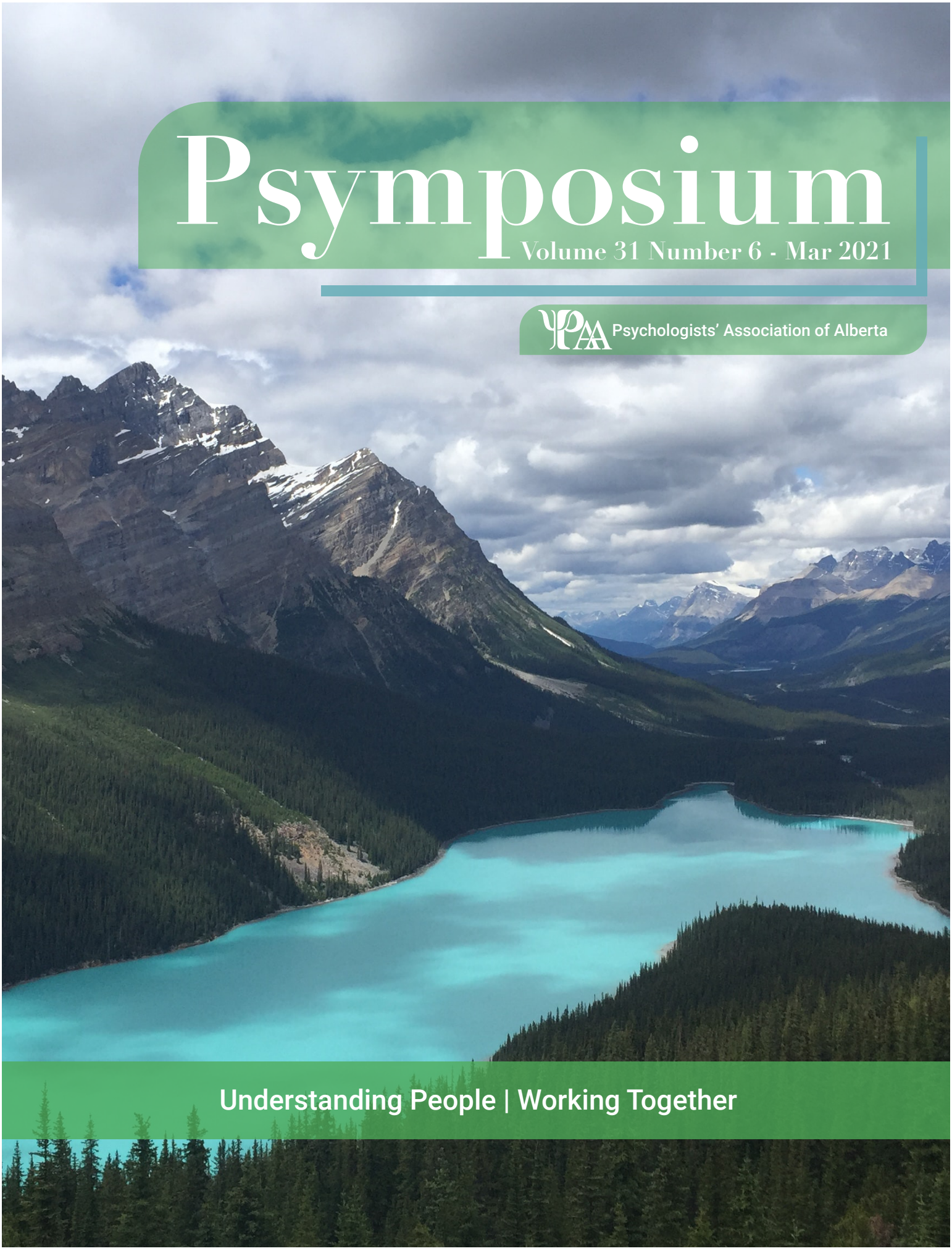
Psymposium

Volume 31 Number 6 - Mar 2021

Psychologists' Association of Alberta



Understanding People | Working Together

What gives this lake its unique bright, turquoise colour? Submit your answers to Simon@paa-ab.ca

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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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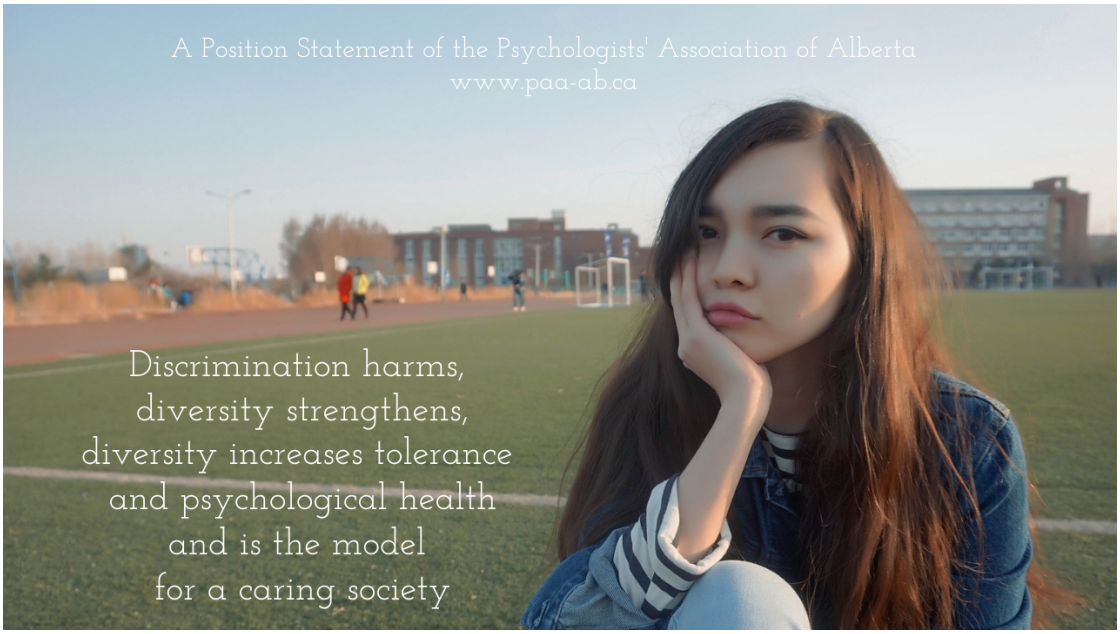
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Editor's Letter



"How wonderful it is that nobody need wait a single moment before starting to improve the world."

- Anne Frank

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

It has been a little over one year since the pandemic became an international emergency in which provinces and territories within Canada (and countries worldwide) needed to implement restrictions, closures, and prohibitions of varying degrees. Navigating through the vicissitudes of our profession over this past year has come with challenges but also opportunity for growth personally, professionally and as a profession as a whole. Change invites opportunity for new insights, development of resources, and ways in which we can continue to provide psychological services and improved access to our communities. It also can introduce contemporary ways to facilitate on-going professional learning and training opportunities to further support evidence-based practices in our field. We know as psychologists we have an ethical obligation to continue our professional development and competence and as psychologists we are often inquisitive about the world around us. We may miss the face-to-face interactions of networking, meetings, conferences, and workshops – I know I do. Nonetheless, we have a commitment toward the ongoing advancement of our field and thanks to modern technology we have plenty of opportunities to connect in different ways and pursue continuous learning.

With new technologies in our grasp, some of the ways we can continue professional development are: find an on-line group of professionals to connect within our field; consider having a mentor; keep up-to-date with professional resources/articles/podcasts/blogs; attend a virtual conference; enroll in online continuing education courses/training; and don't forget to check out some of the upcoming recorded primers and online workshops from the Psychology Association of Alberta.

PAA Editor-In-Chief
Michelle Vandegriend, Ph.D., R. Psych.
Certified Gottman Therapist www.stalbertcounselling.com
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Alberta Psychology Showcase

PAA members have a wealth of expertise in science and practice. We want to showcase your work online and in Psymposium. Email Kim@paa-ab.ca and share your recent:

- Implementation Science
- Program Evaluations
- Therapeutic Tool Development
- Research or Project Grants
- Research Projects
- Psychological Science Publications

Check future Psymposium issues for this regular feature to stay up to date with research and practice in Alberta psychology.

Alberta Psychology in The Media

25 Media Pieces

Jan 2020 – Feb 2020

via	thanks to	On topics including
CBC Radio-Canada	Eileen Bona	COVID-19
ATB Financial	Jody Carrington	Business transition
CBC News	Dr. Ganz Ferrance	Travel by AB politicians
CBC Radio	Dr. Angela Grace	Access to psychologists
Global News	Katrina Hewton-Backfat	US election fatigue
Global News Radio	Rameen Kargger	Visualization
CTV News	Kimberly Knull	Immune system
AskDrGanz.com	Connie Leclair	Weight loss
630 CHED	Dr. Brent Macdonald	Calgary YMCA wellness program
Mix 107.0 FortSaskOnline	Dr. Judi Malone	Health care workers
Calgary Herald	Kristi-Anna Steiestol	Nature-assisted therapy
Native Calgarian Podcast with Michelle Robinson	Dr. Amanda Stillar	Sleep
		January blues
		Journey as a Blackfoot psychology
		Stigma

If you or a colleague are interviewed through any media outlet (newspaper, radio, television), or if you have attended a career fair or public speaking engagement, please contact the PAA office to advise us so that we can include the information in our report.

Welcome New PAA Members

Michael Aaron Acquah
Deni Ait Daoud
Breanne Aitken
Janine Arksey
Mallik Bailey
Tracy Beach
Leanne Bonneville
Candice Boutilier
Rebecca Campbell
Celeste Como
Alison Crane-Spracklin
Lorie Dadzie
Kristin Daftarchi
Geordy Dhadwal
Susan Dunnigan
Christina Ferguson
Tanya Flaro
Dominique Fleck
Andrea Fleming
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Debra Frick
Alanna Geleynse
Katrina Grasmeyer
Joanna Halabi
Aleigha Hanlon
Imane Hanna-Haddad
Joshua Hastie
Claire Huhn
Chelsey Jensen
Kelly Kanippayoor
Lindsey Khakh
Bryan Krueger
Monica Layton
Katrina Leadbetter
Effat Lincz
Christina Lyons-Belt
Madison MacIsaac
Harjot MacLachlan
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Leigh-Anne Mcleod
Wegdan Mitchell
Amanda Molstad
Kira Lee Morrison
Chantelle Mosavi
Jacqueline May Moxley Haegert
Tanya Munro
Kristen Murphy
Taylor Nijjer
Joanne Penner
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Kieran Przybylski
Stephanie Psalios
Chantal Rajan
Leanne Riopel
Horeya Robinson
Vanessa Rodriguez
Jeremy Ruecker
Monica Schaal
Ivan Seymour
Esther Shores
Katelyn Sidebottom
Lloyd Sivakumar
Samuel Smith-Haber
Amanda Stephen
Brooklynn Stephenson
Katelyn Stump
Mandy Tran
Joel Tran
Sherani Voogd
Molly Williamson
Carlin Woelfle
Heather Wonsiak

Notes From the CEO's Desk



"I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail."

- Maslow

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

I have heard many "simple" proposals to increase access. One tautological argument is that those in private practice should just reduce their fees or see a large proportion of pro-bono clients – essentially that the responsibility lays on the individual to resolve systemic access considerations. In truth, there are no easy answers to how to resolve our two-tiered healthcare system and to increase access to psychologists.

PAA Position Statement
All Albertans, regardless of income, should have access to psychological services.

Access Advocacy Recommendations
Access is a foundational advocacy pillar of the PAA. Three key recommendations for actionable solutions to access issues include:

1. Fund psychological health on parity with physical health based on the burden of disease.
2. Have psychologists advise on how to increase service access for underserved populations.
3. Engage psychologists in targeting accessibility for effective evidence-based services.

Psychologists provide valuable cost-effective services but only when these are accessible to those who need them. Common barriers to treatment are cost of services, not knowing where to get help, not having extended health insurance coverage, and wait times.

In closing
Access can be an Alberta innovation. Together we advocate for the psychological health & wellness of all Albertans.

Judi

Board meeting dates 2021-2021



Continuing Professional Development

Primers

One-hour recorded overview of the topic. Watch anytime, anywhere. ($40 + GST).

Trauma & PTSD in First Responder Populations - **Dr. Meghan McElheran**
Family Restructuring Therapy - **Dr. Stephen Carter**
Preparing for Cannabis Legalization in Canada: A Psychologists' Evidence-Based Guide - **Dr. Igor Yakovenko**
Psychology of Cannabis Addiction - **Dr. Jonathan Stea**
DIY Videos for Your Therapy Site or YouTube Channel - **Dr. Kyler Shumway**
The Erupting Addictions Pandemic **- Dr. Kevin Alderson**
The Game of Life: An Introduction to Using Basic Sport Psychology Principles in Clinical Practice **- Dr. Caelin White**

Past CPD

Traumatology 101: Psychology During a Pandemic Webinar
Online, 09 April 2020 - over 500 registered
*Recording Available for viewing ($0 for Members)

Pandemic Adaptations Panel: Counselling Psychology
Online, 21 May 2020 - over 40 registered
*Recording Available for viewing ($0 for Members)

Pandemic Adaptations Panel: Supervision in Psychology
Online, 28 May 2020 - over 30 registered
*Recording Available for viewing ($0 for Members)

Pandemic Adaptations Panel: School Psychology
Online, 03 June 2020 - over 40 registered
*Recording Available for viewing ($0 for Members)

PAA & CAP Alberta Psychology Annual Meetings & Joint Professional Development Event
Online, 02 October 2020 - over 800 registered

***EPSB ONLY** Introduction of Telepsychology in School Setting*
Online, 06 & 08 October 2020

EPPP Prep: Memory Boosting Learning Strategies
Online, 09 & 15 October 2020
Online, 11 November 2020

Psychology as a Profession: Psychology Graduate Students
Online, 21 October 2020

Psychology as a Profession: Psychology Undergraduate Students
Online, 22 October 2020

CoSponsor: Tele-Assessment of Suicide Risk for Children and Youth Amidst COVID-19
Online, 09 November, 2020

Co-Sponsor: *The Science of Reading: What School Psychologists Need to Know*
Online, 20 November 2020

Trauma & PTSD in First Responder Populations
Online, 27 November 2020

A Community of Practice Conversation about Outcome Informed Practices
Online, 03 December 2020

*Starting and Operating an Independent Professional Practice in Psychology **Virtual***
Online, February 02, 04, 09, 11, 2021

The Weight of the World: Psychologist's Role in Addressing Client's Weight-related issues
Online, 26 February 2021

Prescribing Service Dogs or Emotional Support Animals
Online, 03 March 03 2021

In the Oven

Biting the Bullet: Exposure Therapy for Phobic Avoidance with **Janet Caryk M.Ed.**
Rewriting History to Create a Better Future: Positive Prospection in Practice with **Dr. Lydia Ievleva**
Primary Care Collaboration
Professional Ethics
Restructuring Family Therapy
Psychedelics & Psychotherapy with **Dr. Megan Elheran**
Addiction Counselling with **Dr. Kevin Alderson**
Sports Psychology with **Dr. Caelin White**
Clinical Supervision with **Dr. Jeff Chang**

Board Notes



"It is critical that we as psychologists continue to advocate for all Albertans to access timely and qualified psychological services."

By Nicki Wilson, R. Psych

To our valued membership,

As psychologists, we know the importance of good psychological health. We also know that for those individuals suffering with mental health problems, if left untreated they can be exacerbated and lead to difficulties that can persist across the lifespan, including poor physical health, academic and occupational problems, and social difficulties. Psychological services can help with mental health problems and mitigate further possible negative outcomes. With this awareness, the PAA continues advocating for access to psychologists for all Albertans.

This past fall Nanos Research was retained by the Canadian Psychological Association and the Council of Professional Associations of Psychology to conduct a study to gauge the impressions of Albertans on issues related to mental health and the overall profession. It was evident that overall **Albertans want improved access to psychologists.**

In January 2021, PAA CEO Dr. Judi Malone released a press statement summarizing the findings from the study. She stated, "Albertans know what they want –access to mental health and addiction treatment by qualified providers. The psychological health and wellness of Albertans can be substantively improved by increasing access to registered psychologists."

In terms of Albertans' barriers to accessing care from a psychologist it was found that:

- 80% report they cannot afford to pay for psychological services themselves.
- 69% say it is because psychologists are not covered by the AHCIP.
- 43% report unreasonable wait times for psychologists in the public health system.
- 65% say it is because psychologists are not covered by their employee benefit plan.
- 62% say wait times to see a psychologist are too long.
- 43% say that they prefer to deal with these problems on their own.

The study found that improving access to care was well supported.

- 86% of Albertans (88% of Canadians) support or somewhat support improving access to psychologists through the publicly funded health care system.
- 84% of Albertans (83% nationally) say psychologists working collaboratively with other health professionals, such as family physicians, is a very good idea or good idea.
- 77% of Albertans (76% of Canadians) think that better access (more funded psychological access) through their employer health benefit plan is a very good or good idea.

Overall, the majority of Albertans perceive psychologists as being effective in helping people with psychological problems and in diagnosing people with psychological problems and addiction.

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. It is critical that we as psychologists continue to advocate for all Albertans to access timely and qualified psychological services.

To learn more about how to advocate for these services, please contact the PAA for a free resource kit outlining tools and strategies.

T**o access the full results of the survey**, visit https://psychologistsassociation.ab.ca/albertans-want-improved-access-to-psychologists/.

Your President,

Nicki Wilson, M.Sc. R. Psych.

The Supervision Column

The A-B-C-D-E-F of Evaluation in Clinical Supervision



"We aspire to warm supportive relationships with our supervisees, and while the supervisory alliance is crucial, the hierarchal nature of supervision makes the relationship more like parenting than therapy..."

By Dr. Jeff Chang R. Psych.

According to Bernard and Goodyear, supervision is an "intervention provided by a more senior member of a profession to a more junior colleague or colleagues… typically… members of the same profession. This relationship

- is evaluative and hierarchical,
- extends over time, and
- has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of the… services… to clients… and serving as a gatekeeper…." (p. 9).

Much as we want to be collaborative, supervision is a hierarchical relationship. We are required to evaluate and, if necessary, gate-keep. We aspire to warm supportive relationships with our supervisees, and while the supervisory alliance is crucial, the hierarchal nature of supervision makes the relationship more like parenting than therapy – starting with close supervision, with limit-setting and directiveness when necessary, progressively allowing more independence. Think about these **A-B-C**s (and **D-E-F**s) of evaluation in clinical supervision.

Attending to the alliance. Supervision is a relational activity. Be open and supportive, human and accessible. As with therapy, the relationship must have the capacity to support any intervention. Distinct from therapy, the relationship at times requires directiveness. A relationship in which the supervisee appreciates your support, and respects your expertise and authority, is essential.

Balanced. Feedback should highlight both appropriate performance and skills in need of improvement. Avoid leniency bias (Bernard & Goodyear, 2019). Gottman's (2015) ratio of 5 positive comments to 1 negative comment is just as relevant to supervision as to couples therapy. Wording like "building on," "developing", and "moving toward" maintain a sense of positive development and movement while being realistic about performance.

Competency-based. Base your evaluation on entry-practice competency profiles as developmentally appropriate. Competency profiles are available for school psychology (National Association of School Psychologists, 2010), counselling (Federation of Associated Counselling Therapists, 2016), clinical child psychology (Hupp et al., 2010), and many other areas of practice. Professional psychology benchmarks (Fouad et al., 2009) link competencies to stages of professional training.

Descriptive, direct, and deliberate. Supervisors should be able to describe the positive aspects of supervisees' performance and provide specific feedback– which means we must observe supervisees' work – live or on video. Provide concrete suggestions for improvement in behaviorally specific terms. Be direct when you need to. Thomas (F. N. Thomas, personal communication, January 15, 2021) describes a continuum of directness to use with supervisees: "From metaphor, to semaphore, to 2 x 4."

Evaluative. At the risk of being redundant, base your evaluation on a relevant competency profile. Communicate directly to supervisees about whether they are meeting criteria for acceptable performance given their developmental status.

Frequent. Feedback should not be restricted to a mid-term or final evaluation, but should be a part of every supervision session.

Evaluation is an organic process, not an occasional event. Robust and defensible evaluation is embedded in a solid supervisory relationship, the supervisor's willingness to take a leadership role, and direct feedback based on observation of the supervisee's work.

References available upon request.

Ethics – The Impossible Imperative

The Domains of Ethics



"Often however, there is a rush to go from the lab to the consulting room or the stage, to extend findings quickly into useful, if not marketable practice."

By Dr. Jon Amundson, Ph.D., R. Psych

In a recent article in the *Calgary Herald* on the use of psylocibin with cancer, it was announced that Health Canada has eased restrictions on this form of psychedelic treatment, and that the process of treatment described involved the presence of a psychologist. This statement raises a concern for, as yet, there may exist only idiosyncratic or self-defined guidelines for such practice. I was approached a while back to consult on the establishment of a program of sorts, which upon investigation led to The Alberta Medical Association seeking to establish standards for such practice (ongoing at this time). I raise this as a point of discussion regarding the ethics of practice expansion. For example, with the case study published in the *Herald*, issues came to mind:

"Of what would the consent process consist?"

"What precautions would be extended/explained to the patient, as suggested in the literature, regarding innovative and new forms of intervention?"

"What professional determination would take place as to the suitability of a patient for such treatment?"

"What is the responsibility of the psychologist in (and how would they demarcate their distance from) the administration of a drug, and would they be assured that it was managed by a professional so designated?"

"Is there vicarious liability associated with the nature of the substance and its active ingredients?" (See Podcast on Nootropics Oct.22, 2020)

"Do they have an obligation to be in a context where adverse medical events can be managed?" (i.e. consideration of a 'crash cart'/basic lifesaving medical emergency intervention possible in the event of anaphylaxis).

"Can they demonstrate competency through training, supervision, or other recognized means of professional competency acquisition?"

I put out these questions to illustrate the often complex and underlying considerations which ought to abut any move into new practice areas. We are a profession always re-building ourselves from the latest in bio/psycho/social research. Often however, there is a rush to go from the lab to the consulting room or the stage, to extend findings quickly into useful, if not marketable practice. To proceed ethically then, it is important to move forward in the company of a couple of ideas.

First, with novel or established areas of practice, can I demonstrate that I have upheld Principle II in the Code, Responsible Caring? This would be through adequate preparation for the area of expansion.

Second, can I ground my practice in an empirically informed and research-established base?

Third, am I integrating my practice within the context I am practicing? For example, as above, a quasi-medical practice, or with legal or forensic work; do I know how the law operates?

Fourth, do I have mentors or consultants to whom I can turn for guidance, who are more 'sober' than me in the particular trade? Enthusiasm counts but keeping feet on the ground protects us.

Finally, am I balancing self-promotion and ambition or financial incentive with aspirational aspects of Codes and Standards? This is so that we not only look like good guys but are working to be good guys.

Timely, Topical, and even Controversial



Collaboration

Fostering the Profession: Learning - Leading Psychology as a Profession

PAA, & our members, are committed to maximizing our impact through strategic relationships with other psychology groups in addition to maintaining a strong relationship with the College of Alberta Psychologists. That includes:

American Psychological Association
- Dr Lana Hawkins was elected to the APA Council of Representatives
- Robert McGarva as Rural Health Coordinator Representative for Alberta
- Dr Judi Malone as the CESPPA representative for Alberta
- Nicki Wilson as Division 31 Representative

Canadian Council of Professional Associations of Psychology
- Dr Judi Malone serves as the vice-chair of CPAP
- Sally MacLean serves as representative

Canadian Psychological Association
- Dr Judi Malone sits on the CPA board representing the provinces

Association of Canadian Psychology Regulatory Organizations
- Dr Judi Malone serves as the liaison of the provinces to ACPRO

Alberta Health Services
- Dr Judi Malone participates in the:
  AHS Professional Practice Council for Psychology
  AHS Clinical Strategic Network for Addiction & Mental Health
  Alberta Mental Health Research Hub -- Addictions & Mental Health

The Universe Within

Recognizing Your Inner Child



"But sometimes the inner child has remained such an integral part of our personality that we do not see how it is operating and creating difficulty in our relationships."

By Gwen Randall-Young R. Psych

The concept of the "inner child" can be very useful in understanding our feelings and behaviour. Essentially, the concept refers to that aspect of our personality that still operates from the perspective of the child that we once were.

There are many other aspects of our personalities, such as the inner critic, judge, competitor, nurturer, controller, fixer, organizer, and so on. Different aspects come out at different times and in different situations. Sometimes these parts can be helpful to us, and at other times they can create difficulty.

The inner child can be problematic when we do not recognize his or her presence in our feelings or behaviours. Young children are egocentric, seeing the events in their lives only from their own perspective. If they don't get what they want, for example, they may conclude that we don't love them, or that we are being unfair. They are unable to see much beyond their own needs. The same thing happens for us when some issue gets triggered in our inner child. The adult part of us may understand that our partner cannot spend time with us because something came up at work, but the inner child sees only that work was prioritized over him or her. The reaction may be one of anger or withdrawal, and attempts to make the partner feel guilty.

The adult part of us may understand that someone else received the promotion due to superior skills or experience, but the inner child feels that the boss likes the other person more and feels personally rejected. If we can think through these situations and realize that the inner child is operating, we can often put things back into perspective. But sometimes the inner child has remained such an integral part of our personality that we do not see how it is operating and creating difficulty in our relationships.

If you felt constantly criticized as a child, you may interpret any suggestions or feedback as criticism, and instantly become angry. If you felt rejected or abandoned as a child, you may become intensely anxious if a partner goes out for a while to cool off during an argument. If you felt a lot of rivalry with a sibling, you may find yourself feeling competitive with friends or neighbors. If we are coming from the perspective of our inner child, it is difficult to solve problems because upset children rarely hear what adults are trying to say.

If two people are dealing with an issue and both of their inner children are activated, things become irrational and heated very quickly. If we can recognize the voice of our inner child, we can take the time to calm that one down, and try to reconnect with our mature adult self. Trying to solve a problem from the perspective of the inner child generally creates more problems than it solves.

Gwen Randall-Young is an author and Registered Psychologist in private practice. For articles, and information about her books, personal growth/hypnosis MP3s/CDs visit www.gwen.ca

Early Membership Renewal Draw

PAA congratulates **Evangeline Barrow** (#852 out of 964), Edmonton, AB as the winner of the 2021-2022 Early Bird renewal draw simply by renewing before February 28th! Evangeline will be receiving a $75.00 credit towards any PAA Continuing Professional Developments events in the 2021-2022 Membership Year.

Be sure to renew before the end of February next year to qualify for this Early Bird Renewal draw!

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
- Collaboration with the other Health Professions Act Associations
- AHS Addiction & Mental Health Strategic Clinical Network

Provincial Advocacy Groups

- The Palix Foundation
- Gender Based Violence Initiative
- CMHA Alberta
- Reforming the Family Justice System
- Alberta Workplace Wellness Network
- Alberta Palliative Care Competencies & Education Project
- Health Coalition of Alberta and AMHAC/psychiatry

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

- Parole Board of Canada: Western Region
- Victims of Crime & Public Safety
- Nursing Health Monitoring Project
- CMHA Rural Mental Health Project

PAA Award Winner in Spotlight!

We would like to introduce **Dr. Jacqueline Linder**
Winner of the 2021 PAA Pettifor Lifetime Achievement Award



Dr. Jacqueline Linder's commitment to social justice, academic excellence, and ethical and compassionate clinical practice set her apart as a nominee for the Pettifor Lifetime Achievement Award. As an advocate and researcher, her work in human trafficking and soul loss is ground-breaking. She has long been the voice for survivors of human trafficking and has publicly offered not only education but also testified on behalf of survivors. Dr. Linder also created an NGO to specifically work with this population.

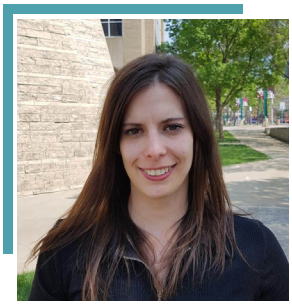
Dr. Linder launched a confidential counselling line for those affected by human trafficking (the Chrysalis Anti-Human Trafficking Network). This service provides free crisis and on-going counselling, which is accessible anywhere in North America. Staffed by trained and credentialed volunteers, the line assists individuals working in or affected by the sex trade, those trying to leave it, and supporting others affected by sexual violence. She opened another free hotline (OSI) for first responders, also free and available 24 hours a day. Any first responder can reach out in the dead of night to talk about what they were experiencing, free of charge, and without stigma.



Thank you Dr. Linder for your outstanding contributions to the field of psychology!

The Pettifor Lifetime Achievement award is presented to a PAA member for outstanding career achievements in, or contributions to, the field of psychology. This award celebrates a long-time enduring contribution to the field of psychology, either within the province of Alberta or in the broader national and international domains. PAA Awards are given in recognition of excellence in the field and these recognitions allow us to publicly acknowledge those contributions

Exploring Supervision Experiences



Tamara Stuart R. Psych.

"Supervision is important for the development of future psychologists, as it cultivates ethical and professional services."

Supervision is important for the development of future psychologists, as it cultivates ethical and professional services. As many early career psychologists may be thinking about becoming a supervisor, I sat down with Dr. Nicole Kostiuk, winner of the 2020 PAA Excellence in Clinical Supervision award, to explore her personal experiences. Exploring personal journeys in supervision can help increase positive supervision experiences by giving insight to future supervisors.

What is your advice to those who are considering becoming a supervisor for the first time?

Supervision takes up more time than you think it will. On paper, you may commit to an hour a week based on the hours required by the student's program, but that is a gross underestimation. In my opinion, it is two to three times more than the minimum that is required to provide good supervision and to have a good sense of what your student is doing.

Also don't make assumptions regarding what level of knowledge, skills, or training your students have. Be prepared to teach a lot of things from the ground up such as ethics, how to utilize supervision effectively, how to consult, etc.

What is the most important lesson you have learned about supervision?

Do live supervision. If you just read case notes or rely on your supervisee to report important information, you limit the content that you receive, as it is through their framework. I try to watch my students with all their patients at the beginning, middle and end of their therapeutic relationship, to gain a sense of progress and their development as a therapist. Video can be helpful, but it is limited if students only show you certain clips rather than whole sessions.

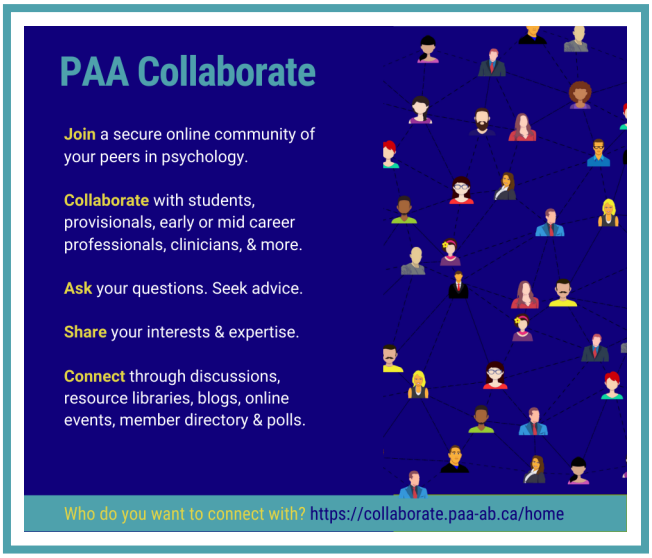
What makes a good supervisor?

A good supervisor is open to seeing that there are different frameworks: different ways of working and approaching a client. Even if a student does not utilize the same framework as yourself, be open to helping them develop as best you can. If you are closed off to their way of thinking or think your way is the only way to do things, supervision may not be as effective.

In addition, be ready to learn together. Just because supervisees have less experience doesn't mean they don't have fantastic ideas, experiences, and ways of thinking you can learn from. Being open to feedback is important as well, as it fosters your growth as a supervisor.

What has been your most memorable moment as a supervisor?

I was supervising a student in therapy who wanted to come back and learn personality assessments. At the time I was only supervising neuroscience assessments, so I wasn't going to take them on as a supervisee. However, the student decided to shift their focus to neuropsych assessments in order to work with me, even though it ultimately wasn't what they were interested in. The student enjoyed it and got a lot out of it. That experience made me realize that if you provide decent supervision, students can get a lot out of something they were not interested in, like how a great professor can make boring material interesting.



Town Hall Meeting Dates

Town Halls offer members the opportunity to connect with PAA CEO Dr. Judi Malone and CAP CEO Dr. Richard Spelliscy. PAA & CAP join in hosting town halls in different communities in Alberta throughout the year.



All townhalls will be hosted online during the pandemic. More specific dates to be announced soon.

Watch for your community-specific invitation to RSVP in your email a few weeks prior to the event.

To RSVP or get more information contact Ada at ada@paa-ab.ca

Student's Corner

Student's Corner is a section of Psymposium dedicated exclusively to information of particular interest to students. If you have any questions about the information shared here, or if you would simply like to connect, please feel free to email Chelsea Hobbs, Student Director on the PAA Board of Directors.

That's me!



Looking for student resources? Check out our PAA Student Resources section of the PAA Website!

Interested in becoming a student leader with the PAA? Applications for PAA Campus Representative positions are due in March 2021. For more information click here!

Looking to connect with other psychology students? Join our PAA Student Facebook Group!

Want to connect with other Alberta psychology students? Join PAA Collaborate, the new online community just for PAA Members to connect, launch discussion, share resources and more.

Did you miss our "Psychology as a Profession" Webinars that took place this fall? Check out the recordings here!

Are you aware of all the benefits your PAA membership offers? Check out the Benefits & Services to learn what your PAA membership can do for you!

Did you know the PAA has a YouTube page? Check it out here!

Committees & Task Forces

Awards Adjudicating Committee

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Dr. Emma Climie
Dr. Kerry Mothersill
Dr. Lynda Phillips
Dr. Jessica Van Vliet
Dr. Erik Wikman

PAA Public Education & Wellness Committee

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Marii-Heleen Motsmees
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PAA Social Justice Committee

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Clayton Falk
Krista Forand
Dr. Taylor McInnes
Camille Mori
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Racism in Alberta Psychology Task Force

Mateo Huezo (co-chair)
Caryn Tong (co-chair)
Asma Al-Sakaf
Franki Harrogate
Rupinder Hehar
Katrina Hewton
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PAA - CAP Joint Task Force on TRC

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Loretta McConnell, R. Psych (AB)
Janice Minoose, R. Psych (AB)
Meaghan Farquharson, R. Psych (AB)
Karlee Fellner, Prov. R. Psych (AB)
Dr. Judi Malone, R. Psych (AB), PAA CEO
Dr. Richard Spelliscy, R. Psych (AB), CAP CEO
Dr. Deena Martin, R. Psych (AB), CAP representative

Mentorship Task Force

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Patricia Cruz
Dr. Helena Dayal
Heather Gower
Jessica Heil
Chelsea Hobbs
Nathalie Mercier
Dr. Terilyn Pott
Julia Russell
Tamara Stuart

Technology in Practice Task Force

Dr. Michael Stolte (Chair)
Dr. Trevor Josephson
Andrew Luceno
Eileen Noel
Zabrina Kwan

Psymposium Trivia

Thank you to those who have submitted an answer! The question from our January issue:
How many sets of these chairs are in Alberta from the Canada Red Chair Program?

There are two correct answers:

1) 32
2) 31 (access restriction due to pandemic)

The first member to submit a correct answer is: PAA Full Member **Francine Wilson-Symbaluk!**



Technology Task Force

What is Data Encryption, and Why Do We Want It?





"Data encryption makes stored and transmitted data unreadable and unusable in the event of theft ."

By Dr. Michael Stolte and Mr. Andrew Luceno

In this installment from the Technology in Practice (TiP) Committee, we will discuss data encryption – a term synonymous with data security. For practitioners working in healthcare and subject to data protection legislation (e.g., PIPA), securing digitally stored and transmitted data is not only a preference, it's necessary. As healthcare data breaches can have serious implications, it's important for psychologists to minimize this possibility.

In 2019, Canadian organizations were victimized with the theft of 15 million personal records from medical test laboratories in Ontario and British Columbia (Solomon, 2019). This data included patients' names, addresses, email addresses, login passwords, dates of birth, health card numbers, and even lab results. Another major security breach involved a national credit union resulting in the records of 4.2 million personal banking customers being exposed. While the aforementioned examples involved large companies, data security experts reported that small businesses are often less protected than large companies, which explains why 43% of data breaches in 2019 involved small business victims (Security.org, 2020).

With the proliferation of psychological services going online, experts warn that we can expect an increase in attempts to breach confidential information (Smith, 2020). While no organization is completely invulnerable to attacks from hackers, the mandate of the TiP is to gather and provide information to psychologists to mitigate the risk as much as possible.

An essential component to mitigating that risk is *data encryption*. Data encryption makes stored and transmitted data unreadable and unusable in the event of theft (i.e., unless the hacker also has the encryption key). Data encryption may occur on a secure USB, when files are transmitted, and over video conferencing. The best practice for healthcare-related services entails using encryption with an AES-256 bit key. With single-factor authentication, your data is stored on one server, and the encryption key is stored on another. When hackers are successful, they gain access to the *key* and then your records; with multi-factor authentication, the *key* is stored elsewhere (e.g., on your smartphone, using key generating software on your computer) making it substantially more difficult for hackers to access your data.

As a starting point for assessing the data management and security needs of your practice, consider if and how your files are being encrypted. For instance, independent practitioners often store client files on their local hard drive, and may password protect their computer's operating system (e.g., Windows, MacOS). But once access to the computer is gained (which is very easy to do), their files are easily compromised. That local access can also compromise files stored in the cloud as many individuals "save my password" on their browsers, meaning that anyone who types "Dropbox" or "Google Drive" in a browser window will have instantaneous access to sensitive information.

Here are a few takeaways:
(i) data encryption is crucial to the security of your files;
(ii) multi-factor authentication adds another very important layer of protection;
(iii) your data privacy is only as strong as the weakest link (e.g., saved browser passwords).

References available upon request.

A Book Review

Yalom, I. (2015). *Lying on the Couch, A Novel.* Blackstone Audio Inc.



"Yalom brings to life the humanity in conflicts ranging from sexual to financial."

Reviewed by Chris Shorrock R. Psych., CSAT

I reviewed another book, and I was ready to submit it to PAA for release this month. However, after (finally) reading the latest *CAP Monitor* (#64) I realized this book is much more fitting. In the *Monitor*, we (psychologists) were reminded to complete at least one of two required training on *Preventing and Addressing Sexual Abuse and Sexual Misconduct*. I would say the training provided by AFRHP and CAP meet the stated goal (imposed by Bill 21) of "furthering [psychologists'] awareness and professional practices in preventing and addressing client/patient sexual abuse and misconduct" (CAP, pg. 13)… slightly. The AFRHP videos presented are literally cartoonish and disconnected from the real therapy room experience. *Lying on the Couch* provides exactly the opposite.

Yalom brings to life the humanity in conflicts ranging from sexual to financial. He shares the incredible transformation of a client, Carol. She is betrayed and used in sexual relationships with two different therapists, but she ends up finding a completely different type of helping professional, Ernest. The twist: she sought out this psychiatrist with her own agenda. She has hopes of seducing him, as to ruin him. Today this would be considered, for some good reasons, *sexual assault*. Yalom, ahead of his time, has the client, Carol, considering the options of charging the therapist, labelling it "rape". Carol is dissuaded from doing so, however, and that discussion directly shows the power imbalance and disastrous effects possible.

Yalom shows his years of experience in raw emotions through Carol. Especially her rage. She schemes how to ruin the therapist that, in her mind, must be responsible for her spouse leaving her. She continues, session after session, in her attempt. Another twist: Ernest has planned on being completely honest and open with the next patient he sees, which happens to be Carol.

While I have immensely enjoyed the lessons Yalom has given through his other writings, this was the first fictional work of his I have experienced. He tells the stories of these characters in a way that reflects his working deeply on what it really means to be human, and all the mess that sometimes accompanies that. He still somehow manages to weave in important lessons for therapists, such as the statement "when you work with a dependent patient, your reward is rebellion, not ingratiation" (34:54). In combination with the powerful examples of therapy-gone-wrong, I would say Yalom has provided us with another didactic book after all.

MEMBER BENEFITS
LOGIN CANADA
GoodLife CORPORATE WELLNESS
Alamo
TD
LEXUS OF EDMONTON WEST
bms.
goget.fit
red arrow
safely home
BRIGHTSQUID
SANDMANHOTELGROUP
greenspace

PAA Volunteer Opportunities

Consider joining your Peers!

Quality volunteers are the bricks that hold non-profit organizations together. We couldn't survive without them!

Want to help raise the public profile of our profession? Interested in sharing your expertise? Consider PAA volunteer opportunities!



PAA Committees & Task Forces
Committee & Task Force members aid PAA with various aspects of the organization such as awards, public education, and advocacy efforts.

Career Fairs
At career fairs, volunteers man the PAA display booth and may answer inquiries regarding careers in psychology and the psychology profession.

School Presentations
Various presentations at high schools and universities occur throughout the year on a variety of topics including the psychology profession, PAA, careers, and mental health.

Public Presentations
Public speaking presentations occur throughout the year to a variety of audiences on various topics. Examples of past presentations include: mental health awareness, organizational psychology, and psychology disorders.

PAA Collaborates
Contribute to communities of practice by sharing resources and engaging in discussions. Find your fit today at Home - PAA Collaborate (paa-ab.ca)

PAA has several exciting opportunities that arise at different times of the year. To meet these requests, PAA needs a team of volunteers we can contact.

If you are interested in volunteering, please contact the office paa@paa-ab.ca to request an application.

PAA Resource Materials

Promotional material at your fingertips! PAA has resources that can be obtained from our office to assist with your promotional activities.

PAA Brochure

- The Value of Choosing a Psychologist
- PAA Postcards: 7 topics (depression, cannabis, substance use/ abuse, OCD, chronic pain, etc.)
- PAA Referral Service
- School Psychology Service
- The Psychologically Healthy Workplace





Power Point presentations on Psychological Coping during a Pandemic; Psychologically Healthy Workplace

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

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

All resources & materials are available to all our members by contacting our office at paa@paa-ab.ca

Ethical reflections during this COVID pandemic

Contributors: Ann Marie Dewhurst
Elizabeth Carlson
Jane Wiley
Meagan Chan
Al Visram
Janet Nielsen
Crys Brown
Heather McKay
Petal Murti
Paige Irwin
Amanda Santarossa
Chandra Ashton

"The current pandemic has caused drastic shifts in the way we live, work, and socialize."

Twice yearly for the past six years, a group of psychologists and clinical social workers have gathered for Ethics on the Patio. We include seasoned and emerging therapists in an informal applied ethics discussion, and we invite other professionals to help expand our thinking. Of approximately 40 group members, 12 to 15 participate in any given session.

On November 27, 2020, we met online to discuss "What has COVID-19 taught me about my ethical practice?" The discussion was a powerful reflection on the pandemic's ethical impacts.

Therapeutic environment. Ensuring our physical spaces meet CAP/AHS standards takes considerable energy. Shifting online means extra effort to ensure safety and privacy for sessions. Confidentiality and informed consent are more "front of mind" than usual.

COVID threats. Fear makes it difficult to practice comfortably, especially as infection statistics rise. Guidance from AHS/CAP often came after practice decisions were required. The fear of being "wrong" had to be grappled with.

Professional boundaries. Fees, billing, and "compassionate scheduling and re-scheduling" had to be reconsidered. Practical matters like online waiting rooms, the appropriate number of clients per day, Zoom fatigue, and related online issues required attention.

Clinical "best practices." Was it still possible to provide our usual 'best practice' online? When some evidence-based "go to" techniques seemed impossible, the necessary intervention adjustments left us feeling we were practicing "without a net." Remaining positive and creative was challenging. But, when we see our changes having positive effects, it is rewarding. Some assumptions about "bottom line" best practices could be rethought with COVID-induced creativity.

Clinical ruptures. Not all clients believe in COVID dangers, mask-wearing, or AHS/CAP protocols. It has been challenging to maintain positive therapeutic alliances that balance clients' needs with science-based perspectives.
Social-political challenges. Many of us have strong social justice orientations and had to deal with supports for various vulnerable client groups being eliminated in budget cuts. Addressing the Black Lives Matter and Missing and Murdered Indigenous Women and Girls movements, and the rise in hate rhetoric in the media, have strained our well-being.

Grieving. Losses of freedom, preferred ways of working, depth of connections – have sometimes left us feeling overwhelmed, tired and sad. We have done so much, very quickly and the exhaustion is well earned. For some, the reality is a loss of clients and associated income.

Maintaining self-care. Self-care has also been disrupted. Fitness, social gatherings, conferences, and other forms of rejuvenation were curtailed. Latent talents, hobbies, and new interests emerged as coping supports.

While our themes are not entirely surprising, there was value in sharing them and affirming we belong to a community that values professional ethics. Our reflections helped to feel connected in our pandemic experience. Our resiliency and creativity in uncertain times were affirmed. Doing some of the heavy ethical lifting together validated our best efforts in these strange times and our ethical discussions have stood us in good stead.

For the extended version of this article, visit: https://psychologistsassociation.ab.ca/wp-content/uploads/2021/01/2021-March-Ethical-reflections-during-this-pandemic-edited.pdf

Staff Showcase

Affectionate

Conscientious

Humorous

Supportive



Cindy
PAA Administrative Officer

Supports Public Relations
Coordinates Volunteers
Oversees Classified Ads
Provides Referrals

Resourceful

Adventurous

Versatile

Passionate



Simon
PAA Membership Officer

Maintains Membership Database
Designs Psymposium
Coordinates CPD Workshops
Oversees Referral Database

Active

Self Disciplined

Practical

Positive



Joanna
PAA Financial Officer

Administers Finance & Purchases
Supports Human Resources
Coordinates Special Projects & Contracts
Provides IT Support

Dynamic

Passionate

Energetic

Fearless



Judi
PAA CEO

Advocates for Psychological Health
Supports our Profession's Leadership
Drives PAA's Mission
Engages our Leaders

Persistent

Considerate

Optimistic

Sociable



Ada
PAA Executive Assistant

Supports the Board
Organizes Awards
Updates Website
Collaborates on Events

Enthusiastic

Inventive

Innovative

Hopeful



Jetta
PAA Student Intern

Assists staff
Designs Digital Content
Manages Instagram

Resourceful

Cheerful

Creative

Imaginative



Kim
PAA Communications Officer

Manages Communications
Coordinates Committees
Supports PAA Collaborate
Schedules Social Media

What is Psychologist Impairment?

A Comparison of Provincial Regulatory Guidelines in Canada

"As humans, psychologists also face the vicissitudes of everyday existence and the potential for personal turmoil."

By: Dr. Keith S. Dobson, Ph.D., R.Psych & Tatiana Lund

Department of Psychology, University of Calgary

The practice of professional psychology is associated with an increased likelihood of stress and associated impairment, related to the care of others and bearing witness to their distress and suffering. As humans, psychologists also face the vicissitudes of everyday existence and the potential for personal turmoil. Psychologist impairment has ethical implications as it affects the ability to provide competent care (Schwartz-Mette, 2009). Competence is listed under the Canadian Psychological Association *Code of Ethics for Psychologists* under Principle II: Responsible Caring (CPA, 2017), and psychologists are expected to practice self-knowledge and self-reflection as to promote competence. Impairment has thus been described as "problems in professional competence" (Schwartz-Mette, 2009, p. 91), and the provision of psychological services despite impairment may represent a violation of the ethical code. The lack of a clear definition of impairment is a barrier to its identification (Smith & Moss, 2009). However, to date, no definition of impairment exists in Canadian professional psychology nor has a systematic comparison been conducted to examine the guidance regarding impairment of psychologists of provincial regulatory boards across Canada.

Principle II.12 of the Canadian *Code of Ethics for Psychologists* states that psychologists must "Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others." (CPA, 2017, p. 20). Furthermore, psychologists who experience a psychological or physical condition that compromises their ability to benefit and not harm others, are expected to "seek appropriate help and/or discontinue" their professional demands "for an appropriate amount of time" (Code II.11, p. 20).

The current authors have developed an extended paper with two foci. First, the paper examines current guidelines for practicing psychologists related to impairment across regulatory bodies in Canada. Second, based on this examination, the paper provides recommendations for practice and training in psychology related to impairment and self-care practices. It is recognized that the regulatory colleges have appropriately emphasized their responsibility to protect the public. The other issue, however, which is more pertinent to the lives of most professional psychologists is the promotion of their own self-care.

This paper contains a national comparison of guidelines concerning psychologist impairment. Sections pertaining to impaired competence from each of the provincial regulatory bodies' documents were abstracted and included. An examination of these standards of practice on impairment largely revealed a lack of consensus across regulatory bodies within Canada. The regulatory documents differed not only on their explicitness regarding what constitutes impairment, but what actions are indicated when impairment occurs. Recommendations are made regarding impairment and self-care within professional psychology in Canada, which include the creation of a unified consensus on the definition of impairment, as well as efforts to promote self-care in professional psychologists.

To access the full paper, visit https://psychologistsassociation.ab.ca/wp-content/uploads/2021/01/Psychologist-Impairment-Manuscript.pdf

References available upon request.

Professional Support - CAP or PAA?

	College of Alberta Psychologists		Psychologists' Association of Alberta
	Professional Guidance Department		**Practice Advisor Program**
Organization Descriptions	The College of Alberta Psychologists (CAP) is the regulatory voice for the profession of psychology in the province of Alberta. Self-regulated professions establish entrance criteria, establish continuing learning criteria, and apply ethical codes and practice standards for the profession.		The Psychologists' Association of Alberta (PAA) is the voice of, and for, psychology in Alberta. The association advocates for psychology in Alberta, informs the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services.
Program Descriptions	Guide members in identifying, interpreting, and applying regulatory resources (e.g., Legislation, Code of Ethics, Standards of Practice, Practice Guidelines/Alerts) to their practice situation CAP does not provide the following: • Prescriptive clinical advice – as a self-regulated professional, the psychologist maintains responsibility for professional decision-making. • Legal, business or technological recommendations/advice.		Provide collegial, confidential advice regarding professional practice issues and match psychologists from diverse areas of expertise to assist psychologists working through clinical/ practice situations. PAA does not provide regulatory advice. *Please ensure you fully understand the regulatory information prior to contacting the practice/clinical advising program.*
Eligibility for Services	All regulated members have access to CAP professional guidance (provisional and fully registered psychologists). Provisional psychologists are to first consult on issues with their supervisor.		PAA full members can access practice advisors. PAA currently does not provide provisional or student members with practice support.
Contact	**Edmonton Phone:** 780-424-5070 or **Alberta Toll Free:** 1-800-659-0857 **Email:** psych@cap.ab.ca **Website:** www.cap.ab.ca		**Edmonton Phone:** 780-424-0294 or **Alberta Toll Free:** 1-888-424-0297 **Email:** paa@paa-ab.ca **Website:** www.psychologistsassociation.ab.ca

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.

Since April we averaged: **1,912** referrals per month. That's **87** per day!

Accounting for over-the-phone referrals we direct at PAA, these numbers will be even higher.

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 can be activated in the membership portal under **Account>Membership>Addons**

ANNUAL PAA MEMBERSHIP RENEWALS

Easier Than Ever! Online membership renewal for the 2021-2022 membership year opened January 2021.

Visit your profile on the PAA website where you can renew your membership. At the same time, you can check out other features such as: PAA workshops registration, member benefits information, and much more.

Have we got your current profile information? While you are in your account, feel free to update your profile in the membership portal!

Membership fees are due on 31 March 2021. A late administration fee will be charged on all membership dues received after 30 April 2021.

If you have any questions, comments, or concerns regarding your renewal or the online renewal system, please contact your membership officer for assistance at Simon@paa-ab.ca or 1.780.424.0294.

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: Friday 10 September 2021
Time TBD
Location: Online