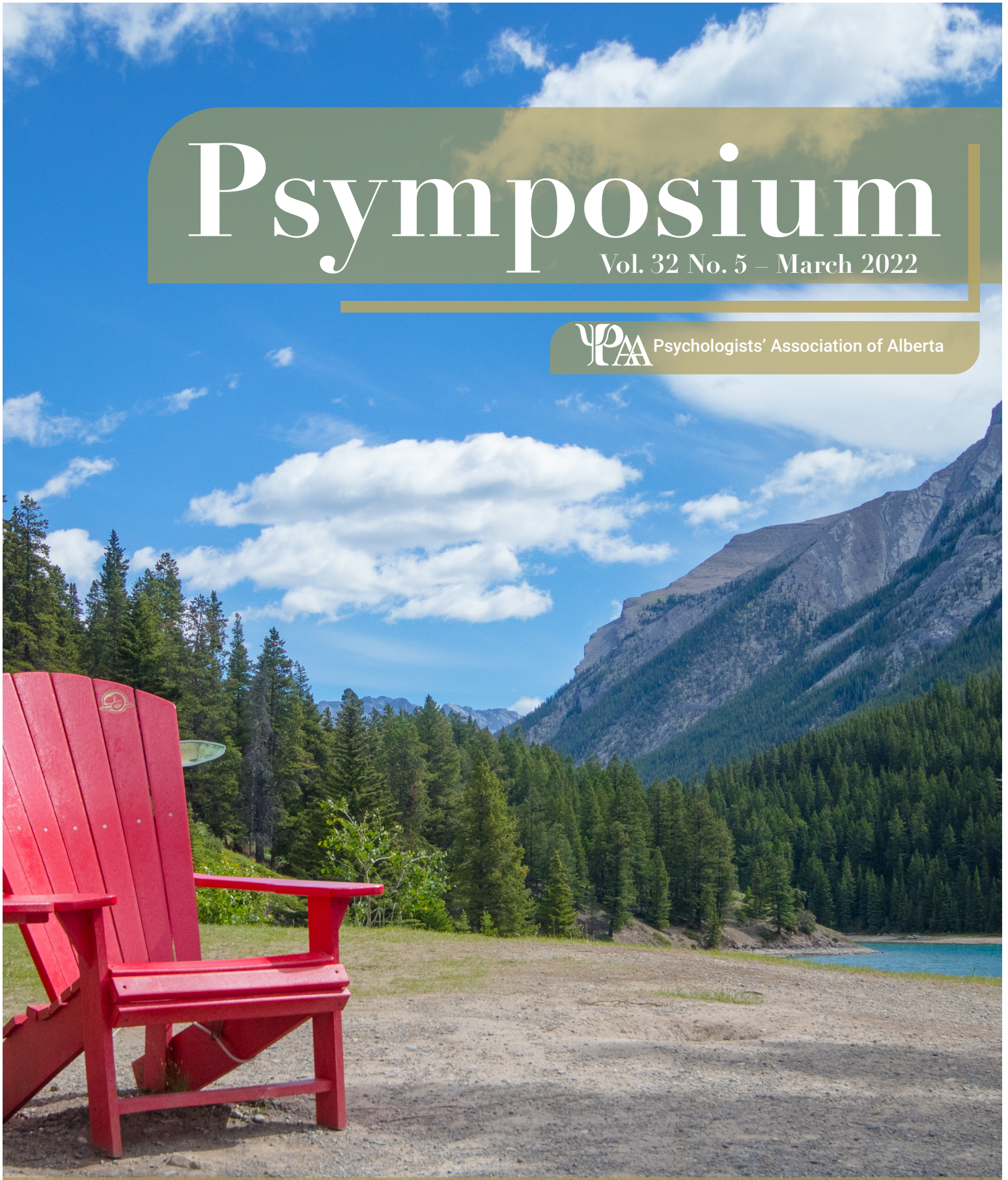
Psymposium

Vol. 32 No. 5 – March 2022

Psychologists' Association of Alberta



Understanding People | Working Together

Do you know where this picture is taken? Hint: One of our national parks. Submit answer to Simon@paa-ab.ca

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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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Featured Content

7 **Technology in Practice Task Force**

Telepsychology: Reflections on How We Choose Certain Technologies

9 **The Universe Within**

Living a Noble Life—In Spite of it All

10 **Ethics – The Impossible Imperative**

The Ethics of Professional Judgement In Moving On

12 **A Book Review**

A Matter of Death And Life. *By Irvin and Marilyn Yalom. Redwood Press, Stanford California.*

16 **Exploring Assessment in Professional Psychology**

The Primary Diagnosis and Why it Matters

19 **New Kids on the Block**
A Column for Early Career Psychologists

Promoting Self-Wellness During the Pandemic: Key Strategies for Practitioners

Contents

4 Editor's Letter

4 Community of Practice Highlights

5 Excellence in Teaching Psychology Award

5 Welcome New PAA Members

6 Notes from the CEO's Desk

8 Board Notes

11 Alberta Psychology in the Media

13 PAA Board Meeting Dates 2022

13 2022 PAA & CAP Joint Town Hall Dates

14 CoP and Task Force Leadership

15 Psychology Shaping the Landscape

17 Continuing Professional Development

18 Provisionals' Corner

20 AGM Reminder

20 2022 PAA Membership Renewal

20 CPA2022 Registration

ALBERTANS HAVE A RIGHT TO WORK IN PSYCHOLOGICALLY HEALTHY WORKPLACES



A position statement of the Psychologists' Association of Alberta

WWW.PAA-AB.CA

Editor's Letter



"One of the models I've always appreciated and refer to for my own well-being check-up is the Healthy Mind Platter by Dan Siegel."

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

The need for psychologists in every level of healthcare and well-being, especially over the past two years, is irrefutable. We have responded to the increasing demand for support on multiple levels of mental health, and we have adapted ways of meeting those areas of care (both in-person and virtually) across the province of Alberta. No doubt we have navigated through a lot, and I am grateful for our profession. To quote Welch from his book, *The Path of Psychotherapy: Matters of the Heart:*

> *"…Because I have personally witnessed the good it can do, I am glad we have it. I have participated in the saving of lives literally and figuratively. I have seen the frightened conquer their fears, the tormented overthrow their torments, their timid heart asserts itself and looks its doubts in the eye…. I have struggled and persevered with them because psychotherapy is not an antiseptic task. Still, the aim of any psychotherapist is to reach a place with every person who comes for help that he or she feels no further need for assistance" (p. 151).*

To provide and uphold quality care to our clients and community, and as an ethical imperative, we actively integrate and evaluate our own self-care, which is now one of the four core competency areas of our profession. We know how important the therapeutic alliance is in our work with clients. When personal stresses accumulate, the therapeutic alliance begins to deteriorate (Nissen-Lie, Havik, Høglend, Monsen, and Rønnestad, 2013). The self-care activities we pursue and how we monitor them is of course individualized to each person. One of the models I've always appreciated and refer to for my own well-being check-up is the *Healthy Mind Platter* by Dan Siegel (2011). From his research, Dr. Seigel describes seven key daily activities for optimum mental health:

- focus time (focus on goal-oriented tasks)
- playtime (engaging in creative or novel experiences)
- connection time (connecting with other people and the natural world around us)
- physical time (moving our body)
- time in (internal quiet reflection)
- downtime (non-focused relaxation to help recharge
- and sleep time (allowing the brain to rest and recover).

When we integrate these "essential nutrients" just as we would for healthy, balanced nutrition in our diet, we strengthen our connections with those around us, our environment and within our brain itself.

PAA Member and Psymposium Editor-In-Chief

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Certified Gottman Therapist
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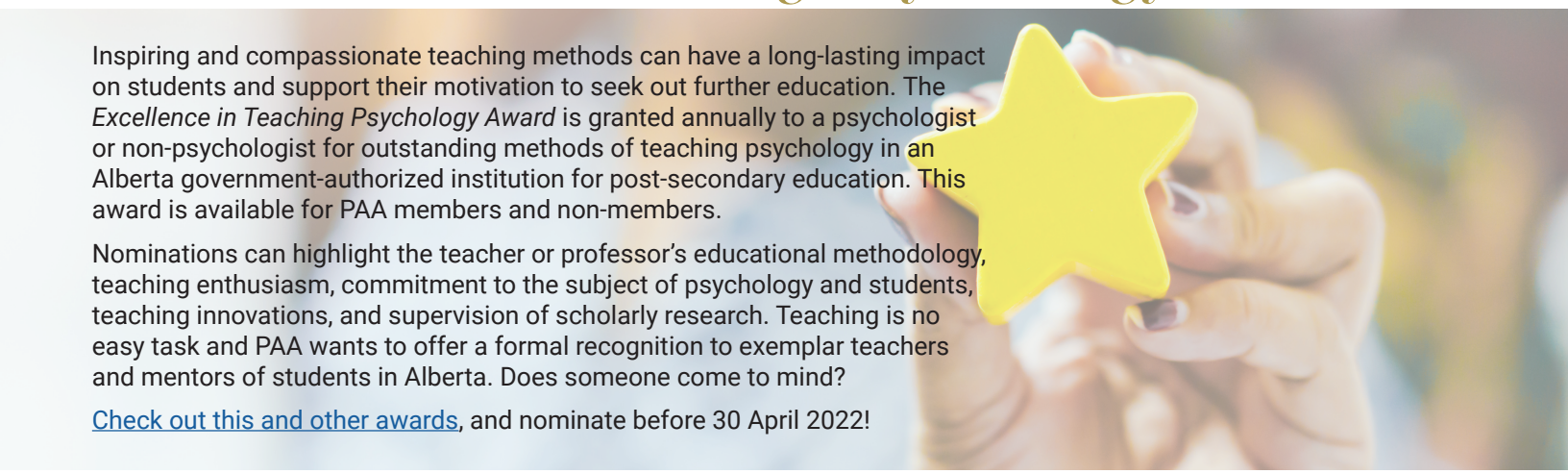
Community of Practice Highlights



Have you seen the new entries in the Private Practice Resource Library? Links to video resources on a wide range of topics are available for your use! Feel free to share these educational videos on your social media, or use them in your online marketing.

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 jessica@paa-ab.ca with your highlight and the name of your CoP.

Excellence in Teaching Psychology Award

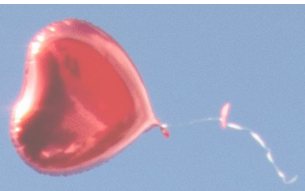


Inspiring and compassionate teaching methods can have a long-lasting impact on students and support their motivation to seek out further education. The *Excellence in Teaching Psychology Award* is granted annually to a psychologist or non-psychologist for outstanding methods of teaching psychology in an Alberta government-authorized institution for post-secondary education. This award is available for PAA members and non-members.

Nominations can highlight the teacher or professor's educational methodology, teaching enthusiasm, commitment to the subject of psychology and students, teaching innovations, and supervision of scholarly research. Teaching is no easy task and PAA wants to offer a formal recognition to exemplar teachers and mentors of students in Alberta. Does someone come to mind?

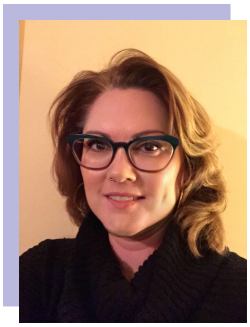
Check out this and other awards, and nominate before 30 April 2022!

Welcome New PAA Members



Bob Acton
Maurine Agoawike
Kelly-Ann Albrecht
Riffat Ali
Baldwin Asala
Kristine Baker
Clint Baker
Danny Batraki
Jicelle Bendico
Daniella Besirovic
Shannon Borg
Kourtney Browatzke
Krista Bruyer
Andri Burger
Cindy Calvez Westra
Ashley Cheney
Therese Chevalier
Megan Cote
Atoosa Daniali
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Anchal Kanwar
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Brandon Langrock
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Stephanie Loxam
McKenzie Lukacs
Marko Martinovski
Meghan McDonald
Bethany McDowell
Justin McLeod
Jennifer Medeiros
Monique Montpetit
Helena Morris
Pooja Nair
Kimberly Neuman
Joanna Nowotarski
Alexis Oakes
Linda Pearson
Sharon Pham
Ann Pierzchalski
Vanessa Rae
Kristina Rattai
Melissa Sawers
Monika Sawka
Alexandra Scivoletto
Cassandra Seguin
Rose Angelee Singson
Tiffany Smith
Nicole Spencer
Angel Sumka
Jenaya Therriault
Jennie Vegt
Melissa (Missy) Weening

Notes from the CEO's Desk



"The specialized level of training in understanding cognition and behaviour places professional psychologists in a powerful and influential position to lead and make impactful changes."

-Andrea Piotrowski

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

Ours is a profession of leaders that engages in ongoing advocacy efforts and studies political engagement. A natural addition is psychologists as elected leaders.

Political Psychology

Within the breadth of our field is political psychology. This provides a lens for understanding politics and the interdependent relationships between individuals and contexts in a setting heavily influenced by emotional, cognitive, and social factors.

Political psychology has been applied to leadership roles, policy development, group behavioural considerations, and to explore attitudes and motivation. Political psychologists use cognitive and social frameworks to study the foundations, dynamics, and outcomes of political behaviour.

Psychologists as Leaders

Psychologists make great leaders. Our grounding in research supports evidence-based practice in many areas, including leadership. Our training fosters abilities to assess what's important, set direction, and to inspire others.

Psychology is a profession of leaders contributing to systemically improving the psychological health and wellness of Albertans. Psychologists, as uniquely trained health professionals, are the best advocates for our profession. Your expertise qualifies you to have a voice in the development of public policies.

About Psychology

Psychology is an extraordinarily diverse field with hundreds of career paths.

Psychologists as Advocates

The time is always now for advocacy with elected officials. PAA advocates for our profession and provides a toolkit for elected officials showcasing psychology but your grassroot involvement is key.

Psychologists are uniquely trained in a vast number of areas and have great potential to develop key relationships. Learn more about your local elected officials (investigate their employment and education history, volunteer work, even hobbies, to explore what makes them tick). This will help you to build common ground, foster effective and ongoing communications, and support your advocacy or help them to see you as a resource for their work in serving their constituents. Ensure they know about your work and connections. Collaborate and leverage your relationships to advance the profession and discipline of psychology.

Psychologists as Elected Officials

Have you considered becoming an elected official? Unleash your potential as an elected leader of a non-profit governance board, municipality, provincial, or federal riding. Familiarize yourself with exemplars in our profession who have taken this step.

Debbie Jabbour, R. Provisional Psychologist (AB) was elected 2015-2019 as MLA for Peace River, served as the Deputy Speaker of the House, and worked closely with PAA on many initiatives for psychological health.

Denise Woollard, R. Psych (AB) was elected 2015-2019 as MLA for Edmonton-Meadows and worked closely with PAA on many initiatives for psychological health.

Claire Wilde, R. Psych (AB) ran as a Liberal candidate for Edmonton-Rutherford in the last provincial election.

Shelagh Dunn was elected, and served, as a Trustee of the Edmonton Public School Board from 2017-2021. During that time, she served as Vice-Chair, founded and chaired the board's mental health committee, and moved motions calling for equity in literacy and numeracy interventions, advocated for supports to end the practice of seclusion, and for health and safety measures for students and staff during the pandemic.

Do you know of other psychologists serving as elected officials? Thank them and share their courageous leadership.

Judi

Technology in Practice Task Force

Telepsychology: Reflections on How We Choose Certain Technologies



By Dr. Michael Stolte

"I encourage you to reflect on how you are making technological decisions in your practice."

E.M. Rogers (2003) has written a fascinating book, now in its fifth edition, on how technologies are adopted by end users, entitled "Diffusion of Innovations." Rogers describes how the adoption of technologies are influenced by time, communication channels, user characteristics and values, and social circumstance. During this time of COVID-19, when many psychologists have had to shift to telepsychology, Rogers describes five innovation characteristics associated with increased adoption that are worth reflecting on:

1. **Relative advantage** – a new technology is perceived as superior to the old version. I think there is mixed opinion on how well telepsychology compares to in-person counselling. Though telepsychology does offer convenience, safety, and enhanced access, it limits the type and amount of information by virtue of the screen. I have found it particularly limiting for working with children, those with high support needs, and for couples counselling. Though clearly of value, telepsychology seems to have relative advantage in only select circumstances. There are also multiple confidentiality and security issues that continue to require vigilant attention.

2. **Compatibility** – a new technology is perceived as congruent with existing values, past experiences, and user needs. This seems to depend on the practice style and participant characteristics of the counselling session. For more traditional talk therapy, telepsychology seems a good fit. Clients also like the convenience. However, for more experiential therapies or assessment, I have found telepsychology to be quite limiting and prefer the in-person experience.

3. **Complexity** – overly complex technologies are less likely to be adopted. I have found the more comprehensive telepsychology platforms that are simple to use, and integrated with billing, consents, and scheduling options user friendly and easy to use. However, initially I used services that just allowed for a secure video interface without all the other "bells and whistles." When first starting with telepsychology, I think its essential to start with a simple system and then add components as needed.

4. **Trialability** – having opportunity to trial a new technology increases likelihood of adoption. For a psychology practice, I have been able to trial a few telepsychology options before committing to a final product and have found this to be an essential element of knowing if a particular platform suits the needs of my clients and practice. Telepsychology vendors are encouraged to allow psychologists to "trial" products before making a final decision.

5. **Observability** – seeing others use a technology, particularly high-status individuals, makes it more likely for that technology to be adopted. In this respect, I have benefited greatly by being able to talk with other psychologists, see how they have integrated telepsychology into their practices, and observe features and risks associated with different options. Hearing from others has really helped inform how best to proceed with telepsychology.

As psychologists navigate the new terrain of telepsychology, I encourage you to reflect on how you are making technological decisions in your practice.

Rogers, E.M. (2003). Diffusion of Innovations, Fifth Edition. Free Press.

Board Notes



"The pandemic has taken a toll on all health care professionals including psychologists."

By Nicki Wilson, R. Psych

As we start another new year, the world is witnessing the continued impact of the Covid-19 pandemic. As the pandemic stretches on, many individuals are suffering from pandemic fatigue. Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the pandemic has required invasive measures that impact our daily lives.

The pandemic has taken a toll on all health care professionals including psychologists. Providing care to clients and others during the pandemic has led to stress, anxiety and fear. How one copes with these emotions can impact their well-being, the care you give to others while doing your job, and the well-being of others you care about outside of work. During the pandemic it is critical that you recognize what stress looks like, take steps to build resilience and cope with stress and know when and where to seek help for yourselves. Like other health care professionals, psychologists are needing to cope with not only the increased stress and other emotions of their clients but also their own concerns of how to adapt to public interventions such as working from home, childcare and schooling for children, worrying about loved ones, and dealing with the general uncertainty of the pandemic.

According to the article, "Self-care for psychologists during the COVID-19 outbreak" (Clay, 2020), it is recommended to do all the things we recommend to our own clients.

Prioritize–not only your workplace obligations but also self-care. It is critical.

Pivot – we are now all familiar with this concept. When public interventions impact the normal operations of your daily functioning, find other ways to meet the needs of your clients or work on those projects that have been on hold.

Stick to a routine – attempt to stick to your typical routine whenever possible, such as getting showered and dressed even if you are working from home.

Create a separate workspace – try to find a separate place to work in your home away from bedroom, kitchen etc. so that you can attempt to keep boundaries in place between your workday and home time.

Exercise – we all know the importance and benefits of daily exercise. Try to move your body daily.

Stay connected – it is critical that we all stay connected despite being physically isolated from others.

Limit news consumption – limit the amount of time checking the news or social media.

Calm your mind – practice mindfulness and other relaxation techniques.

Learn something new – now is the time to do something you have always wanted to.

Be kind to yourself – acknowledge that you are only human yourself and are deserving of compassion.

Stay connected–check in with colleagues who may be struggling or share your own concerns.

The most important thing is not to give up! The pandemic may not be going away anytime soon, but we will continue to adapt to life with the coronavirus. The strategies that we recommend are critical to our own care so that we can continue to be caring, effective, efficient, and successful in our interactions with our clients.

Be safe and stay well.

Your President,

Nicki Wilson
M.Sc. R. Psych

The Universe Within

Living a Noble Life–In Spite of it All



"Each of our own personal worlds is a microcosm of the larger world. Within this microcosm, we have profound influence."

By Gwen Randall-Young, R. Psych

Our world is a complex and difficult place. The process of change at a political, global level seems painfully slow. While, as individuals, we can embrace and extol the virtues of a peaceful world—one characterized by integrity at every level—that is not the reality in the world at large.

How we wish we had the power to tilt the axis of our world so we became aligned in a much more benevolent direction. Like siblings watching one of their own being reprimanded or punished, we cringe in the awareness of what some of our sisters and brothers must endure on this troubled planet. We may even experience a kind of "survivor's guilt" for living in comfort and safety while so many suffer. Any contribution we could make might seem small and ineffectual.

Even if we are not in positions of power and influence, we can still make a difference. Beyond supporting causes that assist those who are struggling, we can make a difference simply in the way we live our daily lives. Each of our own personal worlds is a microcosm of the larger world. Within this microcosm, we have profound influence.

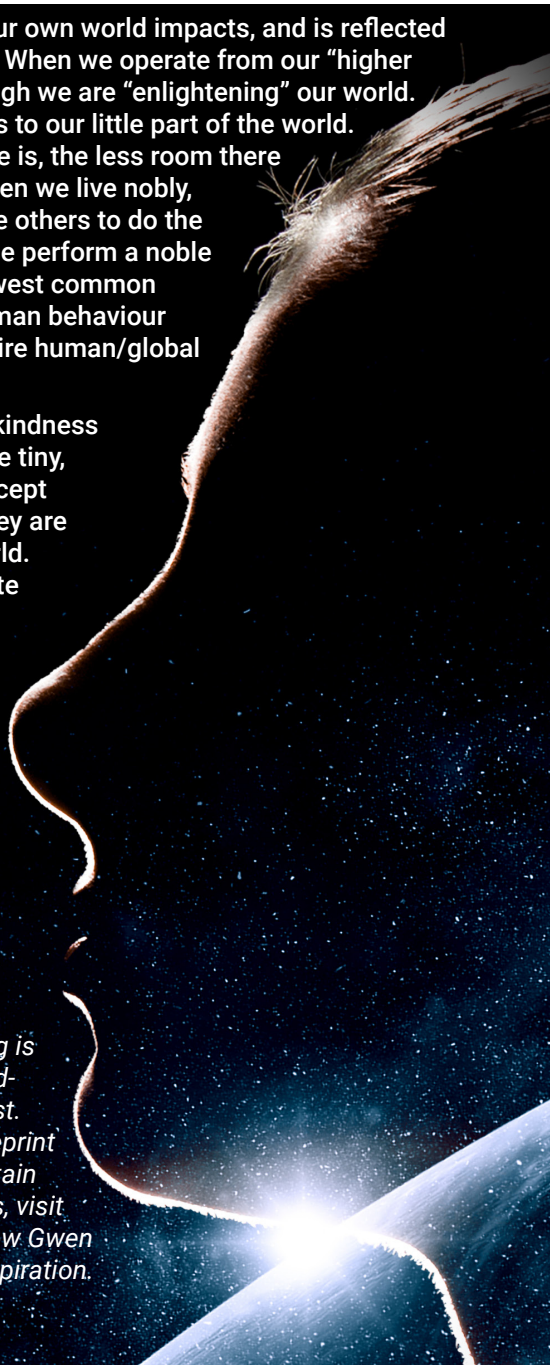
How do we "govern" our personal worlds? Are we fair, compassionate and conciliatory, or are we aggressive, judgmental and argumentative? Do those who share our world feel blessed or cursed by our presence? Do we bring joy and harmony, or do we bring stress and struggle into the lives of others? Do we treat all others as our equals, or do we regard ourselves as somehow superior to others?

In any world there are bound to be differences in opinion, and times when others act differently than we would like. Do we set up a round of "peace talks" to iron out the difficulties, or do we drop the anger bomb? Do we continue to love and respect those with whom we have differences, or do we draw a line between us, and think of them as "the enemy?"

Do we share some of our resources with those less fortunate, or do we hoard them, loading up on luxury items? Do we give of our time, to help others in need, or are we constantly "too busy" with our own personal agendas?

How we "govern" our own world impacts, and is reflected in, the macrocosm. When we operate from our "higher selves" it is as though we are "enlightening" our world. We bring brightness to our little part of the world. The more light there is, the less room there is for darkness. When we live nobly, that tends to inspire others to do the same. Every time we perform a noble act, it raises the lowest common denominator of human behaviour just a little. The entire human/global complex benefits.

Even if our acts of kindness and compassion are tiny, and unobserved except for the recipient, they are still gifts to our world. Never underestimate the significance of bringing joy to one heart, or alleviating the burden of one soul. Millions suffer in our world, but those millions are made up of individuals. Every individual is significant, and no noble act is insignificant.



Gwen Randall-Young is an author and award-winning psychologist. For permission to reprint this article, or to obtain books, CDs or MP3s, visit www.gwen.ca. Follow Gwen on Facebook for inspiration.

Ethics – The Impossible Imperative

The Ethics of Professional Judgement In Moving On



"If I was leaving in an hour, a day, a week, or several months, how would I bring appropriateness, reasonableness or the three Cs to the process?"

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

In recent consult(s) as advisor for PAA, the issue of termination with patients at the end of a career or with an employment move were addressed. As with many Standards and more global ethical directives, there is often a vague quality to what something means. With these specific examples, termination of services, the term "appropriate" is used in our Standards of Practice to describe the process. "Appropriate" can also be translated as "reasonable" or "sensible" or "rational." However, as with the enquiries above, the question was what this would look like in practice. Is there a specific time frame or way to speak about this? What would hold up as "appropriate" if there was a question or concern raised? This pursuit of specification is a desire to reduce risk: to do things the right way. This specification has emerged in our profession as we are getting better at what we do and how we think. Nonetheless, these grey areas will never be ironed out entirely nor should they be.

Often, we are asked or ask ourselves what the right thing is to do. This "right thing" can be in many domains. Do we accept a friend invitation on Facebook from an ex-patient? How do we share information in family sessions to uphold confidentiality and support the autonomy of participants? What about holiday gifts brought in by patients? When would we see more than one family member? How do we triage risk? And the list goes on… These questions are unique in many ways to our health care profession. Returning to termination, medical doctors or dentists sell their patient list and just move on. There is less inherent patient vulnerability associated in either scenario than with our patients generally.

A psychologist has worked within a trauma-focused model of treatment in independent practice. Their patient load has involved not only post-traumatic files but persons suffering from the dramatic personality cluster. They have just been offered a position of faculty in a university nearby.

Another psychologist has been doing work with families specific to children and emotional and behavioural problems in a clinical setting in a large hospital, and they were moving.

Each of these demonstrates a different circumstance. For example, with the second, there may be hospital policy around termination: a specified set of guidelines. Nonetheless, the developmental sensitivities of children need attention. The first though may be more awkward: heightened sensitivity of this patient load and the often longer-term process of treatment sponsor a different sort of consideration. In playing with context, let's say the issue was not career change or mobility but illness or disability. A psychologist may find themselves burdened by the care of another, or of themselves. These extra-ordinary features may completely change the entire equation, and in fact, redefine the terms adequate, reasonable or rational.

Therefore, at the center of the ways/means to move on are three guidelines.

The first is **courtesy**. This is reflected in accommodating the sensitivities of patients. No matter the frame for moving on—whether a day, a month or more—to engage any patient at the level of decency. Courtesy is often derailed where the needs/interests/circumstance of the psychologist are placed in competition with those of the patient. "But it is the chance of a lifetime", "I am more distressed than you", "I have no other choice" and so on.

Second is **convenience** and this one is more strategic: how best to frame this issue so as to mitigate against any reactance or negative response in my patient(s). Play with the ways you might use this second guideline in providing convenient frames to assist yourself and the patient(s)!

Finally, there is **careful**. In another "departure" consult, a psychologist left so precipitously that patients weren't affected but the record-keeping and passing of files was not in place. Triage and hand-offs are distressing for other professionals.

So, the question is not pursuit of a specified way to move on but instead to answer the question: "if I was leaving in an hour, a day, a week, or several months, how would I bring appropriateness, reasonableness or the three Cs to the process?"

Alberta Psychology in the Media

Media Engagements

Nov 2021 – January 2022

11 Media Pieces

VIA

- City News
- Global News
- 630 Ched radio
- CTV News Edmonton

THANKS TO

- Dr. Angela Grace
- Dr. Brent Macdonald
- Dr. Ganz Ferrance
- Aimee Reimer
- Katie Birnie

ON TOPICS INCLUDING

- COVID-19 creates burden for parents with young children who can't be vaccinated
- Needle-phobic kids need support during COVID vaccination: psychologist
- Dealing with pandemic fatigue
- Keeping your relationship intact during the holidays
- Mental health struggles intensify as the pandemic continues
- Capturing the happy moments and the basics of self care
- Chasing a new year's resolution? Here's one psychologist's advice for success

Public Speaking Engagements

Psychologists	Venue
Larissa Predy and Devyn Rorem	» Webinar presentation entitled *Healthy Mindsets: Mood, Worries, and Executive Functioning with Diabetes* to the Diabetes Canada Alberta Peer Connect Program

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!

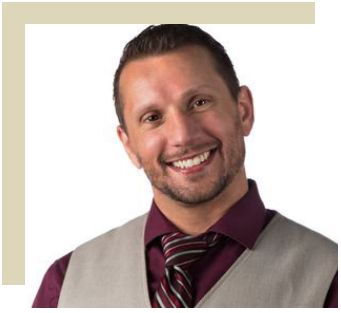
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A Book Review

A Matter of Death And Life. By Irvin and Marilyn Yalom. Redwood Press, Stanford California.



"If there are to be no other books by Irvin Yalom, no new lessons, then that is a loss that I will also have to grieve."

Reviewed by Chris Shorrock, R. Psych., CSAT

This book review has been the most difficult I have had the privilege to write. I must apologize for not meeting my deadline for the last issue—a commitment I take quite seriously. I will explain more at the end. I hope many of you reading have also deeply appreciated Irvin Yalom's powerful books up to this one, likely his last ever.

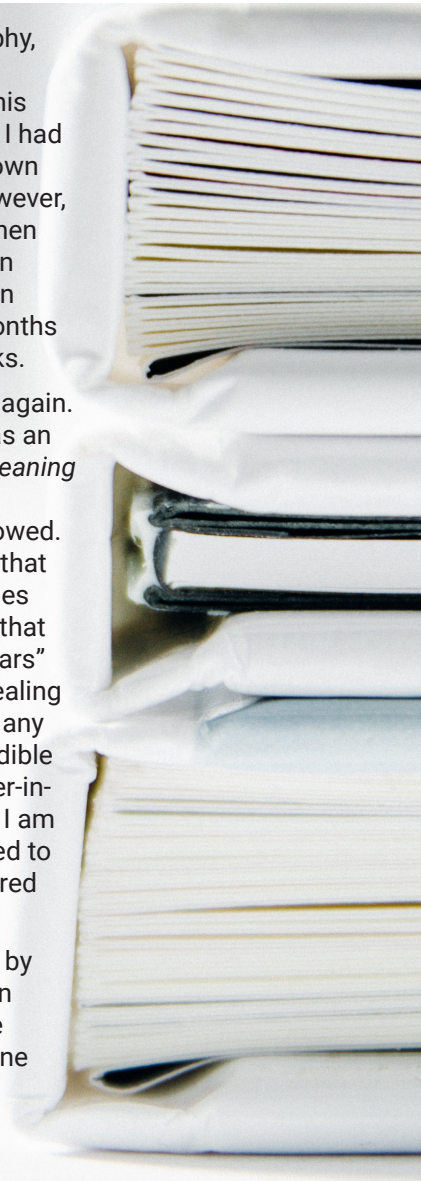
The book is co-written by Irvin and his wife Marilyn. I found the initial chapter-for-chapter writing between Irv and Marilyn slightly jarring, only as Marilyn's writing is new to me. The topics discussed are salient and difficult: Irv's own (continued) mortality awareness, Marilyn's terminal diagnosis and treatments, retirement, physician-assisted suicide, therapy through Zoom, and finally Irvin's life without Marilyn. The suffering, diminishing, and eventual loss is heart wrenching and very intimate. They share with us their path walked together over 70 years, and somehow… finding a way to say goodbye.

Fortunately, the book also reminisces their very full lives; from falling in love as teenagers and living extraordinarily all over the world. I was deeply moved by Irvin's brave and full disclosure of the torment he goes through: the depression, the longing, the isolation. He shares such a strong appreciation for the support he gets from a close family and yet expresses aloneness in a haunting way. Irvin is of course an expert on death, life, meaning and purpose, with his works speaking for themselves: *Existential Psychotherapy (1980), The Schopenhauer Cure (2005), Staring at the Sun (2008)*, and my continued favourite (of *any* book I have read) *The Gift of Therapy (2001)*, to name a few. He knows what to expect and moves through his profound loss and shares immense gratitude for Marilyn.

I have prided myself on being an existentialist from my undergraduate minor in philosophy, further learning from Yalom's books and lessons in applying this awareness to therapy. I believed I had "done my work" when I lost my own mother to cancer years ago. However, I was incapacitated with grief when my mother-in-law passed away in July. The loss compounded when *her* mother passed away just months later. I stopped reading, for weeks.

Eventually, I picked this book up again. I am so glad I did. Chapter 33 has an excerpt from *Momma and the Meaning of Life* (1999) in which Yalom is working with Irene, recently widowed. He shares his ongoing research that spouses with very close marriages recover "more easily than those that must grieve their squandered years" (p. 210). That knowledge was healing in a way needed to write this (or any other) review. I cherish the incredible relationship I had with my mother-in-law and my grandmother-in-law. I am truly fortunate to be so connected to my wife's family; I have squandered nothing.

If there are to be no other books by Irvin Yalom, no new lessons, then that is a loss that I will also have to grieve. I am sure to not be alone though.



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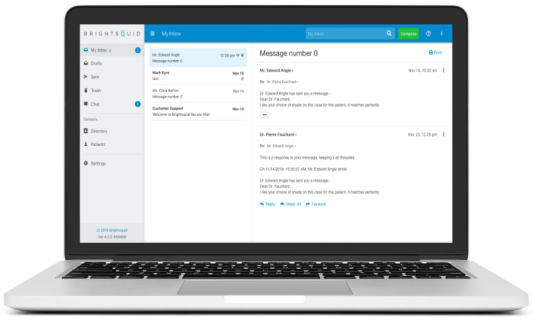
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PAA Board Meeting Dates 2022



The PAA Board of Directors' 2022 meeting dates:

- 04 February 2022
- 07 May 2022
- 09 September 2022
- 04 November 2022

2022 PAA & CAP Joint Town Hall Dates

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

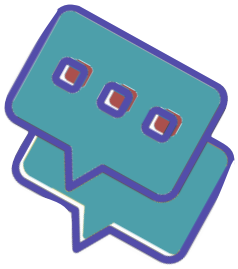
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LOCATION:
AHS Psychology Days
Grande Prairie
Red Deer

DATE:
February 2022
April 2022
May 2022

These dates are subject to change. For the most up to date information, visit our Events and Webinars page.
For more information, contact: ada@paa-ab.ca.

CoP and Task Force Leadership



Thank you to all PAA members taking an active role in our Communities of Practice (CoP) and Task Forces, including the following members volunteering for leadership roles:

Awards Adjudicating Committee
Chair – Dr. Judi Malone

PAA Racism in Alberta Psychology Taskforce
Co-Chairs – Mateo Huezo & Caryn Tong

Technology in Practice Taskforce
Chair – Dr. Michael Stolte

PAA – CAP Joint Taskforce: Alberta's Truth& Reconciliation Response
No chair specified

Mentorship Taskorce
Board Liaison – Tamara Stuart

PAA CEO Evaluation Taskforce
No chair specified

Supervision CoP
Chair – Terilyn Pott
Moderator – Laura Friesen
Publications Officer – Jessica Heil
Engagement Officer – Aimee Reimer

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Vice-Chair – Joanna Card
Moderator – Emily Wang

Public Education & Workplace Wellness CoP
Chair – Inverpal Braich

Rural & Northern Psychology CoP
Chair - Laura Friesen
Moderator – Terilyn Pott
Publications Officer – Laurelle St. Jean

Indigenizing Psychology CoP
Chair – Michael Yankowski
Vice-Chair – Jasmine Fouillard
Moderator – Mark Nicoll
Moderator – Kirsty Keys



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
- Family physicians network for pain & addiction

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
- Family Violence Community Initiatives Project

Psychology Groups

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

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Exploring Assessment in Professional Psychology

The Primary Diagnosis and Why it Matters



"By effectively treating the primary condition, secondary symptoms and conditions can improve or even remit."

By Dr. Michael Lee Zwiers

Even if you don't engage in formal diagnosis in your practice, identifying the primary concern or condition can help to improve your treatment practices and outcomes. This article reviews the role of the primary diagnosis in assessment and treatment planning.

I have found that one of the most helpful concepts in the design of the DSM diagnostic system is that of the *primary diagnosis*. In DSM parlance, this means the most prominent diagnosis whether that be due to its weightiness, the current risk it carries, or the level of distress it causes the individual. When there is only one diagnosis, this designation is easy to make. When two or more diagnoses are present, the decision can be more complicated.

Co-occurring Conditions

To appreciate the role of the primary diagnosis, we need to understand the relationship between the co-occurring conditions. When diagnoses hang out together, they are often referred to as *comorbid diagnoses*. However, comorbidity says nothing specific about the relationship between the conditions other than that they coexist at that point in time. I believe that it is important to understand their relationship, which may be: common, causal, or random. In the first case, two diagnoses may co-occur because of their common etiology. An example of this is an individual who develops both post-traumatic stress disorder and major depressive disorder following a car accident where they were severely injured and also lost a loved one. In the second case, diagnoses may co-occur because one has been induced by the other (either directly or indirectly). This might be considered a *secondary diagnosis* that would not exist without the first. An example of this relationship is a learning disability (LD) that eventually contributes to the development of a depressive disorder because of persisting underperformance. In the third case, co-occurring diagnoses may have little to do with each other aside from their common impact on daily functioning. For example, someone may have ADHD in childhood, but then later in life develop Cushing's disease, a biological condition that elevates adrenaline levels and provokes an anxiety disorder. Their co-occurrence is essentially happenstance.



In some populations, secondary disorders are so common that they acquire unique terminology. In the case of people with substance use disorders, co-occurring mental health disorders are called *concurrent disorders*[1]. In this case, the relationship can be bidirectional. About 1/3 of people who abuse alcohol and more than 1/2 of drug abusers experience mental health disorders, while about 1/3 of people who have mental health disorders also experience substance use disorders. The relationship is complex, but perhaps not surprising. For example, people with depressive disorders often gravitate toward cocaine and ecstasy because these substances help them to feel more alive and less depressed. In contrast, people with social anxiety disorder are more likely to gravitate toward alcohol because it is a central nervous system depressant that helps to reduce physiological symptoms of anxiety, which makes socializing tolerable. People with attention deficit hyperactivity disorder (ADHD) have higher rates of substance use and abuse than the general population, likely due to increased impulsivity and risk-taking. Looking in the other direction, substance use almost uniformly worsens mental health, and can even create mental health conditions. For example, some substances like marijuana can worsen depression or induce anxiety and panic attacks, while hallucinogens have the potential to create post traumatic stress responses and anxiety. Cannabis use is also associated with the early emergence of psychosis.

Click here for the full article.

1 This terminology is used in Canada. In the US, it is called a *dual diagnosis*.

Continuing Professional Development

Professional Ethics Round Tables



Do you encounter ethical challenges in psychological practice? Ever wish you had a group of peers to discuss the scenarios you face? Check our CPD page regularly for new Professional Ethics Round Tables (PERT), free registered sessions where you can connect with your peers on professional ethics topics.

Clinical Supervision Level 1 – Foundational Knowledge



In this self-study course, clinical supervisors will learn the foundational knowledge required for competent supervisory practice. Please contact PAA at jessica@paa-ab.ca for the members-only discount.

Upcoming In-Person Workshops

The Anxiety Compass Protocol: Helping Children & Teens Tame Anxiety Gremlins

With Dr. Caroline Buzanko

2022-03-18 in Edmonton

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)**

Provisionals' Corner

Provisionals' Corner is a section of *Psymposium* dedicated exclusively to information of particular interest to provisionally registered members. If you have any questions about the information shared here, or if you would simply like to connect, please email April Salciano, Provisional Representative on the PAA Board of Directors.

That's me!



Become more involved with the PAA. Contact April for more information on Provisional leadership opportunities.

Searching for a supervisor? Contact PAA to obtain a prospective list.

Discover provisional employment opportunities in the Classifieds section of our website.

Gear up for exams: Attend one of our upcoming EPPP Seminars or read through the LEAP Study Guide!

Acquire referrals and advertise through PAA's Referral Service - now available to Provisionals!

Connect with other Provisionals by joining our Facebook group.

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New Kids on the Block
A Column for Early Career Psychologists

Promoting Self-Wellness During the Pandemic: Key Strategies for Practitioners



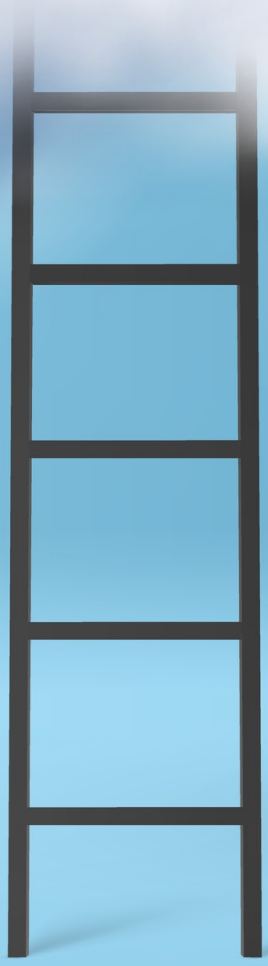
"Greater emphasis needs to be placed on self-wellness for practitioners."

By Dr. Sandra Dixon, R. Psych., Associate Professor

This article aims to shed light on the importance of self-wellness during the COVID-19 pandemic for practitioners. Key strategies will also be provided for practitioners to consider as they navigate the uncertainties and disruptions caused by the pandemic, to enable them to adapt and thrive in the culture of a new normal.

The COVID-19 pandemic has significantly impacted the mental health and wellness of many practitioners, including early career psychologists (ECPs). According to a recent COVID-19 Practitioner Survey conducted by the American Psychological Association ([AMA], 2021), ECPs, women, and racial minority psychologists in the United States reported an increase in stress levels and burnout. Similarly, many practitioners in Canada are experiencing growing mental health concerns and occupational risk factors related to chronic stress, burnout, compassion fatigue, and Zoom fatigue during the pandemic, with increased client workloads (Connolly, 2021; Sim et al., 2016). Given these growing issues, greater emphasis needs to be placed on self-wellness for practitioners in order to maintain functional health and wellbeing, and for longevity in the profession. In this article, *self-wellness* defines "the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health" (Global Wellness Institute, n.d., para 2), in that it is more than just physical health, and incorporates various dimensions that should work synchronously (i.e., familial, professional, mental, emotional, spiritual, social, and environmental). It also involves an active process associated with making choices and having awareness as one works to achieve the optimal state of wellbeing. Though wellness is impacted by the environments where one lives, as practitioners we have the responsibility to be proactive in our choices and actions.

Further, self-wellness requires a paradigm shift from being self-focused to more holistic and collective in nature. This position supports Profitt's (2011) argument for the need to change our perspective within the psychological field from the current individualized concept of self-care to a more holistic form of self-wellness that considers "both the life-giving and wearing effects of practice, as well as the multiple and diverse processes of "conscientization, growth, and struggle that practitioners" experience in their daily functioning (p. 281). Since practitioners may occupy the same space as some of their clients, conscientization may lead to a better understanding of how much they are also impacted by the same systems and structures that impact on the wellbeing of these individuals in counselling contexts. This also means that the burden to sustain one's self-wellness is not solely placed on the individual, but rather it is a more collective and collaborative effort involving various entities and forces including but not limited to managers, directors, colleagues, peers, policymakers, allies, supervisors, consultants, mentors, social change agents, and community leaders. With the inclusive efforts of all parties, practitioners will have the appropriate support systems in place to become more empowered to advocate for their own self-wellness both individually and professionally. It is also crucial for practitioners to become more action oriented as they try to make meaning of the ebbs and flows of this pandemic.



Drawing from Profitt's (2011) work, I will provide several actionable steps that practitioners can take to work towards a collective concept of self-wellness.

Click here to access the full article and references online.

AGM Reminder

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 09 September 2022

Time: 12:00 P.M. – 1:00 P.M

Location: Online

2022 PAA Membership Renewal

Thank you for your continuing support of PAA and our work. We are happy to announce that our online membership renewal for the 2022-2023 membership year opened in January 2022.

By renewing your PAA membership, you help support our work in advancing, communicating, and applying psychological science to benefit Albertans and improve lives.

When you are ready to renew, visit the PAA website and click on Member Login. You can also check out other features such as PAA workshop registration, member benefits information, PAA Collaborate, and more.

Have we got your current profile information? Be sure to update your profile in the membership portal!

Membership fees are due on 31 March 2022. 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 at Simon@paa-ab.ca or 1.780.424.0294.

PAA Referral Service

Are you marketing your private practice effectively?

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 are now eligible for the Referral Service too!

Already on the Referral Service? Use our series of videos for your marketing purposes.

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CPA2022 Registration

CPA2022, 83rd Annual National Convention

June 17-19, 2022 in Calgary, AB

CPA members will enjoy CPA member pricing. PAA Members who are not CPA members are eligible for a 10% rebate off your registration fee. Visit https://convention.cpa.ca/ or email convention@cpa.ca.