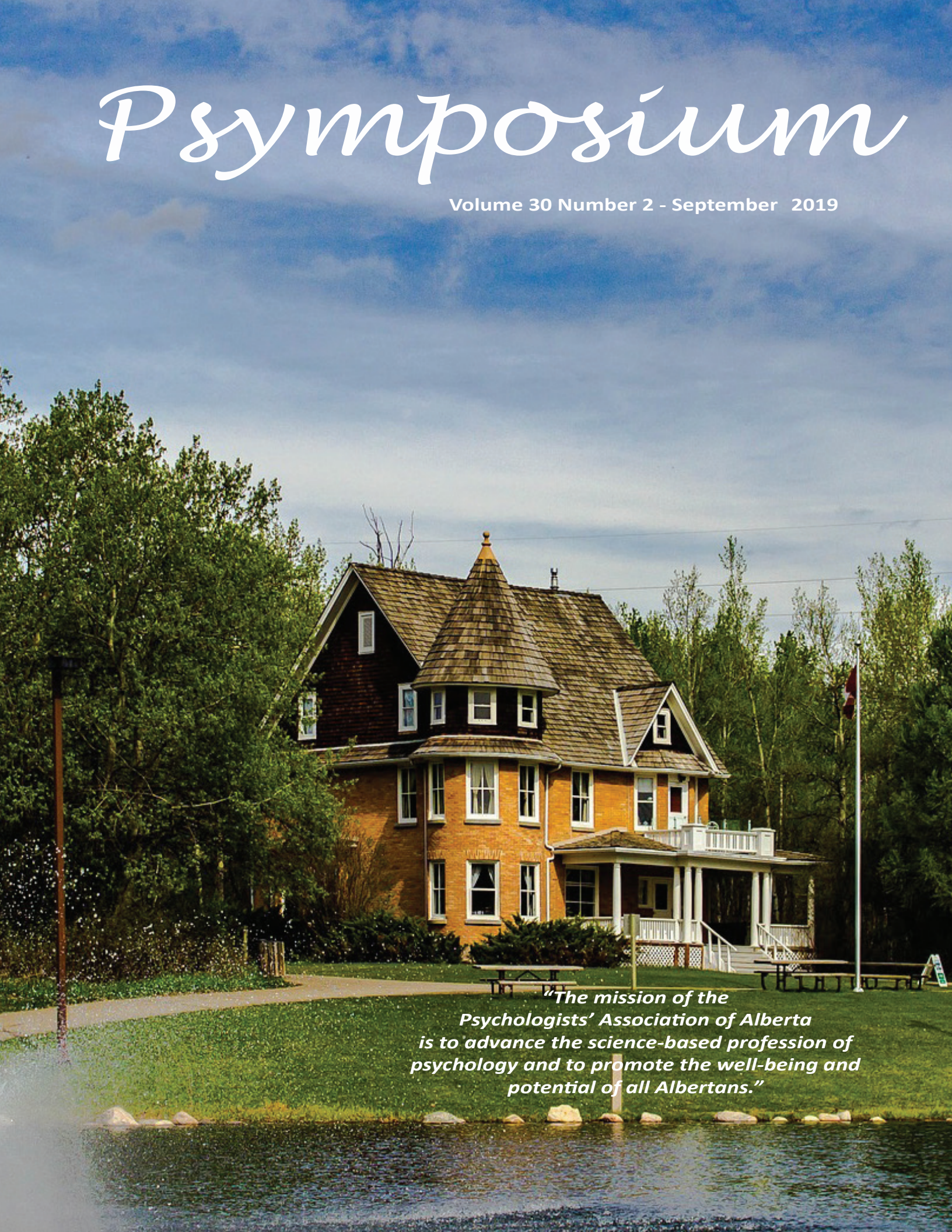
Psymposium

Volume 30 Number 2 - September 2019



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Our Vision

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

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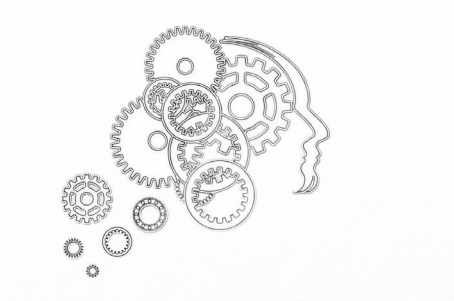
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PAA Psymposium is published three times a year (April, August and December) for the purpose of fostering communication amongst psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is available to 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.

Subscription is $25.00 per year (4 issues in 2019).

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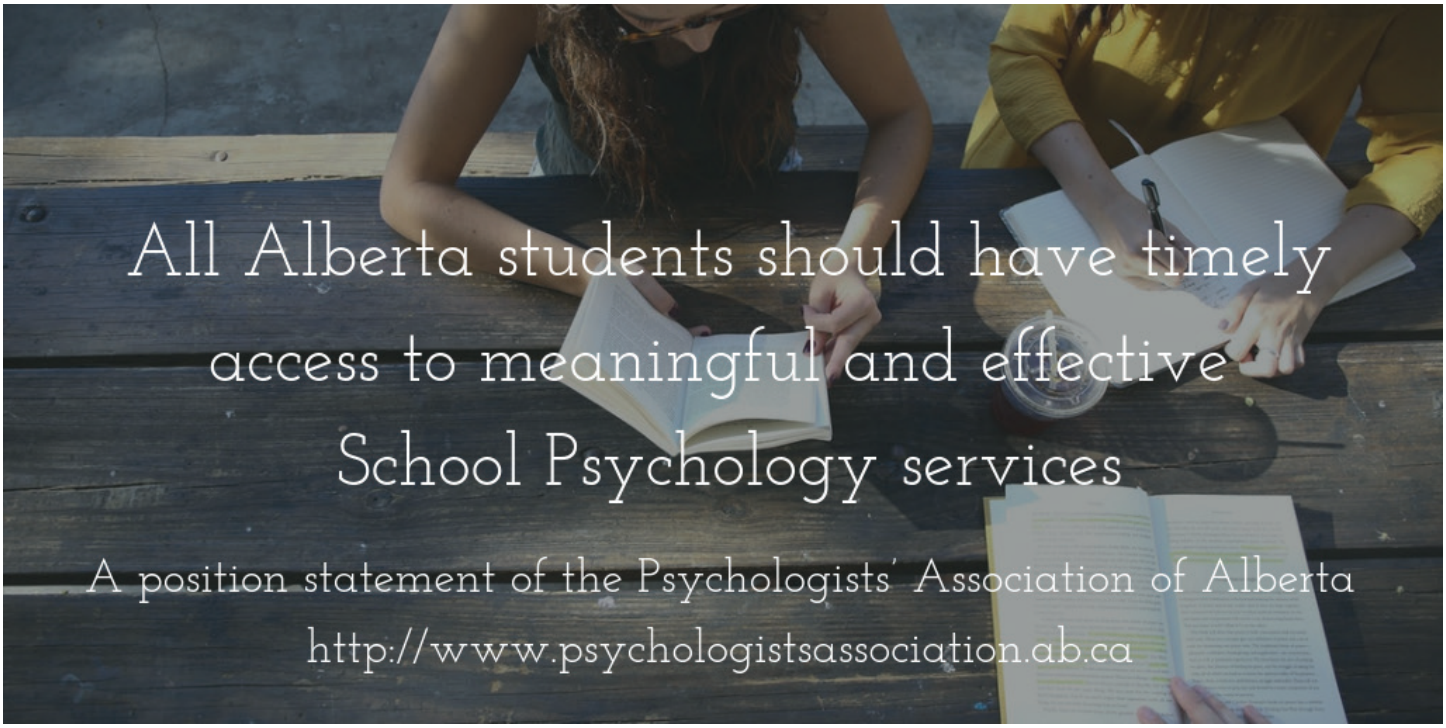
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Contents

4 Board Notes
6 Editor's Letter
7 PAA Awards
8 Ethics – The Impossible Imperative
10 Notes from the CEO's Desk
12 PAA's Disaster Response Network
13 Professional Psychology in Alberta: The 2019 Survey of Alberta Psychologists
19 New Kids on the Block
20 Welcome to the newest members of the PAA Board
22 The Universe Within
24 The Vega Project
26 Welcome to PAA's New Members!
27 Continuing Professional Development



BOARD NOTES

by Nicki Wilson, R.Psych

PAA Board President



Dear colleagues,

This is my first report as your PAA President. I am grateful to have the privilege to be able to serve you and our community, along with Amrita Bhar, Vice President, and Dr. David St. Arnault, Treasurer. Members of the Board also include Lisa McIsaac, Claire Petersen, Sandra Gallace, Chelsea Hobbs, Sally MacLean, and our 2 newest members Tamara Lane and Heather Gower. Together we hope to to steer the organization towards a continued sustainable future and work towards advancing the mission and vision of the PAA and the profession of psychology.

This year's Annual Meeting and Professional Development Day theme hosted jointly by the PAA and the CAP on Saturday September 21, 2019 in Edmonton, Alberta will focus on Psychologists in Leadership. Warren Bennis, scholar and author is widely regarded as a pioneer in the contemporary field of Leadership studies. Bennis stated, "leadership is the capacity to translate vision into reality." He believed that leaders develop a vision and work to inspire others. He further believed that leadership does not rely on one's title, seniority, or the ability to exert power. Rather, leaders are thought to emerge at any level and work towards a vision or goal. We see leadership displayed through our profession in many ways in our community via support, advocacy, education, research and mentorship.

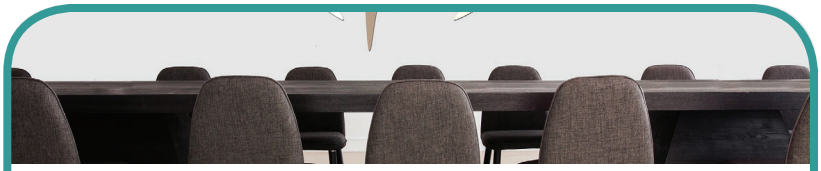
At our PAA Welcome to the Profession and Awards Banquet on Friday, September 20, 2019 in Edmonton, Alberta we will be honoring and celebrating many leaders in the field. Dr. Stephen Carter is the award winner for the The Jean and Dick Pettifor Memorial Award, Dr. Steve Knish for Excellence in Clinical Supervision Award, Dr. Mark Holden, for the Excellence in Teaching Psychology Award, Dr. Rachel King for the Doctoral Dissertation Research Award, Avra Davidoff for the John G. Paterson Media Award and finally Tamara Austin 2019 Psychologist of the Year Award. On behalf of the PAA we would like to congratulate them and thank them for their contributions of leadership to the profession of psychology.

Please consider joining us for these events. We would love to see as many of you as possible, as we anticipate the events to be exciting, enlightening and valuable.

Respectfully,

Nicki Wilson R. Psych.

PAA President



Board Meeting Dates

20 September 2019

29 November 2019

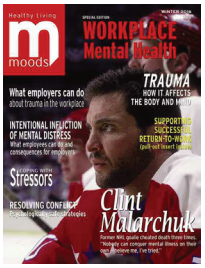
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Moods, a Canadian publication found on newsstands across the country, is directed at consumers. Moods covers various aspects of mental health, such as addictions, anxiety, bipolar disorder, depression, eating disorders, trauma, PTSD, OCD, relationships,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



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OPIOIDS & MARIJUANA:
MANAGING THE NATIONWIDE EMERGENCY

Instructor: R.S. Hullon, M.D., J.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

- **The Opioid Crisis Is Not Subsiding:** Definitions, Statistics, Risks of Overdose, and Irreparable Harm. What Needs To Be Done Most Urgently.
- **Street and Illicit Drugs:** Availability, Street Prices, and Channels of Acquisition. How To Tell if Heroin or Oxycontin is "Cut" with Deadly Fentanyls.
- **Predictors of Opioid Abuse:** Patient's Histories and Signs. When To Be Exceptionally Cautious.
- **Neurotransmitters Dopamine, Glutamate, and the Adrenal Hormones.** Why Opioid Addiction Is A Disease and Is So Engrained.
- **Beating Drugs With Painful Honesty.** When Chemicals Induce a False Sense of Purposeful Living.
- **Can A Child Inherit the Drug Habit from Parents?** Discoveries That Contradict "Textbook" Genetics. Reprogramming the DNA/RNA of an Addict.

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

- **The Government Takes A Stand: The CDC Guidelines Drastically Restrict Opioids. The Presidential Commission on Harm Reduction.**
- **Heroin Replacement Therapy?** Alternatives to Methadone. The (Almost) Secret Pharmacology of Methadone.
- **Understanding Buprenorphine (Buprenex) and Combination Agonist-Antagonist Medications (Suboxone).**
- **Drug-Free Detox:** Advantages and Risks. Clonidine Protocols and Risks of CNS Toxicity.
- **Schedule IV Opioids and Tramadol:** A Valid Alternative? Minimizing Risks of Abuse.
- **Fentanyl and Synthetic Derivatives.** What Is Being Done To Intercept the Deadly Parcels from China?

Lunch: 11:30 AM – 12:20 PM
Afternoon Lecture: 12:20 PM – 2:00 PM

- **Over-the-Counter Opioids:** Abusable Stomach and Cough Remedies. Why Abusers Try To Break the Blood-Brain Barrier.
- **Dental Pain:** What Are the Best and Safest Practices? The 4 "A"s Every Dentist Must Document.
- **Understanding Morphine Milligram Equivalents and Signs of Overdose.**
- **Naloxone and Naltrexone:** Saving a Life and Reducing Harm. What Every American Must Know. Are Generics Less Effective Than Brands?
- **"Beating the Drug Test":** Is It Even Possible? The Poppy-Seed Bagel Defense and the Newest Subterfuge: Biotin Supplementation.

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

- **Cannabis (Marijuana) and Opioid Overdose.** A Gateway Drug or a Reducer of Risks?
- **What Is Known and What Is Speculated About Marijuana:** From "Reefer Madness" to Better Science.
- **Prescription Use of Cannabinoids:** From Dronabinol to Cannabidiol and Medicinal Cannabis.
- **Does Marijuana "Kill Cancer Cells" or Nerve Cells?** Scientific Facts on Short- and Long-Term Effects.
- **"Would You Prescribe Marijuana to Your Mother?!"** The Re-Scheduling of Cannabis.

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

Biomed's Website: www.biomedglobal.com

MEETING TIMES & LOCATIONS

CALGARY, AB	EDMONTON, AB	EDMONTON, AB	EDMONTON, AB	CALGARY, AB	CALGARY, AB
Wed., Oct. 23, 2019	Thu., Oct. 24, 2019	Fri., Oct. 25, 2019	Wed., Oct. 30, 2019	Thu., Oct. 31, 2019	Fri., Nov. 1, 2019
8:30 AM to 3:30 PM	8:30 AM to 3:30 PM	8:30 AM to 3:30 PM	8:30 AM to 3:30 PM	8:30 AM to 3:30 PM	8:30 AM to 3:30 PM
Executive Royal Inn	Edmonton Inn & Conf. Ctr.	Edmonton Inn & Conf. Ctr.	Edmonton Inn & Conf. Ctr.	Carriage House Inn	Carriage House Inn
2828 - 23rd Street NE	11834 Kingsway Avenue	11834 Kingsway Avenue	11834 Kingsway Avenue	9030 Macleod Trail South	9030 Macleod Trail South
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INSTRUCTOR

Dr. R.S. Hullon (M.D., J.D.) is a full-time physician-lecturer for INR. Dr. Hullon is a physician and surgeon specializing in trauma and orthopedics. His medical experience includes diagnosis and treatment of infectious diseases, neurological disorders, neurodegenerative diseases (multiple sclerosis, Parkinson's, and Alzheimer's diseases) and psychiatric disorders (personality and mood disorders). His medical experience also includes diagnostic laboratory work, particularly in hematology.

Dr. Hullon has had extensive surgical experience in trauma management and orthopedics and has published papers on head, back, and knee disorders and pain medications. He has also studied bovine spongiform encephalopathy (BSE or mad cow disease) and the medical and legal implications of this disease.

Biomed reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of Biomed.

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EDITOR'S LETTER

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



Restoring a routine after summer holidays or a vacation can certainly feel good. Getting back to a place where we can simply "be" and feel a sense of orderliness and calm helps reduce overall stress. Staying in this space for too long as the weeks and months go by, however, can sink us into stagnation and complacency. We know, especially as psychologists, that there is also a time for personal growth and advancement which entails stepping out of our regular routine or "comfort zone" and seeking new adventures, attempting positive yet varied activities, and testing out our abilities and skills. One of the most difficult things, however, **is** taking that initial step and overcoming a possible mental barrier or block. Perhaps it is a fear of failure, a negative belief we have held onto, or tendency to take on too much and quickly become overwhelmed.

In 1908, psychologists Robert Yerkes and John Dodson established an empirical relationship between performance levels and arousal – hence the Yerkes-Dodson Law. When we engage in activities that promote physical and mental activation our performance increases up to a point. When activation levels become too high we experience a decrease in performance. Stepping out of our comfort zone with just the right balance increases our ability to take on complex tasks, challenge ourselves further, and feel more focused while doing so.

Think about a time where you felt like you gave yourself a little push or took a bold step accomplishing something. I'm not talking about extreme sports here or high risk taking – just a little nudge or internal voice that says "go for it" – a calculated incremental step that felt inspiring. Some might recall jumping off the high diving board at the swimming pool for the first time as an example or completing their first marathon.

Consider starting with this statement, " I've always wanted to learn to…" and become curious as to where you may go with it over the next while. Perhaps it will be the start of something new – a group or a workshop, stepping out on stage for the first time, publishing your first book, or leading a team project for the first time. Ponder the mental metamorphosis that takes place and how it changed you or helped you to "stretch" beyond what you thought you could do, and how you can inspire others to "go for it". "We miss 100 percent of the shots we don't take" – Wayne Gretzky.

Enjoy,

Michelle

PAA Editor-In-Chief

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

Certified Gottman Therapist
www.stalbertcounselling.com

Email: mvandegriend@stalbertcounselling.com

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 21 September 2019
8:00 a.m. – 8:30 a.m.

Place: Edmonton Convention Centre
9797 Jasper Avenue
Edmonton, AB

PAA AWARDS

PSYCHOLOGISTS AS LEADERS: CONGRATULATIONS TO THIS YEAR'S WINNERS

Did you know that PAA has 9 Awards that recognise psychologists and other individuals on a yearly basis?

Did you know that over the last 15 years "**The Excellence in Clinical Supervision Award"** is the most popular and most nominated award? PAA received a total of 42 nominations over this 15 year period, with 9 nominations in 2004, and 4 nominations this year.

The **Excellence in Clinical Supervision Award** is presented to a registered psychologist whose performance in supervising one or more individuals in any practice area is deemed exemplary. Past winners have included Drs. Judy Chew, Erik Wikman, Stewart Longman & Ceinwen Cummings to name just a few. This year the deserving recipient is Dr. Steve Knish.



The second most popular award is the **John G. Paterson Media Award.** This award has received 19 nominations over the same period. This award is presented to a psychologist or non-psychologist for their exceptional contribution to portraying psychological knowledge to the public through the media of radio, television, print or electronic communications. Past winners have included Drs. John G. Paterson, Gene Flessati & Ganz Ferrance. Ms. Avra Davidoff is the deserving recipient this year.

Both Dr. Knish and Ms. Davidoff, along with **7 other award winners,** will receive their awards at the 2019 Welcome to the Profession and Awards Banquet, being held at the Citadel Theatre, Edmonton on 20 September 2019.

PAA congratulates them all for their endeavours and contributions to and for the profession of Psychology.

For more information on our Awards check out our website

https://psychologistsassociation.ab.ca/about-paa/awards-recognition/

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ETHICS – THE IMPOSSIBLE IMPERATIVE

by Jon K. Amundson, Ph.D., R.Psych

The "coddling" of the Alberta psychologists mind

What we can't rely on though is systematically applying a reasoning process to weed out every potentially dangerous value that we have. (Lisa Tessman - When doing the right thing is impossible).



Lukianoff and Haidt (2018) have written on the increasing desire administratively and quasi-legally for procedural justice. In their book – The Coddling of the American Mind – they express dismay with the confusion around rules which serve as guidelines for procedural justice, supplanting distributive justice, or fairness. Distributive justice is supported and driven by procedural justice; the latter basic rules or guidelines which serve as prosthetics for distributive justice, and the pursuit of a charitable desire to provide for each their own.

Distributive justice is the application of structures i.e. laws for example, to a particular circumstance or situation, to produce fair outcome, to 'distribute' justice in a manner clearly appropriate to the particular case at hand.

However, procedural or rule driven justice, as Haidt and Lukianoff reflect, ought not supplant distributive justice. In their book, they bemoan the result of effort to do so in polarization politically, campus conflict between political correctness and more liberal educational intent, and disproportionate response to difference. This is relevant for us as there is often in professional psychology inducement for the same; emphasis upon procedural justice, either through administrative actions by regulators or in the, at times, special interest conspiratorial, posturing of groups of psychologists. Perhaps a bit of history…

On the left, we have had particular groups raise up/rally around particular and select issues in our discipline. The Practice Review rebellion in the early 90's, concerned with continuing competence through, well, random practice reviews. Later, the Concerned Alberta Psychologists were riled up at the split forming the College and the professional association-PAA and CAP. Then there were the executive contrarians within the College of the later 90's, protesting free speech and executive privilege, leading to law suits. And, most recently, the Risk Management Group of today. These individuals either through direct admonition to the College or through lawyers and the courts, seek specification, systemization and simple directives to, essentially, lay out what to do, or at least expect, regarding professional conduct.

On the right, the College, in an effort to iron out all the wrinkles, leans in to administrative detail and procedural justice in Standards and Guidelines, often leaving no stone unturned nor undetailed (did you all see the proposed edition in the new Standards of Practice regarding definition of sexual misconduct?). While often praised by registrants - who wouldn't want it simple in a just tell me what to do fashion - and lawyers, this effort by the College may miss the point. Again, trying too hard to structure or systematize procedure runs the risk of leaving out the essence of professional judgement, an emphasis upon distributive justice: how to act or decide in this moment, with these people, what is the right or best or least worst decision in the spirit of fairness. Rather than how to think, too much procedural detail leads to what to think.

Whether from the left – the rebellious voices of memberships regarding who gets to say or do what – or the right in crafting legal protectionist structure – the attempt to iron out all the wrinkles is unlikely to provide salvation. Codes, Standards and Guidelines are prosthetics to assist in professional judgement, not as substitute for professional judgement. Ethics is about distributive justice – how we get somewhere fairly – not solely procedures – a particular way to get there. This what being a professional is all about. Regarding ethics and professional decision making, we must prepare the psychologist for the road not the road for the psychologist eh?

Some things only a psychologist can believe!

Tune in to PAA podcasts by Dr. Jon Amundson, featuring over 260 podcasts with over 5,600 downloads. Just a few recent topics:

Medical assistance in dying, Fentanyl and opioid use & The Bystander Effect Revisited

Collaborating - Fostering the Profession - Learning - Leading

Psychology as a Profession

PAA, & our members, are committed to maximizing our impact through strategic relationships.

For the profession of psychology that includes:

American Psychological Association

- Dr. Lana Hawkins was elected to the APA Council for Professional Practice

Canadian Council of Professional Associations of Psychology

- Dr. Judi Malone serves as the chair of CPAP

Canadian Psychological Association

- Dr. Arlin Pachet, Dr Cheryl Nekolaichuk, & Dr. Judi Malone are on the CPA taskforce on psychologists involved in end of life care (practice guideline development)
- Dr. .Judi Malone serves of the CPA board representing the provinces

Alberta

- We are on the PsyD Advisory committee for Concordia University of Edmonton
- Dr. Judi Malone is chairing the Alberta Alliance for Mental Illness & Mental Health
- We work closely with the College of Alberta Psychologists, advancing the profession together
- We participate on the AHS Professional Practice Council for Psychology

PAA Psychological Services Fund

The **PAA Psychological Services Fund** helps people who cannot afford the services of a psychologist to access the help they need.

The Psychological Services Fund, initiated by a donation from Ms. Amina Beecroft to the Psychologists' Association of Alberta, has been invested into endowed funds with the Edmonton and Calgary Community Foundations.

Services may be for psychological assessments or counselling/psychotherapy.

The psychologist provider must be a member in good standing with the Psychologists' Association of Alberta.

The funding year is October to September.

Please Note: The funds have all been expended and no further funds will be available until the next disbursement from the Foundation in October of 2019.

Please contact the PAA office for more information.



NOTES FROM THE CEO'S DESK

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

"Increasingly, psychologists are assuming positions in management and leadership"
Dr. Andrea Piotrowski, C. Psychologist (Manitoba)

How do Alberta psychologists answer the call of leadership? Adventures in my own leadership journey typically arise from seeing a need and responding to requests, often beginning with volunteerism. I invested in interdisciplinary collaboration in my rural private practice, and I was rewarded by years as a clinical supervisor to regional addiction and school counsellors. I championed my Palix Foundation working group, and I was afforded the ability to collaborate on the remarkable Brain Story Certification. I was on the PAA Board of Directors in 1996; now, I am proud to be your CEO.



Professional psychologists have training that prepares us for leadership roles. Often, we are asked to lead. Other times, it is our job to reach out and create or engage with opportunities. Most of my journey has arisen from needs, opportunities, and curious engagement.

This year's conference theme is a timely one – leadership. The more members I meet the more impressed and humbled I am by the wealth of expertise and leadership within our profession and PAA's opportunities to support leadership of psychology.

PAA's Vision

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

Leading in Changing Landscapes

Elections shift our landscapes in significant ways. When elected officials understand the value of psychology, they have the information for better decisions. Pre-election we targeted access and parity. Post-election we created an information toolkit, created a program for members to meet their MLA, developed a webinar to support member advocacy, and reached out to all key players in our new government. Our messages? The value of psychology, access is key, and psychology helps – we even provide tips for dealing with distressed constituents. Our goals are to increase awareness of the value of psychology and to be recognized as the tremendous resource that we are for the health and wellness of this province.

Leading Together

We have so many impressive exemplars in psychology in Alberta. In only a few weeks we get the dual celebration of our PAA Award winners – psychology leaders – and welcoming the newly registered – our future leaders. Each and every one of you who volunteers, works with media, or is active in social media leads by increasing psychological literacy and increasing awareness of the value of our profession.

Leading by Working for Albertans

Access, parity, opioid crisis response, provincial pain management strategy, psychologically healthy workplaces, outcome-informed practices, evidence-based care – only some of the ways that our profession is leading with psychological science and practice.

Leading for our Members

In everything we do, our top priority is you – our members. We know that our members are committed to PAA's vision and mission and we are committed to meeting your needs. One example is our recently launched extended health benefit plan for PAA members.

Leading our Profession

Our science-practitioner profession continually evolves. This is evidenced in: CAP & PAA's joint taskforce on the TRC recommendations, PAA's Technology in Practice taskforce, and the work of our Social Justice, Public Education & Workplace Wellness, and School Psychology Committees. We also support innovative continuing professional development through collaborations and webinars and important advances in formal training such as Concordia University of Edmonton's PsyD program (launching next year), and University Blue Quills' first ever Indigenous Psychology Bachelor's degree.

Leading through Collaboration

At this year's joint conference with CAP, Dr. Andrea Piotrowski will be our keynote leading off a full day of inspiring leaders, psychologists who lead by example and our future leaders. Join us, network, connect, learn, share, and say hello.

Leading with our Partner Organizations

Psychology leads directly, and by example, at important tables in the provinces. These include autism, rural mental health, workplace wellness, the Addiction & Mental Health Clinical Strategic Network, and palliative care.

At the PAA Offices

We also lead by example as both a psychologically healthy workplace and as a high-performing organization to best serve our nearly 2800 members. Obvious is our strong social media presence, new website and online resources, but you do not always see the efforts of your committed governance leaders (board and committee volunteers) or behind the scenes work to ensure we are leaders in psychology professional associations in Canada.

In closing...

We are leading change. PAA and our members ARE recognized leaders in enhancing the psychological health of all Albertans. We can all be proud of that.

Judi

TOWN HALL MEETINGS

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



Town Halls are a wonderful opportunity to connect with the CEO of PAA, Dr. Judi Malone, and the CEO of CAP, Dr. Richard Spelliscy, through brief informal updates on the respective organizations and an opportunity for dialogue during a question and answer period.

Interactions with members are meaningful and continue to provide value and vital input to association operations. Look for an e-mail invitation from CAP for the next town hall in your area.

Grand Prairie - 13 November 2019

Red Deer - 20 February 2020
Calgary - 21 February 2020
Edmonton - 28 February 2020

Fort McMurray - 08 April 2020
Medicine Hat - 17 June 2020
Lethbridge - 18 June 2020

PAA'S DISASTER RESPONSE NETWORK

The Disaster Response Network is officially activated by the Psychologists Association of Alberta (PAA) when a full scale disaster is declared, often in collaboration with the Alberta Government. Albertans affected by the disaster qualify for psychological services when the network is activated. Currently, the PAA has several therapists who are registered in our Disaster Response Network.

At the end of May this year, the PAA had a message on the website directed to those who were affected by the wildfires that began in the spring of this year. The message was written for anyone who had been evacuated, those living near the affected communities, or people who may have been reminded of past community disasters along with those experiencing distress related to media releases about the events. At that time, the PAA provided links to the American Psychological Association Help Center (apa.org) outlining general self-help tips for managing distress related to wildfires. Many ideas were suggested including simple strategies such as taking a news break or finding a productive way to help. We know that those who feel helpful rather than helpless in the midst of disaster often do better following the event. These simple strategies coupled with self-regulation techniques can assist those who are affected by traumatic events. The links also provided information on what people might experience following a disaster and how to take care of themselves and their families as well as when to enlist the assistance of a professional such as a psychologist. These types of short articles can be helpful to those in the midst of the disaster as well as those experiencing symptoms post trauma.



The fires this year were not declared a full-scale disaster and therefore the network was not initiated. Even though the team was not initiated this year, it is important for us to remember that what may have been a slight inconvenience for some (having an unpleasant smoke-filled day) may have caused serious physical health related issues for others and significant emotional distress for those living in the area, those reminded of past events, or those watching the events unfold in the media. Individuals experience traumatic events in a variety of ways. It is important for us to understand that trauma can be experienced in many ways and in a variety of types of events. That said, our Disaster Response Network is initiated only when a full-scale disaster is declared.

Psychologists with experience working with trauma are invited to join our team in the Disaster Response Network. In the event a national disaster is declared, you may be called on to support fellow Albertans experiencing psychological distress. Please contact the PAA if you are interested in learning more about the network or if you would like to join us. We look forward to increasing the size of our team in order to assist those in need within our province.

Judy Moench, Ph.D, R.Psych

Coordinator, Disaster Response Network (PAA)

PAA IS ON FACEBOOK!

How you seen our latest social news feeds on our Facebook pages?

PAA not only has a Facebook page for PAA Students, they also have one for Alberta Provisional Psychologists.

Click here to check all of our Facebook pages

PAA Facebook

Student Facebook

Alberta Provisional Psychologists

PROFESSIONAL PSYCHOLOGY IN ALBERTA: THE 2019 SURVEY OF ALBERTA PSYCHOLOGISTS

Michaela Patton[1], Keith Dobson[1], and Judi Malone[2]
[1] Department of Psychology, University of Calgary
[2] Psychologists' Association of Alberta

This article presents the sixth survey sponsored by the Psychologists' Association of Alberta (PAA). Like previous surveys in 2005, 2007, 2010, 2013, and 2016 this survey was conducted with the intention to gain a better understanding of the issues faced by Albertan psychologists, and to elucidate where and how psychologists spend most of their time. The results are also used to assist with PAA advocacy. The survey was administered in an online format, and an invitation to complete the survey was e-mailed on March 7th, 2019 to all the members of the College of Alberta Psychologists (CAP) and 1,184 (32%) of the 3,662 potential respondents completed the survey. This rate is lower than the rate in 2016 (34%) and 2013 (43%), but higher than those in 2010 (18%) and 2007 (20%), which used a pencil and paper, and mail-in format.

The current sample was representative of the psychologists registered with the CAP. According to information provided by CAP, 79% of Registered and Provisional psychologists in Alberta are female. Among those who completed the 2019 PAA survey, 76% were female. The CAP data also showed that 26% of psychologists held a doctoral degree, compared to 35% of the current survey respondents. Finally, 84% of the 2016 survey respondents indicated that they were registered psychologists, similar to the 82% with the CAP data. As such, the current survey results seem to reflect the profession well, with a slight overrepresentation of doctoral-level psychologists. On average, the respondents indicated 12.6 years of practice as a psychologist in any jurisdiction.

Respondents reported on the university in which they obtained their graduate degree from, in which 73% attended a university in Canada. Among those who obtained their degree in Canada, 68% attended a university in Alberta. Twenty-two percent of respondents attended a university in the United States of America where 59% attended an American-based university, in which 59.1% attended a Canadian satellite campus and 17% completed online graduate degree programs. Finally, 12% of the total respondents attended a university outside of North America, with representation from Europe (0.9%), the United Kingdom (0.5%), Asia (0.5%), Africa (0.3%), Australia (0.2%), and New Zealand (0.2%).

Practice Settings and Areas of Practice

Respondents were asked to indicate the various settings they worked in, what clients they worked with, and the geographical location of their work settings. The most common work setting was private practice (41%), followed by schools (13%), hospitals (10%), community mental health clinics (10%), non-profit organizations (9%), and post-secondary institutions (7%). The rest of the settings (primary health care, corrections, government, and business or corporate settings) were reported as the primary work setting for 9% of the psychologists, while a number of respondents reported that they worked in an "other" setting (2%).

Respondents reported on the percentage of time spent in a given specialty. Because it is common for psychologists to spend time in multiple specialties, percentages in each specialty were summed to account for all time spent in each specialty. The dominant specialty area was Counseling Psychology (37%), followed by Clinical Psychology (27%) and School Psychology (13%). The remaining specialties (Health Psychology, Neuropsychology, Industrial/Organizational Psychology, Forensic Psychology, Research, Teaching, Management and Administration, and Rehabilitation Psychology) each accounted for less than 5%. In addition, 10% of psychologists (11% of males; 9% of females) considered their position to be supervisory or managerial. The percentage of psychologists in managerial positions has seen slight fluctuations over the years (i.e., 10% in 2007, 7% in 2010, 13% in 2013, and 13% in 2016), with a recent drop. Twenty percent of respondents indicated that their training exceeded the demands for their career, 49% said that they felt their training was sufficient for their career, and 27% indicated training gaps or the need for upgrading.

Adults were the most common client group (52.6%), followed by adolescents (16.3%), children (15.3%), and families and couples (7.3%). The other client groups consisted of older adults, groups/organizations, as well as "other" (e.g., currently only doing research or teaching, but not seeing clients), although each of these groups only accounted for 8.5% of the psychologists' time.

Urban settings were predominant in the geographical locations of respondents: 42% practiced in the greater Calgary area, 33% in the greater Edmonton area, and approximately 6% of psychologists practiced in either the greater Red

Deer or Lethbridge areas. Other reported settings included northwest Alberta (4%), central Alberta (3%), northeast Alberta (1%), southern Alberta (1%), and Medicine Hat (1%). Approximately 2% of Albertan psychologists practiced in the rest of Canada and 1% practiced internationally.

Work Capacity

Psychologists reported an average of 36.5 hours of work per week, which remains consistent with the average of 37 hours per week reported in 2016. Master's level psychologists reported working 35.4 hours per week, whereas psychologists with a PsyD reported working 33.7 and psychologists with a PhD reported working an average of 38.8 hours per week. Females reported working 1.9 hours less per week than males. There was a significant difference among different specialty areas (See Figure 1). Psychologists who worked in research reported the longest work week (46 hours/week) whereas those who worked in counselling and business/administration worked the fewer hours (32 hours/week). There was also a significant difference among different work settings (see Figure 2). Psychologists who worked in community mental health worked the most hours/week (42) whereas those who worked in schools reported the least (32 hours/week).

Respondents rated their satisfaction with how much they worked, or whether they would like to work more or less. Among the overall sample, 18% of respondents reported that they would like to work less, 6% reported that they would like to work more, and 28% of respondents reported that they would like to work about the same amount of hours they are currently working. Of note, 48% of the overall sample did not respond to this item. In comparing males to females in workload satisfaction, 32% of the males said they would like to work less, compared to 36% of the females. Eleven percent of female psychologists preferred more work, compared to 1% of male psychologists. Of the psychologists who indicated that they would prefer more work, males said they would prefer to work 10 more hours per week, whereas females wanted 12 more hours per week.

Rural private practitioners were compared to urban private practitioners (psychologists who spent more than 50% of their time in the greater Calgary, Edmonton, Red Deer and Lethbridge areas) with respect to their workload satisfaction. Fifty-four percent of urban practitioners indicated that they would like to work the same number of hours per week, compared to 55% of rural practitioners. Thirty-five percent of urban practitioners wanted to work fewer hours, whereas 34% of rural practitioners preferred to work less. Finally, 11% of rural practitioners preferred more work, compared to 11% of urban practitioners.

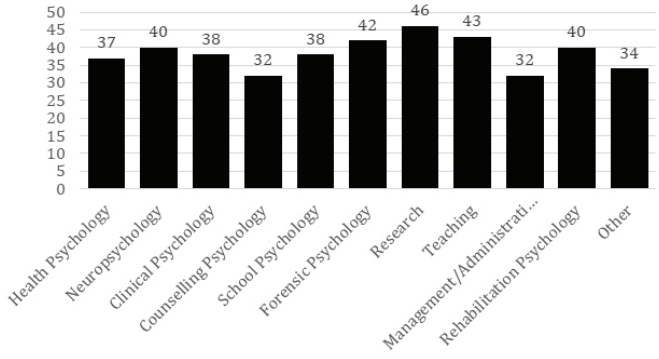


Figure 1. Mean weekly working hours in different specialty areas.

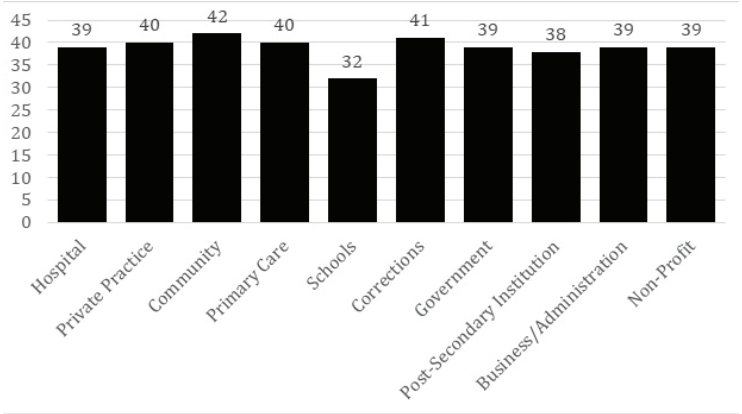


Figure 2. Mean weekly working hours in different work settings.

Income Issues

Psychologists reported personal net taxable income ranging from $5,227 to $450,000, with an average of $90,419 (CAD). In 2016, the average reported personal net taxable income was $92,329. The 2016 amount represented a 3% (or $2,317) *increase* since the 2013 survey. The 2019 amount represented a 2% *decrease* since the 2016 survey.

Income was earned primarily through salary (51%), direct fee for service (30%), contract work (16%), and other sources (4%) such as pension and employment insurance. The percentages are similar to the 2016 survey. For private practice, the average reported hourly fees were: $184 per hour for individual therapy/assessment (range of $40 to $400), $189 per hour for couples/family therapy/assessment (range of $5 to $320), $84 per hour per person for group therapy (range of $0 to $250), $293 per hour for custody and access/legal/ forensic assessment (range of $0 to $600), $323 per hour for expert witness testimony (range of $0 to $700), and $213 per hour for consultation/ corporate services (range of $0 to $600). Psychologists reporting charging $0 for their services indicated that they offered these services pro bono. As of January 2018, the Psychologists Association of Alberta (PAA) recommended $200/hour for individual therapy/assessment, $200/hour for couple/family therapy/assessment, $60/hour for group therapy (per person), $300/hour for custody/access and legal/forensic assessment, $1200/half day for expert witness testimony, $2400/day for expert witness testimony, $900/half day for consultation/corporate services, and $1800/day for consultation/corporation services.

Gender Differences in Income

As in previous surveys, a large difference in income was observed between genders. Men reported a mean income of $109,724, whereas women reported a mean income of $84,777. The difference ($24,947) was significant even after controlling for how many hours were worked per week (men reported working more than women), and for years of practice (men reported practicing for longer than women).

Personal annual income differed significantly as a function of gender as well as education level, even when number of hours worked per week and years of practice were controlled for (see Figure 3). Doctoral-level male psychologists reported an average net income of $119,019, whereas doctoral-level females reported an average income of $101,200. Master's level male and female psychologists reported net mean incomes of $89,822 and $80,664 respectively. The difference in annual taxable income between male and female doctoral-level psychologists has decreased by $11,775 since 2016 and the disparity between male and female master's level psychologists decreased by $11,306.

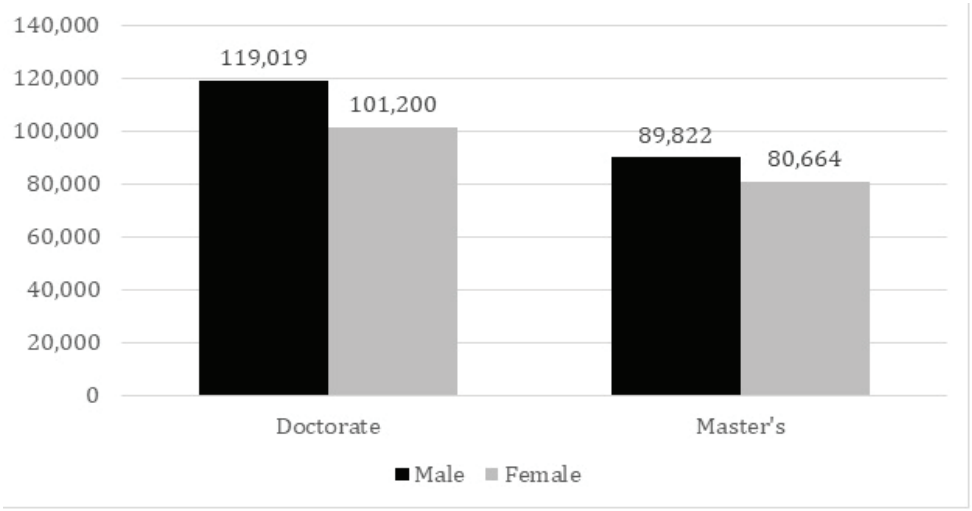


Figure 3. Mean annual personal taxable income (CAD), as a function of degree and gender

(Adjusted for number of hours worked per week and number of years of practice).

Training and Career Satisfaction

A majority of psychologists (68.7%) reported that their graduate training program prepared them for the demands of their career. Among the other psychologists, 2% of them reported that their training was inadequate, 25% reported that their training had gaps or needed upgrading, 16% reported that their training was more than what they needed for their career, and 4% reported that their training far exceeded the demands of their career. For those respondents who had a doctoral degree, 22% reported that their training was inadequate or needed upgrading, 52% reported that their training was about what they needed for career, 24% reported that their training was more than or far exceeded the demands for their career. For master's level psychologists, 30% reported inadequate or needed upgrading of their training, 50% reported training that met their needs, 19% of them reported that their training was more than or far exceeded their career demands (See Figure 4).

In terms of overall career satisfaction, 0.5% of psychologists reported not at all satisfied, 4% reported somewhat satisfied, 9% reported moderately satisfied, 39% reported mostly satisfied, and 35% reported completely satisfied. A comparable percentage of doctoral level (79%) and master level (75%) psychologists reported that they were mostly satisfied or completely satisfied with their career. Fifty-five percent of psychologists age 29 and younger reported being mostly or completely satisfied with their career compared to 84% of psychologists age 60-64. There was a significant difference among specialty areas (See Figure 5). A higher percentage of psychologists who work in the rehabilitation psychology or teaching fields reported mostly or completely satisfied with their career while those who work in neuropsychology and school/educational psychology had the lowest percentage of respondents who reported being mostly satisfied or completely satisfied with their career.

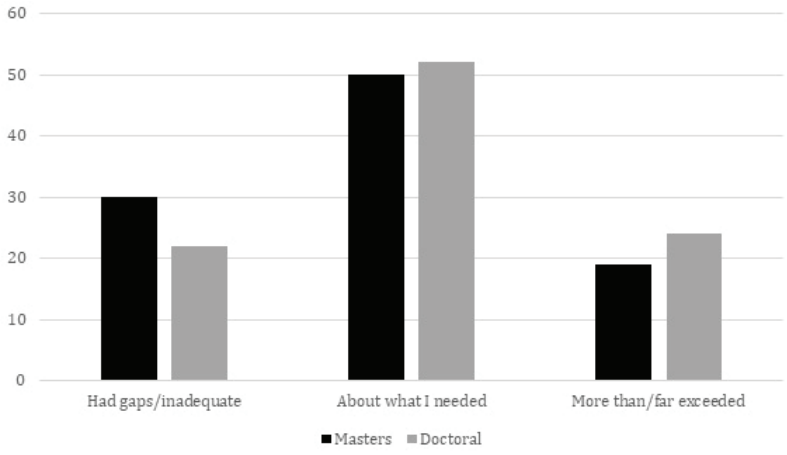
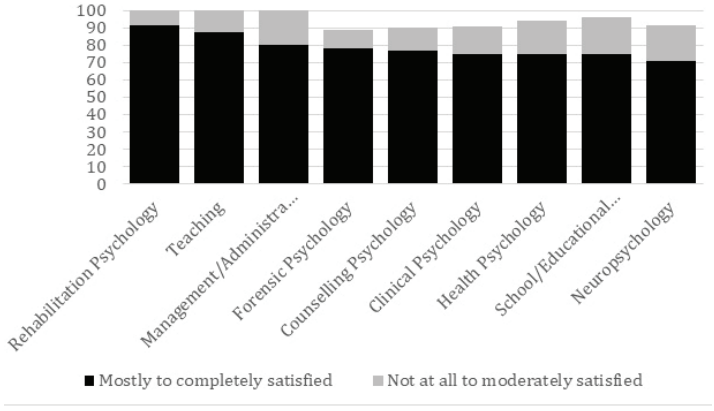


Figure 4. Percentage of psychologists reported whether trainings met career demands.

Figure 5. Reported satisfaction (%) among different specialty areas.



Conclusions

The 2019 Psychologists Association of Alberta survey revealed important information regarding psychologists' specialties, work settings, and geographical locations. Similar to previous years, Alberta psychologists practiced primarily in urban settings, most often in private practice, were mostly and increasingly (see Figure 6) female, and predominantly held a master's degree. Similar to previous surveys, there was an income disparity between men and women, regardless of the years of practice and number of hours worked. The gender income disparity was smaller for both doctoral and master's level psychologists compared to the 2016 survey data. Most psychologists reported that they were satisfied with how much they worked and were satisfied with their career choice. The response rate to the 2019 survey was lower than that of the 2016 survey, but the results were generally consistent with the past survey data. This survey helped to provide a better understanding of the status of the profession of psychology in Alberta. With 6 surveys completed over the course of the past 14 years, future research will examine longitudinal trends in the field. These data will provide insight into the likely future of professional psychology in Alberta.

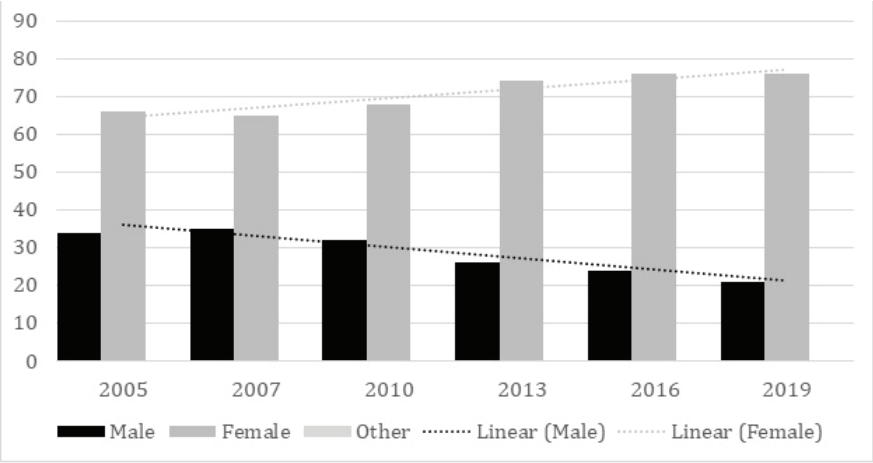


Figure 6. Percentage of male and female psychologists as a function of survey year.

PSYCHOLOGISTS

Psychologists' Association of Alberta

"Welcome to the Profession & Awards Banquet"

Friday 20 September 2019 - Citadel Theatre, Edmonton

Join us in celebrating newly registered psychologists, along with those being honoured at the award ceremony.

Contact the PAA office for more details and registration

PAA would like to thank our banquet sponsors

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NEW KIDS ON THE BLOCK
(A COLUMN FOR EARLY CAREER PSYCHOLOGISTS)

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

The language of psychology: How accurate is psychiatric diagnosis?



Neurosis, major depressive disorder, melancholia, GAD, mania, BPD, PTSD, and the list continues; our modern quest to label human experience and, psychological problems more specifically, began as early as the 1840s, in which an American census first created the category "idiocy/insanity" in which a disproportionate number of African Americans fell. Since that time, the effort to identify appropriate nomenclature for mental diseases has been fraught with controversy and change. Not until 1984 was homosexuality officially removed from the DSM.

Now in its fifth rendition, the DSM, accompanied more globally by the ICD and other labelling systems aimed at capturing aspects of mental functioning, continues to have a significant impact on popular culture and our own practice as clinicians. We are all familiar with the various diagnostic criteria and use it regularly in our work with patients. Most, if not all, third parties, be they insurance companies, WCB, schools, veteran's affairs, and a host of other organizations, rely on our diagnoses to determine various aspects of a person's livelihood or supports in society.

Therefore, it can be unsettling when, as identified by a recent study titled "Heterogeneity in Psychiatric Diagnostic Classification," one of the authors states in no uncertain terms, "Perhaps it is time we stopped pretending that medical-sounding labels contribute anything to our understanding of the complex causes of human distress or of what kind of help we need when distressed." Backing this claim, he and his colleagues identified four major shortcomings when thematically analyzing certain sections of the DSM (Allsopp et. al, 2019).

First, they concluded that psychiatric diagnoses all use different decision-making rules and therefore result in improper decision-making/diagnosis. Second, there is an enormous amount of overlap in symptoms between diagnoses. Third, almost all diagnoses underestimate or mask of the role of trauma and adverse events in the lives of patients. And finally, diagnoses tell us little about the individual patient and what treatment might be warranted.

As a result of these four key findings, it is suggested that although the labels may create the illusion of an explanation, they are "scientifically meaningless and can create stigma and prejudice." The authors caution clinicians to consider the important role of trauma and other adverse life experiences in the clinical encounter and invite us to think beyond diagnoses in our efforts to understand/treat those in our care.

Certainly, this kind of critique of the DSM and other classification systems is not new. Reliability and validity concerns have consistently accompanied the efforts to diagnose mental disorders (Ghaemi et. al, 2013). Other reviews have identified superficial symptoms and warn that the criteria for diagnosis is open to interpretation (Fadul, 2014). Overdiagnosis has been another cited criticism (Bruchmüller et. al., 2012) wherein changes in the criteria for a diagnosis often reduces the threshold for inclusion and results in increased prevalence of the "disorder." Widiger and Sankis (2000) have cogently argued that there is an inherent and profound cultural bias to the DSM, while Glasser (Bowman, 2006) has promulgated the notion that the DSM provides phony diagnostic categories and has been deeply influenced by financial conflicts of interest. Finally, there is the criticism from patients who have come out from under the diagnosis/treatment umbrella and found that they had unwittingly internalized their diagnosis and had shifted their self-identity as a result. Having escaped from this process, some, therefore, take an openly critical stance towards the DSM and its tendency toward labelling (Compton, 2007).

Naturally, all of these criticisms have their counter criticisms and the effort/industry surrounding the DSM, ICD etc. show no signs of slowing down. But as novice or seasoned psychologists interested in the scientific pursuit of what works in therapy, it seems important to take these concerns seriously. The discomfort of "lightly" holding the diagnoses that formulate in our minds as practitioners, as well as the diagnoses that patients themselves have adopted, can be quite uncomfortable. The desire for certainty and precision when faced with the overwhelming concerns brought to us from our patients is understandable.

Yet, holding diagnoses "lightly" would seem to be good medicine. In the words of Kinderman, one of the co-authors of the study above, "[Our work] provides yet more evidence that the biomedical diagnostic approach in psychiatry is not fit for purpose. Diagnoses frequently and uncritically reported as 'real illnesses' are in fact made on the basis of internally inconsistent, confused and contradictory patterns of largely arbitrary criteria. The diagnostic system wrongly assumes that all distress results from disorder and relies heavily on subjective judgments about what is normal."

References available upon request.

WELCOME TO THE NEWEST MEMBERS OF THE PAA BOARD



Tamara Lane, Registered Psychologist

I am honored and excited to join the PAA Board of Directors this year. I have a background in private practice and I currently work at MacEwan University, primarily providing therapeutic services to students. As an early career psychologist, I am passionate about helping and supporting future psychologists through their journey to becoming fully registered. I hope in joining the Board that I can continue my work in this area and expand the resources available for future psychologists in Alberta.



Heather Gower, Provisional Psychologist

I have been a Registered Provisional Psychologist since November 2017 and I am currently a doctoral student at the University of Alberta. My research focuses on best practices and ethics, especially in regard to psychologist regulation and education. My passion for the profession made me eager to join the PAA Board and I've already learned so much. With the board, I hope to further advance the representation and support of provisional psychologists in Alberta in order to strengthen our profession from one of its earliest stages.

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Annual Meeting and Professional Development Day 2019
"Psychologists in Leadership: Leadership in Psychology"

The Edmonton Convention Centre, EDMONTON - 21 September 2019



KEYNOTE SPEAKER

Dr. Andrea Piotrowski

Psychologists: The Profession of Leaders

BREAKOUT SESSIONS #1







Drs. Troy Janzen, Jerry Rose & Gail Matazow

Where's the Party? Navigating through the requirements of third-party work





Jill Green & Brea Malacad M.Ed

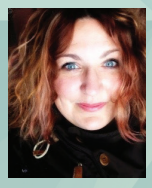
Psychologists Leading Social Change

BREAKOUT SESSIONS #2

Drs. Karen Dushinski & Deena Martin

Boundaries and Bill 21: Implications for Practice Every Psychologist Should Know







Dr. Melanie Noel

Remembering the Pain of Childhood

ENLIGHTENING SPEAKERS



Dr. Christopher Cameron

Creating Transparent Boundaries: A Leader's Greatest Challenge



Dr. Shelagh Dunn

Psychology: The Heart & Science of Leadership



Dr. Angela Grace

The Weight of the World: When the Personal Inspires the Professional



Michaela Patton

Professional Psychology in Alberta: the 2019 Survey of Employment, Salaries, and Workforce Issues



Dr. Gina Wong

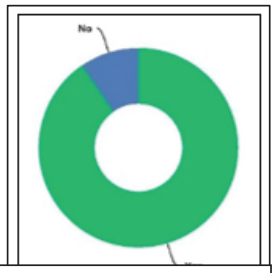
Safeguarding Three Generations+: Shoring Up the Motherline/Fatherline

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PSYCHOLOGISTS' ASSOCIATION of ALBERTA
Understanding People Working Together

PAA
Psychologically Healthy Workplaces Project

2018-2019 Alberta's Occupational Health & Safety approved an innovation grant that funded presentations & interaction / consultation sessions on "How to Develop a Psychologically Healthy Workplace" across the province. Targeted goals included:



Did this presentation raise your awareness of psychological occupational health & safety?

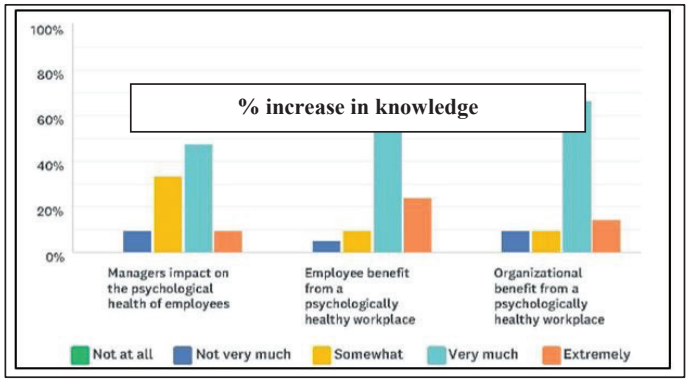
1. **Raising OHS Awareness**
   Why focus on employee health & wellbeing? What is a psychologically healthy workplace?
2. **Increasing OHS Knowledge**
   5 key factors to a psychologically healthy workplace. How managers impact psychological health of employees. How employees' benefit. How organizations benefit.
3. **Stimulating OHS Action**
   Review implications of not having a psychologically healthy workplace; reinforcing that psychologically healthy workplaces have 28% less employee turnover & enhance organizational performance & productivity. And, that in addition to directly enhancing organizational functioning, psychologically healthy workplace practices can improve employee health & well-being by creating an environment that encourages & supports beneficial health behaviors.

Method

Four psychologists with workplace wellness expertise delivered 8 presentations to 499 Albertans representing 121 employers. Each session had dedicated interaction & consultative sessions.

Outcome-Informed Practices

Effectiveness of these sessions were assessed via online surveys where respondents rated their awareness & knowledge of psychological occupational health & safety, level of success of their own workplace in these areas, if they received any new ideas on fostering a psychologically healthy workplace, & integration of new ideas.



Results indicated both **increased awareness of the value of a psychologically healthy workplace** & that this presentation **increased participants knowledge of the impacts & benefits of a psychologically healthy workplace.**

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

THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych

Personal Evolution



There is an awkward time during adolescence, when we are neither child nor adult. At times we revert to our child-like ways, overpowered by emotion and self-centeredness, and other times we are selfless, compassionate and noble, seeing right into the heart of things. Amongst our peers are those who seem hopelessly immature, causing us to speculate as to whether they will ever grow up. And there are those who astound us with their maturity, insight and social conscience.

As humans, we are now squarely in the adolescence of our evolution, complete with identity crises. Yes, we saw how Mother Theresa and Terry Fox dedicated their lives to a cause greater than themselves. Yes, we have compassion for those who struggle, and indeed we make our charitable donations. Our hearts are in the right place, but we are not, for the most part, ready to give up our way of living, renouncing our own pleasures to devote our lives to the wellbeing of others. And that is okay.

Nowhere in the Universe is there a point system or rating scale with highest marks going to the most noble. We do not rate babies according to the age at which they roll over, begin to crawl or how early they talk. Evolution is an emerging process. We must have gentle patience with ourselves.

At the same time, we must firmly nudge ourselves in the direction of taking some responsibility for choosing a path of growth. The fifteen-year old who claims immunity from responsibility because he is 'just a kid' becomes the forty-year old who blames everything and everyone for his own stagnation. Awareness of the next steps in our own evolutionary path is the beginning of responsible evolution. I have yet to meet an eighteen-year old who was not at least a little daunted by the prospect of leaving childhood behind and having to make conscious choices that would determine his or her future. As we stand on the brink of our own evolutionary transition, knowing that we will inevitably have to let go of ego and trust the guidance of our own soul, there is the same trepidation.

Moving out of ego is like moving away from home for the first time. When you move away from home, you have to begin to feel at home with, and trust the world. When you move away from ego, you have to begin to feel at home with, and trust the Universe.

Time, experience, teaching and modeling result in a broader, more inclusive view. So, it is with ego. We need to grow, to experience life, to be exposed to ideas that carry us beyond the limitations of our own thoughts, and to have models who demonstrate more evolved ways of being. Then, we can begin to take tentative steps, trying out new perspectives and behaviors. Of course we will slip back to old ways, particularly when we are tired, vulnerable, or stressed. Carlos Casteneda suggested that we must be ruthless in the destruction of the ego. This was in the context of becoming a spiritual warrior. The term 'spiritual warrior' seems a bit of an oxymoron, and ruthless destruction is probably unnecessary. Ego is not the enemy, but it absolutely does compromise our evolutionary progress. We will have to move beyond it as surely as the adolescent must grow beyond self-centeredness if she is to become a mature adult. And just as being kind, honest and caring about others does not, for the teenager imply a newfound religious conviction, nor does becoming more soulful necessarily imply a spiritual path. It can, but that does not make it better.

One could live a life based on an understanding of a co-creative Universe and the principles of quantum physics, or based on a belief in survival of the wisest, transcending ego not for spiritual reasons, but simply because it becomes irrelevant. We can grow just because life works better when we do. Feeling guilty, un-spiritual or less evolved will turn us into evolutionary adolescents with cosmic self-esteem problems.

It is important to remember the hallmarks of the evolutionary perspective: it does not polarize, and it is non-judgmental. It is not about good and bad, right and wrong, lesser or greater. It is about being conscious, honoring the highest parts of our being, and providing encouragement, support and acceptance to those who share the journey.

Psychology Shaping the Landscape

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

Health Groups

- The Alberta Health "Valuing Mental Health" Committee Collaborative Practice
- The Alberta Pain Network & Opioid Crisis Task Force
- 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
- AHS Cannabis Baseline Group

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
- Alberta Palliative Care Competencies & Education Project

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
- University Blue Quills Indigenous Psychology Undergrads

EMDR TRAININGS

(Basic & Advanced)

BASIC EMDR TRAINING:

Dr Marshall Wilensky will teach participants how to implement EMDR safely and effectively within a variety of clinical contexts. Weekend 1 (November 22, 23, 24, 2019) and Weekend 2 (evening January 16, full days January 17, 18, 19 2020). Participants attend both weekends to complete the Basic EMDR Training.

ADVANCED TRAININGS:

Katie O'Shea will teach participants how to implement EMDR Early Protocol (pre-verbal trauma) to process trauma with children and adults who have been exposed to trauma before age 3.

November 29 & 30, 2019

For Further Information contact Judy Moench at prepped4learning@gmail.com or 780 454 7685

THE VEGA PROJECT

By John Pearce, Ph.D., R. Psych & Kerry Mothersill, Ph.D., R. Psych

The VEGA Project: Recognizing and Responding to Family Violence

Introduction

The VEGA Project (Violence, Evidence, Guidance, and Action) has developed pan-Canadian, evidenced-based public health guidance, tools, and curricula for health and social service providers when responding to three interrelated areas of family violence: child maltreatment (CM); intimate partner violence (IPV); and children's exposure to IPV (CE-IPV). VEGA was funded by the Public Health Agency of Canada.

VEGA is co-led by two prominent Canadian family violence researchers, Dr. Harriet McMillan, McMaster University and Dr. Nadine Wathen, Western University. Experts affiliated with the Preventing Violence across the Lifespan Research Network and others from McMaster and Western provided the latest evidence on effective practices in responding to CM, IPV, and CE-IVP.

The National Guidance and Implementation Committee (NGIC), with representatives from 22 key national health and social service professional organizations, offered overall guidance and assisted with testing products and mobilizing VEGA products to their members. We represented the Canadian Psychological Association on the NGIC.

VEGA's public launch is scheduled for the fall of 2019. All resources and educational materials will be available on-line in French and English on a complementary basis.

Foundational Principles

Several effective, evidence-based treatments for children and adults who have experienced family violence are now available. However, broader social conditions may limit therapeutic outcomes and harm clients. *Trauma-informed care* (TIC), especially its elaboration in *Trauma and violence-informed care* (TVIC), served as conceptual foundations for VEGA's initiation and operational development.

TIC is not about treating people but ensuring safety for clients by understanding the effects of trauma and their close links to health and behavior, and creating safe places that limit the potential harm for everyone. TVIC expands TIC to include broader and structural social conditions that impact individuals' health and well-being: systemic, historical, and ongoing interpersonal violence; racism; and health inequities. Risk for harm can come from how health organizations and social service agencies treat people, both from a policy perspective and the actual practices and interactions between providers and clients.

VEGA is not intended to train professionals in trauma-specific treatments. Rather, VEGA strives to assist health and social service providers to recognize and safely respond to family violence, understand its impact, practice in ways that are respectful and inclusive of peoples' diverse histories and contexts, and do no harm via system- or provider-induced trauma. *Universal precautions* are emphasized: all clients receive the same safe, respectful care to ensure no one is re-triggered or harmed. This includes creating emotionally and physically safe environments for clients and providers, fostering opportunities for choice, collaboration, and connection, and using a strength-based approach to support clients.

VEGA's Accomplishments

Given the broad array of VEGA's products and resources, we are unable to offer detailed information regarding their content and the methodological processes used in their development. Instead, the following is an inventory of resources available (https://vegproject.mcmaster.ca/) when VEGA is launched in the fall 2019.

1. Systematic evidence reviews, along with guidance from the NGIC that identify the latest evidence for effective practices in responding to CM, IPV, and CE-IPV.

2. VEGA Competency Framework offers guidance for health and social service providers for recognizing and responding safely to family violence.

3. VEGA Online Practice Handbook for health and social service providers.

4. A curriculum that is adaptable for implementation by different provider groups and in various settings: "How to" videos, including "What to say"; a whiteboard video entitled "Why VEGA"; care pathways; and interactive skill acquisition game scenarios.

Knowledge Mobilization

Developing and implementing knowledge mobilization strategies that move guidance recommendations into action is a primary responsibility of NGIC representatives. In addition to preparing this article, we are pleased to report the following initiatives:

1. An overview of VEGA presented to the CPA Board of Directors (Mothersill & Pearce).
2. Securing CPA members to review sections of the Practice Handbook and offer feedback (Mothersill & Pearce).
3. Building Clinical Skills in Recognizing and Responding to Family Violence, a presentation at the 2019 CPA Annual Convention, Halifax (Mothersill & Pearce).
4. An overview of the VEGA Project to the Council of Professional Associations of Psychologists, Halifax (Mothersill).

Regarding future activities, we have been invited to serve as co-editors of an issue devoted to family violence in the CPA journal, Psynopsis. We plan to approach the CPA Accreditation Panel to ascertain its interest in adding competency in TVIC as a criterion for the accreditation of doctoral programs and internships. As keen advocates of VEGA, we will gladly consider requests for presentations about this important project.

We can be contacted at:

pearcejw@shaw.ca and kerry.mothersill@albertahealthservices.ca

2020 PAA Recommended Fee Schedule
Summary

Effective 1 January 2020 the recommended fee schedule will remain unchanged.

2020 PAA Recommended Fee Schedule

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

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

WELCOME TO PAA'S NEW MEMBERS!

(01 May 2019 – 31 July 2019)

Adolpho, Quintina (Early Career Psychologist)
Amadala, Lucy (Provisional)
Arsenault, Kristy (Provisional)
Astete, Ignacio (Student)
Backman, Selena (Full)
Baragar, Timothy (Full)
Baron, Jennifer (Provisional)
Begg, Dionna (Early Career Psychologist)
Bischoff, Theanna (Full)
Bjorge, Anthony (Full)
Bliss, Andrea (Early Career Psychologist)
Bossmann, Kathryn (Student)
Bown, Johnathan (Early Career Psychologist)
Buys, Lisa (Full)
Carlyle, Mary-Lou (Student)
Caron, Kim (Provisional)
Caryk, Janet (Full)
Cassidy, Arlene (Full)
Chant, Paul Daniel (Full)
Chung, Alycia (Full)
Cote, Amy (Full)
Couture, Julie (Provisional)
Cowie, Brandi (Early Career Psychologist)
De Boer, Tracy (Provisional)
Djuraskovic, Ivana (Full)
Donovan, Emilie (Student)
Dosenberger, Brian (Provisional)
Dowd, Roxanee (Early Career Psychologist)
Emes, Alycia (Student)
Ennin, Sheila (Student)
Evans, Meredith (Full)
Fillier, Val-Marie (Provisional)
Fong, Suzanne (Provisional)
Fox, Adele (Full)
Gatzke, Christine (Provisional)
Guzik, Melissa (Provisional)
Hall, Laura (Provisional)
Hamilton, Candace (Provisional)
Hawryliw, Stephanie (Early Career Psychologist)
Hayden, Jillian (Early Career Psychologist)
Heer, Barna (Student)
Herman, Nadia (Provisional)
Hill, Todd (Full)
Hinds-Nunziata, Deborah (Full)
Hoy, Jennifer (Full)
Ievleva, Lydia (Provisional)
Johanson, Diana (Provisional)
Jones-Mollerup, Kiray (Student)
Kennedy, Erika (Early Career Psychologist)
Kilgour, Andrea (Full)
Kim, Julie (Full)
King, Rachel (Early Career Psychologist)
Klaver, Ellen (Student)
Kunnel, Michelle (Student)
Kunyi, Melinda (Provisional)
Lateef, Gloria (Student)
Lees, Sherri (Student)
Lewis, Alison (Full)
Loria, Cynthia (Student)
Luft, Toupey (Full)
Lux, Glenda (Full)
MacDonald, Heather (Early Career Psychologist)
MacDonald, Heather (Full)
MacDonald, Heather (Student)
Macdonald-Belanger, Angela (Student)
Marshall, Amy (Provisional)
Martin, Erin (Provisional)
Matuska, Lenka (Early Career Psychologist)
Merchant, Michelle (Full)
Mori, Camille (Student)
Muth, Carissa (Full)
Nolin, Heather (Provisional)
O'Brien, Sarah (Provisional)
Olszewska, Agnieszka (Full)
Parr, Dale (Full)
Petryga, Marlena (Full)
Pierce, Derek (Full)
Popoola, Adejare (Provisional)
Pritchard, Ashley (Provisional)
Purnell, Jodie (Student)
Rankin, Moira (Student)
Razavi, Abdul Aziz (Student)
Reed, Beverly (Provisional)
Reinich, Brittany (Provisional)
Renny, Katerina (Early Career Psychologist)
Roberto, Jana (Early Career Psychologist)
Rokhman, Alina (Early Career Psychologist)
Romaine, Angela (Full)
Schinke, Alexandra (Provisional)
Schwartzberg, Simita (Full)
Smith, Diana (Provisional)
Solyom, Nina Nadine (Provisional)
St. Jean, Laurelle (Provisional)
Stiles, Laura (Provisional)
Ward, Sarah (Provisional)
Warner, Lauren (Provisional)
Watson, Mark (Out of Province)
Westin, Dallis (Early Career Psychologist)
Wilkowich, McMillan (Provisional)
Winkelaar, David (Full)
Wisniewski, Katherine (Early Career Psychologist)
Yang, Stephanie (Student)
Ylioja, Shelley (Full)
Zacharko, David (Full)

CONTINUING PROFESSIONAL DEVELOPMENT

Upcoming Winter CPD Workshops

Insomnia: Treatment Expertise Using CBT-I	Dr. Gregg Jacobs	05 September 2019, Edmonton
General Assessments for Counselling Psychologists	Dr. Jamie Dyce	08 November 2019,Calgary
Family Restructuring Therapy	Dr. Stephen Carter	22 November 2019, Edmonton
Critical Factors in Completing Parenting Assessments	Dr. Ann Marie Dewhurst	16-17 January 2020, Edmonton

Upcoming 2020 Spring & Summer CPD Workshops

Developing Your Personalized Approach to Clinical Supervision: The Contextual-Relational Meta-Framework	Dr. Jeff Chang	19 March 2020, Calgary
General Assessments for Counselling Psychologists	Dr. Jamie Dyce	27 March 2020, Edmonton
Trauma & PTSD in First Responder Populations	Dr. Megan McElheran	10 April 2020, Calgary
What Every Psychologist Should Know About Forensic Practice	Dr. Roy Frenzel	17 April 2020, Calgary
Competency-based Clinical Supervision: An Experiential Approach	Co-sponsored with the University of Alberta Department of Educational Psychology	02 May 2020, Edmonton

Past CPD Workshops

Education & Mental Health Resilience for Students with Mild Cognitive Disabilities: Translating Research into Practice Co-sponsored with Werklund School of Education, Integrated Services in Education	16 May 2019 Dr. Steven R. Shaw in Calgary
Current & Emerging Best Practices in Supervision: Pathways to Supervisee Competence & Expertise Co-sponsored with the University of Alberta Department of Educational Psychology	04 May 2019 Dr. Rodney Goodyear in Edmonton
Geropsychology Research & Practice: Helping Our Clients, Helping Ourselves	17 May 2019 Dr. Candace Konnert in Calgary
EPPP Prep: Memory Boosting Learning Strategies	07 & 21 June 2019 Michele Pentyliuk in Edmonton & Calgary
Effective Advocacy Webinar	02, 18 & 30 July 2019 Dr. Judi Malone online
Preparing for Your Oral Exam in Professional Psychology	12 & 19 July 2019 Dr. Jim Eliuk in Edmonton & Calgary

More information & registration is available on the PAA website
https://psychologistsassociation.ab.ca/professional-development/paa-events-webinars/
Questions or suggestions for workshop topics? Contact brittany@paa-ab.ca



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