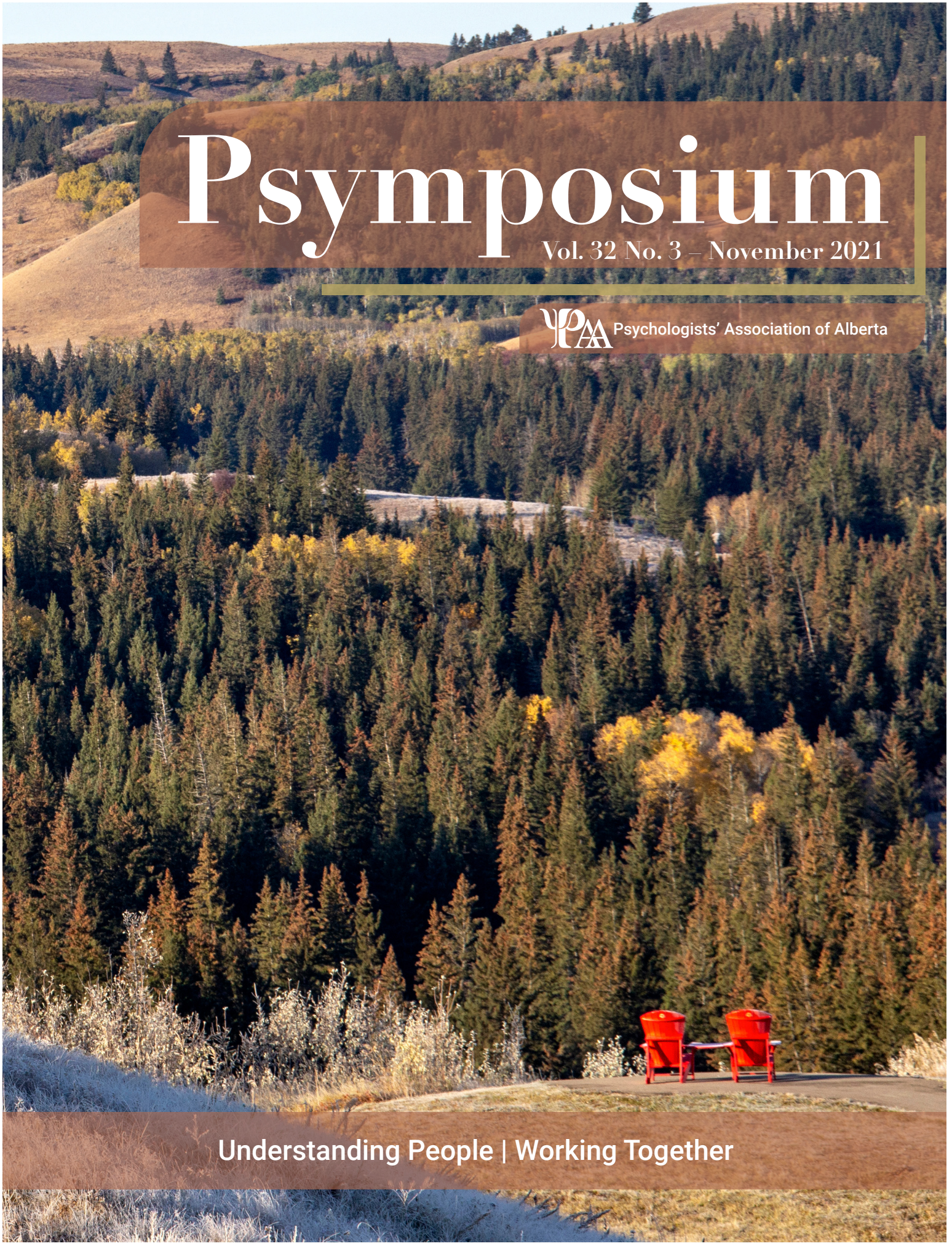


Psymposium

Vol. 32 No. 3 – November 2021

Psychologists' Association of Alberta

Understanding People | Working Together

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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.

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

Psymposium
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Editor's Letter



"Small disciplines repeated with consistency every day lead to great achievements gained slowly over time."

- John C. Maxwell

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

As a competitive powerlifter, I spend a number of evenings throughout the week training in the gym. Sure, there are days when "I don't feel like it", especially on those dark, cold winter evenings where motivation may be a little lacklustre. However, I know that each training session is valuable, because it is a small stepping stone to a longer-term aspiration. I'm also aware of how consistency is an important part the bigger picture.

Consistency is the kingpin of small, slow and steady improvements. It's not just about "showing up" on a regular basis at a designated time with my coach. It entails consistency in being prepared mentally with a good attitude, being focused on the task, and an openness toward continued learning. It also entails consistency in selfcare and recovery in that I am well-rested, I've dialed in my nutrition, and I'm geared up with my equipment and ready to perform each lift with skill, intention, and effort.

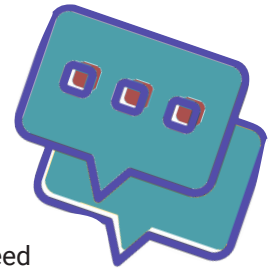
Whether it be our athletic or career endeavours, we've all started from someplace – as a novice lifter to an elite lifter or an early career psychologist to a well-seasoned one. Consistency plays a significant role in our own growth and aspirations as psychologists and as a profession. Tuning-in to our own self-care on a regular basis; how we effectively prepare for each session, meeting or class; and feeling focused and a readiness to learn in our mentorship and continuous learning opportunities are just a few areas where consistency helps us progress forward.

As we set our course for 2022, may you be a step closer to your greatest aspirations both personally and professionally.

Michelle

PAA Member and *Psymposium* Editor-In-Chief
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Community of Practice Highlights



Communities of Practice (CoPs) are live on PAA Collaborate, your secure online member portal. Need more members to join your discussion? Have you shared an article or other resource and want to spread the word? Welcome to CoP Highlights, your opportunity to direct *Psymposium* readers to your CoP to find a relevant discussion, article, link, invitation, or question.

Have a CoP highlight to share? Email kim@paa-ab.ca with your article title and the name of your CoP.

2021 Virtual Awards Celebration

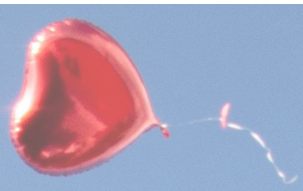


Thanks to everyone who attended the **2021 PAA Welcome to the Profession & Awards Celebration** which took place 17 September 2021, 5:00PM. Did you miss it? You can view the celebration on PAA's You Tube Channel. Or visit us online to meet the 2021 award winners, plus winners from previous years.

PAA recognises the province's newly registered psychologists and exemplars in the field at our annual celebration. Awards are given in recognition of excellence in the field and as a public acknowledgement of the contributions of these individuals. We also recognize newly registered psychologists for the hard work and dedication it takes to become a psychologist in Alberta.

Take a moment to consider who you want to nominate for 2022!

Welcome New PAA Members



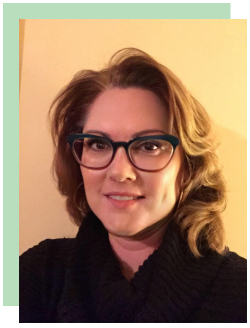
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Halle Cockx
Amanda Crouse
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Amanda Dewar
Carolyn Dibb Jerred
Lareina Dibben
Maria del Carmen Dominguez
Fatemeh (Homa) Ebrahime
Sarah Elton
Madeleine Engel

Deborah Engram
Andrea Feldstain
Caroline Ferrer
Leah Fischer
Nicole Flodberg
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Whitney Glaseman
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Katarina Jukic
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Allison Klassen
Laurel Korotana
Tara Krego

Danielle Lall
Kiranpreet Lalli
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Catherine Lowe
Margaret Maidment
Lasha Markowski
Eden Mathews
Susan Mathews
Jessica McDonald
Chandra Merry
Melanie Middelkoop
Lyndsey Miller
Matthew Moir
Alicia Morrish
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Paige Oneschuk
Samuel Orji
Jetta Paradis
Sydney Parkinson
Shelley Petry

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Emma Raddis
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Jasminder Randhawa Punj
Krisanthini Ravindran
Mitchell Reitz
Ashley Rietmann
Katherine Roberts
Shawna Romolliwa
Courtney Seitz
Lyla Stephens
Juan Felipe Triana
Kayla Unrau
Jaryn Weir
Sydney Yaremchuk
Laurel York
Dana Young
Lei Zhao

Notes from the CEO's Desk



"Psychologist Mamie Phipps Clark demonstrated that the concept of 'separate but equal' provided far from equal education for black youth."

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

As highly qualified and regulated health professionals, psychologists are prepared to serve the most vulnerable Albertans and have the qualifications necessary to provide psychotherapy that is ethically and therapeutically sound.

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

How do we balance these high standards yet build diversity within the profession, given systemic inequities in education and training? How do we not challenge this, knowing the psychology of modeling and the power of representation? The argument to decrease standards to increase diversity tends to be a tautological argument at best but helps us avoid difficult discussions about what we require to evolve into the robust, diverse profession that Albertans deserve.

Differentiating our profession requires us to promote quality but also to ensure key pillars of collaboration, mentorship, and diversity in our profession.

Collaboration: Psychology is one of the "hub" sciences that brings together areas of scientific inquiry and practice ideally suited for interdisciplinary practice. How are we learning and benefiting from other ways of knowing?

Mentorship One of the most powerful aspects of career success, mentorship can support diversity, be inclusive, and target future leaders.

Diversity: Diversity is an imperative value, and one that is foundational to redressing systemic injustices and oppression from our own profession. At a minimum, this means increasing diversity of opinions, diversity in our science and practice, and diversity of psychologists.

In closing…

Building a diverse profession will lead to a rich and self-sustaining future for our field and for the benefit of all Albertans. We each have a role in that process.

Judi

Thank You Volunteers

Thank you for your dedication to the profession, and in particular all of you who help to serve:

- PAA's Board
- Communities of Practice
- Psymposium (Editor & Columnists)
- The PAA Practice Advisor Program
- The Media Psychologists Program
- The Disaster Response Network
- Public Education Events and Presentations (Science Award Judges and Presenters, Public and Career Speakers and Exhibitors.)



Special thanks to

- Dr Lana Hawkins–APA Council of Representative
- Nicki Wilson–APA Division 31 Representative
- Robert McGarva–APA Rural Health Coordinator Representative for Alberta
- Dr Judy Moench–Disaster Response Network Coordinator
- Tatiana Lund–Representative, National Committee on Psychologist Wellness

We are very proud of all our volunteers, and grateful for your continuous support. The gift of your time is priceless as we all move through these difficult times together.

Technology in Practice Task Force

Choosing a Telepsychology Platform – Part 2



"For some psychologists, the adoption of telepsychology has brought them one step closer to a paper-free and entirely electronic practice."

By Dr. Michael Stolte

The Covid-19 pandemic has led to wide scale adoption of telepsychology as a standard model of practice. In an earlier article, we described the importance for psychologists to pay attention to security when selecting a telepsychology platform. Briefly, these included identifying server and company location, paying attention to the possibility of information being sold to third parties, and ensuring data is encrypted both in storage and during transmission. In this article, I wanted to focus on some practical issues for consideration:

1.What are the primary needs of the people you serve?

Madigan et al. (2021) provide a commentary in *Canadian Psychology* on client characteristics that are important to consider when adopting telepsychology. For example, some populations may have limited access to stable internet, may not be familiar with the technology, or may have difficulty accessing a private space for their sessions – creating additional limitations to confidentiality and other ethical concerns. Other clients may have difficulty engaging with telepsychology due to cognitive, attentional, or other self-regulation challenges. However, for others, telepsychology may offer enhanced access, may reduce waitlists, and may be perceived as an attractive, convenient, and safer alternative. For example, many people are extremely comfortable with technology use and may prefer this modality. Additionally, effectiveness of distance therapy, though limited, is highly comparable for certain populations. As a psychologist, it is important to ensure that when adopting telepsychology, the needs of the clients are a primary consideration to ensure ethical and competent implementation.

2. How does telepsychology fit within your broader technology plan?

For some psychologists, the adoption of telepsychology has brought them one step closer to a paper-free and entirely electronic practice. For those psychologists, they are often seeking integrated solutions that allow for billing, record keeping, scheduling, telepsychology options, client tracking, and financial management software all located in one place. For those psychologists, ease of use, additional features, and security tend to be paramount. In the PAA survey of Alberta psychologists (2020), Jane and Owl were the two Canadian mental health telepsychology platforms that were most popular in this category. However, for other psychologists, telepsychology is a temporary requirement due to the pandemic, and there is no plan to continue once it is no longer required. For those psychologists, a more focused solution such as a secure version of Zoom or Doxy were more likely to be selected – particularly as these solutions are often much less expensive and less complicated to learn than the more integrated options. Paying attention to your technology plan will make for a more informed decision.

The above questions give you some idea of what the Technology in Practice (TiP) Task Force continues to wrestle with as we address the intersection of technology with psychological practice. As we approach a new year, we are open to accepting new members on this task force, provided you are committed and willing to participate in our regularly scheduled meetings. If this interests you, please contact the PAA office for further direction. Stay healthy!

References available upon request.

Board Notes



"The PAA prides itself on acknowledging our own exemplars, honouring those who shape our profession in such meaningful and profound ways."

By Nicki Wilson, R. Psych

Dear valued members,

On Friday September 17th, the PAA had the pleasure of hosting the **2021 PAA Annual Awards and the Welcome to the Profession Event** virtually. We were pleased to have the celebration opened by the **Honourable Josephine Pon**, Minister of Seniors and Housing. Minister Pon is a strong advocate for the psychological health and wellness of all Albertans and a committed leader in our province.

The awards are given in recognition of excellence in the field and allow us to publicly acknowledge those contributions. The PAA prides itself on acknowledging our own exemplars, honouring those who shape our profession in such meaningful and profound ways.

Congratulations to this year's awards recipients:

The PAA Research Awards:

PAA Undergraduate Thesis Award: Carmen Tessier received this award for her thesis, "It's Time to Have a Tick Talk: The Emotional, Physical, and Cognitive Aspects of Living with Lyme Disease."

PAA Masters Thesis Award: Megan Cowie received this award in recognition of her research for her thesis: "Attitudes Toward Evidence Based Practices and Their Influence on Beliefs about Contingency Management."

PAA Doctoral Dissertation Award: Laura Flanigan received this award in recognition of her research for her thesis, "I do not have stigma towards people with ADHD (but I do think they're lazy): Using Education and Experience to Reduce Negative Attitudes Towards ADHD."

The PAA Excellence Awards:

John G. Paterson Award: Dr. Laura Hambley Lovett was presented this award in recognition of significant media contributions that have advanced public knowledge and the profession of psychology within the last two-year period.

Juanita Chambers Excellence in Community Service Award: Patricia Pedraza Cruz received this award in recognition of important work in advancing psychological health, well-being, and quality of life for Albertans through service to the community or advocacy.

Excellence in Teaching Psychology Award: Dr. Lia Daniels received this award for outstanding teaching of psychology in an Alberta Government approved/authorized institution for post-secondary education.

Excellence in Clinical Supervision Award: Dr. Erica Dunn received this award for performance in supervising one or more individuals in a practice area and for exemplary work during the previous two-year period.

Pettifor Lifetime Achievement Award: Bonnie Rude-Weisman received this award for outstanding career achievements in, or contributions to, the field of psychology. The award celebrates a long-time enduring contribution to the field, either in Alberta, nationally or internationally.

PAA Psychologist of the Year Award: Dr. Erik Wikman received this award to acknowledge significant achievement or contribution in the field of psychology.

We also had the opportunity to welcome each newly registered member to the profession.

Our Awards Committee is made up of volunteer members and we thank them all for their dedication and support of the awards program. Please consider nominating your colleagues for these awards in the future.

Thank you to those who attended this event online or tuned in later to watch the event on You Tube. We look forward to future years where we can all celebrate in person.

Congratulations once again to all of our award winners and newly registered psychologists.

Your President,

Nicki Wilson
M.Sc. R. Psych

The Universe Within

Taming the Angry Ego



"Any message of hurt, dissatisfaction or annoyance can be delivered without the amplification of angry energy."

By Gwen Randall-Young, R. Psych

The capacity in humans to express anger is a built-in mechanism that serves the "fight or flight" dynamic when survival is at risk. However, anger often arises in situations that are scarcely life threatening.

Anger results in immune system suppression in both the angry one, and in those who are either the target, or witness to the outburst. Hearts pound, breathing quickens, muscles tense and blood pressure rises.

As well as being hard on the body, anger is destructive to relationships. Adults frequently remember being the object of a parent or teacher's anger even forty or more years after the fact.

Virtually all children equate parental anger with withdrawal of love. Teenagers are particularly sensitive to parental criticism and angry outbursts.

Anger also slowly corrodes the trust between intimate partners. Many women have a hard time dealing with an angry partner, and justifiably so. What some men do not realize, is that when they lose their temper, they are frightening. They respond to this information by protesting that they would never hurt her and she knows that. Unfortunately, that knowledge does not help.

Even if her partner is venting at another driver, or yelling at the children, a woman will emotionally back away from him. She will not ever "just get used to it." It will affect her ability to be intimate, even on the days when there are no angry outbursts. She is not trying to be difficult or simply hold a grudge. It's biological (note: a man with an angry spouse will have the same reactions.)

Over time, one who has been raged at loses the ability to feel any fondness, let alone love, for the rager. It is as though each time one is yelled at, the heart is scarred a little. Repeated scarring affects its ability to be responsive to that person. It can even damage one's ability to feel good about, or love, the self.

What is significant is that the anger that can be so damaging is really unnecessary. Any message of hurt, dissatisfaction or annoyance can be delivered without the amplification of angry energy. Words can convey the message. Accompanying the message with anger is like emotionally punching the person as you have your say. They may ultimately forget what you said, but they will remember the facial expressions, the volume and the intensity with which the message was delivered. They will remember it always, even with a subsequent apology.

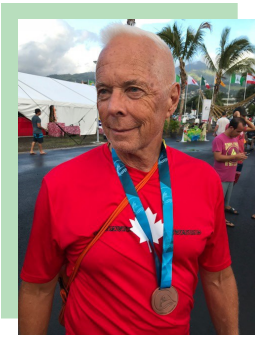


It is those who are closest to us who will challenge us the most because they can easily trigger ego responses. We may not always be in the best mood, or even feel loving at times and of course that is when it is most difficult not to take our mood out on others. However, those are the times when we can rise up and truly transcend the lower impulses of ego. Not only will we feel better, but we are helping to raise the vibrational level in our home, and, ultimately, in the world.

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

Ethics – The Impossible Imperative

How to Support Your Colleagues with Ethical Dilemmas



"Concerns with law and risk management can get in the way of good clinical practice and patients' best interests."

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

As you move forward in your career, colleagues may increasingly turn to you for guidance. This guidance relates to practice, and often what would be the right thing to do. Whether or not you are in that position today, this ought to be a personal aspiration. "Giving back" to the discipline is one reason to do this; to diversify your practice, another. Psychologists who go beyond the specifics of their job experience more satisfaction and are identified as exemplars by their peers. However how do we provide support, and what specific practice(s) might guide this sort of consultation?



Initially, be resolved to the fact that, outside of only a few specific ethical standards, there is not one single best/exclusive way to manage a problem. Oh, there is the one way you or I might do it, but we ought not delude ourselves that "that way" is the only correct/certified/anointed way to do it.

A second consideration is regression to a loss avoidance bias: to embrace the most conservative, avoidant and self-protective posture possible: a "you don't want to get in trouble, and I don't want to give bad advice." The danger here is that concerns with law and risk management can get in the way of good clinical practice and patients' best interests.

In contrast to such a "too cold" response however, is the "too hot" response where divergent, creative, and more elaborate response is unduly explored and amplified. In fact, what is "too hot" and "too cold" shake hands when they go full circle.

A colleague reported they had been contacted by a combative litigious parent. The colleague was going to engage a lawyer, contact the college preemptively to have them on board should a complaint come in, and only communicate with the patient with a colleague in (any) room or on any phone call. After, the patient agreed to such terms sent out in an email.

Finally, effective ethics consult is the same that defines effective treatment: appreciation of the status of the recipient of our services. This sense of the pre-disposition of the patient or colleague sets the parameters of consult (see Prochaska). Is my colleague more risk avoidant? Do they situate themselves through experience or pre-disposition in a more restrictive or expansive frame? Are they seeking to embrace the challenge or run from it? What actions have they taken? Time, patience, good listening, reflective/deliberate effort is required. (Infomercial: listen to my podcast on empathy.)

There is an old saying that the audience "makes" the speech and so too does the recipient of our services–be it a patient or a colleague–tell us what we have said, or can say, or should say. In the Polynesian culture this is called *Lokahi*: *To be the right person, at the right time, in the right way, for the right people, for the right reasons.*

Alberta Psychology in the Media

Media Engagements

July 2021 – Sept 2021

10 Media Pieces

VIA

- Global News
- 630 Ched radio
- CTV News Edmonton
- CTV News Calgary
- The Globe and Mail

THANKS TO

- Dr. Candace Konnert
- Dr. Ganz Ferrance
- Tara Boothby
- Dr. Pauleen Kamp
- Dr. Brent Macdonald
- Dr. Mitch Colp

ON TOPICS INCLUDING

- Retirement: preparing emotionally
- Lessons from Olympic athletes
- Tips for back to school
- Pandemic weight gain
- Students, school & COVID-19
- Rising rates of autism
- Alberta's vaccine incentive
- Wait-list for learning assessments

Webinar Presentation Engagements

Participants	Venue
Dr. Carmen Dodsworth	» Virtual presentation to Wellspring Calgary, an online cancer support care program to approximately 50 attendees.
Dr. Christina Rinaldi	» Mother Margaret Mary Catholic School career fair for high school students. Provided information on the field of psychology as a profession.

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 advise the PAA office at paa@paa-ab.ca for our report!



PAA Board Meeting Dates 2021



- 19 November 2021
- 04 February 2022
- 07 May 2022

Community of Practice Chairs

PAA Communities of Practice (CoPs) are open on PAA Collaborate for all members to join. Joining a CoP is a new opportunity to contribute to information and resource-sharing, collaborate and network.

Congratulations to all members who have been named Chairs so far:

Wilma Spear Chief–Indigenizing Psychology

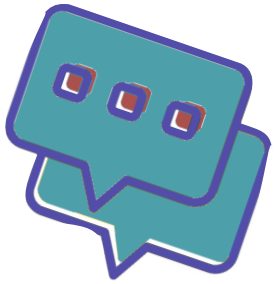
Dr. Terilyn Pott–Supervision

James Murch–Social Justice Equity and Diversity

Inverpal Braich–Public Education and Workplace Wellness

CoPs that are still seeking chairs and other executives:

- Assessment
- Clinical/Counselling Psychology
- Private Practice
- School Psychology
- Rural and Northern Practices
- Teaching Psychology



Executive leadership helps to ensure that CoPs meet member needs. If no chairs and other executives are nominated, the communities might be discontinued and replaced with new CoPs which have generated member interest.

Coming Soon: PAA Supervision Course



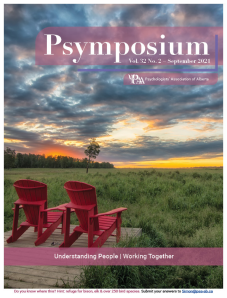
Are you interested in becoming a knowledgeable supervisor to guide our profession's future psychologists?

The PAA has been working with **Dr. Jeff Chang** to bring you a supervision course online. The course is a self-study program through which you can learn the responsibilities and best practices for a clinical supervisor in the field of psychology and mental health.

By completing this course, you will have the option to join the PAA recommended supervision list, which is often requested by members seeking supervisors.

The course will be available for member registration through the PAA Website.

Psymposium Trivia



The question from our 2021 September issue:

Q: Do you know where this is? Hint: refuge for bison, elk, & over 250 bird species.
A: Elk Island National Park.

Supervision Column

Observing Your Supervisee's Work Directly: Video Deliberate Practice



"Working with video will enhance your supervision practice and permit you to have greater confidence when attesting to your supervisees' competence."

By Jeff Chang, Ph.D., R. Psych

Imagine you play a sport called Thero. Your particular style is Thero-Narrativo. Your neighbour also plays, using the Thero-Emoto style. Although you and your neighbour frequently discuss your Thero matches, you've never actually seen them play Thero, and they've never watched you play either.

You realize that in all your Thero training, you hardly ever saw any senior Thero-ists playing. Your first Thero coach never let you watch their matches and hardly ever watched you play a full match. Occasionally they asked you to bring a highlight reel to your coaching sessions. Generally, they just took your description of your matches at face value. At master classes with world-renowned Thero stars, they discuss their philosophy of Thero, show highlight reels, and sell their books. However, they seldom show an entire Thero match.

Now some novice Thero-ists have asked you for coaching. You are excited and flattered, but uneasy. As far as you can tell, you are a pretty good Thero player (you seem to win more than you lose), but the responsibility to mentor new players weighs on you. How can you help your proteges become excellent players without seeing what they are doing?

With acknowledgement to Dr. Rod Goodyear for the metaphor, I'm referring, of course, to therapy and clinical supervision. We would think it absurd to think that one could become a professional athlete, musician, or dancer without frequent observation and feedback of live practice. Yet clinical training and supervision seems to rely predominantly on verbal report. Deliberate practice is the focus of this column and the next. I start by making the case for a key requirement of deliberate practice—video recording.

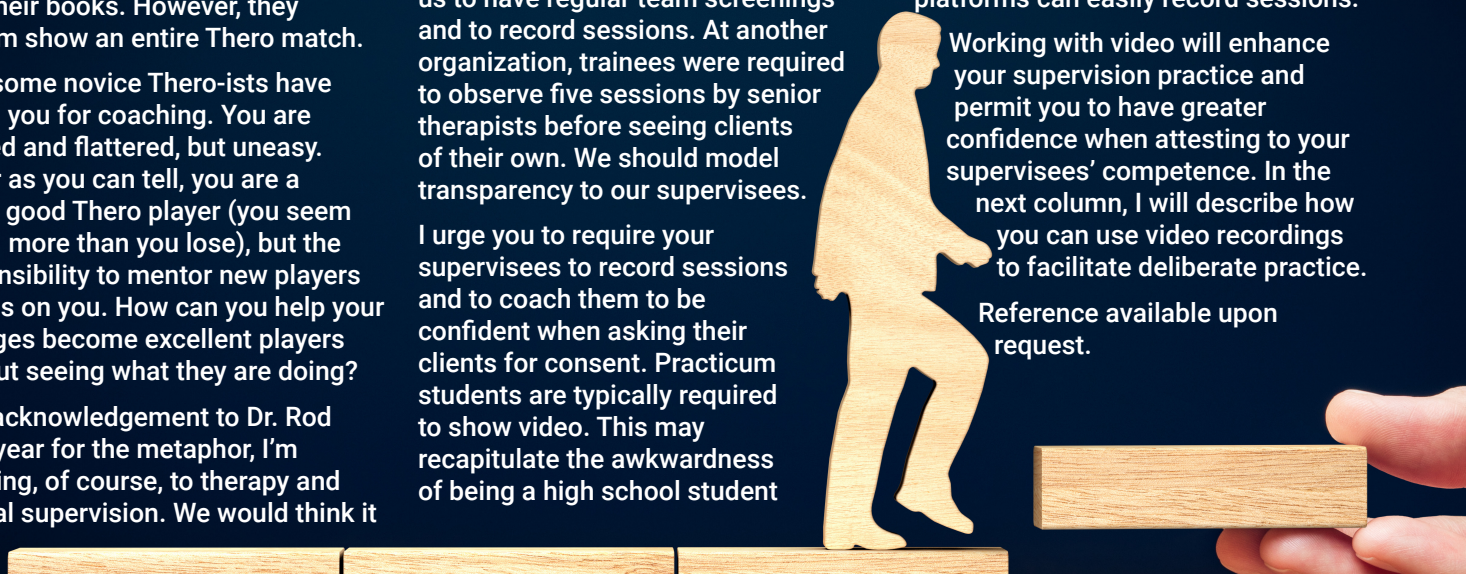
It is impossible to focus on specific skills without seeing actual performance. As Rousmaniere (2016) states, "[Discussing] a clinical case via notes or memory is like getting an art review by verbally describing your art instead of letting someone see it." In the 1990s I was lucky to work somewhere with one-way mirrors and video recording equipment. More importantly, my employer promoted a culture of collaboration and transparency. The agency supported us to have regular team screenings and to record sessions. At another organization, trainees were required to observe five sessions by senior therapists before seeing clients of their own. We should model transparency to our supervisees.

I urge you to require your supervisees to record sessions and to coach them to be confident when asking their clients for consent. Practicum students are typically required to show video. This may recapitulate the awkwardness of being a high school student asking their neighbour a favor for a school assignment. However, students and Provisionals are not asking clients for a favor when they seek consent to record. Recording enables quality assurance, client protection, and skill development. Support your supervisees to say, "I'm still learning, so I record sessions as often as I can. Also, it allows my supervisor and me to provide you the best care possible." With this direct unapologetic approach, most clients readily agree. Clients are seldom anxious about video when we aren't as well .

Access to technology is no longer an issue. In the 1980s I set up a tripod and a camera that had the profile of a small briefcase. By the 2000s, my wall-mounted camera was about the size of a trumpet. These days, our phones, tablets, computers are unobtrusive and convenient, and telehealth platforms can easily record sessions.

Working with video will enhance your supervision practice and permit you to have greater confidence when attesting to your supervisees' competence. In the next column, I will describe how you can use video recordings to facilitate deliberate practice.

Reference available upon request.



Welcome New Team Members

Introducing Jessica, our new Career Development Officer, and Sydney, our new student. Welcome to the team!



Jessica Dubauskas

My name is Jessica (she/her) and I am so excited to be the new Career Development Officer for the PAA! I have a Bachelor of Arts in Psychology from the University of Alberta and am currently working on a Graduate Certificate in Sexual Health. I am also a proud member of the Métis Nation of Alberta. I'm thrilled to be part of such an amazing team here at PAA and am so excited to get involved and make an impact.



Sydney Parkinson

I am in the final year of my Bachelor of Arts in honours psychology at MacEwan University. This fall, I joined PAA as part of the psychology field placement course. I am excited to learn more about PAA and the positive impact the association has on the profession of psychology, its members, and all Albertans.

Upcoming 2021 Town Halls

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.

Connect with PAA and CAP!	Fort McMurray Lloydminster	17 November 2021 08 December 2021

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

Contact: ada@paa-ab.ca.

MEMBER BENEFITS

THERappx · GoodLife Corporate Wellness · Life Support Mental Health · TD · Jane · Lexus of Edmonton West · bms. · doxy.me · goget.fit · Login Canada · BrightSquid · Sandman Hotel Group · Alamo · greenspace · red arrow · safely home

Collaborating

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
- Dr Sally MacLean serves as representative

National Committee on Psychologist Wellness of ACPRO & CPAP

- Tatiana Lund

Canadian Psychological Association

- Dr Judi Malone serves 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

Psychology Shaping the Landscape

Health Groups

- » The Alberta Pain Network (APS)
- » APS Working Group on Chronic Pain
- » AHS Addiction & Mental Health Strategic Clinical Network
- » AHS Addiction & Mental Health Research Hub
- » Collaboration with the other Health Professions Act Associations

Provincial Advocacy Groups

- » CMHA Alberta
- » Alberta Workplace Wellness Network
- » Alberta Women's Health Leadership Council
- » Alberta Palliative Care Competencies & Education Project
- » Health Coalition of Alberta and AMHAC/psychiatry

Targeted Response Groups

- » Alberta Region Parole Board
- » CMHA Rural Mental Health Project
- » CMHA Depression Advisory Council
- » Edmonton/Calgary Community Mental Health Action Committees

Psychology Groups

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

FEEDBACK FROM SUMMER STUDENTS

PAA 2021

BEST LEARNING

- Real-life skills like time management, being resourceful, communicating needs, learning different computer programs.
- Networking, making connections in the field.

MOST REWARDING

- Completing complex tasks.
- Direct service to the public, members, and volunteers
- Supporting the DRN

CONTRIBUTION TO PSYCHOLOGY

- Preparing public education resources (e.g. fact sheets)
- Helping people (e.g. referrals & DRN).
- Clarifying members services and programs

ACADEMIC ALIGNMENT

- Real-life knowledge transfer from academic.
- Understanding the profession.
- Exposure to psychology career options.
- Transferable skills (e.g. time management).

MOST CHALLENGING

- Role variety
- Steep learning curve
- Time management

VALUES ALIGNMENT

- Strong connection with PAA Values (unless very specific or remote)
- Due to advocacy work, referral service, and key programs (e.g. practice advisors).

CAREER ALIGNMENT

- Awareness of various psychology careers.
- Networking with a range of professionals.
- Career mentorship from Dr. Malone.

KEY COMMENTS

- Team PAA is a supportive, tight-knit, & welcoming community. Collaborative and not hierarchical.
- Psychologically healthy workplace.
- Clear boundaries (respect student time). Real responsibilities and Respectful (not like free labor).
- Supporting not punitive.

Exploring Assessment in Professional Psychology

Why Are You Moving That Way? What Clients' Movements Can Tell Us About Their Condition



"It is not enough to identify a specific behaviour. We need to elicit a self-report of why our client is behaving that way so we can understand its purpose…and then offer help."

By Dr. Michael Lee Zwiers

Psychologists are trained observers of human behaviour. What we pay attention to, or ask about, could make a significant difference in our clients' health and well-being. Even if we don't consider ourselves assessment specialists, observation is a form of evaluation we all use. Some behaviours are overt, and hard to miss, which makes our work easier. However, other behaviours take place in secret and can lead to disaster if left unchecked. Taking a moment to dig a little deeper into our clients' lives could save them a great deal of distress and might just save a life.

In this article, I focus on movement-based symptoms and conditions, including rhythmic movements and irregular movements, conscious and unconscious movements, visible and hidden (suppressed) movements. I will begin with the most common that we encounter such as Attention Deficit/Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and Autism Spectrum Disorder (ASD), before moving on to the less frequent and less overt. Importantly, I will emphasize what typically underlies or motivates the behaviours in question. It is not enough to identify a specific behaviour. We need to elicit a self-report of *why* our client is behaving that way so we can understand its purpose…and then offer help.

Common Conditions

ADHD affects about 5 to 8% of the population and can express itself in repetitive behaviours that are termed *hyperactive*. This includes difficulty sitting still or remaining seated, jiggling legs, and needing to move and be active. Adults can experience this as a sense of inner restlessness, so inquiry is necessary. Hyperactivity also includes fidgeting, such as playing with objects, doodling, twirling hair, and picking at skin or fingernails, behaviours that often go unnoticed. *In ADHD, movement serves the purpose of stimulating the individual to keep them engaged.*

OCD is associated with any number of purposeful repetitive behaviours such as handwashing, checking, evening-up movements (left and right sides), etc. Typically, these behaviours are repeated a specific number of times. Often, these behaviours are masked so that others don't notice. Mental acts are common, which are invisible. Obsessions are repetitive thoughts that can lead to repetitive actions including asking the same question repeatedly (often for reassurance), or completing a ritualistic sequence of activities. *In OCD, these behaviours are intended to reduce inner distress or prevent an imagined negative outcome.*

Autistic people will engage in repetitive behaviours as a form of self-soothing and reassurance (think of grandma's rocking chair, or holding a babe in arms). *They also follow rigid or ritualistic routines* in an attempt to gain control over what feels like an out-of-control environment or sensory system. *Autistic people also express emotions through stereotyped behaviours* such as hand flapping, toe walking, or spinning – sometimes accompanied by noises. This group of behaviours is a direct extension of emotional states, spanning excitement, frustration, and stress. *Some autistic people appear to manipulate objects ritualistically as a form of self-stimulation to escape into self-induced sensory experiences or inner worlds.*

Stereotypic Movement Disorders (SMD) may look like autism, but are often seen in those who have more significant intellectual disabilities. *In SMD, movements can manifest as self-soothing behaviour* such as mouthing objects or rocking, *but can also take a dark turn toward self-harm:* head-banging, self-hitting, or chewing on their skin.

Tics and Tourette's are associated with repetitive behaviours or sounds that have no obvious purpose. Some can look like muscle twitches or spasms, and most involve the face and head (e.g., squinting, nose wrinkling, headshaking), although any body part can be involved (e.g., arm flicking, shoulder shrugging, full body twists). *In Tourette's, at the mild end of the spectrum these behaviours can be almost unconscious, while at the severe end they are purposeful and intense, like the venting of a pressure valve that has built up.* With some effort, the actions can be consciously suppressed or delayed, but rarely can they be denied. Fortunately, many children who manifest transient tics will grow out of them.

Click here to access the rest of this article.

Students' Corner

Students' 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 Vanessa Siso, Student Representative on the PAA Board of Directors.

That's me!



Students, join us on PAA Collaborate to connect, ask questions, & more!

Do you like reading books? Consider checking out our newest student initiative - Student Book Reviews! For more information, email PAA's Student Director.

Interested in connecting with other psychology students or provisionals? Keep an eye out on Collaborate & Facebook pages for an update on our next virtual provisional/student mixer!

Did you know that as a student member you can access a supervisor list to aid your practicum search? Just contact PAA for more information.

Are you aware that you can post or find student research projects in need of participants on the PAA's website?

Did you know that the PAA has a YouTube Channel? Subscribe and keep yourself updated on our Student series.

PAA Volunteer Spotlight

Quality volunteers are the bricks that hold non-profit organizations together. We couldn't survive without them! In this column, we'll shine the spotlight on a member who has made a difference! Want to share your story? Contact Cindy at paa@paa-ab.ca for submission requirements.

PAA VOLUNTEER PROFILE



Talks and presentations to media and other groups

Dr. Keith S. Dobson

"It is a great privilege to be able to share knowledge and insights from Psychology with diverse audiences. The public has a huge appetite for sound information, based on science and psychological theory and practice. I've had the opportunity to present to print, radio and television media, but also to community groups and organizations that can harness psychological knowledge for social development. It is rewarding to hear how valuable the information is; the idea that recipients can utilize psychological knowledge and wisdom is the major reason for my engagement in media activities."

New Kids on the Block
A Column for Early Career Psychologists

Imposter Syndrome: The Emperor Has No Clothes



"Professionals in the medical field identify five steps to addressing persistent and pervasive Imposter Syndrome."

By Dr. Marc Ross (Ph.D. in Education), R. Psych

For early career psychologists, a term we have likely heard and have had to wrestle with in our personal/professional experience, is Imposter Syndrome (IS): the pervasive psychological feeling of being an intellectual and professional fraud. Or, as defined by Rivera et al. (2021), "the internalized feeling of self-doubt and not belonging in a particular group that can lead to the fear of being discovered as fraudulent." Furthermore, it's estimated that about 70% of the general population has experienced IS at some point during their lives. It is particularly common within the health professions.

To some degree, it is a normative, arguably healthy doubt about one's experience. Especially when we have a *little* of it! For instance, wondering if you will be able to help someone sitting across from you who has struggled to cope with years of abuse or trauma, is an understandable and humbling feeling. Perhaps it's good medicine for those moments in which we feel overconfident, overly sure of ourselves. And yet, as we all understand, too much of IS can be a hindrance and impede ethical/effective practice.

Unsurprisingly, scales have been developed to help identify and address issues of IS, for example, the Clance Impostor Phenomenon Scale (CIPS), Harvey Imposter Scale, Perceived Fraudulence Scale, and the Leary Imposter Scale. These measures have been developed and tested to help people recognize and conceptualize how fearful they are of being "found out" – a hopeful first step in trying to tackle imposter syndrome.

In an article by Arleo et al. (2021), professionals in the medical field identify five steps to addressing persistent and pervasive IS:

Recognize it first: Simply acknowledging we are experiencing IS can be an important step towards its management. Why am I feeling this? What's happening now? What's prompting this IS experience?



Rational thinking: Perhaps a type of CBT approach where we collect evidence of our achievements and ability to manage difficult situations, helping us to self-regulate the emotion that might be driving IS.

Reframe: A term we are all familiar with: making an effort to view the situation from a different perspective. A learning opportunity? Appropriate humility in the face of challenging new experiences?

Ready: Instead of trying to over-prepare for situations to avoid feeling like an imposter, let go of the negative feelings and focus on the opportunity.

Repeat if recurrent: Unfortunately, much of the time the ultimate remedy for IS is experience; until we have gathered years of experience, we are likely to feel the pangs of uncertainty that we call IS.

Another possible aid ensuring that IS stays within healthy bounds, is to discuss it with peers. Creating the opportunity to share the psychological experience of feeling like a fraud can be a healthy way to engage in deliberate practice and ensure that it's not overly affecting our practice as clinicians. Imposters or not, I'd like to raise a toast to those who venture forth to help others who are suffering, even when they feel naked and imperfect.

A Book Review

An Incoming Tide By T Wilton Dale. FriesenPress, 2021 (expected release: Nov)



"It digs deep into the psychological reasons for a profound mental breakdown in the book's main character."

Reviewed by Chris Shorrock, R. Psych., CSAT

I had the unique privilege of interviewing the author that some of you will recognize from his many years writing "What We Do" for *Psymposium*, **Terry Wilton**. I was fortunate to have Terry as a supervisor many years ago, and I must acknowledge this as a caveat, as I likely have at least some bias. I have made a point (similar to our time in supervision sessions) of being at least a little (or a lot) challenging in my questions… and Terry has continued responding with grace.

There are elements in this work of fiction of mental health disorder ranging from personality disorders to trauma to substance use disorder (comparing abstinence, relapse and recovery). There is death and pain but there is also life and healing, in surprising ways. The characters are developed and shared in a way that demonstrates his decades of practice in paying attention to the person. Let's see what the author thinks:

What is *An Incoming Tide* about?

The novel is written as a compelling clinical tale. It digs deep into the psychological reasons for a profound mental breakdown in the book's main character. To propel the plot forward, the story is a murder mystery and has a psychological thriller component of a horrific kidnapping. Despite all the trauma and tragedy it ends well though, or at least, sort of well.

Why fiction?

Research has demonstrated that reading fiction enhances the capacity to respond to others with empathy.

The reader of fiction is invited into, and often identifies with, the human suffering of the characters in a fictional account. We know of the vital importance of empathy in psychotherapy from the writing of Carl Rogers decades ago. It is also present in the findings of Interpersonal Neurobiology, focusing on the benefits of an attuned relationship helping clients to regulate and reduce chaos or rigidity in their lives. Fiction, especially for stories that deal with mental health issues, can revitalize this fundamental component of the therapist's toolkit.

Your police and psychiatry characters are depicted quite critically... Is there a warning here?

Yes, indeed there are warnings in the book. The biggest one is "beware of narcissism, it can even be present in mental health professionals." As readers of my *Psymposium* column might remember I strongly believe in a humanistic perspective. The true heroes of this story are characters who dig deep into their human experience, relate to each other in love, tell the truth and take responsibility to help. And, in contrast, the characters who come off poorly are those operating in a more objectifying way, just doing their job.

Thank you for taking the time Terry! I really enjoyed reading the book... twice!

An Incoming Tide Release date is November 2021. It will first be available online through Amazon and FriesenPress. It also can be special ordered in bookstores. Selected bookstores will begin to stock it in the new year.

Readers might be interested in the author's website, www.twiltondale.ca with its monthly blog.



Continuing Professional Development

Co-Sponsored Webinar



Want to expand your intercultural competency as a clinician? PAA has partnered with **Indigenous Awareness Canada** to bring you their training, designed to help non-Indigenous Canadians and Indigenous peoples move toward reconciliation. Part of your fee will go towards PAA's dedicated reserve fund to support Indigenous psychologists and psychologists in training.

Register for Indigenous Awareness Training.

Upcoming In-Person Workshops

Trauma & PTSD in First Responder Populations

With Dr. Megan McElheran

2022-02-25 in Calgary

Register

Primers

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

Trauma & PTSD in First Responder Populations–**Dr. Megan 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**

Prescribing Service Dogs or Emotional Support Animals–**Kristine Aanderson**

Psychedelics and Psychedelic-Assisted Therapy–**Dr. Megan McElheran**

Free Recordings

Traumatology 101: Psychology During a Pandemic

Pandemic Adaptations Panel: Counselling Psychology

Pandemic Adaptations Panel: School Psychology

Pandemic Adaptations Panel: Supervision in Psychology

Asynchronous Webinars

Starting and Operating an Independent Professional Practice in Psychology–**Dr. Stephen Carter**

The Weight of the World: Psychologist's Role in Addressing Client's Weight-related issues–**Dr. Angela Grace**

Indigenous Awareness Training–**Indigenous Awareness Canada (IAC)**

PAA Ethics Round Tables Now Available



Do you encounter ethical challenges in psychological practice? Ever wish you had a group of peers to discuss the scenarios you face? PAA is pleased to introduce Professional Ethics Round Tables (PERT), free registered sessions where you can connect with your peers on professional ethics topics.

Ethics Round Tables will provide provisionally registered, early career, full and life members a free opportunity to participate in a free, confidential round table that will target topics of professional ethics in psychology. You'll even have a chance to submit specific scenarios for the discussion. Visit our Professional Development page to find available sessions and register. Your round table will be hosted by an experienced volunteer facilitator, a PAA member who will guide discussions within your small group session. Come bring your ethics topics to the table!

PAA Psychological Services Fund



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

Services may be for psychological assessments or counselling/psychotherapy. The psychologist provider must be a PAA member in good standing. The funding year is October to September. For further information please access the PAA website.



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

PAA Referral Service

The PAA Referral Service provides the public with the contact information of registered psychologists who match their region/area of expertise. With excellent value for your marketing dollar investment, the Referral Service is an ideal advertising strategy for those in private practice.

New feature! Early Career and Provisional members–you can now sign up for the Referral Service too!

PAA members can join the Referral Service throughout the year. The yearly fee of $200.00 plus GST (prorated after 01 May) is economical marketing.

From July to Sept 2021, we averaged 1,134 referrals/month. That's 52 per day.

With telephone referrals, these numbers will be even higher.

Participating psychologists are listed in our online directory, & their contact information is also provided through the Referral Service telephone line. Our Referral Service appears in our Google business listing to help ensure Albertans can find a psychologist.

Referral Service participants may also add a direct link to their own website for $53.00 + GST.

Activate the PAA Referral Service in the membership portal under **Account>Membership>Addons.**

PAA Annual Report

Take a look at some highlights of the past year! PAA's 2020-2021 Annual Report is now available on the PAA website under Annual Reports.

