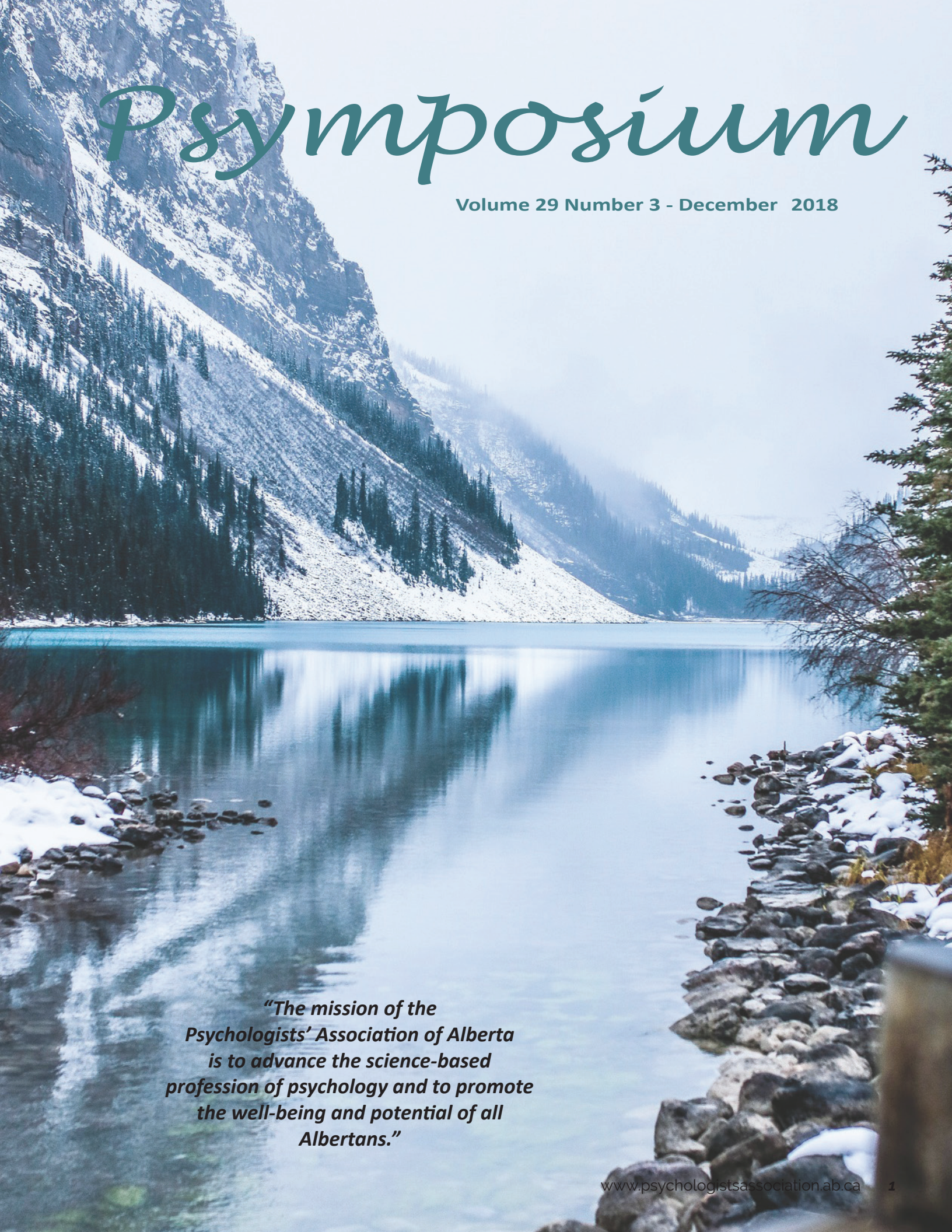


Psymposium

Volume 29 Number 3 - December 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."

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Our Mission

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

Our Vision

PAA & its members are recognized leaders in enhancing the psychological health of all Albertans.

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PAA Psymposium is published three times a year (April, August and December) for the purpose of fostering communication amongst psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is available to all members of the PAA on our website or by subscription, as well as to public subscribers and selected individuals and organizations with interests in the practice of psychology.

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Psymposium is submitted to PsycEXTRA, a database set up by the American Psychological Association, which contains newsletters, policy papers, white papers, fact sheets, reports, magazines. PsycEXTRA is a companion to the American Psychological Association's scholarly database PsycINFO.

BOARD NOTES

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

PAA Board President



Dear Colleagues,

I am writing this in the afterglow of the first joint Annual Meeting and Professional Development Day of PAA and the College of Alberta Psychologists (CAP). The event was a wonderful success, not only in terms of the incredible representation of psychologists and provisional psychologists and the quality of the presenters, but also in terms of the collaboration and cooperation between our two organizations. Between Dr. Judi Malone (CEO of PAA) and Dr. Richard Spelliscy (CEO of CAP) and their respective staff, the day was full and well-orchestrated. The night before our joint effort, PAA hosted the semi-annual banquet welcoming the new psychologists to our profession.

Once again, as it has been for many years, this proved to be a wonderful evening to acknowledge the hard work, sacrifices and accomplishments of our new colleagues.

I am hopeful that with the newly restored collaboration and cooperation between PAA and CAP, the united voice of psychology in this province will reach a new volume to assert the importance of psychologists in providing evidence-based strategies to improve the mental well-being of Albertans. While lack of access to mental health services is definitely an issue in Alberta, I find it difficult to support the government's recent efforts to address this accessibility issue by allowing previously unregulated paraprofessionals to engage in restricted psycho-social interventions (as defined by the Health Professions Act). Without question, the government's response will increase the number of service providers; unfortunately, I believe it will do little to address accessibility issues for those with more complex mental health needs. These individuals require the more-advanced knowledge and skills of professionals, such as psychologists, with, at minimum, a master's degree and supervised clinical training. Consequently, those Albertans with complex mental health needs will continue to struggle with access issues.

As psychologists, we must ensure that our knowledge, skills, judgment and diligence stand out from other disciplines and professions involved in the mental health landscape. I believe that we can raise our profile by emphasizing our strengths and attributes without criticizing or denigrating other disciplines or professions. Furthermore, let us encourage the government to address the access issue by funding the services of all psychologists through our Alberta Health Care program. Currently, family physicians bill Alberta Health Care services heavily for psychologically-related activities with their patients; it is my contention that psychologists could provide this same service more effectively, both cost-wise and outcome-wise.

As always, please feel free to contact me if you have any questions or issues with my comments.

Respectfully,

Bonnie Rude-Weisman, R. Psychologist (Alta.).

President, PAA.

brudeweisman@shaw.ca

PAA Recommended Fee Schedule

There will be no increase to the 2019 PAA Recommended Fee Schedule.

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



Board Meeting Dates

01 February 2019

03 - 05 May 2019

STUDENT'S CORNER



Hello Student Members!

It is my pleasure to be your PAA Student Board Member and I do hope this fall term has treated you well. As we approach the new year, I wanted to let you know about several opportunities and events you may be interested in.

Looking to get involved?

If you are looking to develop your skills, network with other PAA Members or build your resume think about becoming a PAA Contributor. Through this role, you will be able to volunteer for a number of exciting events and opportunities. Contact paa@paa-ab.ca for more information.

Looking to learn more about PAA/CAP?

Did you know that PAA/CAP delivers presentations at post-secondary institutions across Alberta to answer questions for students? If you are interested in learning more about the role of the PAA/CAP, have specific questions about the registration process, or are curious to learn more about what a day in the life of a registered psychologist is like, this might be an opportunity worth checking out.

If you are interested in having PAA/CAP come and give a presentation at your university, contact Brittany at brittany@paa-ab.ca for more information.

Looking to connect?

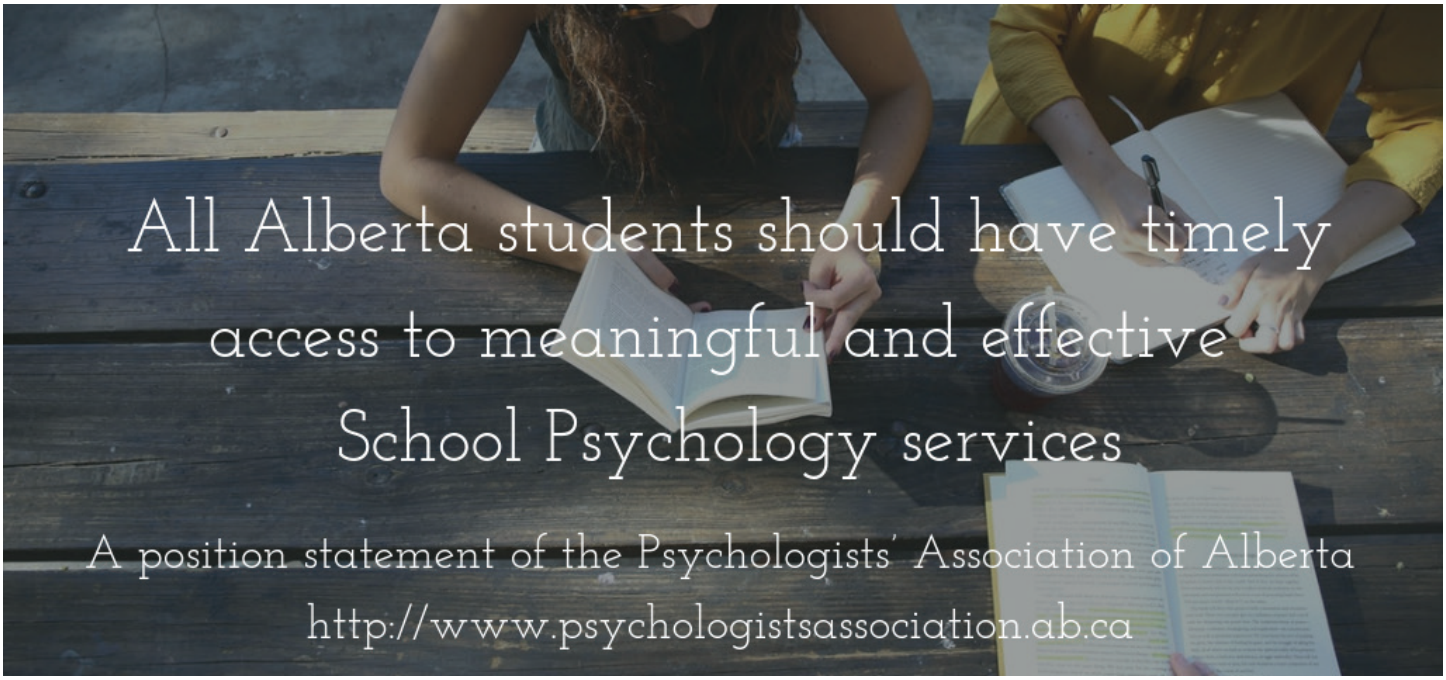
If you have questions for me or are simply looking to learn more about what your PAA Student Membership can do for you, consider joining me for an Adobe Connect meeting on 31 January 2019, from 2:00 to 3:30 pm.

Also, to keep up to date on relevant issues for student members, as well as participate in ongoing conversations with your peers, join the Psychologist's Association of Alberta Student Members Facebook Group!

https://www.facebook.com/groups/PAAStudents/

Wishing you all a wonderful holiday season and I look forward to connecting in the New Year!

Chelsea Hobbs
PAA Student Board Member
chobbs@ualberta.ca



EDITOR'S LETTER

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

Psymposium Editor



Welcome to the Winter edition of Psymposium. A new year often redirects individuals to consider goals around physical fitness. As psychologists we are well aware that regular exercise reduces the risk of chronic diseases and helps one maintain positive physical and mental health. According to the Canadian Society for Exercise Physiology (CSEP) and the Canadian Physical Activity Guidelines, it is recommended that individuals aged 18 years and older should incorporate at least 150 minutes per week of moderate-to-vigorous exercise. Aerobic and muscle/bone strengthening activities should also both be included in one's fitness goals.

This year, I decided it was time to shift gears and increase the challenge of my physical fitness goals. Upon entering the gym and feeling perhaps a little over ambitious standing over the barbell and thinking to myself, "no problem – I've done this before", I ended up straining my lower back – not fun. As I was humbled by the whole experience, resting on the couch later that evening with my heating pack, it reminded me of the "beginners mind" or "Shoshin", a term from Zen Buddhism which refers to having an open mind, letting go of preconceptions, and seeing something with a "new lens".

As I continued to lay there, the stream of thoughts also led me to reflect on our work with clients, especially when we meet clients for the first time, as well as projects we may be involved in with the community, or other psychology focused endeavours. Perhaps we become over ambitious wanting to step in too quickly to resolve an issue; absorbed in the evidence-based tools to help; or engrossed in an "I know" pattern, and we then miss seeing each new client or circumstance with a genuine openness. When we embrace a beginners mind, we become open to new information and less influenced by past experiences, biases, or judgments. "We can pay attention in a particular way on purpose, in the present moment non-judgementally" (Kabat-Zinn, J.). As a result of the whole experience, I've included an additional goal for the new year – "Shoshin" – be it in the gym or in working on a new project.

Warm wishes to you all for an inspiring new year!

Enjoy,

Michelle

www.stalbertcounselling.com

Email: mvandegriend@stalbertcounselling.com



PAA's New Staff Member

Christine O'Brien, PAA Student Placement

Through my studies at MacEwan University, I have been given the opportunity to work with the PAA. The main focus of my work will be creating fact sheets, which address current topics in the field of psychology. These fact sheets will be used by psychologists to address various topics when they are contacted by the media.

During my time with the PAA I hope to make a meaningful contribution to the field of psychology, while also growing my research skills. I am honoured to work with the PAA and look forward to the various projects I will be a part of.

NOTES FROM THE CEO'S DESK

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

I grasped the meaning of the greatest secret that human poetry and human thought and belief must impart: The salvation of man is through love and in love.

Viktor Frankl



For me, the calendar year winding down is a time for reflection on what is essential. One of my favourite teachings (particularly salient for my personality style) is that I am a human being, not a human doing. As an existentialist, that grounds me within life's busyness, illuminating what is important.

We, all members of PAA, have a lot to be proud of that goes far beyond everything that we have done and speaks more to our purpose and reason. Our staff, key contributors, and volunteers constantly contribute to what is important -- improving the psychological health & wellness of all Albertans. That inherently positions our profession for ongoing success. That foundation, of late, has been based on work done:

For Albertans

Access remains our key initiative. We are specifically leveraging access to our unique contributions in relation to counsellor regulation. PAA's popular referral service showcases the range of services psychologists provide in Alberta. And, the science and practice of psychology is an important voice in key social and justice initiatives. I thank each of you who respond to our calls for information and engagement for our advocacy initiatives – we need your expertise and wisdom. And, I particularly appreciate those members active in media and in our volunteer pool influencing public education in Alberta. 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).

For Members

Our membership continues to grow – enhancing advocacy, networking opportunities, and professional development opportunities for you, our members. Look forward to our modernized website, access our asynchronous or live webinars for your continuing professional development, or access our award-winning PAA Practice Advisor program.

For the Profession

Have you participated in PAA's high quality CPD, continuing professional development (workshops, webinars, and asynchronous online primers)? We support the profession across the CPD spectrum, examples including Concordia University's PsyD application (in its final stages) and Blue Quills University's Bachelor of Indigenous Psychology (in initial development).

With our Regulatory Body

We actively collaborate with CAP for our profession and for all Albertans. Thank you to the record numbers who attended our inaugural annual meeting and professional development day with the college in September. Have your voice heard at a local CAP-PAA town hall.

With our Partner Organizations

Review the extensive lists of our partner organizations. We can influence policy, action, and initiatives where psychological research and practice is a resource.

Responding to Change

We've partnered with Alberta Occupational Health & Safety to launch increased training in psychologically healthy workplaces. And, I'm proud to share that we have now fully digitized our files as we embrace technological enhancements in all areas.

In the Boardroom

Your board is a group of committed & engaged professional citizens. We've gone to online banking and set empirically-validated investment strategies. Students connect with Chelsea, your board representative, as we value (and use) your voice! All members, 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 this year's member benefit surveys which we use to tweak our services to you, our members. We continue to support members across the professional continuum and appreciate your contact – by phone, email, or social media comments.

In closing...

Psychologists care. The science and practice of psychology matters and makes a difference to Albertans. I wish all our members an enjoyable holiday season and best wishes for the new year.

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

June 2018 – September 2018

There were 4 Career Fairs, Educational Presentations, & Public Information Sessions. With special thanks to:

- Dr. Judi Malone, CMHA – Now We Are Stronger Conference, Edmonton
- Dr. Judi Malone & Dr. Deena Martin, 2018 Interprofessional Pathway Launch, UofA
- Dr. Judi Malone, Ms. Danielle Forth, & Ms. Leanne Keyko, CMHA – Working Stronger Workplace Mental Health Conference, Edmonton

and there were 15 Psychology Events in the Media.

With special thanks to Dr. Ganz Ferrance & Dr. Linda Hancock

and appreciation to 630 CHED, Alberta Primetime, CTV News, Indian Head Wolseley News, & The Medicine Hat News

See the impressive list online & thank those members who impacted public education through their relationships & engaged responses with the media.

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

ANNUAL PAA MEMBERSHIP RENEWALS

Easier Than Ever

MEMBERSHIP RENEWAL

Online membership renewal for the 2019-2020 membership year opens January 2019.

Visit your profile in the Members Only Section where you can renew your membership and access other new features such as registration for PAA workshops, information on member benefits, and more. Have we got your current email address on file? As membership renewal reminder notices are emailed we don't want you to miss these reminders. You can check that we have your correct email address in your members profile accessible at http://www.psychologistsassociation.ab.ca/site/member_profile

Membership fees are due on 1 April 2019. Avoid the late administration fee which will be charged on all membership dues received after 30 April 2019.

Early Bird Renewal: Renew your membership before 31 March 2019 and be entered to win a discounted registration to any of our Continuing Professional Developments during the 2019 membership year.

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

PAA Members – $15 Fee Increase for 2019

You asked for more – We are working to serve you better!

What you can look forward to	Why fees were raised
Advocacy – Access for all Albertans, differentiating psychologists from counsellors, being at tables that matter & being nimble in responding to important issues that arise – we can do more	**Time** – this is the first fee increase in 12 years. This 5% fee increase pales in comparison to Alberta's cost-of-living increases (21% over the same 12 years)! We can no longer do more with less
Communications – Our website is getting a major overall. You've likely already noticed our revamped ENews, & benchmarks indicate that we are far behind in technology (such as easy online payments)	**Reality** – costs are rising, & member dues are falling as our cohort of life members (who don't pay fees) increases
Referral Service – This very popular service (public, agencies, & media) desperately needs a facelift which will only boost its impressive usage	**Benchmarks** – This rate puts us 4th in cost of membership in Canada, still far below other psychology associations our size plus this increase is far less than CAP's yearly increase
Member Benefits – we know we can do more but great ideas (like extended health benefits) requires diligent research & HR investment	**Reasonability** - rather than a large (>5% increase in the future, this small increase will make a big impact for your association
Your friendly PAA staff – our HR needs outstrip our capacity – & we are committed to be a psychologically healthy workplace	**What we aren't doing** - most jurisdictions (including CAP) went with automatic yearly increases. This is one time & we will continue to assess needs

Members are our top priority & deserve enhancements to services. We take fiscal responsibility very seriously & the board carefully deliberated this fee increase. We have been creative but know this is the time for investment. Members -- & the mission – is worth the investment.

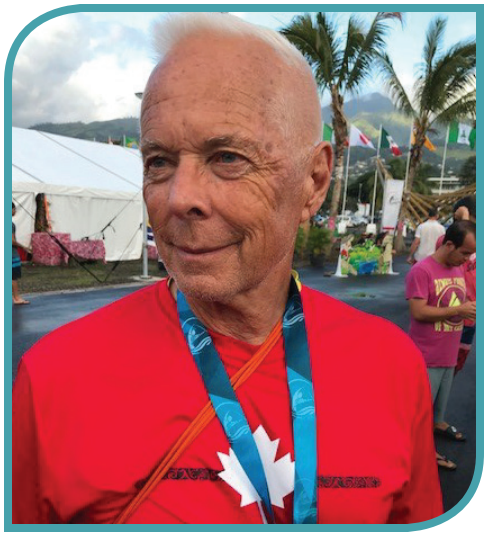
Questions? Don't hesitate to speak to a PAA board member.

ETHICS - THE IMPOSSIBLE IMPERATIVE

by Jon K. Amundson Ph.D.

Now They Want a Report

Question: *I had a patient who came to see me following an assault. We worked together over 6 months and it went pretty well. All of a sudden though I get a letter from a lawyer – their lawyer – who wants a "medical-legal report" on the patient. What's a clinician to do?*



Response: This situation is more common than most clinicians realize. So many of us say "oh, I don't do any legal work!" then come to realize we are not the master/mistress of such a statement.

"Dr. Nolaw had been in practice several years when they received a letter from a lawyer, with a signed patient consent, requesting response to a series of questions. These included things like: when they met, how many total hours, costs associated, basis for meeting, diagnosis in a formal sense, the patient's social circumstance at the time, as well as actuarial information, the extent of psychological injury or damage, opinion regarding long term consequence, especially regarding interpersonal, marital, recreational and vocational limitations and the veracity of the patient's claims in all these domains."

This illustrates the 'out of the blue' impact legal requests can represent. Nonetheless, with the consent of a patient or patients, and at their agents' request, it is certainly appropriate, perhaps even obligatory, to provide a report. In fact many clinicians find expectation of report requirement at the onset of treatment or intervention.

Dr. Part-of-Routine regularly worked with social service agencies, the courts and insurance companies all who required updates or summaries in treatment.

However, there are the extra-ordinary situations where this expectation, i.e. report or summary, was not part of the initial referral and arises in this out of the blue sense, as with the question above. In these situations, depending upon the role the psychologist has undertaken with a file, response requires specific considerations.

Initially, there are two ways a psychologist might be involved with a given patient or file: as neutral (forensic) examiner or as treating professional. In the first role, provision of report and opinion comes with the job, so ought to be no issue. However, with the second, and an out of the blue/oh, by the way request, comes the specific considerations we will explore here.

As a treating professional, you would provide a treatment anchored report. Let me explain. The neutral examiner is using standards of practice to answer a particular question like:

- Is this patient capable of making decisions for themselves?
- Does this child qualify for a particular educational route? Or,
- Is this adult at risk for future problems with self and impulse control?

A treating professional however designs their report around 3 specific responses:

1. **Initial referral and presenting concern/complaint**

   "Mr. Carhitme was referred to the office by his physician. At that time, it was reported he had suffered a MVA with resulting physical injury and thereto related psycho-social impact…"

2. **Treatment undertaken/clinical consideration**

   "At issue in specific treatment was attention to":

   Resolution of what would be provisionally considered Post Traumatic Stress Disorder and, Chronic pain/physical discomfort, thereto associated…."

   "Treatment proper consisted of conservative attention to cognitive/emotional components of the patient's day-to-day restriction, as well as self-regulation associated with psycho-physiological disorder….

3. Outcome to date/prognosis

"Though consistent and responsive in their attendance, results so far are limited. Nonetheless prognosis is promising, refractory to legal resolution of the file."

Etc., etc. The emphasis in a treatment file is upon what was done and outcome to date, as well as prognostic speculation. While structurally simplistic, there are contextual dynamics, which can confound these steps. Often the request for a report comes from a lawyer. There can be to this request pressure for '2 for the price of 1"; that is, though you provided treatment, they want a document of the sort associated with neutral forensic evaluation.

Dr. Letmehelp got a call from a lawyer regarding some children they had been treating under the shadow of a high conflict divorce and custody battle. In their desire to be helpful, they aimed to provide opinion on the parent(s) involved, the sort of care arrangement that might suit resolution of the matter and the benefits of therapy for each of the parents. This was undertaken with only the solicitation of the lawyer and without consent.

We see in this example professional enthusiasm for helpfulness and they sway of legal counsel. At worst overreaching commentary arises from professional hubris.

A patient saw a therapist with workplace complaints and in response to the patients' request, the treating professional wrote a lengthy letter to the CEO of the organization, outlining what they felt were workplace practices of harm to employees. Given that this company was union based and such professional opinion harmful to worker/management relations, a lawsuit was initiated regarding the psychologists' actions.

So, the sway or influence of third parties or the desire to show ourselves off can get in the way of appropriate response. In sum then, when request for report emerges unexpectedly, the psychologist ought to:

- Be sure consent by all parties is secured. With conjoint files, all parties need to give a green light.
- Be modest and qualified in material provided; better to error on the side of "it was stated/alleged", "it would appear", etc. and offer no information on or regarding a third party not directly (nor consensually) involved.
- Finally, when in doubt regarding the process, consult. This may be with another psychologist or the person requesting the report regarding its scope, limitations, benefits and harm.

References available upon request.

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:

- *Supervision in professional psychology*
- *Positive ethics and its role in Alberta*
- *Conspiracy as psychological phenomena*

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



Alberta Family Wellness Initiative

http://www.albertafamilywellness.org

Check out the link to The Alberta Family Wellness Initiative website, where there are many useful presentations from the AFWI Brain Story, as well as on Addictions & Mental Health.

ADVOCACY CORNER

by Shelagh Dunn Ph.D., R.Psych.



Welcome to the first in a series of columns on advocacy in psychology! Many psychologists may not consider advocacy to be a part of our day-to-day work, and yet our unique knowledge, research and skills poise us to do very effective advocacy work. Psychologists have important perspectives that can help to shape public policy, and make changes to the culture and climate of our communities. We work directly with people, whether we are doing counselling and assessment, conducting research, making workplaces healthy or working in healthcare, schools, community centres, or academia. All of these experiences often point us directly to unmet needs, or areas where our system needs fine-tuning; and we often have an understanding of how systemic issues impact individuals within that system.

And yet, we don't always think of ourselves as advocates. Sometimes that work with the person in front of us overshadows the places in our world that also deserve a caring eye toward change.

In my own work as a counselling psychologist, I used to see advocacy as a passion to be worked on outside of professional life, a side-project. But I have come to realize that my work in counselling psychology shapes my worldview and shows me significant barriers impacting my clients, and shaping the society in which we all live. And in fact, advocacy is embedded directly into the *Canadian Code of Ethics for Psychologists*, under Principle IV: Responsibility to Society.

Our *Code of Ethics* directs us that "two of the legitimate expectations of psychology as a science and a profession are that it will increase knowledge and that it will conduct its affairs in such ways that it will promote the welfare of all human beings." Most of us do day-to-day work which accomplishes these goals, however the code goes on to articulate that our day-to-day work can often be supplemented by intentional advocacy efforts towards systemic change. It reads "if structures or policies seriously ignore or oppose the principles of respect for the dignity of persons and peoples, responsible caring, integrity in relationships, or responsibility to society, psychologists involved have a responsibility to speak out in a manner consistent with the principles of this *Code*, and advocate for appropriate change to occur as quickly as possible." When we are working in systems that are not in line with our over-arching ethical principles, we have a responsibility to advocate for change.

The Psychologists' Association of Alberta is doing just that. Our mission statement to "advance the science-based profession of psychology and to promote the well-being and potential of all Albertans," includes two synonyms for advocacy. We have multiple position statements that are future-oriented and promote systemic change for the benefit of the people in our province.

So, psychologists are good at recognizing what might need to change, we have the knowledge and skills needed to advance change that would be helpful, advocacy is included in our professional code of ethics, and we have a provincial organization set up for the purpose of advocacy. Why don't we talk more about it?

I think that precisely because it is imbedded in so much of the work we do, we sometimes forget to make this work explicit and have intentional conversations about advocacy. I was delighted to be asked to write this column, and it is my hope that putting aside a corner for a column in *Psymposium* will help us to be more intentional about what we consider to be the advocacy work of our profession, discuss issues deserving of advocacy, highlight the important advocacy being done by psychologists and connect to other provincial work that overlaps some of our core interests as psychologists.

Next column, I will share some of my own personal experiences with advocacy, but I am also hoping to highlight the work of others. If you have an idea for a column or are doing advocacy work in our province related to psychology, I would love to hear from you!

shelagh@redtreepsychology.com

PAA WELCOME TO THE PROFESSION & AWARDS BANQUET

Hyatt Regency, Calgary – 21 September 2018

This year, our celebration of exemplars and future leaders had over 80 attendees. We thank BMS for their sponsorship, congratulate PAA award winners, and sincerely welcome all newly registered psychologists. Bonnie Rude-Weisman, PAA Board President and Dr. Kevin Alderson, CAP Council President, joined Dr. Judi Malone, PAA CEO, and Dr. Richard Spelliscy, CAP CEO, in welcoming the new registrants to our profession. These newly registered psychologists will shape the future.



Join us in congratulating this year's worthy PAA award winners.



(L to R)

Dr. Jessica Van Vliet, 2018 Excellence in Teaching Psychology Award
Dr. Margaret Anne Price, 2018 Jean and Dick Pettifor Memorial Award
Dr. Stuart Hoover, 2018 Excellence in Clinical Supervision Award

More information (and nomination forms) for all of the PAA Awards are available online
http://www.psychologistsassociation.ab.ca/site/paa_awards

NOMINATING IS GOOD FOR YOU

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



The Danish Orders of the Dannebrog and of the Elephant are among the oldest and prestigious awards (established in 1219 and 1462, respectively). While the PAA awards are obviously much younger, they also play a significant role in our provincial society of psychologists. Although the benefits of receiving awards are more readily discernible, as an act of giving, the potential benefits of nominating potential recipients can be many, varied and positive.

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

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

The process of nomination is a form of giving that assists in promoting and strengthening the organization not only for members but also in the eyes of the government, other health professions and the public. The giving of awards communicates to others that the discipline values and fosters excellence within its ranks. Nominations may be spurred by a desire to have the individual's work recognized and disseminated to a wider audience. Many studies have demonstrated that giving is a physically healthy thing to do. For example, Nikrahan et al. (2016) found that individuals who engaged in positive psychological interventions had lower levels of coronary biomarkers among high-risk cardiac patients.

Giving support to others can help to lower systolic and diastolic blood pressure and mean arterial pressure (Pifer & Lawler, 2006). Also, in their book "Why Good Things Happen to Good People: How to Live a Longer, Healthier, Happier Life by the Simple Act of Giving" Post and Neimark (2007) outline the range of ways in which the act of giving is beneficial to a fulfilling life.

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

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

While the singular act of nominating a peer for a PAA award probably won't change your life, it does have the potential to be part of a pattern of giving that will make a significant difference in your happiness, health and connection with others. So, do yourself (and others) a favour! Nominate a colleague for one of the 2019 PAA Awards.

References available on request

Looking to advertise in a future issue of Psymposium?

All deadlines and advertising rates are available on our website:

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

CAP & PAA PROFESSIONAL DEVELOPMENT DAY

Hyatt Regency, Calgary – 22 September 2018

Over 350 attendees participated in the first Professional Development Day co-hosted by PAA and CAP this year. The Honourable Sarah Hoffman, Deputy Premier & Minister of Health & Sky-Blue Morin, Metis Elder, opened the day.



Bonnie Rude-Weisman, PAA Board President
Hon Sarah Hoffman, Deputy Premier & Minister of Health
Dr. Richard Spelliscy, CAP CEO



Brenda Reynolds (right)
Metis Elder Sky-Blue Morin (left)



Dr. David Dozois was this year's keynote speaking on "Evidence-Based Practice of Psychological Assessment and Treatment"

Dr. Derek Truscott followed with a featured presentation "Improving Psychotherapy Outcomes: The Power and Potential of Feedback"

In the afternoon there were 4 cutting-edge breakout sessions on evidence-based practices (Depression - Dr. David Dozois, Indigenizing Psychology - Dr. Karlee Fellner, Anxiety - Dr. Deborah Dobson, and Geropsychology - Dr. Candace Konnert). Sessions concluded with five engaging enlightening speakers sessions - Dr. David Hodgins "Promoting Self-Recovery from Cannabis Use Disorders", Ms. Sonia Fines "Supporting Gender Diverse Students in Schools", Dr. Sophie Yohani "Collaborative Research and Practice with Alberta's Emerging Immigrant & Refugee Communities" , Dr. Dennis Pusch "The Embrace Program: Primary care solutions for adults with ACE's" and Dr. Jaleh Shahin "Why we need to talk about Psychology in Primary Care".

Networking was a lovely way to end the day as our appreciation wine and cheese allowed participants to enjoy time with their peers, consult with the presenters, and celebrate the poster presentation award and door prizes.

CAP & PAA PROFESSIONAL DEVELOPMENT DAY 2019

21 SEPTEMBER 2019 - EDMONTON

Save the date

GETTING SCHOOLED

By Rebecca Haines-Saah, Ph.D. & Deinera Exner-Cortens, Ph.D., MPH

Cannabis is Legal in Canada – What are the implications for School Psychologists?

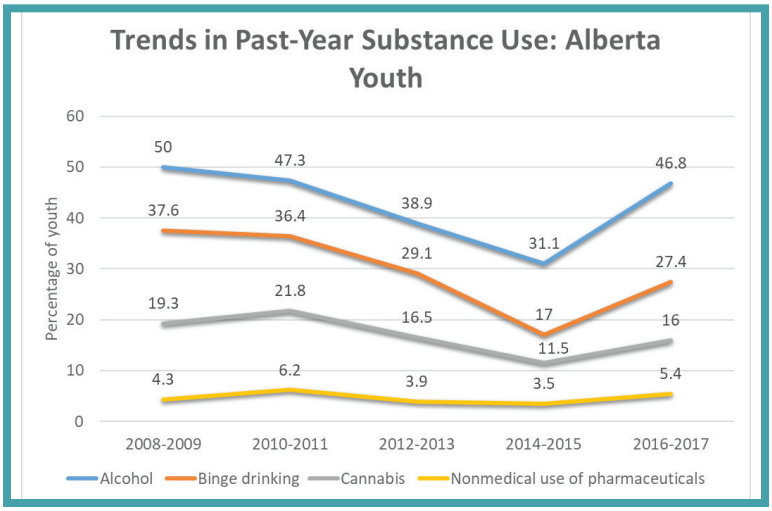


Hello and welcome to Getting Schooled. In this edition, Drs. Rebecca Haines-Saah and Deinera Exner-Cortens of the University of Calgary illustrate the implications of cannabis legalization for practicing school psychologists.

Yuanyuan Jiang (Ph.D., R.Psych.) and Mitchell Colp (Ph.D., R.Psych.)
On Behalf of the School Psychology Committee.

As of 17 October, cannabis is a legal substance in Canada. Since the announcement of plans for this policy change, concerns around potential consequences for children and youth have been front and center. Indeed, one of Canada's – and Alberta's – stated policy objectives for legalization is to "keep cannabis out of the hands of children." Federal regulators plan to achieve this policy objective by enforcing a minimum age for access; enacting strict regulation around sales and marketing; and by transitioning cannabis to a legal and strictly regulated market. Like the Federal policy set forth under Bill C-45, Alberta's provincial legislation is operating under a public health approach, with the goal of reducing the potential for harms associated with legalization. Specifically, Alberta's policy framework includes laws to address cannabis-impaired driving, impairment in the workplace, restrictions on public consumption, and how and where cannabis is distributed and sold in the province.

There are a number of implications of this significant policy and social change for school communities. To date, however, much of the discussion and public debates about cannabis legalization has been polarized, resulting in confusion for many about the potential impacts of this change. We argue that there is a need for balanced and evidence-based dialogue as we move forward in this new context, so that psychologists can accurately address this issue with young people and their families. In this article, we address a few key issues by grounding the conversation in what we know about substance use, in order to help psychologists as they navigate this new terrain.



SOURCE: Government of Canada, CSTADS.

Will use by youth increase?

A commonly raised concern about the legalization of cannabis is increased use by young people. While this concern is understandable, we offer two reasons to suggest why this may not be the case. First, we know that youth in Canada are already using cannabis. Data from the 2016-17 Canadian Student Tobacco Alcohol and Drug Use Survey (CSTADS) shows that past year use of cannabis for students in grades 7 to 12 was 17%, unchanged from the previous survey year (Government of Canada 2018). With this baseline of use already established, it may be unlikely that actual youth use will rise dramatically post-legalization – rather reported use may rise as the social stigma diminishes and people

of all ages are more likely to disclose cannabis use. Second, we know that data from U.S. states that have legalized cannabis show no significant increases in adolescent use to date.

Still, this is an important area to monitor over time – recent data from Alberta demonstrate that although overall past year substance use has declined over the past decade, reported alcohol and marijuana use is on the rise (for alcohol, from 31% to 44%, and for cannabis, from 12% to 17%) (Government of Canada 2018). We do not yet have a clear explanation for this shift (for example, it could be related to the economic downturn in the province, or more permissive attitudes toward substance use generally), and it will be critical to understand how the legalization of cannabis aligns with future year prevalence rates.

What do we know about the risks?

A harm reduction, public health approach to cannabis use tells us that what we need to be concerned about is not necessarily the prevalence of use, but the proportion of harms associated with that use. The rationale for legalization has been based on this principle – that the harms of keeping cannabis criminalized far outstrip the potential for harms to health. This is especially true for our most vulnerable young people, for whom the impact of having a cannabis arrest can lead to a possession charge that alters numerous future opportunities (e.g., terms of employment, travel, community and social inclusion) (Valleriani & Haines-Saah, 2017).

However, while research tells us that the population level harms associated with cannabis use are less than other legal substances such as alcohol and tobacco, it would be misleading to say that use is benign and has no health effects. We know that the move towards legalization has sparked a great deal of debate in the health and scientific communities about the short- and long-term effects for youth. While research on these outcomes is still emerging, we feel there are two things we can say conclusively, based on Canada's Lower Risk Cannabis Use Guidelines (LRCUG), an evidence-based intervention led by the Canadian Research Initiative in Substance Misuse, and endorsed by the Centre for Addiction and Mental Health and the Canadian Medical Association, among others (Fischer, Russell, Sabioni, van den Brink, Le Foll et al 2017). First, we know that the earlier use is initiated, the greater the potential for harm, with data showing that people who begin using cannabis before the age of 16 are much more likely to subsequently develop mental health and education problems, and problematic use including cannabis dependence. For example, while the overall prevalence of Cannabis Use Disorder in the general population is about 9%, when use begins in the early teens, this rate rises to 17%. Second, we know that frequent or intense (high potency THC) use is more strongly associated with negative health and social outcomes. There is also a link between these two domains, as research shows that those who start using earlier tend to use heavier and more frequently. For these reasons, the LRCUG recommend that "the later cannabis use is initiated, the lower the risks will be for adverse effects on the user's general health and welfare throughout later life" and that if use has already begun, "users should be aware and vigilant to keep their own cannabis use – and that of friends, peers and fellow users – occasional (e.g., use only on one day/week, weekend use only, etc.) at most to avoid problems" (Fischer et al 2017).

How should we educate kids in schools?

Given the issues raised above, there is strong interest in developing new cannabis educational campaigns in both school and health contexts. However, while this is understandable and important, it is vital that these new campaigns are evidence-informed. While it may seem counterintuitive, research consistently shows that most programming that focuses on adults delivering 'drug facts' to children and youth is not effective. Indeed, the literature shows that most prevention, including mass media campaigns, has had weak to moderate effects on behavioural outcomes (Strang, Babor, Caulkins, Fischer, Foxcroft et al 2012). While it is important to have universal drug education and prevention resources, we argue that our approach to substance use prevention has been generally ineffective because it does not account for the individual factors that place some youth at higher risk of early initiation of substances and pathways into problematic use (i.e., a consideration of what works for whom). For example, new approaches from Canadian researchers that target prevention to personality traits (i.e., sensation seeking) shows exciting promise for outcomes such as delaying initiation of cannabis use (Mahu, Doucet, O'LearyBarrett, & Conrod, 2015). Other classroom-based programs that move away from didactic approaches and engage youth in activity-based learning that targets social skills and behavioural regulation have also shown positive impact on preventing substance use (Strang et al 2012). Moving even more 'upstream' (i.e., away from a focus on the individual), we see that another reason why our approaches to drug prevention have had limited success is that they often fail to account for the social and peer contexts that wrap around substance use initiation and use (one Canadian approach that does place substance use within the context of relationships is the Fourth R) (Crooks, Wolfe, Hughes, Jaffe & Chiodo 2008). And, while it is

true that many youth experiment with substances, those in contexts where there is more social marginalization due to aspect(s) of their identity are even more vulnerable to the potential for harms. To this end, broader social factors such as poverty, violence, gender discrimination and racism are closely associated with substance use harms, but are rarely considered when we think about how to best 'protect' young people from using substances such as cannabis.

While we are still working to determine the most effective approaches to reducing cannabis harms for all youth, one thing we know for certain is that approaches based on fear or scare tactics, or that preach abstinence only, are not effective. Instead, an approach to education and prevention based on 'abstinence-plus' (i.e., an approach that equips youth with information in a non-biased, open and honest way) is a promising way forward for reducing harms (Rosenbaum 2016). Like other issues such as sexuality and mental health, creating a context for dialogue and trust, and working to empower young people with strategies for reducing harms in their individual context, should be the starting point. Given what we know about the past failures of drug prevention and education, we argue that the best prevention has little to do with educating young people specifically about drugs and their effects and instead, focusing our efforts on the school, community and broader social contexts that wrap around the child and create the context for use and potential harms.

Questions for school psychologists to consider:

We close with several questions you may wish to consider with your broader school community.

- What is the current prevalence of cannabis use in our school? How can we monitor this rate moving forward?
- What supports are in place for students who are showing early initiation of cannabis use?
- What prevention tools are we using, and what is the evidence base for these tools? How will we consider the diversity of our student body when deciding on our prevention approaches?
- What are our regulations around smoking at school by students or staff? How will we handle medical vs. non-medical use?

Rebecca Haines-Saah, Ph.D. is an Assistant Professor in the Department of Community Health Sciences and the O'Brien Institute for Public Health and a member of the Mathison Centre for Mental Health Research and Education at the University of Calgary. Her research focuses on youth cannabis use and other substance use.

Deinera Exner-Cortens, Ph.D., MPH, is an Assistant Professor in the Faculty of Social Work and the O'Brien Institute for Public Health at the University of Calgary. Her research focuses on healthy relationships promotion and teen dating violence prevention.

References available on request.

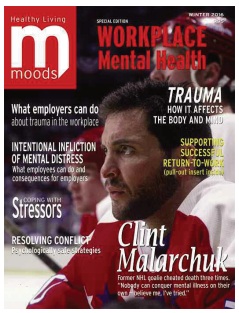
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February is national Psychology Month

February is an excellent opportunity for all of us to let the public know what psychology has to offer. Psychology Month raises awareness of the role that psychology plays in our lives, our schools, our communities, & our employment. What might you do to promote psychology this February?

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

Psychology Month Posters - 11 x 17 inch posters, produced by the Council of Provincial Associations of Psychology, available to members at no cost.

Tent Cards - Advertise Psychology Month and "what psychologists do"

Bookmarks

PAA Brochure

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

Power Point presentation on the Psychologically Healthy Workplace is available to all our members by contacting our office at paa@paa-ab.ca and requesting a copy be emailed to you. The presentation is available to use in order to promote psychological health in the workplace. PAA and the Public Education & Wellness Committee would appreciate it if you would inform us by email at paa@paa-ab.ca when you have used the presentation and let us know how useful you found it to be.

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

PAA Banner - The PAA banner highlights "What Psychologists Do: and PAA's "Referral Service" for trade fairs, public information sessions, or other forums.

JOINING THE PAA REFERRAL SERVICE

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

PAA members (who are registered psychologists) can join the Referral Service throughout the year. The yearly fee of $200.00 plus GST (prorated after 01 May) is economical marketing, with the PAA Referral Service averaging over 100 telephone requests & over 450 online searches monthly.

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



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

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

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

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

NEW KIDS ON THE BLOCK
(A Column for Early Career Psychologists)

by Marc Ross Ph.D., R.Psych

The Therapist-Patient Relationship

Language Note: The word patient is used deliberately herein, with an understanding of the power differential created compared to a word like client, but preferred because of the underlying ethical imperative/pressure it places upon us to provide a higher level of care versus the kind we might as providers of a "consumer mental health service" (Wing, 1999).

As the practice of psychotherapy continues to adapt to new technologies and leans more heavily on collaborative networks involving numerous health care providers, the quality/quantity of interactions between psychologists and their patients is undergoing change. With brief therapies ever more popular, government medical bodies moving towards more behavioral intervention models, insurance companies wanting quick resolutions to mental health concerns, and patients sometimes struggling to afford expensive and extensive therapy sessions, it could be argued that we are all under pressure to find solutions to patient problems. One might ask: what effect does this psychosocial climate have on the therapeutic alliance?



A chapter focusing on the therapeutic relationship in the New Harvard Guide to Psychiatry grapples with some of these challenges and suggests that we pay close attention to our complex interactions with clients because of the impact these have on the process of healing. As we know from our undergraduate and graduate work, confirmed by hundreds of research studies, the strength of the therapist-patient relationship is more positively correlated with successful therapeutic outcome than increased understanding or any of several other factors investigated. Popularized by the common factors approach, it is clear that the relational subtleties between healer and healee(s) are worthy of our undivided attention (Duncan & Miller, 2000; Lambert, 2005).

In the chapter mentioned above, Nicholi (1999) attempts to delineate some of the basic principles and dynamics of an effective therapist-patient relationship, but also highlights important dimensions of tone, emotional ambiance and specific details of the initial encounter that are often overlooked and taken for granted, but nevertheless crucial to positive outcome. Although there are many interesting points and suggestions made in the chapter, here we focus on the therapist's attitude toward the patient, his or her emotional resources and standard of conduct, as well as obstacles in the therapist which can be characterized as impediments to listening. A reminder to focus on the quality of our relationship with patients should never be unwelcome and fits well in a column meant for early career psychologists, or for any practitioners who might feel some of the various pressures described above, sometimes neglecting how critically important it is to give the intersubjective space top priority in our work.

First, we are invited to reflect on the attitude we bring to the initial interview. How do we approach the person that is coming to us for support? "Whether the patient is young or old, neatly groomed or disheveled, outgoing or withdrawn, articulate or inarticulate, highly integrated or totally disintegrated, of high or low socioeconomic status, the skilled clinician realizes that the patient, as a fellow human being, is considerably more like himself than he is different and that even if he understands only a fraction of the patient's mental functioning, that patient will contribute significantly to the therapist's understanding of himself and of every other patient" (Nicholi, 1999, p. 8).

We are also encouraged to pause and tap into the virtue of humility when working with our clients. Again, in the rush of trying to meet deadlines, satisfy regulatory bodies and funders, as well as balance our lives as therapists and people, it can be easy to overlook common courtesies like shaking someone's hand, and addressing them with profound dignity and respect. An image or idea used is

to treat each person who comes to see you in a respectful and deeply courteous way, just as you would a dignitary visiting your home. To take pains to be warm, relaxed and composed without being aloof or competitive – this would provide the welcome and comfort that each and every patient should be afforded.

While there are multiple ways that a validating stance can be interrupted or confused at the beginning of a therapeutic encounter or throughout the therapeutic venture, there are some typical obstacles in therapists, which coalesce around difficulty or inability to listen closely to the person(s) in front of us. Anxiety in the therapist can be an impediment to listening, as can a host of other uncomfortable emotions. If we are overwhelmed or anxious about something happening during or around the exchange, communication can be hindered, and we may impede the telling of some event or story, and also struggle to hear it.

Fatigue can be another common barrier that we may face as therapists. Are there aspects of my personal and professional life that are causing me to struggle with adequate active listening? We hear tell of clients that have had therapists fall asleep while they are sharing their experience, and while humorous on one level, certainly cause patients to call into question whether their concerns are of interest. Is it better to take the day off or to take the week off? What will that mean for me financially? Again, pressures can cause us to overlook the importance of being focused and attentive in session. Self-care, reflexive practice and working within the limits of one's psychophysiology are advised.

Impatience can be another challenge we face, both internally and externally. Perhaps trying to arrive at a diagnosis too quickly? Hurrying the process while taking a patient's history and not allowing for adequate pauses in response? Here we are invited to once again take a stand against the various systemic pressures that seek quick turnovers and fast results. By attempting to accelerate the process of therapy and, therefore, of listening, we run the very real risk of damaging the relationship and the ultimate effectiveness of our work. This is not to say that working quickly is always a problem, which simply highlights the complexity of doing the right thing, at the right time, for the right people, in the right way, in therapy (Amundson, 2016).

Related to impatience is inattentiveness which can often result from inner challenge or circumstance within the relationship or its context. Restlessness or daydreaming are indications that our listening is being hijacked. It is crucial we recognize these signs and attempt to mitigate them, remembering that maintaining undivided focus on the patient for a prolonged period of time is the most important and the most difficult aspect of effective listening. Charged emotional content, physical limits and constraints on the therapist, as well as those challenging and difficult aspects of the therapist's personal life can all coalesce into less than optimal therapeutic rapport.

In sum, we aim to be the most ethical, sensitive and mature therapists we can be; knowing full well that there will be many instances in which we fall short of this aspiration. Lapses of attention, moments of trying to hurry things along in order to help the next person in line, the ongoing dance to find balance between our personal struggles and being fully present for the person in front of us, all of these and more are to be expected in practice. And yet, we are invited to recognize these potential pitfalls and traps along our therapeutic journeys, and do everything we can, as heroic therapists, to foster our acute sensitivity to the needs and reactions of those who come to us for help.

The opportunity is to use the challenges of therapy, the moments of disconnect, anxiety, frustration, boredom, uncertainty insecurity and so on that arise in us as healers, and rather than attempt to escape from them, face them and use them in the service of competent, ethical and even, beautiful therapy. By seeing ourselves in others and employing deep and profound empathy for the sufferers that seek our services, we are on our way to fostering a healing therapist-patient relationship.

References available upon request



WELCOME TO PAA'S NEW MEMBERS!

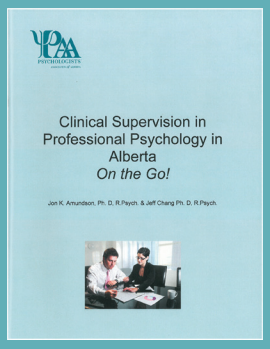
(03 July 2018 – 30 September 2018)

Adams, Joshua (Full)
Amin, Dania (Student)
Amoah, Linda (Student)
Ampoma, Chandra (Student)
Antoniuk, Andrea (Student)
Atiq-Omar, Sana (Student)
Basciano, April (Student)
Belanger, Caroline (Student)
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Bona, Eileen (Full)
Buchanan, Kimberly (Full)
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Castle, Caitlin (Provisional)
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Smith, Kristyn (Provisional)
Snodgrass, Shelbi (Student)
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Summers, Erin (Student)
Titus Weeks, Suzanne (Student)
Tung, Karen (Student)
Walker, Halle (Professional Aff.)
Watt, Kate (Full)
Wright, Krista (Provisional)
Zaiffdeen, Natalie (Student)
Zerbin, Anthony (Student)
Zimmering, Hannah (Provisional)

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.

20 February 2019	Edmonton
22 February 2019	Calgary
Spring 2019	Fort McMurray / Grande Prairie



CLINICAL SUPERVISION IN PROFESSIONAL PSYCHOLOGY IN ALBERTA *ON THE GO!*

The following brochure is available for purchase through the PAA office:

Clinical Supervision in Professional Psychology in Alberta On the Go! *(Manual) - $10 each plus postage and GST.*

Clinical Supervision On the Go has been developed so the novice or experienced supervisor can approach the task of clinical supervision more expediently.

Did you take the survey?

We want to thank you if you completed our recent survey which reviewed our benefits available to you the members. By participating in this survey, you made a difference.

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



Psychology Shaping the Landscape

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

July through October 2018, psychology was represented by PAA at meetings with:

Health Groups

- The Alberta Health "Valuing Mental Health" Committee Collaborative Practice
- The Alberta Pain Network & Opioid CrisisTask Group
- CASA / UAlberta Research Chair in Child & Adolescent Mental Health Launch
- Collaboration with the other Health Professions Act Associations
- AHS Addiction & Mental Health Strategic Clinical Network

Provincial Advocacy Groups

- The Alberta Alliance for Mental Illness and Mental Health
- The Palix Foundation
- The Autism Alberta provincial review
- CMHA Alberta
- Reforming the Family Justice System
- Alberta Workplace Wellness Network

Psychology Groups

- The Canadian Psychological Association
- The Council of Professional Associations of Psychology of Canada
- The American Psychological Association
- AHS Psychology Professional Practice Council

Targeted Response Groups

- 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 SUMMER & FALL 2018

Preparing for Your Oral Exam in Professional Psychology

13 July – Edmonton

27 July – Calgary

Preparing for Cannabis Legalization in Canada: A Psychologists' Evidence Based Guide

Module 1: 14 September

Module 2: 27 September

Module 3: 11 October

Module 4: 25 October

CAP & PAA Annual Meeting & Professional Development Day

22 September – over 300 participants

EPPP Prep: Memory Boosting Learning Strategies

05 October – Edmonton

19 October – Calgary

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

16 November – Concordia University, Edmonton

What Every Psychologist Should Know About Forensic Practice

30 November – Edmonton

UPCOMING WORKSHOPS 2019

Walking the Talk on Self-Care: Understanding Compassion Fatigue

Module 1: 11 January

Module 2: 25 January

Module 3: 08 February

Module 4: 22 February

Module 5: 08 March

The Neuropsychology of Mathematics: Taking the mystery out of math learning co-sponsored with The Werklund School of Education: Integrated Services in Education (ISE)

15 January

Trauma & PTSD in First Responder Populations

with

"Between Emergencies: A look at mental health in EMS"

18 January

In the works: complex families, primary care collaboration, parenting assessments, child & teen anxiety & mood disorders, supervision

Questions? Contact brittany@paa-ab.ca

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



THE UNIVERSE WITHIN

by Gwen Randall - Young, R.Psych

Finding our True Purpose

"A bird doesn't sing because it has an answer, it sings because it has a song." Maya Angelou

Often my clients who are on a path of conscious growth struggle around the idea of their purpose. They are living their lives reasonably successfully, but they feel as though there is something more – something meaningful that they should be doing with their lives.

When I question further, they say they have absolutely no idea what it could be, and they do not even know how to go about finding what it might be. It is as though the answer is out there somewhere waiting to be discovered. What they do know is that what they are currently doing in life does not feel as though it is their true purpose.

True purpose might imply something that we were meant to do. This suggests an agenda, perhaps set by our own souls before we came here. Depending on our spiritual beliefs, it might be what God intended for us. Unfortunately, there is no Google search or back of a book where we can find the answer.

The problem for many is that they look out into the world at all of the options, trying to find one that seems to fit. They are using their head, their logical mind to try to figure it out.

However, true purpose is more about the heart and soul than it is about the head. Living in the Western world, we have learned to let the head take the lead, and often to overrule the heart or the soul's whisperings. These, we assume, belong to the realm of dreams or the impractical.

Logical thinking often takes us along the path of living up to the expectations of others or cultural norms. Most have lived all of their lives this way; it is hard not to. They are unaccustomed to listening to or giving credence to the nudgings of heart and soul.

The sense that one is not living one's purpose is about not having truly charted our own path. Yes, we made our own decisions, but likely eliminated many possibilities before they even made it to the drawing board.

Finding our purpose is a journey that involves going within, rather than looking outside of ourselves. It can begin by starting to be aware of which activities and people seem to nourish and energize us, and which seem to be draining. It can involve contemplating which things make us the happiest, and which things we have always dreamed of doing but for one reason or another have dismissed as not possible.



It is about living at least part of our lives intuitively – following the gut, going with things because a part of us is saying "yes." It is also about being authentic. This means learning to say what we really think, and not doing things out of a sense of obligation rather than true desire. It is about honoring ourselves.

As we begin to live this way, our lives will begin to take pathways that would have not happened before. It will lead us to new people, new activities, and new possibilities. We may explore a wide variety of ideas and activities.

This in itself is living our purpose, for part of our purpose is to evolve into the unique beings that we are. Our lives become the creative expression of our spirit.

If in the process we find that one thing to which we passionately devote our lives, then that is for us, but does not have to be for everyone. Simply being true to ourselves is purpose enough.

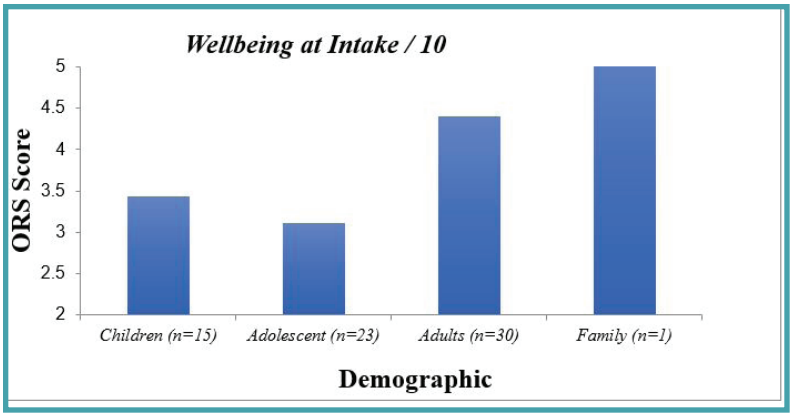
Gwen Randall-Young is a psychotherapist in private practice and author of Growing Into Soul: The Next Step in Human Evolution. For more articles, permission to reprint, and information about her books, "Deep Powerful Change" personal growth/hypnosis CDs, visit www.gwen.ca

PAA & CRC's Psychological Trauma Program: Midterm Outcomes

The Canadian Red Cross (CRC) approved funding to the Psychologists' Association of Alberta (PAA) on 01 April 2017 under their Alberta Wildfires 2016: Community Organization Partnership Program.

This funding is used to directly fund psychological trauma assessment & trauma treatment. Outcome informed practices (OIP) were employed to empirically validate treatment response. OIP aligns with PAA's mandate of advancing the science-based profession of psychology. This project used the Outcome Rating Scale (ORS).

Respondents rated their general wellbeing, personal wellbeing, family relationships, & social relationships (measuring individual, interpersonal, social, & overall functioning).



At intake, wellbeing was reported at less than 50% with the worst outcomes for adolescents & children

15 approved psychologists provided trauma-informed services to 69 self-referred clients over 40 weeks with the ORS completed at 5-session intervals.

Results indicates a very low level of functioning & perceived wellbeing amongst clients at intake &, for adults, that overall average functioning & well-being increased over the treatment period with average results rising from 4.29 to 6.5 or a 36% reported increase in perceived well-being by the 10th session. Current results for youth were only preliminary.



Adult self-report ratings indicated a 36% increase in perceived functioning & well-being over 10 sessions

Overall, **treatment made a significant difference** for clients; Youth had the lowest self-reported wellbeing at intake. Youth in this study had more barriers to receiving longer term treatment (beyond 5 sessions).

This project will continue for one more year.

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

The PAA stands behind those impacted by the 2016 Wood Buffalo Wildfires and applauds the resiliency of all impacted.

INNOVATIVE PRACTICES IN PSYCHOLOGY

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

Season's greetings to the readership!



Since it is the second year of Innovative Practices in Psychology, I would like to take this opportunity to reflect on this column that showcases a unique, emerging, or innovative psychological practice in our province. This column came to fruition from PAA CEO, Dr. Judi Malone, who found that with a large number of psychologists in the country, per capita, there are a variety of pioneering and inventive practices happening in psychology in Alberta. In the quest to bring these practices to our readership, this column was born. Through word of mouth, snowballing, and other techniques, I have contacted psychologists who are performing routine psychological task in "non-routine" ways.

The column premiered with the Neurosequential Model of Therapeutics (NMT), a developmentally and biologically based approach to working with at-risk children. Dr. Emily Wang was interviewed for this column and she discussed the principles of developmental traumatology and how to proactively sequence treatment based on the stage of developmental trauma. Next, psychologist Jim Marland showcased Can Praxis, an equine assisted couples therapy approach to those with Operational Stress Injuries. Finally, Dr. Daniel Garfinkel from the Sheldon Kennedy Child Advocacy Centre showcased the multiple-service coordinated delivery model for children and families impacted by child abuse. In the upcoming year, Dr. Kerry Mothersill will be providing us with information on the implementation of the telehealth model of psychological service delivery across Alberta Health Services. Dr. Frank McMaster has also promised to give us exciting and hopeful information on treatment resistant mood and anxiety disorders in adolescents.

So, there were many unique practices that we have been able to showcase in the last two years and there are as many unique practices to look forward to in the upcoming editions as well. As I reflect on the past columns and the upcoming columns, however, I notice a pattern. All of these emerging practices are being provided in southern Alberta. Surely, it cannot be that the exceptional and creative is only being pursued in Southern Alberta?! In order to help me disseminate information on the unique practices in other parts of Alberta, I would appreciate the help of the readership. Please send me an e-mail with a name and contact information of any colleagues who are using inventive and creative forms of research or treatment within our province. My email address is drnaheedjawed@shaw.ca

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

The 2017-2018 Annual Report is available online!

http://issuu.com/paa-psymposium/docs/draft_annual_report_2017_2018?e=33130579/64198187



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

Calgary February 14 & 15, 2019

Edmonton February 28 & March 1, 2019

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

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



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