Psymposium

Volume 29 Number 2 - August 2018



"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."


Discrimination harms,
diversity strengthens;
diversity increases tolerance
and psychological health
and is the model for a caring
society.
PAA Position Statements available
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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 Toll-Free: 1-888-423-4048

PSYCHOLOGISTS' ASSOCIATION of ALBERTA

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Editorial
Editor-In-Chief
Dr. Michelle Vandegriend
Contributing Writers
Dr. Jon K. Amundson
Dr. Naheed Jawed
Mr. Kelly Moroz
Ms. Gwen Randall-Young
Dr. Marc Ross

PAA Administrative Office and Staff
CEO
Dr. Judi Malone
Email: judim@paa-ab.ca
Governance Officer
Brittany Stevenson
Email: brittany@paa-ab.ca
Finance Officer
Joanna Leung
Email: joanna@paa-ab.ca
Membership Officer
Rose Cooper
Email: rose@paa-ab.ca
Administration Officer
Cindy Kennedy
Email: paa@paa-ab.ca
Communications Officer
Kim Bernard
Email: kim@paa-ab.ca

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BOARD NOTES

by Bonnie Rude-Weisman, Ph.D., R.Psych

PAA Board President



Greetings from the Southeast corner of the province. At last, a post-winter season would seem to be upon the province. I am not sure how to define this post-winter season - spring, summer or sprinter perhaps - as each day would seem to bring its own weather. Perhaps our weather is not unlike what some of our colleagues and clients experience day to day - unpredictability, a promise of warmth derailed by unexpected chill and grey clouds. The inclement personal/internal weather is what makes our work so incredibly important - to provide the umbrellas, storm warnings, and temporary emotional shelter for those struggling to weather their mental health challenges.

Thankfully, your Psychologists Association is up to the task of helping psychologists and provisional psychologists in the province to be competent first and secondary responders to all of those in mental health distress. Your association is addressing accessibility issues for mental health consumers, providing continuing competence opportunities for all psychologists, advocating on our behalf with funders, government agencies and the like, and striving to have mental health receive the attention afforded to physical health.

I have the honour of leading the Board of Directors for another year. We recently said our goodbyes to Dr. Jo Eustace, who has been with us for the last three years. He competently filled the role of treasurer for the last 2 years of his term; his contributions as the treasurer and active board member will be missed. We wish him well in the next phase of his life, where he will be traveling and biking throughout the world it would seem. His replacement is Claire Petersen, a school psychologist, who hails from my part of the province. We are excited to welcome her knowledge, skills and expertise of working with our children in the lower serviced semi-urban areas. We also said goodbye to our student representative, Erin Buhr, who was an exceptional representative with her enthusiasm and 'can do' mentality. We wish her well and look forward to her continued involvement in PAA as a full member now that she will soon be graduating with her Ph.D. Joining us as student representative is Ms. Chelsea Hobbs. We look forward to her input as the contributions of students is always an appreciated addition to the Board of Directors of PAA.

Our board has representation from the south (Lethbridge and Medicine Hat), and from our two major centres, Calgary and Edmonton. I would strongly encourage psychologists from the Northern parts of the province as well as more rural psychologists, no matter where they live in Alberta, to consider putting their name forward in the spring of 2019. The more diverse our board representation, the more able your association will be in advocating and supporting the work of all psychologists, not just those in our urban centres. I continue to believe that the benefits of volunteering with PAA far exceed the expenditure of time and energy.

Whether you can support your association as a volunteer or not, I hope that you will join the Board of Directors and staff of PAA at our first joint professional development day with the College of Alberta Psychologists, at the Hyatt Regency, Calgary on the 22nd of September 2018. We are so excited about this opportunity to work collaboratively with the College, believing that this joint effort will be to the benefit of all psychologists in the province. A united voice invariably makes for a louder voice and we psychologists need to be heard as we have the knowledge, skills and judgement desperately needed on the mental health landscape.

As always, feel free to contact me at 403-526-8116 or by email at brudeweisman@shaw.ca if you would like to share your thoughts and ideas with me.

Respectfully,

Bonnie Rude-Weisman

WELCOME!

New Board Members



Chelsea Hobbs

Chelsea is a doctoral student in the Counselling Psychology program at the University of Alberta. She completed her Masters in Counselling Psychology from the University of Alberta in 2013 and worked as a Mental Health Facilitator for Early Childhood Development Support Services (ECDSS) until she returned to pursue her studies this past fall. She is passionate about working with children and youth and her main research interests include hope, grief, and loss. She is also very interested in representing, communicating with, and advocating for students. Chelsea is very excited to have been chosen as the Student Director for the Psychologists' Association of Alberta (PAA) Board of Directors and is looking forward to working collaboratively with PAA Student Members. Her main duties will include keeping student members informed of PAA initiatives and events and representing their voices on the PAA Board.



Claire Petersen

First and foremost, I am grateful for the opportunity to serve on the Board of Directors for PAA. I am hopeful that in this role I can become more actively involved in the advancement of the profession and the promotion of positive mental health and well-being for all Albertans. I am currently the District Psychologist for the Medicine Hat Public School Division, which serves over 7000 students. In this role, I provide assessment, consultation, and intervention services to address the social, emotional, and learning needs of our students. In the fall, I will also be taking on the supervision of a team of family school liaison workers who will serve our elementary schools. Additionally, I teach a course on Inclusive Education and Exceptional Needs through the Medicine Hat College/Mount Royal University partnership program. I am passionate about my work with students and their families, as well as the larger systems in our community. I look forward to expanding my professional network through my new role with PAA.



PAA's New Staff Member

Maria Catherine Farrell, PAA Student Placement

I am honoured to join the PAA in their efforts in representing psychology in Alberta. My current involvement with the PAA pertains to the Wood Buffalo psychological treatment program. My research includes the use of outcome rating scales in measuring treatment efficacy, reflecting my passion for collaborative, informed and efficacious practise.

As a student completing my last year at City University of Seattle, I'm eager to apply my research skills towards my next and final academic milestone.

EDITOR'S LETTER

by Michelle Vandegriend, Ph.D, R.Psych

Psymposium Editor



Welcome to the Summer edition of Psymposium. As we know, the profession of psychology spans across many different areas of life and facets in our world – all the way from behavioural, developmental, cognitive, counselling, industrial/organizational, forensic, environmental, personality, biological, social, sports, and educational, just to name a few! All these areas of course also have sub-fields and further specializations.

An area of interest for myself over the past couple of years has been in aviation psychology. In my love of flying and as a student pilot I have immersed myself in better understanding the ways psychologists are involved in many aspects of aviation: the design of a flight deck, assessment and selection of pilots and training, research and increased performance of pilots and human factors, and counselling to help promote positive mental health for pilots, cabin crew, and air traffic control.

One instrument of the many that a pilot often needs to scan and observe during flight is called the Heading Indicator – this instrument, in co-ordination with others, aids the pilot in navigation. It provides information that assures the pilot they are on course and heading in the right direction. In reflecting on the growth of our profession we have expanded into multi-disciplinary applications, collaborating with other professions, advancing research, increasing awareness of mental health on a global scale, and providing more accessible treatment. I believe we can positively say that we are on course and continue to navigate in the right direction.

Enjoy,

Michelle

www.stalbertcounselling.com

Email: mvandegriend@stalbertcounselling.com

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.

29 November 2018	Red Deer
January 2019	Edmonton
February 2019	Grande Prairie
April 2019	Fort McMurray

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, Crawford & Company, at:
1-888-218-2346 or email psyclaims@crawco.ca.

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

Broker: BMS Canada Risk Services Ltd., 825 Exhibition Way, Suite 209, Ottawa, ON K1S 5J3
Toll Free: 1-855-318-6038 Email: psy.insurance@bmsgroup.com Fax: 613-701-4234 Web: www.psychology.bmsgroup.com

CHANGES TO WORKERS' COMPENSATION LEGISLATION EFFECTIVE 01 APRIL

by Jerry Rose, Ph.D., Psychological Consultant, Workers' Compensation Board – Alberta (WCB)

Expanded psychological coverage available for injured workers: Implications for psychologists including duty to report.

Recent changes to the Workers' Compensation Act (the Act) effective 01 April 2018 may impact you as a psychologist. The following information provides you with a summary of the changes and where you can find additional resources if you have any questions.

What are the changes?

- **Expansion of presumptive coverage for post-traumatic stress disorder (PTSD)**: Prior to 01 April 1 2018, presumptive coverage for PTSD was available to first responders (i.e., police officers, firefighters, paramedics and sheriffs). Effective 01 April 2018, presumptive coverage of PTSD has expanded to also include correctional officers and emergency dispatchers. For the purposes of the presumption, correctional officers are considered to be correctional peace officers or correctional service workers whose duties involve the enforcement of law and order in a correctional institution.

  The PTSD diagnosis is critical in these cases. If you think a client meets the criteria for PTSD as defined in the current version of the DSM, please outline the rationale in your report. For these occupations, WCB will presume the PTSD is work related, unless the contrary is proven. For other occupations, WCB will continue to investigate the work relationship in order to provide coverage.

- New traumatic psychological injury presumption: For workers who experience a traumatic event (or a series of traumatic events) at work on or after 01 April 2018, and are diagnosed with a corresponding psychological injury, WCB will presume the injury is work related unless the contrary is proven.This means when the claim owner has confirmed a traumatic incident or incidents occurred at work, and the worker has a confirmed reasonably- related diagnosis according to the current version of the DSM, the claim owner may accept these injuries without any additional review or investigation. A physician or psychologist can provide such a DSM diagnosis in their WCB report. In these cases, WCB will presume the DSM diagnosis is work related, unless the contrary is proven.

Definition of a traumatic incident(s)

A traumatic incident is defined as a direct personal experience of a work-related event(s) or directly witnessing a work-related event that, reasonably and objectively assessed, is:

- specific, sudden, frightening or shocking and /or
- an actual or threatened death or serious injury to oneself or others or threat to one's physical integrity.

Examples include: a victim of a robbery or hostage-taking event; witnessing the death or severe injury of a co-worker; or providing assistance to victims of severe physical trauma or fatalities.

Traumatic incident(s) may also include workload or work-related interpersonal incidents that are excessive and unusual in comparison to the pressures and tensions experienced in normal employment. These must be beyond the normal scope of maintaining employment from a reasonable person's perspective. For example, clear and confirmed harassing behaviour at the workplace where a worker has been subjected to threats of harm, violations of personal privacy, public shaming or baseless threats to his or her employment status.

Incidents can also be cumulative. For example, social workers may accompany police officers when they have to rescue children from abusive situations so they may witness traumatic events or be threatened themselves in those circumstances and subsequently develop a psychological injury as a result of the cumulative impact of those events.

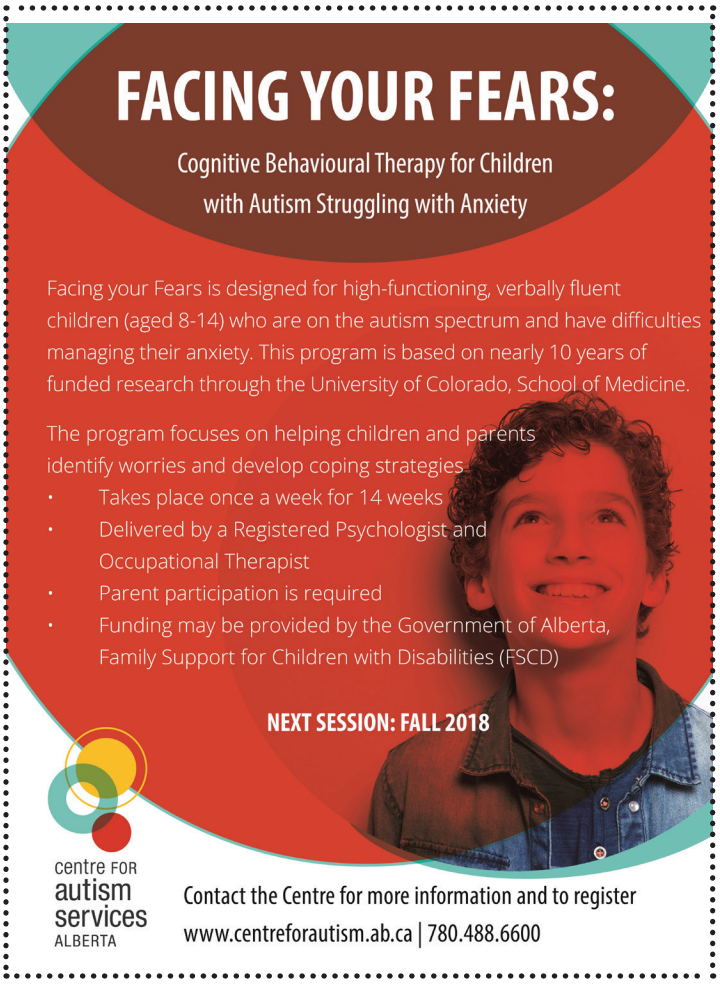
What the new presumptive coverage means to injured workers

Psychological injuries are already covered under policy for injured workers. The 01 April amendment now allows workers to receive workers' compensation coverage and treatment for psychological conditions as soon as possible. Workers who do not meet the presumptive coverage criteria will continue to be considered for benefits under existing WCB coverage for psychological injuries.

Duty to report – what you need to know

Psychologists may not be aware of their duty to report work-related psychological injuries. The Act confirms employers and workers have a responsibility to report workplace accidents to WCB when treatment is required beyond first aid and if the injury will disable or likely disable the worker beyond the day of the accident/incident. Once a psychologist is made aware their patient sustained a work injury, under section 34 of the Act, the psychologist also has a responsibility to forward reporting about these accidents to WCB. This is important to ensure that WCB can adjudicate a worker's claim and ensure treatment is provided as quickly as possible. As a result, upon intake you may wish to consider asking your client if their issues are work-related, so you can report the psychological injury accordingly.

If you provide a psychological diagnosis in your report, please explain how the diagnosis meets diagnostic criteria from the most current version of the DSM (currently the DSM-5). If any further confirmation is needed for the diagnosis or about the nature of the traumatic event, WCB may require additional review or investigation. WCB adjudicators, case managers and/or psychological consultants will follow up with you if more information is needed to confirm the injury diagnosis. If you are unable to provide a DSM diagnosis (e.g., if this is beyond your scope of practice, or you have not assessed the client sufficiently), WCB can help you. You can request for WCB to arrange for further assessment to clarify the DSM diagnosis in your written reporting.



WCB as first payer

It's also important to know that if a psychological injury is accepted under a WCB claim, WCB is first payer. This means you have a responsibility to provide WCB with invoices for all medical services provided for a work-related injury. No part of the cost of any psychological services should be billed to the worker, employer or public system.

Additional resources available:

- *legislative responsibilities and contract information*
  https://www.wcb.ab.ca/assets/pdfs/providers/HFS_legislative_contract_resp.pdf
  https://www.wcb.ab.ca/resources/for-health-care-and-service-providers/contract-information.html
- *Heath care provider fact sheets*
  https://www.wcb.ab.ca/assets/pdfs/providers/HCP_PTSD.pdf
  https://www.wcb.ab.ca/assets/pdfs/providers/HCP_Traumatic_psychological_injury.pdf

Questions about the new legislation and its implications for psychologists? Call Dr. Jerry Rose, WCB psychological consultant at 780-498-4548.

NOTES FROM THE CEO'S DESK

by Judi L Malone, PAA CEO
Ph.D., R.Psych (AB/AUS)

Au milieu de l'hiver, j'apprenait en fin qu'il y avait en moi un été invincible.

(In the depths of winter, I finally learned that within me there lay an invincible summer)

Albert Camus, Noces Suivi De L'Été



The remarkable part of summer, for me, is this feeling that anything can be accomplished but that what is best, is what will be done. This is an idea I carry with focussed relaxation and measured patience during our summer months. As my daughter balances her first summer juggling both the promise of rest and the challenging requirements of an extended home service, I balance my own commitments to fully enjoying my time with her and family and a career that is so very rewarding.

We, all members of PAA, have a lot to be proud of. Our tight knit group of staff, key contributors, and regular volunteers have done a lot to advance our commitment to improving the psychological health & wellness of all Albertans while positioning our profession for future successes. That foundation, of late, has been based on work done:

For Albertans

Our growing public education campaign and involvement across the landscape targets psychological health and access to psychological services. PAA's referral service remains a key resource for the public, media, and resource groups. Championing the value of psychology for everyone is mutually beneficial and continual -- the Opioid Crisis and increased focus on suicide are only two examples. Contact the office to find out how you can get involved & how we support you through resources, training, & fact sheets.

For Members

Our membership continues to grow giving us far more influence in advocacy and greater networking and professional development opportunities for you, our members. Look forward to more benefits in relation to technology, webinars, and professional support such as our award-winning PAA Practice Advisor program. You have already witnessed some of our many advances in communications to you, our members, through revamped ENews, social media, and Psymposium and appreciate this opportunity to tap into your expertise and wisdom.

For the Profession

We welcome & support students through student presentations, routine student engagement, support for a provincial PsyD, & our student-elected PAA student board member. For early career psychologists and those who are provisionally registered we champion greater access to quality placements and supervision opportunities. And, while we support our members by advancing the profession and our member benefits, we acknowledge your generosity in giving back informally and formally (volunteering and sharing experiences to support advocacy).

With our Regulatory Body

Together with CAP, we are excited to offer our first joint Annual Meeting & Professional Development day in September. Join us to learn more about your profession & to enhance your evidence-based skill set as a psychologist. And, have your voice heard at a local town hall.

With our Partner Organizations

Review the extensive lists of our partner organizations. We cannot do everything, but we can have considerable influence, at tables that matter, ensuring psychological research and practice informs policy, action, and initiatives.

Responding to Change

We are excited to launch training on psychologically healthy workplaces with the support of Alberta Occupational Health & Safety. One of many examples of how staying nimble helps us respond to rapid change in our profession and province.

In the Boardroom

Your board is a group of committed & engaged professional citizens. Plans are underway to develop leadership within the board, & to solidify our ongoing strategic plans. I encourage you to connect with any of these key contributors to our profession – their dedication & passion sets our vision & maximizes our potential as an organization & profession in Alberta.

At the Office

Thank you for completing last year's member benefit surveys which we've used to tweak our services to you, our members. That personalized touch was what was most appreciated by both staff and members, and aligns well with our commitment to role model being a psychologically healthy workplace here at PAA, an amazing place to work.

In Closing...

Summer isn't invincible, but it is a remarkable time of appreciation and focus for me. I wish all our members an enjoyable summer with hopes to see you at our inaugural annual professional development day in Calgary.

Our association, board, key contributors (volunteers), & staff come together to serve you, our members, our profession, & our province. PAA is the voice of, & for, psychology in Alberta. We are the voluntary body that advocates for psychology in Alberta, informs the public & the media, & advocates for consumers of psychotherapy, psychological, & mental health services. I appreciate this opportunity to highlight some of PAA's activities since my last update.

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

PAA is our association.

Judi

Alberta Psychology in the Media

February 2018 – May 2018

There were 9 Career Fairs, Educational Presentations, & Public Information sessions:

- Ms. Hilda Huj, The Edmonton Dental Assistants Association
- Ms. Michelle Hamilton & Ms. Florence Johansson, Lakeland College Wellness Fair in Lloydminster
- Ms. Noga Liron, Parkallen School
- Ms. Allison Stott & Ms. Joanne Lavergne, The Live Well Showcase in Lethbridge
- Dr. Micheal Stolte, Centre for Autism Services Alberta
- Ms. Janet Caryk & Dr. Wes Miller, Alberta Psychiatric Association Annual Conference
- Ms. Janet Caryk & Dr. Wes Miller, UofA of Alberta Adult Psychiatry Grand Rounds
- Dr. Wes Miller & Ms. Lindsay Wolf-Owczarek, Edmonton Public Schools
- Janet Caryk, Concordia University of Edmonton

30 Psychology Events in the Media

- Dr. Ganz Ferrance, Dr. Linda Hancock, Dr. Laura Hambley, Ms. Kimberly Knull, Dr. Brent MacDonald, & Dr. Susan MacDonald
- 630 CHED, 770 CHQR Global News Radio, Alberta Primetime, BizTalk Radio, CBC Radio Edmonton, CTV News, Indian Head Wolseley News, Kickhealth, & The Medicine Hat News

The complete list can be found on our website:
http://www.psychologistsassociation.ab.ca/site/psymposium_newsletter

ETHICS - THE IMPOSSIBLE IMPERATIVE

by Jon K. Amundson Ph.D

Virtue - The Professional/Minimal vs. Personal/Aspirational Dimensions of Ethics



In 1967 Dr. Martin Luther King visited Occident College, where I was a student. I went surfing and so missed his talk and his informal walk on campus. I share this story because later Dr. King became one of the internalized ideals of virtue I carry to this day. This concept of the internalized ideal of virtue or 'hero' (Appiah, 2013) is important to ethics and professional conduct. What follows is a discussion regarding the two tiers in professional ethics - the professional "ought/musts" or minimalist, and the personal, aspirational maximalist (Barnett and Jordan, 1990; Cornwell and Higgins, 2015).

In professional conduct there are minimal standards for clinical practice. This 'good enough' sense of professionalism is reflected in fundamental dos/don'ts. Standards of practice (APA 2015; CPA 2001, CCPA, 2007) however straddle two worlds: the minimal expectations and the more ideal or aspirational. The first is doing what one must do; the second is the promotion of what is good (Rawls, 1971). Philosophy presents this as a utilitarian vs. deontological distinction (Truscott and Cook, 2013). The greatest good for the most; most of the time can be thought of as resting upon an aspirational foundation seeking to champion the inherent value of each person unto themselves (CPA, 2001). However, this aspirational ideal is more difficult in expression than in conceptualization (Amundson, 2015).

Cognitive vs. Emotional Ethics

Mance Ryder would not take a knee. Regardless of his pending death at the stake, his inherent and invariant commitment to his ego ideal/internal 'hero' prevented compromise (you all watch Game of Thrones, eh?). For most of us this invariant commitment to inner ideals however is not the rule. At a conceptual level most psychologists can demonstrate appreciation for ethics and standards and the ideals they seek to inspire. Ethics and, more specifically, instruction on ethics, involves pedantic review of potential scenarios and application of principles for decision-making (Jordan and Meara, 1990). The sterility of the exercise is only apparent when the real thing emerges.

> A supervisor had stated to their supervisee that it was pretty common practice to overbill a referral source as "their hourly payment was way too low". However, when a family complained to the agency and the practice came to light, the supervisor stated that, "unless the supervisee took the hit, they would not sign off on their hours".
>
> A psychologist had kept cursory notes on a file that became more and more complex, until legal and conduct issues emerged. When a complaint was finally made, the psychologist quickly amended and edited previous records to create a greater image of probity.

These two facsimile examples involve emotional ethics (Ugazio, Lamm, and Singer, 2012). Pedantry be damned. When emotions rise, standards are exited or retrofitted to serve the psychologists' best interest and reduce personal consequence. While conceptually form serves function (i.e. guidelines, codes and standards are to foster conduct) when in trouble the opposite arises. Trouble, in fact, arrives accompanied by one of two emotional pre-dispositions in the professional: risk taking or risk aversion.

Risk in Clinical Practice

Risk taking is reflected in bolder clinical practice; to reach beyond the minimal standards of practice by working in new areas, with new methods or by extending oneself for patients. Risk aversion is reflected in more methodical, attentive and disciplined practice. At each end of the continuum are liabilities.

Dr. Nervous has a 5-page consent form which involved meticulous attention to many issues in law. They were quick to transfer files and defined their practice in very narrow, highly specified parameters of treatment.

Dr. Goforit had a wide-ranging practice and never met a clinical concern they were not ready to take on. They provided treatment in an expanded format justifying their work as systemic and eclectic.

With neither case is there an inherent ethical or conduct problem. Each would practice out of their character and predisposition. Nonetheless it would be clear that undue investment in either position could lead, alternately, to more reckless idiosyncratic actions, or restriction arising from too much personal risk management (Gottlieb et al., 2014). The cost of either extreme can be self-exploitation and grandiosity or undue self-protection and tendency to treat every patient as potential litigant. On the one side is the need for reasonable risk management; on the other the pursuit of best clinical practice for the benefit of the patient(s) involved.

Feet on the Ground/ Eyes Directed toward the Stars

Appiah in his book The Honour Code, speaks of one's community of reference, and more specifically the heroic or virtuous there reflected. The risk avoidant community of reference might include your boss, administrative supervisor or the complaints director of the College (Brass, Butterfield, and Skaggs, 1998). Beyond these fundamental references ought be a different internalized cohort. In this cohort there ought be exemplars of moral or virtuous conduct.

Philip Zimbardo tells a story as to why he ended his prison experiment so precipitously. Ostensibly, it has been explained as result of escalating role immersion, and harm arising. However, Zimbardo says it was a graduate student, with whom he was having an affair and later married, who, when he gleefully described the results emerging apparently said they were unsure about whether they wanted a relationship with someone who would be involved with such an experiment.

This sense of an internal ideal awakened though a valued other led to ethical repentance for Dr. Zimbardo. Undue risk is held in check by reasonable risk avoidance; best clinical practice however is served by internalized, aspirational ideals.

Ethical Fundamentalism Vs Virtuous Aspirational Conduct

For the most part professional psychologists do O.K. They engage in reasonable conduct. This basic, or 'good enough', level of conduct is what exoteric practice is to religion. 'Exoteric' refers to the shared, visible and clearly apparent, common elements definitive of a given community: communal expectations/performance imposed upon individuals which reflect membership. Lapse in adherence, at this level, is generally recognizable. These shared cultural practices define for psychologists the parameters of the professional. The personal, however, reflects the more amorphous or aspirational, and can be likened to the religious concept of the esoteric. This inner sense of values, standards or honor is more individual (Reynolds, 2006; 2008). 'Personal' might be referred to as character. In a workshop with a Tibetan lama many years ago participants were told that to know who we are, of what our (or others) character consists, we must find ourselves with our backs to the wall.

I like this analogy, for it begs the question of virtue and the immediacy of the ethical moment. '*What needs to be done, and how might it be done to reflect the best of what we, our thoughts about others and our capacity to consider what the given situation requires, and to whom do we turn for inner guidance in pursuit of these ideals?*

Each of us, as researchers, teachers, supervisors or practitioners, might pursue the development of the personal; the heroic in our disciple (Franco, Blau ,and Zimbardo, 2011; Franco and Zimbardo, 2006). Best practice can be approached in the following ways:

Ground practice in the exoteric expectations of the professional community but appreciate fundamental adherence. Too much risk aversion and too much/too literal dependence upon codes, standards and guidelines may fall short of the best interest of our profession, ourselves and our patients (Gottlieb, 1993).

1. Determine what you want to honour, emulate or carry within you as this heroic guide. Cultivate "heroic imagination" (Zimbardo, 2007) regarding the political, spiritual, communal or creative life of virtuous icons.
2. Finally appreciate that the way you pursue the inner ideals you select will tell you a lot about your risk averse vs. risk taking positioning, your minimal vs maximal values in the profession and maybe in life (Walker, Frimer, and Dunlop, 2010).

There is a rationale for pursuing the ideal, the aspirational and the virtuous. In this regard the final word might be left to Franco and Zimbardo (2007) on the issue of virtue, aspiration and the heroic.

If we lose the ability to imagine ourselves as heroes, and to understand the meaning of true heroism, our society (psychology) will be poorer for it. But if we can reconnect with these ancient ideals, and make them fresh again, we can create a connection with the hero in ourselves. It is this vital, internal conduit between the modern work-a-day world and the mythic world that can prepare an ordinary person (psychologist) to be an everyday hero (p.8).

A list of full references can be provided by contacting the author.

Some things only a psychologist can believe!

Tune in to PAA podcasts by Dr. Jon Amundson, featuring over 220 podcasts with over 5,200 downloads.

Just a few recent topics:

- *Self-plagiarism, conversational implicature*
- *Entity belief, high conflict parenting and the endurance of humiliation*
- *Crowd-sourced method, Google search and ethics*

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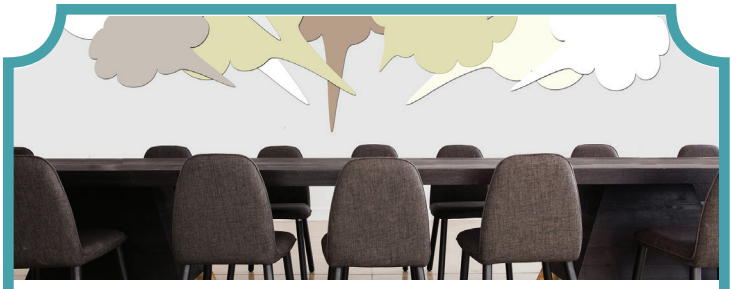
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Board Meeting Dates

21 September 2018

02 November 2018

01 February 2019

03-05 May 2019 – Annual Retreat

CALL FOR INTEREST

WORKING TITLE

•

ALBERTA'S HEALTH PROFESSIONS ASSOCIATION





Alberta's Health Professions Association

Alberta's health professional associations lack a body where non-regulatory issues can be raised & discussed.

We propose creating Alberta's Health Professions Association (AHPA – working title) where information can be shared, speakers present, & more. Specific areas for discussion include:

- Awareness of HPA professions
- Sharing of Resources
- Advocacy Collaboration

We are planning an exploratory meeting early October 2018 to see how such a body can be created & function. This would differ from the Alberta Federation of Regulated Health Professions (AFRHP) where regulatory issues are discussed.

With dramatic changes taking place within the health care system, a time for greater collaboration is needed.

Information

To be on the invitation list or for more information:

Sheila Steger
Alberta College & Association of Chiropractors
780.420.0932
ssteger@albertachiro.com

Judi Malone
Psychologists' Association of Alberta
780.424.0294
judim@paa-ab.ca

Brian Wik
Alberta Association of Optometrists
780.451.6824
bwik@optometrists.ab.ca



PSYCHOLOGICAL RESEARCH & PRACTICE IN RELATION TO CANNABIS USE

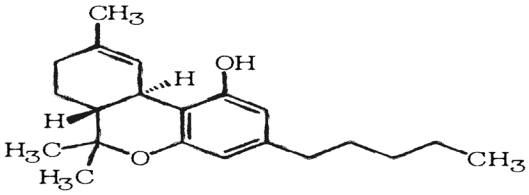
This need-to-know is a brief overview of psychological scientific literature on Cannabis

What is Cannabis?

Non-synthetic substance consisting of dried flowers, leaves, stems & seeds of the hemp plant Cannabis Sativa & Cannabis Indica. Also known as marijuana, Aunt Mary, dope, grass, hash, Mary Jane, pot, & weed.



Notable Chemical Components of Cannabis



Delta-9 tetrahydrocannabinol (THC)

- Major psychoactive chemical
- Effects on memory, cognition, emotions, & motivation
- Psychedelic effects
- Increases risks of depression, anxiety, & psychosis
- Recreational cannabis often contains high doses of THC
  Cannabidiol (CBD)
- Treats pain, muscle spasms, seizure disorders, & nausea from cancer chemotherapy
- Anti-anxiety effects
- Mind-altering effects unlikely
- Opposes effects of THC in the brain
- Medical cannabis often contains high doses of CBD

Cannabis Effects

- Psychological: memory, emotional control, attention, learning, decision making, self-control
- Physiological: increased heart rate, dry mouth, reddening of eyes, muscle relaxation

Intensity of effects is influenced by the potency of the cannabis.



Known Positive Medical Benefits

- Reducing spasticity associated with MS
- Analgesic effects (i.e., pain control)
- Anti-Inflammatory effects
- Improving appetite

Vulnerability to use of Cannabis (negative implications)

- Individuals with a history of psychosis
- Those with cardiovascular problems
- Pregnant women
- Individuals under 25
- Those with psychiatric disorders
- Those who are impulsive
- Males are more likely to develop dependency

Since the brain isn't fully developed until age 25, cannabis can have especially detrimental & permanent effects if used earlier. Risks of regular use (once a week or more) for youth include:

Cognitive Effects

- Decreased IQ (6 points)
- Increased risk of mental illness (e.g., depression, schizophrenia)
- Increased feelings of anxiety or depression
- Poor attention & memory
- Less impulse control
- Poor decision making
- Decreased planning abilities
- Negative impact on academic performance
- Increased dependence & unemployment
- Lower life satisfaction
- Lower income
- Decreased relationship satisfaction
- Increased family conflict
- Increased sleep problems
- Suicidality
- Lower relationship satisfaction



Associated Life Outcomes

Studies have found that youth who stop using cannabis for at least a month may recover their sleep quality & some cognitive function.

Is Cannabis Addictive? Yes

- 9% of adults using cannabis experience problems & signs commonly seen in other addictions
- Rate of addiction is higher (18-25%) for those beginning at age 17 or younger
- Younger age of use increases the risk of adult dependence
- Less addictive than nicotine or alcohol
- Long term use increases the amount of drug needed to reach the same high. Over time, users experience symptoms of withdrawal
- Heavy usage (more than once a week) related to onset of depression & bipolar disorder

Resources

Canadian Psychological Association

https://www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_CannabisUse.pdf
https://www.cpa.ca/docs/File/Position/Position_Paper_Recommendations_for_the_Legalization_of_Cannabis_in_Canada-September_2017.pdf

American Psychological Association

http://www.apa.org/news/press/releases/2014/08/regular-marijuana.aspx
http://www.apa.org/research/action/speaking-of-psychology/marijuana-brain.aspx
http://www.apa.org/monitor/2011/05/marijuana.aspx
http://www.apa.org/monitor/2015/11/marijuana-brain.aspx

GETTING SCHOOLED

by Charlene Barva, Ph.D, R.Psych
Shari Roberts, M.Ed., Registered Psychologist

Coming out and coming to terms: Not always the issue!



Greetings, and welcome to this edition of Getting Schooled in Psymposium. The PAA was very excited to host the workshop with Dr. Kevin Alderson on The Essentials of Working with LGBT Clients and/or Students on 01 June.. Some wonderful comments were shared from people that attended his workshop who spoke of having a better understanding as well as appreciation and respect for this population. For this edition of Getting Schooled Ms. Shari Roberts and myself decided to write a follow-up to Dr. Alderson's workshop for school psychologists who already work in this area and for those who have little experience but would like to gain more insight. This article provides a different perspective with some focus on the lived experience of one therapist who identifies as lesbian and has worked directly with LGBT clients. We hope you will enjoy the read!

Charlene J. Barva Ph.D, R.Psych

"Because I am transgender, every moment I'm not who I should be is like having 10 pounds added to my shoulders."

Participant - HRC Foundation 2012 Youth Survey

Evidence widely reported in the Canadian news media over the past decade indicates that a rapidly growing number of school children are openly embracing and establishing their sexual or gender identities to people around them (Veale, Saewyc, Frohard-Dourlent, Dobson, & Clark, 2015). The exact number of LGBTQ (e.g., lesbian, gay, bisexual, transgender, queer, or questioning) children and youth in Canada are difficult to come by but statistics from the 2004 Canada Youth National Survey have reported that as many as 8% of high school students identify themselves as lesbian, gay and/or bisexual and approximately 1% to 3% are transgender (Canadian Trans Youth Health Survey Research Group, 2015).

Schools are a primary social context where most LGBTQ youth spend the preponderance of their time. Yet, a climate conducive to the educational success of LGBTQ students remains elusive in many schools. In an annual survey of more than 7,000 students ages 13-21, the Gay, Lesbian & Straight Education Network (GLSEN) found that sexual and gender minority youth in schools were more likely than any other students to have negative experiences and were more likely to have felt unsafe and to experience victimization based on their gender identity or expression. The survey also indicated that 42.2% of trans and gender non-conforming students had been prevented from using their preferred name, 59.2% had been required to use a bathroom or locker room of their legal sex, and 31.6% had been prevented from wearing clothes considered inappropriate based on their legal sex (Kosciw, Greytak, Palmer, & Boesen, 2014).

Nearly 30 years ago, the focus of schools for gay and lesbian youth was strictly on safety. But today, amid growing support for LGBTQ rights and the legalization of gay marriage nationwide, the time has come for educators and policymakers to move past simply ensuring that schools are safe for LGBTQ students and work toward creating schools that affirm, respect, and include them (Veale, et.al., 2015). School psychologists can play a catalytic role in ensuring that LGBTQ issues are recognized and appropriately addressed and that these students are supported in safe, caring, and inclusive school environments. In this article we provide a brief overview of the terminology within this area, a school psychologists' personal account, and the role that school psychologists can play to ensure that these students are fully included and successful within an educational context.

Understanding LGBT Terms

Presently, there are no universally agreed upon acronyms for the lesbian, gay, bisexual, transgender/transsexual, queer/questioning, and intersex community, which includes the variations of LGB, LGBT, GLBT, LGBTQ, and LGBTQ1, to name a few. Collectively, these terms are self-reported and refer to gender identity and sexual orientation (Institute of Medicine, 2011).

This glossary of LGBT terms is a growing project. Furthermore, there is a lack of conformity over the meaning of terms and people may use the terms differently depending on the subculture they are referring to. In most countries today Lesbian, Gay, Bisexual and Transgender people tend to be grouped as a community using the acronym LGBT because they are gender variant and do not conform to stereotype expected of men and women. Not everyone likes this and there is a strong feeling by some that because Sexual Orientation and Gender Identity issues are different, that tacking the T onto the end is wrong. Others have extended the acronym further adding I for Intersex, Q for Queer, F for Friends of LGBT people etc...turning the acronym into an alphabet soup (LGTBQIF). But it's not just transgender issues that are different. Whilst all LGBT people share common experiences of discrimination and often socialize in LGBT friendly venues, each sub group within the community has issues unique to that subculture. Rather than get into the myriad of terms that are used, the reader is referred to the Gender Spectrum's The Language of Gender and the resources attached to the 2015 APA and NASP resolution on Gender and Sexual Orientation Diversity in Schools for an excellent list of definitions related to gender and youth.

School Psychologist Competencies: A Personal Account

A small number of existing studies have focused on school counsellor and/or psychologist competencies for working with LGBTQ students. The National Association of Psychologists (NASP) has a position statement related to gender diverse and transgender students (NASP, 2014); however, it is acknowledged that most school psychologists will have received minimal or no training working with young LGBTQ people (Walzer, 2015). As an 18 year veteran therapist, a school psychologist, and a member of the LGBQT community, I have worked with several LGBTQ youth in various stages of 'coming out' including 'coming out' to themselves. As I identify as lesbian, some of our experiences have been shared, increasing my understanding of the depth and breadth of their distress. This has been more helpful in relationship building than in any other aspect of the therapeutic process. I believe as a school psychologist that I should disclose my identity as lesbian to them to reduce the power imbalance that could potentially exist in the counselling dyad.

A challenge, in the beginning, is to consciously avoid the pitfall of allowing their sexual orientation or gender to achieve master status in the counselling office. Not every student is there for help with coming out. It is important to be mindful that I have before me a human being whose entire life experience provided the context for counselling. Sexuality and or gender dysphoria may not be the focus of therapy, for this particular human may have fled a war torn country, may be suffering from a specific trauma, or indeed, have experienced the traumatic effects of years of xenophobic socialization (Brown, 2003; 2008). Research on risks that members of the LGBTQ community may present with include depression, anxiety, specific phobias and all other "normal" presenting issues (Fontaine & Hammond, 1996; Fisher, Komosa-Hawkins, Saldaña,Thomas, Hsiao, Rauld, & Miller, 2008). There can be increased suicide risk, self-loathing, family alienation, and living in fear of being discovered. Having to constantly hide who one really is because there is risk to family and friendly relationships, a danger of losing one's home, or being the victim of random violence can also be the context for mental issues and may be considered as chronically traumatic, a departure from a more historical definition of trauma as a single incident (Brown, 2003) It is advisable for therapists to become knowledgeable about the LGBTQ culture, easily done in larger cities and schools which have GSA's, in order to understand the cultural context surrounding their current distress (Callahan, 2001; Schmidt, Glass, & Wooten, 2011). It should never be the client's role to educate the therapist about LGBTQ culture as having to do so may distract from the therapeutic relationship and process (Brown, 2004). In the case of transgender youth, counselling may take a different bent again depending on the presenting issue. Having worked with transgender boys and girls, aside from helping the student cope with depression and or other common presenting issues, my main role was to help connect the young person with appropriate resources such as psychiatry, peer support, and finding medical resources. Wait lists for surgery and group therapy can be very long and I remained involved with my clients for whatever therapeutic support was, and when it was, required. I firmly believe that, in the words of Rogers (1951), "unconditional positive regard" is extremely important in the counselling context. As a counsellor/school psychologist, and critical change agent in schools, I believe that I can play a very special role in the lives of LGBTQ students to help them to achieve to their fullest potential.

School Psychologists Role

As educational leaders within an academic community, school psychologists are in a good position to become LGBTQ allies given their expertise in human development, knowledge of sociocultural and ecological influences on behaviour, counseling, and consultation skills, ability to reach a wide audience (including administrators, teachers, school staff, and students), and adherence to ethical principles, which are reinforced by enumerated nondiscrimination policies from the National Association of School Psychologists (2012) and the Canadian Psychological Association (2010). Heck and colleagues (2011) recommend that school psychologists can advocate for change by (a) working directly with teachers and administrators to foster positive attitudes toward LGBTQ individuals; (b) infusing information about sexual orientation and gender expressions into the curriculum; (c) developing strategies to confront bias and harassment in and out of classes; (d) reinforcing disciplinary actions for harassing offenders; and (e) supporting or forming gay straight alliances (GSAs). Murphy (2012) adds that since many students attend GSAs to receive social support or need a safe space to discuss difficulties they may be facing, the school psychologist is often ideal to serve as GSA advisor.

Kiperman, Varjas, Meyers, and Howard (2014) present a model for school psychologists to assist LGBTQ youth, by outlining what these students perceive as supportive and non-supportive behaviours of those around them. School psychologists can be supportive through affirmation of the youth's strengths and resilience, providing a safe space and identifying safe harbours outside of the school, offering counselling and emotional support, and providing instrumental assistance. They can also provide professional development by promoting awareness and acceptance of LGBTQ youth, and fostering an inclusive and welcoming school climate. The authors caution school psychologists to avoid unsupportive behaviours, and they also recommend that school psychologists help these youth navigate away from negative experiences, characterized as unmet expectations, negative perceptions (e.g., homophobic beliefs, close mindedness, lack of rapport), and negative interactions (e.g., insults or verbal slurs, targets of rumor or exclusion).

Conclusion

The climate of acceptance of LGBTQ individuals is slowly improving in Canada, but many schools remain blind, biased, and unreservedly discriminatory toward lesbian, gay, bisexual, transgender, and queer/questioning individuals. School psychologists are in a unique position to work with educators, parents, and students to ensure equal access to education, safe and bias-free school experiences, and promotion of strength, resilience, and health among LGBTQ students. This needs to be the focus of school psychologists, a profession that often goes above and beyond the call of duty to advocate for the disadvantaged, disenfranchised, and oppressed to have an equal opportunity to a fair and healthy educational experience (Fagan & Wise, 2007).

Charlene J. Barva and Shari Roberts are Registered Psychologists working for a large school board in Alberta.

References available on request.

Private Practitioners

Fee negotiations are still underway with WCB, FNIHB, Alberta Children's Services,

& other groups.

We are thankful, and acknowledge, the following changes that have occurred:

$200 / hour Veteran's Affairs

$200 / hour RCMP

$142.50/hour FNIHB

Psychological treatment decreases medical costs of care & improves treatment outcomes but also contributes to the psychological health & wellness of all Albertans. Registered psychologists are qualified to make a proper assessment, diagnosis, & to provide evidence-based treatment through years of rigorous education, training & licensure. Research has demonstrated 80% of those treated have better outcomes than similar untreated people. Most importantly, psychologists engage in outcome-informed practices.

For follow-up and to share your ideas, email brittany@paa-ab.ca

UNDERSTANDING MENTAL DISORDERS:

PERSONALITY DISORDERS, ANXIETY, & DEPRESSION

Instructor: Michael E. Howard, Ph.D.

6 HOURS CREDIT (Psychologists)

PROGRAM / LECTURE $109 CAD

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

- **Elements of Personality:** How We Become Who We Are.
- **Cognitive Appraisals:** Do We Perceive Reality? Do We Feel the Way We Think?
- **Genes and Mental Disorders:** Do we Inherit Abnormal Behavior?
- **Personality Disorders:** Three Clusters of Relationship Killers.
- **Worship Me—What I Want, What I Think, and What I Feel:** Narcissistic Personality Disorder.

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

- **What Just Happened Here?** The Person with Borderline Personality Disorder.
- **Coping With Difficult Behaviors:** Avoidant, Dependent, and Paranoid Personality Disorders.
- **Self-Centered and Guiltless with Loss of Empathy:** Antisocial Personality Disorder.
- **Chronic Stress and the Brain:** How Self-Defense Turns Into Self-Destruction.
- **Early-Life Traumatic Stress:** A Powerful Path to Mental Illness.

Lunch: 11:30 AM – 12:20 PM

Afternoon Lecture: 12:20 PM – 2:00 PM

- **Anxiety Disorders:** Diagnostic Pitfalls and Treatment Options for Fear Out of Control.
- **Medical Conditions That Can Cause or Mimic Anxiety:** Adverting Disaster.
- **Dental Anxiety:** Managing the Anxious Dental Patient.
- **Obsessive- Compulsive Disorder:** Is this Compulsive Gambling and Hoarding?
- **Posttraumatic Stress Disorder:** The Unrelenting Power of Flashbacks; CPT, PET, and EMDR Treatments.

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

- **Major Depressive Disorder:** DSM-5 Criteria; Effects of Hormones, Insomnia, Stress, and Chronic Pain.
- **New Treatment Guidelines for Depression:** Medication and Cognitive Therapy.
- **Depression and Suicide:** Medication Risks; Postpartum Depression.
- **Complementary Measures to Treat Depression:** Exercise, Dietary Strategies, Transcranial Magnetic Stimulation, Electroconvulsive Therapy (ECT), and Vagal Stimulation.
- **Bipolar Disorders:** Avoiding Diagnostic and Treatment Pitfalls; Medication and compliance problems.
- **Beyond "Either/Or" Thinking in Treatment:** Medications, Mindfulness, and Psychotherapy.

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

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EDMONTON, AB
Fri., Oct. 19, 2018
8:30 AM to 3:30 PM
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Edmonton, AB

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Radisson Hotel & Convention Center
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Edmonton, AB

CALGARY, AB
Fri., Nov. 2, 2018
8:30 AM to 3:30 PM
Clarion Hotel & Conference Center
2120 - 16th Avenue Northeast
Calgary, AB

INSTRUCTOR

Dr. Michael E. Howard (Ph.D.) is a full-time psychologist-lecturer for INR. Dr. Howard is a board-certified clinical neuro-psychologist and health psychologist who is an internationally-recognized authority on brain-behavior relationships, traumatic brain injury, dementia, stroke, psychiatric disorders, aging, forensic neuro-psychology, and rehabilitation.

During his 30-year career, Dr. Howard has been on the faculty of three medical schools, headed three neuro-psychology departments, and directed treatment programs for individuals with brain injury, dementia, addiction, chronic pain, psychiatric disorders, and other disabilities.

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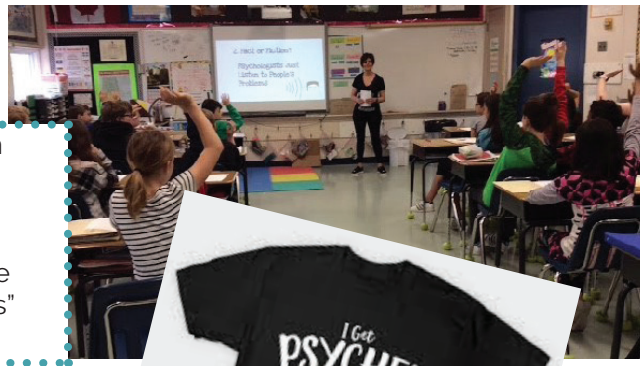
Lakeland College Wellness Fair

13 March 2018

Ms. Florance Johansson

&

Ms. Michelle Hamilton

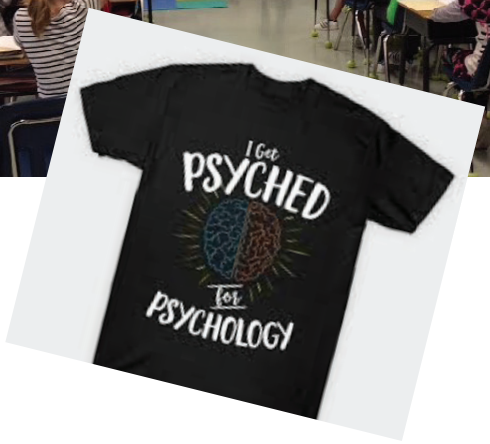


Parkallen School - Edmonton

Grade 5/6 - Career Week

02 May 2018

Ms. Noga Liron presented "The Amazing Work of Psychologists"





Live Well Showcase - Lethbridge

03 - 04 May 2018

Ms. Allison Stott

&

Ms. Joanne Lavergne

Centre for Autism Services Alberta

07 - 13 May 2018

Dr. Michael Stolte celebrated mental health week at Centre for Autism Services. The Centre displayed PAA materials at an exhibit booth, in their lobby, along with a week of activities aimed at mental health awareness activities for its staff, families, and persons served.





2018 SCIENCE FAIRS



Central Alberta Rotary Science Fair – Red Deer
23 – 24 March 2018

Nicole Green, Grade 12 student from Olds High School, received PAA member, Dr. Yvonne Buchanan-Sedun's award for her project "Lead the Way: Determining the Influence of Stereotype Threat on Women in Leadership Roles"

Nicole Green has the distinction of being the only girl awarded a trip to the Canada Wide Science Fair all six years of her eligibility in the 35-year history of the fair.

Congratulations to Claire Peterson, Emily Martinez & Nicole Green!

Judged & presented by Dr. Yvonne Buchanan-Sedun, representative of PAA



Claire Peterson and Emily Martinez, Grade 10 students from Olds High School, were the 2018 PAA's Behavioural Science Award recipients for their project "The Evolution of Fears".

Edmonton Regional Science Fair - Edmonton
07 – 08 April 2018



Pamalpreet Sandhu (who attends Aurora Charter School) was Honourable Mention for her project "(050302) Pressure of Parkinson's"

Congratulations Pamalpreet Sandhu!
Judged by Dr. Virginia Newton, representative of PAA

Calgary Youth Science Fair - Calgary
13 – 14 April 2018

Zainab Osman (who attends Lester B. Pearson) was the 2018 Award recipient for her project

"It can wait –TTYL!"

Congratulations Zainab Osman!
Judged & presented by Dr. Jennifer Jette, representative of PAA



by Marc Ross Ph.D, R.Psych

How to Create and Implement a Vision for Your Practice

Mission and vision are words that we have heard and often associate with the business world, various types of organizations etc. A quick web search will yield vast numbers of "inspirational," "powerful" and "inspiring" mission and vision statements, along with many indictments to ensure that your organization has a clear mission and vision statement. Some people find that they can be invaluable to understanding what it is a small business or company is all about; others may roll their eyes when they hear the words because they have been associated with a process that feels forced and contrived.

Prodding clinicians to look with fresh eyes at preconceived conceptions of what visioning entails are these lines: "Once you have a clear sense of your specific purpose and values, share it with your clients. You may be surprised at just how much hunger there is for this… [they] are likely to feel more trust and confidence in you because you're being transparent about the values you hold." This invitation comes from Benjamin Caldwell, in his book "Saving Psychotherapy: How Therapists Can Bring the Talking Cure Back From the Brink." In it he encourages practitioners in this direction, suggesting in no uncertain terms that we need to get clear about our values and sense of purpose in our practices.

Further inducement to think about visioning comes from a series of practice videos created by the APA, one with the title: "How to Create and Implement a Vision for Your Practice," which we have humbly borrowed for this article. The ensuing description, "Learn about creating an over-arching vision for your practice and how to use it to guide both clinical and practice/administrative decisions," and presentation by Jeff Zimmerman seemed like the perfect invitation to write and think more about the various missions and visions we might hold about our work.

Following Zimmerman's lead, we ought to differentiate the terms mission and vision. Simply put, mission refers to what you do and who you are. For example, as a psychologist who works with adolescents, my mission is to provide great service to teenagers struggling with a variety of behavioural and mental health issues. And I do that by helping them create new narratives or meaning around what it is they are going through. A vision takes this a step further: it portrays why you do what you do and follows your passion for the work. It provides guiding principles, core values, and a deeper underlying motivation for the work. Furthering the example above, the reason I am helping teenagers who struggle is because I remember going through my own very difficult transitions and transformations at that age. The support I received was invaluable so I am now paying back the gifts I received to the next generation.



Nothing excites me more than seeing teenagers recognize their own resilience and resourcefulness.

Essentially, the two terms highlight the difference between **what** we do and **why** we do it. What we do is the mission, why we do it is the vision. According to Zimmerman and others, the why has much more power, and is what Caldwell was alluding to in his book when he underscored the ethical responsibility we have to be authentic and transparent about why we are doing what we do. And getting specific about it not only helps you and prospective clients, he argues, but also the field of psychotherapy more generally. How? By being clear, transparent, and open about the values and vision we hold, the more trustworthy we make ourselves. This is important because there is clear evidence that more people are turning to other treatment modalities for the support they need and, as a result, the demand for our services is going down. Caldwell argues cogently that this is partly because psychologists have a reputation of being a little wishy-washy when it comes to knowing what it is we do and why we do it.

Thus, part of the solution to saving psychotherapy is getting clear about our values and purpose for doing the work, both individually, and as a profession. Visioning, cognitive mapping or envisioning, as it has been called, has been around for the last 30 years or so (at least using these terms, one might argue that the principle could be traced far back into human history). The notion lends itself to a commonsense kind of intuition that it can work, but what does the science say about it all? Is there any evidence to suggest that creating and using vision statements makes a difference? And that it could help to save psychotherapy?

Among others, Robert Shipley has attempted to look critically at the practice of visioning in an article entitled: "Visioning in planning: Is the practice based on sound theory?" In conclusion, he writes: "Much has been promised over the last ten to fifteen years under the title of visioning. Unfortunately, the basis or theoretical foundations of the practice are weak. There are some good ideas that have come from the movement to be more visionary. Undoubtedly much sincere work and thought has gone into many visioning exercises. With a suitably analytical approach, as attempted in this study, planners can still use the best from what has been accomplished." And what is the best? Fortunately, it would seem that clear goals and purpose can indeed serve as motivators of action, especially with what they are embodied and not just words on a business card or on the office wall.

O'Connell et. al. emphasize in their integrative review article on the subject of organizational visioning, that vision accounts for approximately 10% of the move to effective action, whereas 90% of the work rests in **implementing** the vision; making it real, actionable, and lived. The authors also tease apart important differences between conformity to a vision, the process of generating a vision within an organization (i.e. number of perspectives or stakeholders included, effective communication of a vision to employees, colleagues or clients, and so on). Their conclusions are a little more hopeful than Shipley's: visioning can be a very effective tool for guiding future actions and generating movement toward an idealized image of the future for both individuals and organizations, and yet it must be done in such a way that allows for its ultimate realization. OK, but what about me, you ask. What does this mean for me as a seasoned or early career psychologist?

I would like to suggest that it means two things for us. First, it is an invitation to think more reflexively about our practice as psychologists in general. One could argue that why I do what I do is a driving question behind professional self-reflection and analysis. Why am I spending all this money and time developing my future and career as a psychologist? Why am I working at this clinic? Why am I starting up my own private practice? Why am I writing or reading this article? Why do I want to work with this specific population? Why do I prefer this or that model of treatment? The question **why** naturally invites deeper reflection on the reasons which are important for us and the wider community to know and understand. And as the literature on reflective practice makes clear: the more we deliberately seek to develop our overall competence, the better work we do.

"Nothing excites me more than seeing teenagers recognize their own resilience and resourcefulness."

Secondly, spending time developing a vision might also be an opportunity for us to refine our particular area of expertise, our niche. While this is also part of good business development and facilitates effective marketing etc., it also helps us to communicate with more clarity to the network of people connected to our practice. Therefore, as we deepen our reflection toward professional self-awareness and purpose, we can then begin shaping and creating a vision statement that can serve as a guiding light for our work.

References available upon request.

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Evidence-Based Practice of Psychological Assessment and Treatment



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Dr. Deb Dobson

Evidence Based Practice for Anxiety Disorders



Dr. David Dozois

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Indigenizing Psychological Practice with Indigenous Peoples



Dr. Candace Konnert

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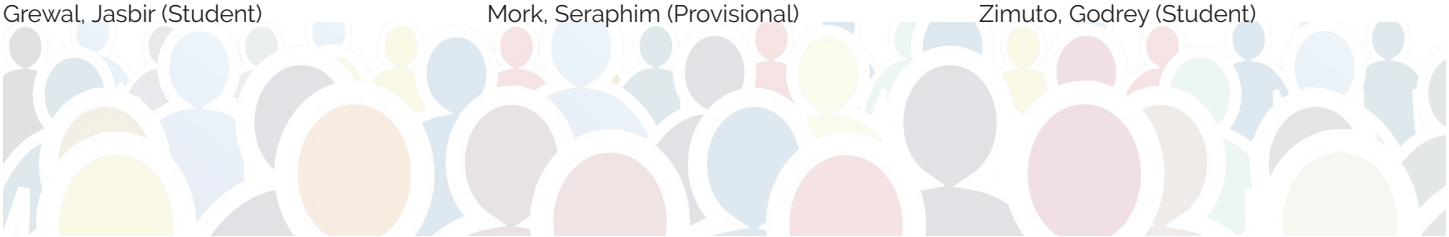
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The Habit of a Happy Life: 30 Days to a Positive Addiction

By Jeffrey K. Zeig, Ph.D & Joan Neehall, Ph.D

ISBN #: 978-1-934442-56-2

Reviewed by Vincent Mireau, PAA Student Member

Readers interested in solution-focused therapies and positive psychology should take note of this book and consider its strengths and weaknesses. As an experienced School Counsellor, and as a graduate student in the throes of my counselling practicum, I am highly oriented toward discourses of hope and preferred futures. Jeffrey Zeig and Joan Neehall, authors of *The Habit of a Happy Life: 30 Days to a Positive Addiction, affirm the value of hopeful, pragmatic, and client-derived solution building*.

The authors' emphasis on integrated solutions for complex problems is interesting. Zeig and Neehall support building solutions that singularly accomplish multiple goals. For example, if a client described feeling lonely, insufficiently active, and emotionally low, that client could address many of these concerns by, for example, restarting a routine of playing morning racquetball with their former racquetball partner. One activity can satisfy several interrelated needs. I remembered the geometric concept of tensegrity from my undergraduate studies wherein the structure of a shape gives it strength or weakness. For example, a triangle with three equal sides is a very strong shape. In the same sense, Zeig and Neehall suggest that hopeful, well-constructed goals can lead to long-term change because they are so powerfully designed for ripples of positive and lasting change.

This book seems like a hybrid of a professional resource and a workbook for the general population. On the one hand, these qualities make the book robust for client use. On the other hand, the workbook may be too unwieldy to use effectively. If it is indeed intended for client use, it may require visuals in its introductory segment on neurobiology and addiction, and I believe this would be a valuable enhancement in a later edition.

This resource is full of activities. It is broken into a series of step-by-step assignments to engage a reader in goal formulation and change making. While I appreciate the need to publish a resource that is marketable, I am uncertain that this workbook could be completed in 30 days. I cannot think of a client of mine with the time, organization skills, or willpower to work through this workbook in a month. I admit that this may simply be a reflection on my own clientele. It is a full book, and I fear it risks staying closed on a shelf because a client feels overwhelmed by its scope and size. After all, how many of us have purchased shiny new running shoes on the premise we would start running, only to have the shoes become a symbol of guilt and embarrassment? Been there! Done that!

This book's strength is its hope and its positivity. While it may focus too much on a flipped notion of addiction for some, it is clearly intended to help clients and others create lasting change. I will likely use it as a source of ideas for individual worksheets and collaborative activities rather than as a complete manual for client change. This is my approach towards most published psychology books, and this is, in my view, the best way to leverage this book's strengths for collaborative client and psychologist use.

BOOK REVIEWER REQUIRED!

We need you to review "Emotional Enlightenment: Manging Feelings For Success" by Jane Birdsell

If you are interested in reading this book and submitting a book review for the next issue of Psympoisum contact rose@paa-ab.ca to discuss our requirements for review and to receive a copy of this book.

by Kelly Scott Moroz, Ph.D, R. Psych.



In this column for Psymposium, I endeavor to interview highly regarded psychologists in their areas of clinical expertise. This month I interviewed Calgary psychologist Melody Evans.

Melody Evans is a Registered Clinical Psychologist, Registered Marriage and Family Therapist and a Certified EMDR Therapist. She specializes in Gottman Couples Therapy and EMDR (Eye Movement Desensitization and Reprocessing) Trauma Therapy. She sees individuals, couples, and families in her private practice, Can't We Just Get Along Counselling, Inc. Melody believes the business name reflects a truth about life and relationships: at some point, we all struggle to get along with someone in our lives, whether it be a person we work with, a family member, or someone we love. She believes there is always hope to create connection and heal relationships.

Who, if anyone, would you consider a mentor professionally or in life?

I have had many mentors, starting with Dr. Steven Truchs from the Calgary Reading Foundation. I was diagnosed with dyslexia (auditory discrimination deficit) when I was 21. This was my first step towards becoming a psychologist. I always wanted to be a psychologist but because of my dyslexia, I didn't believe that I could do it, but my husband convinced me to give it a try, and the rest is history now. He knew that I had taken an undergraduate degree in psychology and had always dreamed of becoming a psychologist. Prior to that, I was into performance. I went to the American Musical and Dramatics Academy; I studied acting, dance, and singing. To this day, I take voice lessons. I have a little garage band. It is really therapeutic. I take it for self-care; to ground myself. I took improv classes - these prepare you to be a psychologist, because it is about being in a room and not knowing what other people will say and having to respond.

My husband has been and still is my greatest support. I was supported during my internship at the University of Calgary Family Therapy Program; Karl Tomm MD and Dr. Alan Parry were huge mentors of mine. More recently professionals in the field of EMDR, such as Sandra Paulsen and currently Ana Gomez, are people I rely on for support. If it takes a village to raise a child, it takes a tribe to become a psychologist. None of us get there by ourselves. I think it is important for new psychologists to find their people.

Have you had any breaks along the way?

Going to seminars and meeting people and other psychologists has created numerous opportunities. The largest breaks for me have come from colleagues and other people in the field who are generous and willing to share what they are doing...I've had so many of these experiences along the way.

What approach do you favour in your practice?

I specialize in and love working with couples. I find it inspiring. I use the Gottman Method and I have also recently become a certified EMDR therapist. Often, couples bring their baggage into their relationships, so working through childhood issues, trauma, and issues of that nature can be helpful before you actually take on the Gottman skills.

How would you describe the Gottman Method and EMDR?

The Gottman Method is based in over 40 years of research. Gottman studies the masters and the disasters; when marriages lasted or marriages did not last, and his research described the formula for a happy marriage. I find it helpful, because it is a real skill-based treatment where people learn to build skills, like to better deal with conflict or create intimacy. EMDR (Eye Movement Desensitization and Reprocessing) is a method based on advancement information processing system; it allows for memories that have been non-processed to be processed. In a moment of trauma the hippocampus cannot do its job, so memories aren't time stamped and any thoughts, feelings, bodily sensations, and perceptions occurring at the moment of trauma are held in state and can become triggered for us and are the genesis of many problems.

What would you consider a successful therapeutic session?

I think that it is the client who considers the session successful or unsuccessful. There have been times, especially in the past, whereby I fretted over a session and then later found out that the client found it so helpful. Clients will often let you know. Any client-centred approach tends to be very helpful in my opinion.

What might a typical workweek look like for you these days?

In private practice you work very hard. I am lucky to have some administrative support so my workweek is largely focused on seeing clients and being able to improve my skills through training and through business development. There is such a business end to being in private practice that I had not covered in graduate school. It is something you definitely need support for.

What other advice would you have for someone considering private practice?

Find somebody who has already initiated private practice and learn from them. There are so many things that you do not expect when you go into private practice. It would be very helpful to find a mentor or even start out in somebody else's practice and learn the ropes from them.

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.

Psychology Shaping the Landscape

PAA gives you a voice at the table where it matters most to psychology.

February through June 2018, psychology was represented by PAA at meetings with:

Health Groups	Provincial Advocacy Groups
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Psychology Groups	**Targeted Response Groups**
• The Canadian Psychological Association • The Council of Professional Associations of Psychology of Canada • The American Psychological Association • •AHS Psychology Professional Practice Council	• The Canadian Red Cross specific to the Wood Buffalo 2016 Wildfire recovery • Public Action Plan Ministerial Panel on Child Intervention recommendations • Concordia University of Edmonton's PsyD Advisory Committee

CONTINUING PROFESSIONAL DEVELOPMENT
SPRING 2018

Applied Sport Psychology
Susan Cockle, M.A., R.Psych
09 March 2018
Kinsmen Centre, Edmonton
20 participants

Geropsychology: Research & Practice
Dr. Candace Konnert
27 April 2018
Sandman Signature, Edmonton
18 participants

Essentials Of Working With LGBT Clients and/or Students
Dr. Kevin Alderson
01 June 2018
Sandman Signature, Calgary
26 participants

"When My Soul Connects With Their Soul" Decolonizing & Indigenizing Psychological Practice with Indigenous Peoples
Dr. Karlee Fellner
06 April 2018 - Sawridge Inn, Edmonton
84 attendees

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Competency-Based Clinical Supervision: Knowledge, Skills, & Attitudes
Co-sponsored with the Department of Educational Psychology, University of Alberta
Dr. Michael V Ellis
28 April 2018
University of Alberta, Edmonton
64 attendees

3rd International Neurosequential Model Symposium: Reflecting on a Decade of Progress – Envisioning a Better Future for Children
Co-sponsored with Hull Services & Child Trauma Academy
12-14 June 2018
The Banff Centre, Banff



UPCOMING WORKSHOPS 2018 - 2019

Welcome to the Profession & Awards Banquet

21 September 2018

Hyatt Regency, Calgary

Evidence-Based Psychological Practice: AGM & Professional Development Day of the CAP & PAA

22 September 2018

Hyatt Regency, Calgary

EPPP Prep: Memory Boosting Learning Strategies

Michele Pentyliuk, M.Ed,

05 October 2018 – PAA Office, Edmonton

19 October 2018 – Calgary

Assessments for Psychotherapists: (Almost) Everything You Need to Know

Dr. Jamie Dyce

16 November 2018

Concordia University, Edmonton

What Every Psychologist Should Know about Forensic Practice

Dr. Roy Frenzel

30 November 2018

Edmonton, AB

Between Emergencies – A look at mental health in EMS

Alberta Paramedics Association

18 January 2019

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Questions? Contact brittany@paa-ab.ca

Suggestions for workshop topics? Contact brittany@paa-ab.ca



THE UNIVERSE WITHIN

by Gwen Randall - Young, R.Psych

Taking Sides

It is not the enemy we need to conquer, but rather, the polarity.



When a part of the body becomes stiff due to muscle strain or arthritis, for example, there is a loss of movement and flexibility. It occurred to me that the same can be said of our attitudes and perceptions. When we believe there is an absolute *right* and *wrong*, our minds become rigid and fixed. We are not open to other viewpoints, and we absorb information selectively from the environment that is in alignment with our beliefs.

The problem with all of this is that there is no absolute right and wrong. There are only points of view. It seems that when a point of view is paraded as a fact, it then can be used to justify all sorts of actions and behaviours.

As we watch televised interviews with those on two sides of a conflict, we see that each side sees and believes only its own perspective. The inability to recognize that there is no *reality,* only individual or group *interpretations,* results in, if not total blindness, then serious blind spots.

I am reminded of the scene where a vending machine or automatic teller is not working, so the frustrated consumer hits or kicks the machine. We view this as a primitive non-solution. How different is it when one gets angry at an opposing viewpoint, reacting with criticism, judgment and negation?

Whether we are looking at this issue within relationship, community, country, or within the global community, it seems solutions never come through amplifying the polarities. On the contrary, it is conflict, dissonance, and unrest that become amplified. Like the neck stiffened with arthritis, we cannot turn our head away from our own viewpoint enough to see what else might be displayed on another's perceptual screen.

The default program in human thinking when it comes to differences seems to be to focus on what the other, individual or side, is doing or has done, that is *wrong.* It is a short step from there to *good guy/bad guy* thinking and before we know it, we have created an enemy. Of course, then, everything the enemy does is wrong, or at least suspect. The fire of hostility is created, and both sides continue to throw logs onto it.

As we have seen, this can go on generation after generation within and between families, nations or religious groups. The young are taught who is good and who is bad, and so the hostility continues. Interestingly, however, even within polarized groups there will be those on both sides who simply want to live in peace and are not interested in conflict.

What can we do? The first thing we can do is to recognize that *we do not have to take sides.* There are enough people out there adding to the energy of polarity. Instead, we need to add our energy to those who are striving for solutions, balance, broader perspectives, and civility.

Then, we can use our *intelligence* to generate win-win solutions. We can do this on a small scale within our families, or on a large, global scale. I do believe that small scale polarities in the home or office energetically contribute to global polarity.

Our world seems increasingly polluted with the negative energy of war, conflict ,and fear. We can use our own consciousness as an *energy purifier*. With global technology we can influence others all over the world. We must first be that which we seek to see in our world. If we want fairness, balance and understanding, we need to give that to others. In order to do that, we first need to release our hold on the idea of anyone being right, and instead focus on what it is we would like to create. We need to understand both sides before we can build a bridge connecting them.

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, personal growth/hypnosis CDs, visit* www.gwen.ca *and* ***like*** *Gwen on* ***FaceBook*** *for daily inspiration!*

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

Sheldon Kennedy Child Advocacy Centre (SKCAC)

This edition's Innovative Practices in Psychology column showcases the Sheldon Kennedy Child Advocacy Centre (SKCAC) through an interview with Dr. Daniel Garfinkel, psychologist and Clinical Team Lead for therapeutic services provided at the Sheldon Kennedy Child Advocacy Centre.

Daniel Garfinkel obtained his Ph.D. from the CPA Accredited School and Clinical Child Psychology Program at OISE / University of Toronto and completed his Pre-Doctoral Internship at the Alberta Children's Hospital. For the past 8 years, Daniel has been a Psychologist in the Child Abuse Service at Alberta Children's Hospital. In 2013, Daniel assumed the role of Clinical Team Lead for therapeutic services provided at the Sheldon Kennedy CAC. Daniel holds a certification in Trauma-Focused CBT, he leads a treatment program for children with problematic sexual behaviour and their families, and he supervises psychology practicum students and pre-doctoral residents.



Daniel, thank you so much for agreeing to be interviewed for this column! I am very interested in the work of the Sheldon Kennedy Child Advocacy Centre which has been in the news quite a few times. Can you give us some background information on the Sheldon Kennedy Child Advocacy Centre?

The Sheldon Kennedy Child Advocacy Centre (SKCAC) provides a coordinated service delivery model for children and families by co-locating and integrating services provided by multiple organizations involved in the investigation, assessment, treatment and prevention of child abuse. The SKCAC is primarily intended for cases of child sexual abuse and severe and complex cases of physical abuse or neglect. Approximately 120 cases of child abuse come to the attention of SKCAC *per month*. Over 100 staff from diverse professional fields (e.g., police, child protection, health and mental health) and professional disciplines (forensic investigators, physicians, psychologists, social workers in child welfare and clinical practice, victim advocates) work together at the SKCAC to support kids and families impacted by child abuse.

There seems to be a history associated with Child Advocacy Centres, can you tell us a bit about that?

Child Advocacy Centres (CAC's) were initially established in the United States in the mid-1980s for the purpose of delivering multiple services to child abuse victims at a stand-alone, child-friendly facility. These services, which include forensic interviews, medical examinations, therapy, and victim advocacy and support, are provided by a multidisciplinary and multi-agency team who collaborate on the investigation, intervention and treatment of child abuse. CAC's are intended to reduce stress for children and families, by helping them navigate the complex procedures and systems that are activated when child abuse is reported. There are currently several hundred CAC's throughout the United States, and over 20 in Canada with more in development.

That's very interesting. So, how did the centre originate in Calgary?

The need for a Child Advocacy Centre in Calgary existed prior to the SKCAC's development, however previous attempts at launching a CAC were unsuccessful for a variety of reasons. A commitment by the four systems (Alberta Health Services, Alberta Justice, Children's Services and Calgary City Police) with a mandate to respond to child abuse brought decision makers from each table to determine how they could better serve and support victims of child abuse. Plans for the SKCAC were announced in 2012, with the centre becoming operational in 2013. This was made possible by the leaders of the partner organizations and Sheldon Kennedy who were successful in garnering support from corporate investors and government.

You mentioned the SKCAC involves a collaborative response with partner organizations. Please elaborate.



The SKCAC consists of a not-for-profit, charitable organization and several partner organizations (Alberta Human Services – Calgary Region Children's Services; Alberta Health Services – Alberta Children's Hospital, Child Abuse Service; Calgary Police Service – Child Abuse Unit; RCMP; Alberta Justice – Calgary Crown Prosecutors' Office). Together, these organizations provide an integrated, collaborative response to child abuse in the Calgary region. Most of these partner organizations are co-located in one setting (fourth floor of the Child Development Centre, on the University of Calgary campus), thereby providing a wrap-around service to children and families.

What are some features that set SKCAC apart from other CAC's

The SKCAC has multiple partners, spanning several distinct sectors (police, child protection, health, victim support and advocacy), working under one roof and collaborating on a day-to-day basis. Although this is the objective of most CAC's, it is not easy to attain. Professionals across these organizations have developed strong, collegial working relationships. We socialize, eat lunch, and exercise together (in an on-site gym). Case consultation and joint multidisciplinary trainings happen regularly.

What is the integrated practice model? Can you provide an example of how this model works at SKCAC?

The integrated practice model is one of collaboration and coordination across multiple systems and professionals involved in child abuse investigation and intervention. One example would include medical professionals assessing injuries on a child, sharing their findings with police who are investigating the child's injuries and with child welfare workers who are assessing the child's safety. While this investigative process is occurring, support and treatment can be offered to the child and any non-offending caregivers. For instance, at our centre, while detectives conduct a forensic interview with a child, a mental health clinician may meet with parents/caregivers to provide crisis intervention – e.g., addressing parents' immediate concerns and questions, enhancing parents' capacity to support their child at home, discussing options for therapeutic intervention for their child. We also have a Victim Support Program within the SKCAC to assist families with basic needs (such as housing), recreation, and understanding and navigating the legal process. A Child Life Specialist, a position routinely found in children's hospitals, is on site and specifically trained to orient children to interviews and their visit to the centre, prepares them for medical exams (e.g., to lower the child's anxiety), and engages them in play and activity at the centre, thereby helping kids and families feel comforted and supported during their visits to the SKCAC. And I don't want to forget the trained therapeutic dogs at the Centre (with handlers from PALS) who are available to visit with kids while they wait for appointments. We also have a dog (trained and certified by Dogs with Wings, an accredited dog assistance program) who supports kids in their forensic interview.

How would a child be referred to SKCAC and in what circumstances?

The SKCAC is primarily intended for infants, children and adolescents (under 18) who are victims of child sexual abuse or particularly severe and complex physical abuse or neglect. Referrals to the SKCAC are made via the partner organizations. Specifically, after abuse allegations are reported to a partner agency (e.g., Calgary Police Service, Children's Services, Alberta Children's Hospital Emergency Department), the SKCAC multidisciplinary team makes a plan for investigating allegations, and ensuring that children are safe and that kids and their caregivers receive support and treatment.

Wow, the SKCAC is really a fantastic support network for children and their families even though it is unfortunate circumstances that bring them to SKCAC. Can you provide more detail on the types of therapeutic services that children can access here?

In terms of therapeutic intervention, our Child Abuse Service (a longstanding Alberta Children's Hospital outpatient speciality

clinic) is embedded within the SKCAC and provides clinical assessment and treatment to kids and families impacted by child abuse. Our therapy team consists of 6 clinical psychologists, 6 clinical social workers, and a family therapist. We provide programs for parents and caregivers to help them understand their role in their child's healing. We also provide trauma assessments and evidence-based interventions to children and teens who are exhibiting clinically significant trauma-related symptoms. Many of our clinicians have obtained training and certification in Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), considered to have the strongest empirical support for effectively treating children and adolescents who present with trauma symptoms. In addition, our service provides interventions designed for parents to enhance their understanding of their child's needs and behaviour and to improve the quality of their relationship with their child. These programs include the Connect Parent Group, Circle of Security Parenting, and modified Parent-Child Interaction Therapy. We also provide an empirically supported group treatment program to children exhibiting problematic sexual behaviour and their families.

Approximately 120 cases of child abuse come to the attention of SKCAC per month

I understand that one of the strengths of the SKCAC is the child friendly facility. How is the facility child friendly and how is it beneficial?

We have a waiting room that is referred to as the "Child Space". It is large and colourful and has several different spaces within an open concept setting. There are spaces for different age groups, with engaging toys, activities, games. Younger kids can enjoy dress up and playing in a pretend kitchen and garden. Older kids and teens enjoy the board games and video games. The space was designed to enable kids to just be kids while they are here waiting for their various interviews and appointments.

How does SKCAC provide court preparation for children?

The SKCAC has a formal partnership with the Canadian Child Abuse Association (CCAA) – the CCAA has developed and delivers a Child Witness Court Preparation Program to kids and parents when abuse allegations are before the courts and the child will be testifying.

What is the unique triage and consultation process that takes place at the SKCAC?

This occurs almost daily, first thing in the morning. Representatives from the core partner agencies involved in investigations (e.g., Police, child welfare, medical) meet to review child abuse cases that have been reported to their agency/organization. Relevant background information (e.g., history of past abuse allegations) is shared by each partner and an initial plan is developed for the immediate next steps of the investigation. That may include assigning the file to a detective who will investigate the allegations, assigning a child welfare worker to assess the child's safety, and determining the need for crisis or therapeutic intervention for the child and her/his caregivers.

With what type of community work is the SKCAC is involved?

The SKCAC has a partnership with Alberta Education – and this includes a Youth Champions Program, provided in collaboration with the Canadian Mental Health Association (CMHA). This initiative involves high school students in leading a culture of healthy relationships, physical and emotional well-being and awareness of abuse within their school settings. The Youth Champions program offers educational sessions to high school students, youth forums, and school-based activities focused on these topics. The SKCAC has also developed a curriculum and toolkit for teachers to assist them in recognizing and responding to child abuse.

It has been quite an educational experience learning about the SKCAC. Thank you so much Dr. Garfinkel for kindly agreeing to share your knowledge and inform your peers on an innovative psychological practice in Alberta.

Innovative & Diverse Psychological Practices

There is a range of great work being done in psychology in Alberta.

Do you know of innovative or diverse psychological practices? Sports psychology, aviation psychology, interdisciplinary practices.

We want to capture these in Psymposium.

Please send your suggestions to Dr. Naheed Jawed drnaheedjawed@shaw.ca



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

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

Date: Saturday 22 September 2018
8:00 a.m. – 9:00 a.m.

Place: Hyatt Regency
700 Centre St S
Calgary, AB T2G 5P6

The agenda will include motions to approve Special Resolutions to amend the PAA Bylaws as follows:

SPECIAL RESOLUTION

BYLAWS 4.2, 4.2.1, 4.2.2, 4.2.3

4.2 **Life Membership** is open to any individual who, at the time of application

a) has reached the age of ~~65~~ 70; and

b) has been a registered psychologist in Alberta and a full or out of province member in good standing with the Association for ~~fifteen~~ twenty years.

4.2.1 Life Members will be exempt from paying membership dues but will need to renew (fee-waived) yearly to confirm their intent and update their membership profile.

4.2.2 Subject to 4.2.1 Life Members retain the same rights, privileges, duties and obligations as Full Members.

4.2.3 Notwithstanding clauses 4.2.1 and 4.2.2, Life Members who wish to receive printed copies of Association newsletters will be charged a cost-recovery fee.

SPECIAL RESOLUTION

BYLAW 4.1.1

4.1.1 **Out of Province membership** is open to all psychologists registered in the Province of Alberta who:

a) pay the prescribed dues and

b) reside outside the Province of Alberta; and

c) are currently non-regulated members in good standing with the College of Alberta Psychologists (cannot practice in Alberta or with Alberta residents)

or

d) are retired psychologists who were in good standing with the College of Alberta Psychologists at the time of their retirement.

SPECIAL RESOLUTION

BYLAW 3.6 & 5.1

3.6 "Eligible voting members" are full~~, out of province~~ and life members of the Association.

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

SPECIAL RESOLUTION

BYLAW 4.1.2

4.1.2 **Early Career Psychologist (ECP) Membership**

Open to individuals registered and in good standing with the College of Alberta Psychologists as a full member but who have been eligible for full membership status for less than 5 years. ECP members are eligible to join the PAA Referral Service.

COMMITTEES AND TASK FORCES 2018/2019

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Dr. Kerry Mothersill
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Dr. Erik Wikman
PAA Board Liaison – Ms. Nicki Wilson

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Psychologists' Assocation of Alberta
#103, 1207 - 91 Street SW
Edmonton, AB T6E 1E9
1-888-424-0297
paa@paa-ab.ca
www.psychologistsassociation.ab.ca