-time employees. They are a company who appreciates their staff by valuing diversity and life experiences, recognizing initiative and rewarding talent and loyalty.

Their relationships with customers, staff and suppliers are built on a foundation of respect, integrity and openness.

The PAA Healthy Workplace Initiatives Awards are designed to recognize organizations that are creating workplaces that foster employee health and well-being while enhancing organizational performance. Nominees are evaluated on their workplace practices in the areas of employee involvement, employee growth and development, work-life balance, employee recognition, and

health and safety. Awards are given to for-profit and not-for-profit organizations as well as government and educational institutions. Winners of this prestigious award are also eligible for the international *Psychologically Healthy Workplace Awards*, sponsored by the American Psychological Association (APA). Our 2017 winners are also recognized by the APA as Local Award Winners.

The PAA Healthy Workplace Initiatives Awards are one of many initiatives of the PAA Psychologically Healthy Workplace Committee. Visit our [website](#) to learn more about this award and how to create a work environment where employees and organizations thrive.

The Psychologists' Association of Alberta is the voice of, and for, psychology in Alberta. This voluntary body advocates for psychology in Alberta, informs the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services. The mission of the PAA is to advance the science-based profession of psychology and to promote the well-being and potential of all Albertans.

NOMINATING IS GOOD FOR YOU

By Kerry Mothersill, Ph.D., R. Psych.



The Danish Orders of the Dannebrog and of the Elephant are among the oldest and prestigious awards (established in 1219 and 1462, respectively). While the PAA awards are obviously much younger, they also play a significant role in our provincial society of psychologists. Although

the benefits of receiving awards are more readily discernible, as an act of giving, the potential benefits of nominating potential recipients can be many, varied and positive.

Nominating a peer is a form of giving thanks to an individual for the contributions that s/he has made to the profession. Although psychologists, like most everyone else, enjoy tangible reinforcement for their efforts, receiving recognition from peers speaks to the intrinsic motivation that is widely inherent in professionals and academics. Nominators may feel that the work of their peer deserves to be recognized as s/he has exceeded customary expectations for diligence, creativity and/or insight.

The nomination of a colleague is an act of giving not only to the potential recipient but also to the discipline. Recognition of achievement and excellence assists in shaping the culture of an organization through identifying individuals (and the nature of their work) that represents highly valued professional/academic accomplishments. Shining a spotlight on selected qualities and work signals to the collective that certain attributes are worthy of emulation. Individuals who submit a nomination typically regard their colleague as having contributed to the discipline in an exemplary manner and whose work they find personally meaningful.

The process of nomination is a form of giving that assists in promoting and strengthening the organization not only for members but also in the eyes of the government, other health professions and the public. The giving of awards communicates to others that the discipline values and fosters excellence within its ranks. Nominations may be spurred by a desire to have the individual's work

recognized and disseminated to a wider audience.

Many studies have demonstrated that giving is a physically healthy thing to do. For example, Nikrahan et al. (2016) found that individuals who engaged in positive psychological interventions had lower levels of coronary biomarkers among high-risk cardiac patients. Giving support to others can help to lower systolic and diastolic blood pressure and mean arterial pressure (Pifer & Lawler, 2006). Also, in their book "Why Good Things Happen to Good People: How to Live a Longer, Healthier, Happier Life by the Simple Act of Giving" Post and Neimark (2007) outline the range of ways in which the act of giving is beneficial to a fulfilling life.

The act of giving is also good for you as it enhances happiness. Pleasure is derived from doing something positive for another person. For example, in a study by Nelson, Layous, Cole and Lyubomirsky (2016), a large sample of diverse participants received significantly greater benefits from providing acts of kindness for others as compared with doing kind things for oneself. Prosocial behaviour was more apt to increase positive emotion and decrease negative emotion. People are more prone to flourish psychologically when they help out others. In providing some physiological evidence for this, Moll et al. (2006), demonstrated that giving to others engages the mesolimbic reward system through the release of endorphins in addition to the medial and lateral orbitofrontal areas which play important roles in social attachment.

Aside from some related literature from the industrial/organizational field on employment incentives, little empirical attention has addressed the specific motivation for giving and receiving awards (Frey, 2006). However, research has shown that giving to others can get you (briefly) "high", reduce your stress and anxiety, pump a little more feel good oxytocin, increase your social connection, ripple out a sense of gratitude and may actually help you to live longer.

While the singular act of nominating a peer for a PAA award probably won't change your life, it does have the potential to be part of a pattern of giving that will make a significant difference in your happiness, health and connection with others. So do yourself (and others) a favour! Nominate a colleague for one of the 2018 PAA Awards.

References available on request

PAA AWARDS



Please consider nominating for the following awards, and all the other awards advertised on the PAA website:

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

We are accepting nominations for PAA Awards on an ongoing basis throughout the year, which will enable you to nominate someone for an award at any time rather than waiting for a specific call for nominations. The deadline date for submission of the next award nominations is 30 April 2018.

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

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

Nominations for the 2018 PAA Awards are to be submitted to the PAA office no later than 30 April 2018.

LIFETIME ACHIEVEMENT & EXCELLENCE AWARDS

Psychologist of the Year Award

PAA invites nominations for the Psychologist of the Year Award. This non-monetary award is presented to an individual to acknowledge significant achievement or contribution in the field of psychology during the previous two-year period.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- Excellence in the practice of psychology (e.g. clinical/service delivery, advocacy, research, etc.)
- Active promotion of the ethical principals of psychologists
- Active involvement and membership within local, provincial and/or national psychology organizations
- Advocates for the enhancement of the professional practice of psychology
- Contributes to public welfare, and the awareness of psychology and mental health issues
- Demonstrates professional responsibility, growth and leadership within the profession
- Has received local, provincial and/or national recognition

A PAA member is required to nominate a fellow PAA member for this award.

Nominations may be in the following categories: advocacy, clinical/counselling, school/educational, developmental, social, industrial/organizational, or research. Nominations must be accompanied by a letter of support from the nominator (maximum two pages), outlining the particular criteria used to select the nominee.

Jean & Dick Pettifor Memorial Award

PAA invites nominations for the Jean & Dick Pettifor Memorial Award, to recognize outstanding career achievements in, or contributions to, the field of psychology.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- Career achievements or contributions are in the areas of clinical, research, advocacy, or academic psychological work
- Long-time enduring contributions to the field of psychology that have been completed within the province Alberta, or in the broader national and international domains

A PAA member is required to nominate a fellow PAA member for this award.

A letter of support from the nominator (maximum two pages) providing evidence that the nominee meets the above criteria must accompany the nomination. This is not a monetary award.

Juanita Chambers Excellence in Community Service Award

The PAA invites nominations for the Juanita Chambers Excellence in Community Service Award. This non-monetary award is presented to an individual, who may or may not be a psychologist. The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

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

This award is available to members and non-members of PAA. Nominators must be PAA members.

John G. Paterson Media Award

The PAA invites nominations for the John G. Paterson Media Award. This non-monetary award is presented to an individual in recognition of significant media contributions. The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

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

This award is available to members and non-members of PAA. One nominator is required.

Excellence in Clinical Supervision Award

PAA invites nominations for the Excellence in Clinical Supervision Award. This non-monetary award is presented to an individual whose performance in supervising one or more individuals in any practice area is deemed exemplary during the previous two-year period.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- Contributes to personal and professional development of the supervisee
- Availability for consultation, training and emergencies
- Ability to align with supervisee's needs and personal approach
- Ability to offer diverse and appropriate options for various assessments/treatment/ethical situations
- Knowledgeable in terms of psychological theory, techniques, approaches, and practical suggestions
- Able to provide creative/flexible approaches to delivery of supervision
- Provision of constructive feedback that is related to both corrective/critical appraisal as well good student practice

This award is available to members and non-members of PAA who are Registered Psychologists. Nominators may or may not be PAA members. The nominator may be professional colleagues, former/current students or supervisees of the nominee, or other individuals familiar with the nominee's practice.

Nominations must be accompanied by a letter of support from the nominator (maximum two pages), outlining the particular criteria used to select the nominee, the approximate number of hours devoted to supervising and methods of supervision employed.

Excellence in Teaching Psychology Award

PAA invites nominations for the Excellence in Teaching Psychology Award. This non-monetary award is presented to an individual who demonstrates "outstanding" teaching of psychology in an Alberta Government approved/authorized institution for post-secondary education.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- Teaching is deemed "outstanding" as manifested through any combination of educational methodology, enthusiasm, commitment to the subject of psychology, commitment and dedication to the students, teaching innovation, and/or supervision of scholarly research
- The nominee has taught for a minimum of two years immediately preceding the award, one year of which may have been a sabbatical

This award is available to members and non-members of PAA. Nominators may or may not be PAA members.

The nominator may be teaching and/or professional colleagues, former or current students, supervisors, or other individuals familiar with the nominee's teaching. Additional signatories would strengthen the nomination. Nominations must be accompanied by a letter of support from the nominator (maximum two pages), outlining the particular criteria used to select the nominee.

RESEARCH AWARDS

Doctoral Dissertation Research Award

PAA invites doctoral level students to submit a summary of their dissertation research of five pages or less. This is a monetary award (\$300.00), together with a complimentary ticket to the PAA Awards Banquet.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- The submission is based on the student's dissertation research
- The dissertation is based on current research: has been completed and defended within the two years immediately preceding the award submission date
- The submission is of high quality in terms of purpose, approach, methodology, implications, originality and clarity
- Contributes to the field of psychology

This award is available to all student, provisional and full members of PAA. If you are currently not a member of PAA, we would welcome your application for membership. Please visit our website for more information and to apply if you are interested in joining our professional association.

Submissions must be accompanied by two letters of support, one from a supervisor and one from a dissertation committee member. All applications will receive notification of the outcome of their submission.

Masters' Thesis Research Award

PAA invites Masters level students to submit a summary of their thesis research of five pages or less. This is a monetary award (\$300.00), together with a complimentary ticket to the PAA Awards Banquet.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- The submission is completed by the student
- The thesis is based on current research: has been completed and defended during the two years immediately preceding the award submission date
- The submission is of high quality in terms of purpose, approach, methodology, implications, originality and clarity
- Contributes to the field of psychology

This award is available to all student members of PAA. If you are currently not a member of PAA, we would welcome your application for membership.

Please visit our website for more information and to apply if you are interested in joining our professional association. Submissions must be accompanied by two letters of support, one from a supervisor and one from a thesis committee member.

RESEARCH AWARDS *continued...*

Undergraduate Thesis Research Award

PAA invites undergraduate level students attending Alberta based universities to submit a summary of their thesis research of five pages or less. This is a monetary award (\$150.00), together with a complimentary ticket to the PAA Awards Banquet.

The PAA Awards Committee will review all nominations and select the recipient for the award based on the following criteria (not necessarily exhaustive):

- The majority of the work and thought has been completed by the student. The supervising professor provide a letter to that effect
- The thesis is based on current research: has been completed and evaluated during the two years immediately preceding the award submission date
- The submission is of high quality in terms of purpose, approach, methodology, implications, originality and clarity
- Has the potential to contribute to research in the field of psychology

This award is available to all student members of PAA. If you are currently not a member of PAA, we would welcome your application for membership. Please visit our website for more information and to apply if you are interested in joining our professional association.

Submissions must be accompanied by a letter of support from the thesis supervisor. All applications will receive notification of the outcome of their submission

OTHER AWARDS

Psychologically Healthy Workplace Initiative Award

PAA is calling for nominations for the Psychologically Healthy Workplace Award. This award is presented every two years to Alberta organizations that make a commitment to programs and policies that foster employee health and well-being. Award winners may be featured in the media, honoured at special award events, recognized by community leaders and nominated for international recognition. The award is presented to organizations that best exemplify current, practical initiatives that are directly related to employee wellness and engagement.

Examples of various initiatives are:

- Implementation of policies to improve work-life balance
- Initiation of programs for employee growth and development
- Employee recognition programs
- Delivery of stress reduction programs
- Promotion of health and wellness

Receiving the award can give an organization the recognition it deserves for creating a positive work environment. If you know of an organization that would be interested in applying for this award you can refer them to the following website to apply online: <http://www.phwa.org/applynow/>

PSYCHOLOGY BROCHURES AVAILABLE

The Canadian Psychological Association (CPA) “Psychology works” brochures are available with the PAA referral service information included on them. The following brochures are available at a cost recovery fee of 10 copies for \$5.00 (plus postage) from the PAA office:

- ✓ *Psychology works for Depression*
- ✓ *Psychology works for Eating Disorders*
- ✓ *Psychology works for ADHD*
- ✓ *Psychology works for Chronic Pain*
- ✓ *Psychology works for Generalized Anxiety Disorder*
- ✓ *Psychology works for Parenting Challenges*
- ✓ *Psychology works for Insomnia*
- ✓ *The Psychologically Healthy Workplace*

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

PROMOTE PSYCHOLOGICALLY HEALTHY WORKPLACES

Psychologically healthy workplaces have 28% less employee turnover and enhance organizational performance and productivity. Your PAA Public Education & Wellness Committee has developed a PowerPoint presentation on Psychologically Healthy Workplaces. Members are encouraged to **make use of these materials in promoting psychological health in the workplace.**

Resources

- Psychologically Healthy Workplaces PowerPoint
http://www.psychologistsassociation.ab.ca/site/member_resources
- Information about psychological health in the workplace
<http://www.phwa.org/resources>
- PAA Psychologically Healthy Workplace Brochure (cost recovery \$0.15/ea + postage)
http://www.psychologistsassociation.ab.ca/site/paa_brochures__materials_7

Become Involved

Let us know details of your presentation! OR, if you know of an organization that would be interested in a free presentation, let us know so we can connect them with the Chair of the PAA Public Education & Wellness Committee. Email paa@paa-ab.ca



Reporting a Professional Liability or Cyber Claim: Insurance and Risk Management in practice

If you are served with a statement of claim from a lawyer threatening legal action on behalf of an injured patient it's not a stretch to assume that most psychologists would pick up the phone and report the claim to their professional liability insurance provider.

But imagine for a moment that it's not a legal letter demanding compensation. Instead it's a letter from your regulatory College notifying you that a complaint has been made about your professional services.

Or imagine that you arrive to work one morning and turn on your office computer only to realize that it has been infected by a virus. The virus has potentially compromised the personal health and billing information of dozens of your patients.

In these circumstances, do you try to resolve the situation on your own or do you report the claim to your insurer?

Without question, you should report the claim to your insurer. It is always in your interest to do so no matter how small the issue might seem. In fact, your CPA/CPAP insurance policy requires that you report any actual – or even potential – claim within 30 days of being made aware of it.

When you try to resolve the issue on your own, you may be jeopardizing your access to insurance coverage and legal defence services through your CPA/CPAP policy. We are aware of circumstances where psychologists have secured independent legal counsel but for a variety of reasons have decided to pursue coverage under their policy at a later date. If the 30 day reporting period has passed, you run the risk of your claim not being accepted. This means you could become responsible to pay the costs of on-going legal representation and other associated fees out of pocket.



When reporting a claim, you will speak in confidence with a claims specialist, who will examine your policy, identify your coverage and assist you with next steps, including coordinating your legal defence if required. Reporting a claim will not limit your ability to secure coverage in the future. It's not like car insurance - your rate won't go up just because a claim has been made.

Don't jeopardize your access to insurance coverage and legal defence services. Communicating with your claims representative will give you the peace of mind that comes with knowing insurance experts are working with you to achieve the best possible outcome for all involved.

Claims Reporting

To report a Professional Liability claim, please contact your claims adjuster, Maltmans, at 1-800-699-0914 or email claims@maltmans.com.

To report a Cyber Liability claim, please contact your insurance broker, BMS Group, at 1-855-318-6038 or email psy.insurance@bmsgroup.com.

SUPERVISORS NEEDED FOR PROVISIONAL PSYCHOLOGISTS

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

If your name is already on our list, and you are unable to supervise a Provisional Psychologist at this time please inform the PAA office so that we can keep our list up to date.

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

PAA members who contract with Alberta Human Services (Child Intervention)

UPDATE

First, and foremost, thank you for your work in this critical area. Children and families involved with Alberta Human Services tend to be some of our most vulnerable Albertans and this work can be challenging and complex.

Although PAA has been engaged in fee and service quality negotiations, we are happy to report that there are plans underway to change how contracting and service provision will move forward in this area. We are pleased to be involved and to consult on those changes to best respond to the needs of these children and families.

If you do, or have, contracted with Alberta Human Services, particularly in Child Intervention, and you have experiences or insight that you want to share, please contact brittany@paa-ab.ca so that we can best represent our members who work in this area.

We will keep you posted and will continue to work on your behalf.

ALBERTA FAMILY WELLNESS INITIATIVE

<http://www.albertafamilywellness.org>

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



There are an endless number of situations you can find yourself in as a professional.

Imagine that you arrive to work one morning and turn on your office computer only to realize that it's been infected by a virus. The virus has potentially compromised the personal health and billing information of dozens of your patients.

Or imagine that you receive a letter from your regulatory College notifying you that a complaint has been made about your professional services; or that you are served with a statement of claim from a lawyer threatening legal action on behalf of a patient.

Or even this – someone has left the tap running in the bathroom on the floor above your office and the water has seeped through into your space, causing damage to your office walls, ceiling, floor, and furniture.

These scenarios are different but there is one important aspect that is the same – they all relate to insurance and should be reported as soon as possible.

Learn more about how to report a claim at <http://www.psychology.bmsgroup.com/en/in-the-event-of-a-claim>

More information about Professional Liability and Cyber Claims can be found on the BMS website here <http://www.psychology.bmsgroup.com/en/risk-resources>

No matter how diligent you are as a professional, situations like those below could arise at any time. Can you identify the one important thing all have in common?

Remember that former employee who wasn't a good fit? You've just received a letter from his lawyer stating that he is suing you and your business for wrongful termination.

Or imagine that you receive a letter from your regulatory College notifying you that a complaint has been made about your professional services; or that you are served with a statement of claim from a lawyer threatening legal action on behalf of a patient.

Or even this – At your patient's request, you agree to fax a copy of their clinical record to a third party. Unfortunately, you enter the wrong fax number and your patient's personal health information is faxed to someone else in error.

If you thought "insurance claim", you're right. Remember, it's important to report any situation as soon as possible.

Learn more about how to report a claim at <http://www.psychology.bmsgroup.com/en/in-the-event-of-a-claim>

More information about Professional Liability and Cyber Claims can be found on the BMS website here <http://www.psychology.bmsgroup.com/en/risk-resources>



PAA MEMBER BENEFITS

Advancing Your Professional Identity

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

Your Voice

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

Professional Development

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

Communication

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

Support

Referral Service (Full members) with link to own website
Discounted Professional Liability, home/auto, & office insurance
Discounted car rental, hotels, books and bus travel

Student Member Specific Benefits

Professional Identity
Supports through the transition from student to psychologist

Professional Development

Special PAA CPD rates
Student Research Awards & Presentations

Communications

Post your CV & seek employment
Network with experienced psychologists

Interested in more information?

Visit our webpage site www.psychologistsassociation.ab.ca
Login to the members only area of the PAA website
Or, call us at the office!

INTRODUCING A NEW ONLINE COURSE

BRAIN STORY CERTIFICATION

Learn from leading experts about the science and significance of early experiences and their impact on lifelong health.



BRAIN STORY
CERTIFICATION

This course was developed by the Alberta Family Wellness Initiative and is open to everyone.

AlbertaFamilyWellness.org

Developed by the AFWI. Accredited by the PAA.



Eligible for 18 C.E. Credits from the PAA. The Psychologists' Association of Alberta is approved by the Canadian Psychological Association to offer continuing education for psychologists. The Psychologists' Association of Alberta maintains responsibility for the program.

PAA RECOMMENDED FEE SCHEDULE

The following changes have been approved by the PAA Board of Directors, as of 01 January 2018:

- Individual Therapy and Individual Assessment to be increased from \$190 to \$200 per session
- Couple/Family Therapy and Couple/Family Assessment to be increased from \$190 to \$200 per session.

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

FEE SCHEDULE (Based upon a 50 minute session) Recommended Fee Schedule for 2018

Service	Per Session
Individual Therapy/Assessment	\$200.00
Couple/Family Therapy/Assessment.....	\$200.00
Group Therapy (per person)	\$60.00
Custody/Access & Legal/Forensic Assessment.....	\$300.00
Expert Witness Testimony (half day minimum fee).....	\$1200.00
Expert Witness Testimony (full day minimum fee).....	\$2400.00
Consultation/Corporate Services (half day)	\$900.00
Consultation/Corporate Services (full day).....	\$1800.00

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

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

Did you take the Survey?

We are currently undergoing a review of our benefits available to you the members and your feedback is important to us!

We recently emailed you a link to the survey. If you did not complete that survey we would appreciate you taking a few minutes to fill out this survey available on Survey Monkey. Just copy and past the link below into your web browser https://www.surveymonkey.com/r/PAA_Member_Survey



Thank you for helping to ensure we are providing the best service to our members and all Albertans!



A PAA WORKSHOP REVIEW “Psychotherapy and Medically Assisted Dying”

Reviewed by Lisa McIsaac, R Psych



This year has brought about many changes in health care, and psychology which have impacted me both personally and professionally. I joined the PAA as a board member led by the gracious and industrious Dr. Judi Malone. Medical Assistance in Dying (MAID) became a “thing” and something that is ‘life altering’! MAID albeit controversial, is something I feel strongly and passionate about. I was confronted with the impending death of my mother during adolescence; this single event was life altering. At a young age I became profoundly aware of the mortality and fragility of human existence. It caused me to think critically about the purpose and meaning of life and helped shape and mould me into who I am today. When it became apparent that individuals who were “suffering” and death was inevitable could potentially have an opportunity and a choice in how they would end their pain and suffering I stood at attention. I was no stranger to pain and suffering anecdotally and by association. I had been brought up in a strong moral Catholic East Coast culture where there were clearly delineated lines between what was moral and immoral. However, life had presented me with experiential opportunities that made me question a deeply ingrained belief system and explore alternate ways of viewing and being in the world. Hence here I am today constantly growing, engaging, and opening to possibilities and addressing my own personal biases and limitations meanwhile honouring ‘others’ experiences and preferences, even when they are inconsistent with my own.

When I found out that the PAA in association with CAP was providing an opportunity for psychologists to attend a psychotherapy and MAID workshop I jumped at the opportunity. The day opened with a novice board member, none other than yours truly, being asked to introduce the lovely leader of the PAA, Dr. Judi Malone along with Dr. Richard Spelliscy CAP’s brilliant CEO and educational GURU. Dr. James Silvius, Associate Professor in the Department of Medicine, Division of Geriatric Medicine, U of C, and one of Alberta Health Services’ leaders instrumental in researching and bringing Medically Assisted Dying to the forefront continued his leadership by taking charge and being the first presenter of the day. He covered the legislative and regulatory frameworks based upon Supreme Court Rulings and Federal legislation and guiding best practice in MAID. He clarified issues pertaining to consent, such as, “consent must be reaffirmed immediately before medical assistance in dying is provided” (covering the right to withdraw consent); in addition to clearly articulating important definitions such as:

Medical assistance in dying means:

- (a) The administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that caused their death; or
- (b) The prescribing or providing by a medical practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

Dr. Silvius informed us that AHS has a care coordination service and provided a link with “designated operations and medical leads in each zone” which can be accessed through the web : <http://www.albertahealthservices.ca/info/page13497.aspx> or by email: maid.careteam@ahs.ca or questions can be vetted via health link (811).

Prochaska and DiClemente’s stages of change model was used as a framework in assessing a person’s readiness to explore MAID. The 5 stage process of Medical Assistance in Dying was delineated as:

1. Pre-contemplative Phase (i.e. exploring options)
2. Contemplative Phase (i.e. thinking specifically around this and seeking more explicit info)
3. Determination Phase (i.e. decision making around it)
4. Action Phase (i.e. proceeding through the process)
5. Care After Death Phase

Families and Patients were actively engaged and encouraged to participate in processes and a detailed swim lane map is available on Alberta Health Services website <http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-process-map.pdf>

Dr. Silvius was followed by Dr. Richard Spelliscy who provided timely and invaluable information on the principles pertaining to our code of ethics and MAID. There was rich discussion and debate regarding current Codes, particularly Section 241(5.1) which states, “The Criminal Code” provides express protection from prosecution to psychologists who provide information on the lawful provision of MAID. This may be relevant at an early stage, when a client seeks only to explore the possibility of MAID and is not actively pursuing it. As the provision states:

Clarification

(5.1) For greater certainty, no social worker, **psychologist**... or other health care professional commits an offence if they provide information to a person on the **lawful provision of medical assistance in dying**.

My interpretation reading the code would be that as a registered psychologist, discussing a client’s options or informing a client about MAID may be permissible. As a psychologist it is my understanding that we have capacity to do assessments without further mandatory training. However, after hearing Dr. Spelliscy’s thoughtful interpretation of the code I am much more cautious about involvement with MAID. My interpretation of the day’s discussions was that as a psychologist we may be liable under the criminal code if discussions of MAID are initiated with an ineligible person. Furthermore, that a person may be deemed ineligible if they have not had a MAID assessment by a physician. If a client suggests interest in MAID and is not yet deemed eligible the best discourse for a psychologist would be to refer the client back to their physician for further dialogue and discussion. I would strongly encourage any psychologist who is interested in becoming involved in MAID to seek guidance and clarity from either the PAA referral line or CAP, or engage Dr. Spelliscy on the topic as he is a wealth of information and a guiding beacon in the field of psychology. He has graciously attended our SZ Professional Practice in Psychology meetings to speak on a number of occasions and to enrich our professional lives with his wisdom, to which I have been a grateful recipient!

Lily Nguyen a lawyer and former journalist presented on the Criminal Code and helped to interpret them and provide insights to potential loopholes for persons assisting with MAID. Lily provided invaluable information which can be accessed via www.fieldlaw.com. I would strongly suggest any professional anticipating involvement with MAID to not only become familiar with the codes but to obtain legal consult. My personal take a-ways were to always ensure that the information you obtain from patients and physicians is reliable; to document all the steps taken and retain documentation according to our professional standards: as well as to consult with physicians and/or nurse practitioners providing MAID. Always seek guidance and when in doubt, “do not proceed.”

Our final presenter of the day was Dr. Cheryl Nekolaichuk, R. Psych., at the Grey Nuns Hospital. Dr. Nekolaichuk provided two presentations on psychotherapy in palliative care and end of life. Her presentations were moving and thought provoking. Dr. Nekolaichuk challenged personal assumptions around suffering, distress, demoralization

and despair. She provided personal and impactful stories that brought the experiential journey of the patient to life and enabled practitioners to enter into the interpersonal domain of the sufferer and explore alternate ways of working with eligible MAID patients. We explored different therapeutic modalities such as Dignity Therapy, Meaning-Centered Therapy, CALM Therapy, and Infusion of hope. The most impactful part of the day for me was hearing Barb's story of loss from a mother's perspective and learning how we, as therapists can support a loved one on their continuous journey after tremendous grief and loss. Dr. Nekolaichuk's therapeutic presence was evident, as was her heartfelt compassion, wisdom and knowledge of resources pertaining to grief and loss. She provided many gifts, insights and take a-ways and I was moved by her presentations. It was apparent that genuine compassion and engagement lives on unit 43 at the Grey Nuns hospital. It reminded me of the Swedish Proverb "a joy shared is a joy doubled and a sorrow shared is a sorrow cut in half."

My personal and professional take a-ways:

MAID is "more than a provision of a drug to help someone die at their request." "It involves an exploration of values, hopes, fears; requires deliberation with, guidance, listening and offering-the entire art of compassionate and excellent health care." The definition of "reasonably foreseeable death" is not clearly defined. In reality one could argue that death is reasonably foreseeable for each and every one of us. I question how we can quantify and apply limitations to suffering? It was mentioned that the Canadian Council of Academics (made up of lawyers and ethicists) by December 2018 will provide a review of information on eligibility considerations for mature minors and directives for dying but "no recommendations" will be anticipated. We are reminded that it will be 2020 before changes in legislation may be considered due to changes in government and upcoming elections. I couldn't help but notice the absence of psychologists' inclusion in the consideration and formation of this legislation or in construction of available provisions to not only the person electing to die, but subsequent supports needing to be in place to support surviving family members and potentially issues pertaining to complicated grief. I feel like we as Psychologists have an important role to play in providing not only capacity assessments but also in supporting recipients through their transition as well as family members on their continuous journey through their experience of grief and loss.

TOWN HALL MEETINGS

College of Alberta Psychologists (CAP) & Psychologists' Association of Alberta (PAA)

Come hear brief updates from CAP and PAA followed by a time to present ideas, voice your opinions, and ask questions.



10 January 2018	Edmonton
23 February 2018	Calgary
28 February 2018	Edmonton AHS Zone
April 2018	Lethbridge/Medicine Hat
November 2018	Red Deer
January 2019	Edmonton
February 2019	Grande Prairie
April 2019	Fort McMurray

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media generated through the PAA office:

June 2017 – September 2017

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
2017 Fall issue	Dr. Judi Malone, Dr. David St. Arnault, Ms. Gail Bailey, Mr. Christopher Shorrock, Dr. Ganz Ferrance, Dr. Monty Nelson Ms. Kim Busch	Apple magazine	A to Z Guide to Relationships

Psychology in the Media not generated through the PAA office:

June 2017 – September 2017

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
June 2017	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- System work - It's Over - Keeping fact separate from fiction - Are you creating a monster? - Some things are always in style
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- It's Over - Fake News - Fads and Fashion
	Dr. Ganz Ferrance	CTV News Edmonton	Tips for dealing with stress
July 2017	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	- What stress really feels like and what to do about it - 7 ways your killing your relationship without knowing it.
	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up	- Idaho Bound - Sixty-Five
	Dr. Patrick Baillie	Global News Calgary	Changes to Criminal Code proposed to allow for all jurors to see verdicts through
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Bound for Idaho - It's easy to be a good influence for future generations
	Dr. Janet Miller and Dr. Ganz Ferrance	Alberta Primetime	- Mental health leave treated like sick days - Funding the EMPATHY program
	Dr. Ganz Ferrance	CTV News Edmonton	Keeping your relationship strong

Continued next page...

ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
August 2017	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	- Heritage Day - Special Occasions - Walls can trap us - Good-Byes and Hellos
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Special Occasions - Don't let yourself be trapped by walls - Goodbyes and Hellos
	Dr. Ganz Ferrance	USA Business Radio article	4 ways you're killing your relationship without even knowing it (and what to do instead)
	Dr. Ganz Ferrance	CTV News Edmonton	Preparing for back to school
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	Back to School
September 2017	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Labour Day a good time to reflect on how our careers have evolved - Don't wait until it's too late - Anything can happen
	Dr. Susan MacDonald and Dr. Ganz Ferrance	Alberta primetime	- Should final marks be up for negotiation - Keeping the house clean while keeping the peace
	Dr. Ganz Ferrance	CTV News Edmonton	Surviving stress in uncertain times
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	Dealing with stress

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

June 2017 – September 2017

DATE	PSYCHOLOGIST	VENUE
June 2017	Ms. Sandra Annis	Provided a presentation to Catholic Centre High School grade 11 class of 16 students in Lethbridge.
September 2017	Dr. Judi Malone CEO Psychologists' Association of Alberta and Dr. Deena Martin Director of Professional Guidance College of Alberta Psychologists'	Interacted with approximately 250 students which navigated through different stations designed to provide early exploration of collaborative practice and other health professions at the 2017 Interprofessional Pathway Launch, U. of A.

2017 PROFESSIONAL PATHWAY LAUNCH

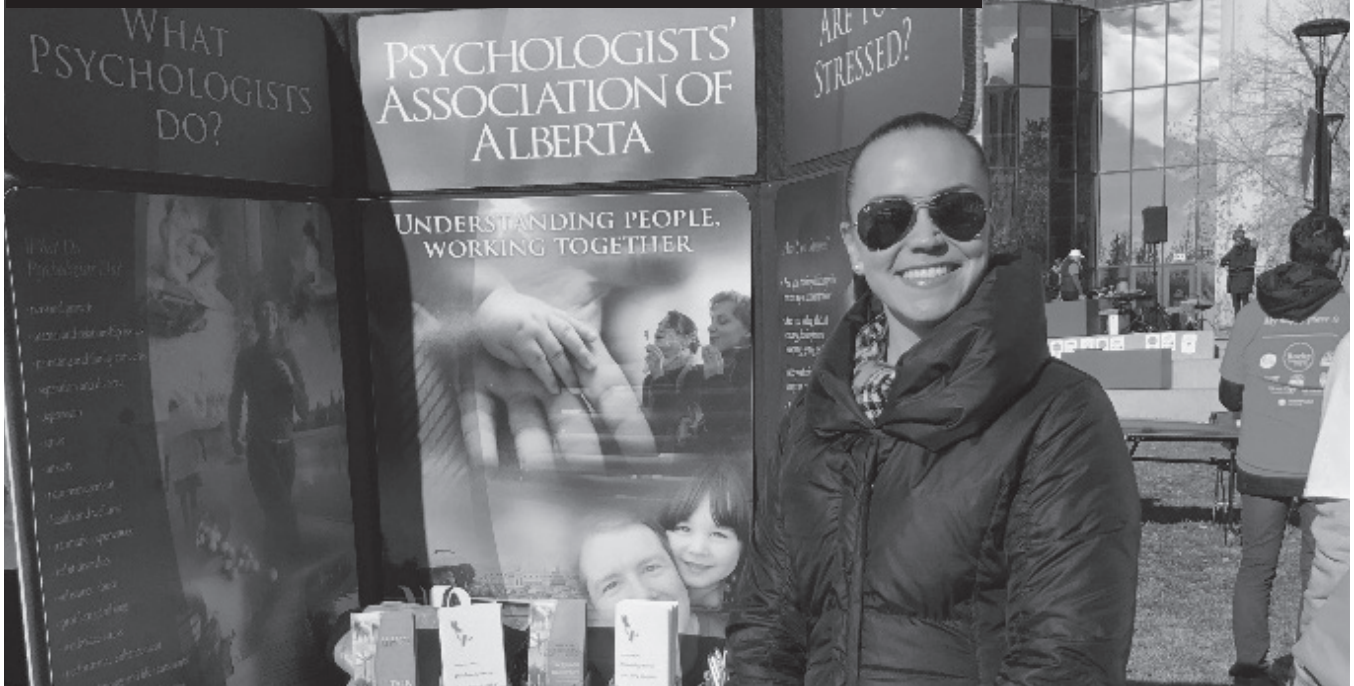
22 September 2017, University of Alberta, Edmonton AB



Representing PAA & CAP are Dr. Judi Malone, PAA CEO (pictured) and Dr. Deena Martin, Director of Professional Guidance CAP

OUTRUN THE STIGMA, MENTAL HEALTH EXPO

14 October 2017, The University of Calgary



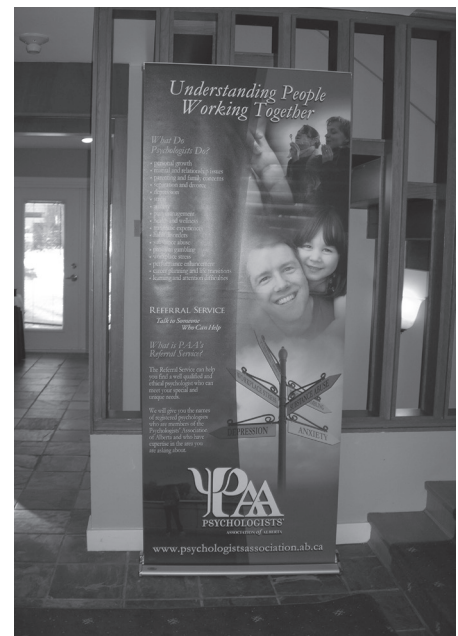
Representing PAA is Ms. Cinder Smith.

PAA DISPLAY/BANNER UNIT

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

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

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



NOTICE TO MEMBERS

PAA'S ANNUAL GENERAL MEETING
Changed To
SEPTEMBER Yearly

Please direct inquiries to our Governance Officer - brittany@paa-ab.ca



PSYCHOLOGY MONTH

February 2018 is National Psychology Month

February is an excellent opportunity for all of us to let the public know what psychology has to offer. Psychology Month raises awareness of the role that psychology plays in our lives, our schools, our communities, & our employment. What might you do to promote psychology this February? The following materials can be obtained from the PAA office to assist with your promotional activities during psychology month:

Psychology Month Posters

11 x 17 inch posters produced by the Council of Provincial Associations of Psychology available to members at no cost

Tent Cards - Advertise Psychology Month and “what psychologists do”

Bookmarks

PAA brochures

- The Value of Choosing a Psychologist -- For all Psychology Month 2018 activities
- Psychology Works – 7 information brochures (depression, anxiety disorder, etc.)
- PAA Referral Service
- School Psychology Service brochures
- Psychological Services in Primary Health Care
- The Psychologically Healthy Workplace

Power Point presentation on the Psychologically Healthy Workplace is posted in the ‘Member log-in – Member Resources’ section of our website www.psychologistsassociation.ab.ca. The presentation is available to use in order to promote psychological health in the workplace.

Display boards

Two professionally developed display boards for information sessions, trade fairs, public information sessions, or other forums

PAA Banner

The PAA banner highlights “What Psychologists Do and PAA’s Referral Service” for information sessions, trade fairs, public information sessions, or other forums

NEW PUBLIC EDUCATION RESOURCE LIBRARY

Fact Sheets! Tip Sheets! Press Releases! Plus links to other great resources!
In the **MEMBER AREA** of our website!



Topics include:

- Cyberbullying
- Hate Crimes
- Adolescent Anxiety & Depression
- PTSD & Trauma
- Social Media Stress
- Stress & Resilience
- Post Partum Depression
- American Election Results & Self Care Post Inauguration
- Benefits of Volunteerism
- PAA or CAP: Who do I call first?
- Key tips for psychologists working in the media
- Psychology – a regulated profession
- Effective advocacy with primary health care systems

The Psychologists' Association of Alberta would like to invite you to join your peers and become a Contributor at PAA's booth during the Teachers' Conventions

Calgary - 15 & 16 February 2018 Edmonton - 1 & 2 March 2018

Please contact Cindy at the PAA office if you are interested
780 424 0294 Edmonton • 1 888 424 0297 Toll Free • paa@paa-ab.ca

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



DEAR PAA MEMBERS, PLEASE NOTE!



The Psychologists' Association of Alberta has made an internal **name change** from **'Volunteer Opportunities'** to **'Contributor Opportunities'**.

PAA contributors are the backbone of our strong and effective professional organization and make tangible, significant contributions to the profession of psychology in Alberta.

Join your peers and become a PAA Contributor!

Log-in to the Member Area 'Contributor Opportunities' section of the website.

WELCOME PAA'S NEW STAFF MEMBERS



Kim Bernard, Communications Officer

I'm thrilled to come on board as PAA's Communications Officer, working part-time two days a week. I look forward to supporting PAA's committees, and coordinating social media and marketing. I also currently work for Athabasca University as a tutor in writing and communications, where I enjoy helping students gain new skills in business and academic writing. My career has focused primarily on providing communications for professional associations and not-for-profit organizations, including the College of Registered Dental Hygienists of Alberta, Chartered

Accountants of Alberta, Stollery Children's Hospital Foundation, and the provincial government. I look forward to supporting the work of your association.



Dena Dobko, PAA Student Placement

I am happy to be a student completing a clinical field placement with PAA and trust this experience will be beneficial for both the association and the development of my career in psychology. I am a BA Psychology Honours student at MacEwan University. My research thesis is on animal welfare within owner-pet relationships. This research is an intersection of my interests in clinical psychology and applied behaviour analysis. I am president of MacEwan's Meditation Club and volunteer with CMHA's Edmonton Distress Line. As an adolescent, I lived with my family in

Mexico where I fell in love with the culture and the creative arts. I continue to maintain contact with the Mexican community in Edmonton, and work as Spanish interpreter with The Family Centre.

CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES

FALL 2017

Using Neuropsychology to Inform Therapeutic Practice

25 August 2017 – Online

PAA's first webinar was a great success! 39 people attended the excellent presentation by Dr. Virginia Newton. Positive feedback from participants has led to development of a full day workshop on adult ADHD and further webinars with Dr. Newton. Check our website frequently for details!

“Covered a wide breadth of material in a concise yet comprehensive way”

Preparing for your oral exam in professional psychology

08 September 2017 – Edmonton

Dr. Jim Eliuk presented his long-running, well-attended workshop for those preparing to take their oral exam. These run in Edmonton and Calgary in co-ordination with CAP's oral exam schedule. Check our website for future offerings!

“Dr. Eliuk is very knowledgeable and answered questions very well”

Psychotherapy & Medically Assisted Dying

14 September 2017 - Calgary

The second installment of the Medically Assisted Dying series was in Calgary, presented with CAP, and featured: legal expert, Lily Nguyen; Lead for Medical Assistance in Dying Preparedness, Alberta Health Services, Dr. James Silvius; CAP CEO, Dr. Richard Spelliscy; PAA CEO, Dr. Judi Malone; and a psychologist specializing in palliative care and end of life, Dr. Cheryl Nekolaichuk.

“Very well done. Thank you!”

Geropsychology Research & Practice: Helping Our Clients, Helping Ourselves

29 September 2017 - Calgary

Dr. Candace Konnert presented a captivating workshop to 26 people, focusing on working with older clients and preparing yourself for future aging. Feedback for this workshop has been outstanding!

“Expertise on the topic was clear and her comments were helpful and practical. Best workshop I've attended for some time.”

UPCOMING CPD ACTIVITIES!

Adult ADHD

12 January
Edmonton

Developing Your Personalized Approach to Clinical Supervision: The Contextual-Functional-Meta-Framework

26 January 2018 - Edmonton

Advanced Clinical Supervision in Psychology

A web-based certificate course for Canadian psychologists offered by the
University of Calgary and PAA
(CPE 140-014)
31 January – 16 April - Online

Details available on our website: <https://www.psychologistsassociation.ab.ca/site/webinars>

Sport Psychology

09 March 2018 - Edmonton

When My Soul Connects with Their Soul: Decolonizing & Indigenizing Psychological Practice with Indigenous Peoples

06 April 2018 - Edmonton

Geropsychology Research & Practice

27 April 2018 - Edmonton

In the works: Basics of Forensics & Self Care for Psychologists



Details of all the PAA workshops are available on our website:
https://www.psychologistsassociation.ab.ca/site/paa_workshops_forum

Interested in a workshop on another topic? E-mail brittany@paa-ab.ca with your ideas!

ADVANCED CLINICAL SUPERVISION IN PSYCHOLOGY

***A WEB-BASED CERTIFICATE COURSE FOR CANADIAN PSYCHOLOGISTS
Offered by The University of Calgary and the Psychologists' Association of Alberta***

(CPE 140-015)

31 January 2018 to 16 April 2018

Course Instructor: TBA

Supervision is one of the six core competencies identified in the “Mutual Agreement of the Regulatory Bodies for Professional Psychologists in Canada.” With supervision of students, interns, and already registered professionals a specified area of competence in psychology, development of skills specific to competent supervision is required. However, training in supervision is difficult to access outside of formal doctoral training programs. In this course, registered and provisional psychologists and associates will be exposed to the current state of the supervisory art as reflected in ethics, regulations and policy, and evidence-based best practice standards.

Course Content and Textbook:

Course content includes: History and definitions of supervision in professional psychology; Duties, obligations, and responsibilities of a supervisor; Roles and responsibilities of the supervisee in the process; Models of supervision; Contracting and accrediting supervision; Design and delivery of supervision; Domains of supervision; Evaluation in supervision; “Best practice standards” in supervision; Problem-solving issues in supervision; Cultural issues in supervision; Ethical and legal issues in supervision.

The course textbook can be purchased at the University of Calgary Bookstore [Bernard, J.M., & Goodyear, R.K. (2013). *Fundamentals of Clinical Supervision (5th ed.)*. New York, NY: Pearson Education]. Online ordering is available via the web (www.calgarybookstore.com) or by telephone, at 1-877-220-5937 (toll free) or (403) 220-5937. When ordering, please inform the bookstore of the Continuing Education course number CPE 140-015. Additional reading materials will be accessed directly from within your course.

Course Delivery and Certification:

This course will consist of approximately 40 hours of study running from 01 February 2017 to 16 April 2017. It will be delivered in an online asynchronous format, with weekly readings and discussion board interaction between the course instructor and participants. All students will complete each of the weekly modules together; however, registrants will be able to complete all of the work online in accordance with their personal schedules. The course is graded pass/fail based on evaluation of ongoing discussions and the completion of a personal position paper. Those who successfully complete the course will be issued a certificate of completion by University of Calgary Continuing Education.

Course Fee:

\$1,212.00: Members of the Psychologists' Association of Alberta (PAA) will be eligible for a rebate of \$175.00 from the PAA. Receipt of the rebate will be dependant upon submission of proof of successful completion of the course, and receipt of a request for the rebate within six weeks of course completion.

Registration Information:

For further information about the course, including the course outline and registration, go to:
<https://conted.ucalgary.ca/search/publicCourseSearchDetails.do?method=load&courseId=66667>

Registrations may also be completed by telephone at (403) 220-2988, toll free 1-866-220-4992. Note that the course may be cancelled in the event of insufficient registrations.

Inquiries about the course may be directed to Dr. Sal Mendaglio, Chair of the Counselling Psychology Program, University of Calgary at mendagli@ucalgary.ca

JOINING THE REFERRAL SERVICE

The PAA Referral Service is designed to provide the public with the contact information of participating registered psychologists who are a match for their region / area of need.

PAA members can join the Referral Service throughout the year, provided they are registered psychologists. The yearly fee of \$190.⁰⁰ plus GST (prorated after 01 May) is economical marketing, with the PAA Referral Service averaging over 100 telephone requests & over 450 online searches monthly.

Participating psychologists are listed in our online directory, & their contact information is also provided to prospective clients through the PAA Referral Service telephone line.

Referral Service participants may also opt to advertise with a direct link to their own website for an additional fee.

With excellent value for your marketing dollar investment, & planned enhancements, the PAA Referral Service is an ideal advertising strategy for those in private practice.

PAA Referral Service applications can be downloaded from the Membership section of the PAA website or call us for more information.

780-424-0294 – Edmonton
1-888-424-0297 – Toll Free (Alberta)



MISSION STATEMENT

The Psychologists' Association of Alberta is the voice of, and for, psychology in Alberta. We are the voluntary body that advocates for psychology in Alberta, informs the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services.

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.

ANNUAL PAA MEMBERSHIP RENEWALS

Easier Than ever

Online membership renewal for the 2018-2019 membership year opens January 1, 2018.



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

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

Membership fees are due on 1 April 2018. Avoid the late administration fee which will be charged on all membership dues received after 30 April 2018.

Important:

If you have never logged into the Members Only area of the PAA website before, you will need to complete a first time login to register your PAA membership account. To register your PAA account you will need to use your PAA member number and the email address we have on file. If you are unsure of your PAA member number, email address, or are unsure if you have logged into the member area before please contact the PAA office.

If you forgot your username or password you can use the “Forgot Password” link to reset your password and retrieve your username.

If you have had a name change, ensure we are notified. If you have PAA member discounted insurance, the name you register with the insurance company and with PAA must be the same in order to confirm your membership status.

If you have any questions, comments, or concerns regarding your renewal or the online renewal system, please contact the PAA office for assistance paa@paa-ab.ca or 1-888-424-0297.

PSYMPIOSIUM IN THE MAIL

Valued member, if you are receiving our professional newsletter, *Psymposium*, by mail, beginning Spring 2018, paper/mailed copies of this key member communique will be available via cost-recovery which you can opt into during next year’s membership renewal.

To continue to receive *Psymposium* by mail this year, ensure you update your contact details by logging into your profile here http://www.psychologistsassociation.ab.ca/site/member_profile?e=1



PAA is on Social Media
CONNECT WITH US!



<https://www.facebook.com/Psychologists-Association-of-Alberta-169589246436220/>

<https://www.linkedin.com/company/6383297/>

<https://twitter.com/PAAAlberta>

**PRACTICE ADVISOR
STATISTICS**

01 July – 01 October 2017

Number of Calls

July: 17

August: 15

September: 23

Popular Topics

General Ethical

Other

Private Practice

Release of Information

Reporting

**Full members: contact the office to
access a practice advisor**

CALL FOR PAA BOARD NOMINATIONS

There is **1 director position** open for election, with a three-year term commencing May 2017.

All Nominees

- Must be eligible voting members* in good standing with the Psychologists' Association of Alberta and
- Must be nominated by two eligible voting members in good standing with the Psychologists' Association of Alberta.
- Must agree to accept, uphold, be governed by and support the by-laws and objectives of the Association.

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

Completed forms must be received at the PAA office by 4:00 p.m. on Friday 2 March 2018.

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

Hey students!

Starting 2018 you will be able to vote in your own student board member!
Watch for an e-mail from us soon!



WELCOME TO NEW PAA MEMBERS

(28 June 2017 – 20 October 2017)

Albers, Elissa (Student)	Humilde, Katie (Provisional)	Ogumbor, Isoken (Student)
Alton, Breanna (Provisional)	Iceton, Vanesa (Provisional)	Owens, Brittany (Provisional)
Astolfi, Joy (Provisional)	Jiang, Yuanyuan (Provisional)	Owre, Keith (Provisional)
Bailey-McKenna, Mary-Catherine (Full)	Johnson, Joseph (Provisional)	Patel, Khyati (Student)
Bain, Matthew (Provisional)	Johnson, J. Lauren (Full with Referral)	Pertich, Nicole (Provisional)
Basaraba, Jasmine (Student)	Johnson, Vicky (Professional Aff.)	Pesta, Nicole (Provisional)
Beck, Jeannine (Full)	Jubb, Amanda (Full)	Pettefer, Terilyn (Full)
Beech, Leah (Student)	Just-Mancini, Megan (Provisional)	Rietema, Winn (Provisional)
Benoit, Andre (Full)	Keyes, Nadia (Provisional)	Ronald , Jennifer (Provisional)
Black, Amy (Provisional)	Kidd, Robert (Provisional)	Sager, Randi (Student)
Brekkan, Donald (Full)	Klemmer, Melanie (Full)	Samimi-Ward, Dena (Provisional)
Burgos, Mikaela (Student)	Knodel-Moser, Amy (Provisional)	Schraeder, Kyleigh (Provisional)
Busch, Kim (Full)	Ko, Gina (Provisional)	Sikorski, Stephanie (Full with Referral)
Capyk, Stephanie (Provisional)	Konnert, Candace (Full)	Smith, Chanae (Provisional)
Chan , Lauren (Provisional)	Kubica-Owoc, Dominika (Provisional)	Smith, Teresa (Terri) (Provisional)
Charbonneau, Kalli (Provisional)	Lai, Angela (Provisional)	Stang, Chelsey (Full with Referral)
Cherian, Isaac (Provisional)	Lazzaretto-Green, Danille (Provisional)	Stevenson, Rhiannon (Provisional)
Cowie, Brandi (Provisional)	Lizzi, Cara (Student)	Stockden, Rosamond (Provisional)
Davies, Brittany (Provisional)	Loepp, Mitchell (Provisional)	Sull, Baljinder (Provisional)
Day, Lita (Student)	Lucas, Jobi (Provisional)	Sutter, Daryl (Student)
Dicks, Janice (Full with Referral)	Mak, Lai Ping (Clara) (Provisional)	Taylor, Jacob (Student)
Dobko, Denae (Student)	Mang, Stephanie (Full)	Thayyilayil, Shaima Ahammed (Provisional)
Drummond, Kelley (Full)	Marcinkevics, Dustin (Student)	Thoms, Norm (Full with Referral)
Erickson, Zachary (Provisional)	Martin, Jillian (Full)	Tonellato, Rayna (Provisional)
Fedyk, Ashlee (Full)	McConnell, Kristy (Full)	Tovell, Michael (Provisional)
Fellner, Karlee (Provisional)	McCurdy, Laurie (Full with Referral)	Ulatowski, Sylvia (Student)
Fenwick, Melanie (Provisional)	McKibbon, Doug (Full)	van Kuppeveld , Sarah (Student)
Foskett, Allison (Full)	McKirdy, Gillian (Student)	Vandergaag, Karol (Student)
Fuller, Erin (Provisional)	McLellan, Kevin (Student)	Vetsch, Lynette (Professional Aff.)
Gardin, Margaret Lea (Provisional)	Mendes, Belinda (Provisional)	Wanamaker, Ashley (Provisional)
Godbeer, Megan (Student)	Mohamed, Aleya (Provisional)	Warren, Carly (Full)
Gower, Heather (Provisional)	Mohammed, Shireen (Student)	Wautier, Veronica (Provisional)
Harris, Jennifer (Provisional)	Mooney, Katherine (Full)	Wilton, Chanelle (Provisional)
Hillaby, Pamela (Full)	Newton, Virginia (Full)	Yakovenko, Igor (Provisional)
Hlapeic, Katie (Provisional)	Noel, Melanie (Full)	Yakovlyeva, Olha (Provisional)

CALENDAR OF EVENTS

10 January – Town Hall Meeting

Location: Edmonton, AB

Sponsored by the College of Alberta Psychologists' and the Psychologists' Association of Alberta

26 January 2018 – Developing Your Personalized Approach to Clinical Supervision: The Contextual-Functional Meta-Framework

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

Location: Edmonton, AB

Sponsored by the Psychologists' Association of Alberta

23 February 2018 – Town Hall Meeting

Location: Calgary, AB

Sponsored by the College of Alberta Psychologists' and the Psychologists' Association of Alberta

28 February 2018 – Town Hall Meeting

Location: Edmonton, AB AHS Zone

Sponsored by the College of Alberta Psychologists' and the Psychologists' Association of Alberta

06 April 2018 - When My Soul Connects with Their Soul: Decolonizing & Indigenizing Psychological Practice with Indigenous Peoples

Presented by Dr. Karlee Fellner

Location: Edmonton, AB

Sponsored by the Psychologists' Association of Alberta

TBD April 2018 – Town Hall Meeting

Location: Lethbridge/Medicine Hat, AB

Sponsored by the College of Alberta Psychologists' and 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_forum

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETING

Friday 02 March 2018

Friday 25 May 2018

The PAA Board of Directors meets 4 times yearly, contact the office for an updated schedule

HAPPY NEW YEAR

2018



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

Changing Your Address?

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

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

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

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

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