Psymposium

Vol. 34 No. 5 – March 2024

Psychologists' Association of Alberta



Understanding People | Working Together

Wild rose flowers at Pyramid Lake, Jasper National Park

Board of Directors

President
Claire Petersen

President-Elect
Mira Singh

Past President
Nicki Wilson

Treasurer
Chris Pawluk

Board Custodian
Mira Singh

Early Career Representative
Dr. Sandra Dixon

Student Representative
Katherine Archibald

Provisional Representative
Samantha Gruber

Members at Large
Tamara Austin
Dr. Quintina Bearchief-Adolpho
April Salciano

CEO

Dr. Judi Malone

Editorial

Editor-In-Chief
Dr. Michelle Vandegriend

Contributing Writers
Joanna Card
Dr. Stephen Carter
Dr. Jeff Chang
Shandra De Clerck
Dr. José F. Domene
Krista Forand
Dr. Harpreet Gill
Dr. Gina Ko
Dr. Michael Zwiers

PAA Psymposium [ISSN 1193-2627] is the official newsletter of the Psychologists' Association of Alberta.

Canadian Publication Mail Product Sales Agreement #40020241.

Except where specifically indicated, the opinions expressed in Psymposium are strictly those of the authors and do not necessarily reflect the opinions of the Psychologists' Association of Alberta, its officers, directors, or employees. The Psychologists' Association of Alberta reserves the right to edit all articles and submissions before publication and to decide on the suitability for publication.

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

Except where otherwise indicated, copyright 1998 by the Psychologists' Association of Alberta are in effect. Permission is granted to reproduce up to 10 copies of any article as it appears in PAA Psymposium, if such reproductions are distributed without profit for educational or research purposes only and properly cite Psymposium and denote PAA copyright. Permission for additional reproductions or reproduction for commercial purposes must be obtained in writing from the Editor-In-Chief. PAA generally welcomes requests to reprint from other professional newsletters.

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

Psychologists' Association of Alberta
Suite 101, 1259–91 Street SW
Edmonton, AB T6X 1E9
1-888-424-0297
paa@paa-ab.ca | www.paa-ab.ca

Mission & Vision

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

Psymposium

Looking to advertise? Visit the PAA website > Classifieds > Purchase a Psymposium Ad.

Stay Connected

@PAAlberta @PAAlberta @PAA @psych.assoc.ab

PAA Staff

CEO	Dr. Judi Malone
Dir. Professional Guidance	Dr. Harpreet Gill
Office Manager	Joanna Leung
Communications Officer	Kim Bernard
CPD Officer	Ada Nieminen
Membership Officer	Annika Rorem
Professional Guidance Officer	Jiya Juneja
Governance Officer	Angela Sargent
Student Office Assistant	Carolina Mendes
Current Student Interns	DJ Crossland
	Carolyn Maciejko

Featured Content

5 Supervision Column
A Communitarian Approach to Competence

7 Exploring Assessment in Professional Psychology
Progress Monitoring Measures in Therapy—Are You Being Left Behind?

9 Technology in Practice Task Force
Reflections on the CPA Guidelines on Telepsychology

10 Ethics Corner
Self-Care and Ethical Practice

12 Working with Children of High-Conflict Divorce
How Psychologists Help, How Psychologists Hurt: A Three-Part Series

14 Anti-Racism and Psychology
My Work with Interracial Couples and Individuals from a Mixed-Raced Background

16 Exploring our Privilege

19 CASA Mental Health
Meet this Award-Winning Team Supporting Rural Clinicians

Contents

4 Editor's Letter

6 Notes from the CEO's Desk: Population Health

8 Board Notes

8 Psychology Shaping the Landscape

11 Professional Guidance Program

15 Nominate a Peer Today!

17 Need CCP Credit?

19 Upcoming PAA Board Meeting Dates

20 PAA Referral Service

20 Growing Together: Tips for Future Leaders

Membership Renewal

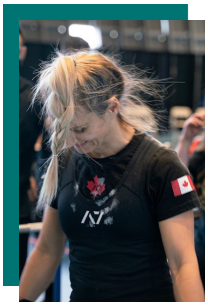
For info, visit www.paa-ab.ca > Memberships

Renew by 31 March 2024 to enjoy:



- PAA's Referral Service
- Professional guidance advice
- Innovative, discounted CPD
- Access to Collaborate, Mentor Match & Volunteer Program
- Affinity partner benefits
- Discounted advertising rates
- Collective voice for advocacy

Editor's Letter



"Connection is why we're here; it is what gives purpose and meaning to our lives."

Brené Brown

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

Connection plays a meaningful role in so many facets of our lives. As psychologists, this holds true with our colleagues and peers throughout our professional career. It plays a vital role in our work and day-to-day activities. Connection helps us feel a sense of teamwork, and it inspires us to share information, ideas, and varying perspectives. Many of us may already have a solid network of close, supportive colleagues, and there are so many ways in which we can expand that network and perhaps step out of our comfort zone.

The Psychologists' Association of Alberta provides a multitude of ways that we can connect with other peers/ psychologists and become involved in our field and community whether we are new to the profession or well-established in our field. Here are just a few:

- Join our PAA online "Collaborate" platform where you can share your expertise and experience with peers, ask questions, contribute ideas, or volunteer your time by providing feedback. You can also share resources, become involved in upcoming events, and discuss changes or advancements within our field.
- Share your expertise by becoming a supervisor for future psychologists. There is a Supervision Course offered through the PAA to help individuals get started with the required foundational knowledge in this area.
- Join our Volunteer Program to find exclusive volunteer opportunities that can boost your career and support the community.
- Provide support to others in our profession through the Mentor Match platform.
- Engage with our social media channels: Facebook, Twitter, LinkedIn or Instagram.
- As an undergraduate or graduate student in psychology there are opportunities to participate as a Campus Representative and connect with other students in psychology as well as network with registered psychologists.

Check out further ways of connecting with peers and colleagues through the PAA website: https://psychologistsassociation.ab.ca/

Michelle

PAA Member and Psymposium Editor-In-Chief
Michelle Vandegriend, Ph.D., R. Psych.
Certified Gottman Therapist
www.stalbertcounselling.com
Email: mvandegriend@stalbertcounselling.com

Nominate a Peer for a PAA Award by 30 April

www.paa-ab.ca > About Us > Awards & Recognition

Supervision Column

A Communitarian Approach to Competence



"We must take purposeful steps to develop our competence constellations."

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

Clinical supervisors are required to "be competent in the professional activities and branches of psychology in which they are supervising" (College of Alberta Psychologists [CAP], 2023a, p. 2). Professional standards typically express this in an absolute sense—one is either competent or not—and in individual terms.

Johnson et al. (2012) note that psychologists must evaluate their own competence, that evaluating oneself is "largely a private affair" (p. 557), but that self-evaluation is notoriously inaccurate. As the Dunning-Kruger effect (Kruger & Dunning, 1999) tells us, not only do unskilled individuals overestimate their competence, they lack the awareness to realize it. Furthermore, everyone experiences occasional reductions in competence due to personal distress or compromised health. Although professional standards require us to understand how our physical and mental wellness affect our competence (CAP, 2023b; Canadian Psychological Association, 2017), when we are compromised it is even tougher to self-evaluate or predict the negative consequences of our actions.

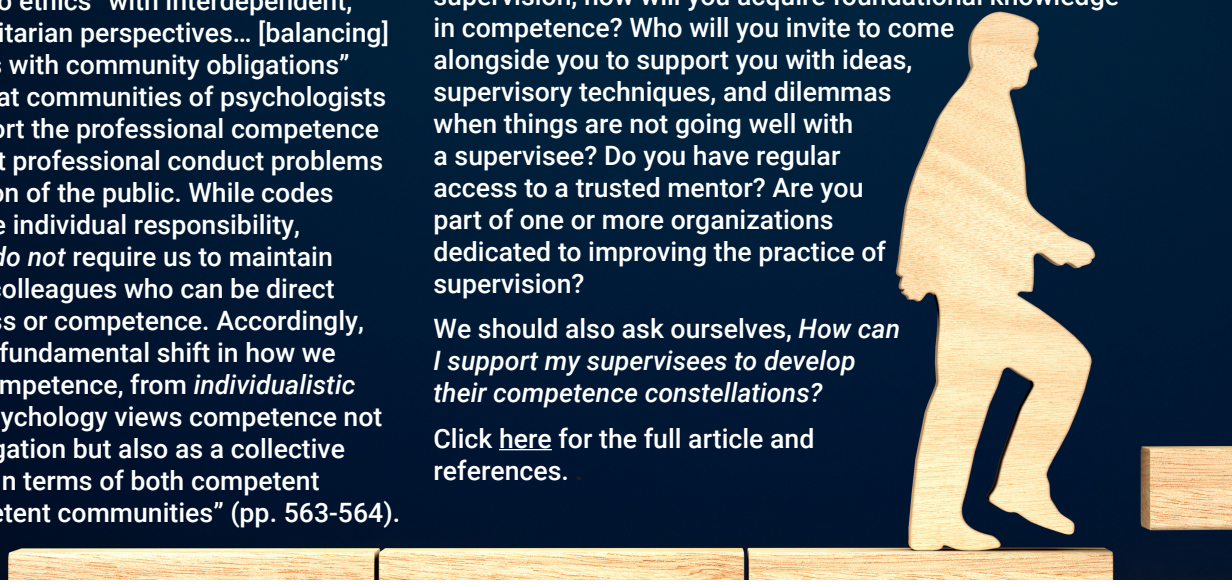
Johnson et al. (2012) suggest we should augment our individualistic approach to ethics "with interdependent, collectivistic, or communitarian perspectives… [balancing] individual responsibilities with community obligations" (p. 557). They suggest that communities of psychologists coming together to support the professional competence of colleagues can prevent professional conduct problems and improve the protection of the public. While codes and standards emphasize individual responsibility, Johnson et al. note they *do not* require us to maintain close relationships with colleagues who can be direct with us about our wellness or competence. Accordingly, Johnson et al. propose a fundamental shift in how we think about ethics and competence, from *individualistic to communitarian*: "If… psychology views competence not only as an individual obligation but also as a collective moral duty, we can think in terms of both competent psychologists and competent communities" (pp. 563-564).

Johnson et al. (2013) suggest we each develop a competence constellation, a "cluster of relationships… with [others] who take an active interest in and action to advance the individual's well-being and professional competence, … any number of colleagues with whom [we engage] in regular contact," namely psychologists and other mental health professionals, personal therapists, supervisors and mentors, consultation group members, family members, or others with the ability and relational currency to monitor one's wellness and/or professional competence.

As clinical supervisors, we should ask ourselves two questions. One is: *how can I develop a competence constellation for myself?* Johnson et al. (2013) list several factors that influence the quality of competence constellations. The diversity and strength of relationships in one's network are crucial. Here, I highlight Johnson et al.'s third factor, *initiatory behaviours*, "… the extent to which [one] is active and deliberate in initiating, pursuing, nurturing, and maintaining relationships with colleagues that contribute to [their] constellation of support" (p. 348). We must take purposeful steps to develop our competence constellations. With respect to clinical supervision, how will you acquire foundational knowledge in competence? Who will you invite to come alongside you to support you with ideas, supervisory techniques, and dilemmas when things are not going well with a supervisee? Do you have regular access to a trusted mentor? Are you part of one or more organizations dedicated to improving the practice of supervision?

We should also ask ourselves, *How can I support my supervisees to develop their competence constellations?*

Click here for the full article and references.



Notes from the CEO's Desk: Population Health



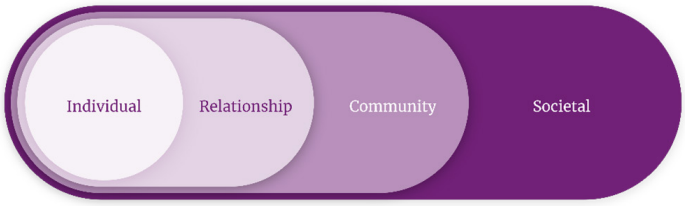
"Our strategic priorities include using psychology to make a positive impact on critical societal issues. That includes both elevating the public's understanding of our profession but also preparing our discipline for the future."

- APA.ORG

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

As the most robustly trained health providers in relation to mental health, psychology, and psychosocial interventions, what is psychology's role in advancing population health? And, how do we actualize that role when Alberta has been evolving into a two-tiered health care system—especially for psychology? Here, those with the most financial resources or benefits have the best access to the optimal providers (psychologists), and population health initiatives are less well-funded and known.

A worthy challenge for Alberta psychology! Our members represent diverse perspectives and areas of expertise. Together with key stakeholders we can establish the foundation needed to build an ecosystem of population health. So, what can we do? What can YOU do?



CDC's social-ecological model as a framework for prevention relating to social determinants of health in Canada.

PAA, our board, communities of practice, and all members are encouraged to use these principles as a "lens" for health promotion activities:

1. Work within and across diverse systems to advance population health.
2. Work "upstream" by promoting prevention and early intervention strategies.
3. Educate psychologists and community partners on population health.
4. Enlist a diverse array of community partners.

In closing…

As individual psychologists we can also expand our efforts to promote population health by seeking partnership and leadership opportunities in coalitions or boards, community organizations, government entities, and global organizations. Getting involved benefits us all!

Judi

Exploring Assessment in Professional Psychology

Progress Monitoring Measures in Therapy—Are You Being Left Behind?



"One big difference with formal progress monitoring measures is that they are administered at every session. And that's important, because otherwise we wouldn't know whether a particular client was actually benefitting from working with us."

By Dr. Michael Lee Zwiers, R. Psych



All professions advance over time. This means that our practices must be open to change. The use of Progress Monitoring Measures is one of the most significant changes sweeping over our profession. The research is so compelling that accredited internship sites are now required to use and teach the use of these measures with all psychology residents. Are you incorporating these measures into your daily clinical practice?

The idea of monitoring patient progress in treatment is not new. Psychologists have been using research to monitor treatment outcomes for decades. That's how we know that therapy works. It's also how we know that no therapy model is better than any other (that's right—CBT can line up with the rest of them). Of course, this doesn't mean that all therapies are useful with all patients all the time. It just means they have the same potential to benefit a similar percentage of patients.

Pre- and post-treatment testing is not new. One big difference with formal progress monitoring measures is that they are administered at every session. And that's important, because otherwise, we wouldn't know whether a particular patient was actually benefitting from working with us until we reached the end of therapy. Now, many clinicians will argue that they use monitoring and evaluation methods (e.g., "I check in with my patients every session.") Unfortunately, despite our best intentions, research has shown that clinicians are not very good at telling whether patients are making progress in treatment vs. stagnating. And clinicians do not readily identify when patients have had setbacks in treatment. Patients will not always communicate when they have taken a turn for the worse. If they like you, they might even feel less inclined to tell the truth that they aren't getting better because they don't want to hurt your feelings.

So how can we overcome these problems and serve our patients better? In recent decades, several research teams have worked to develop simple progress monitoring measures that can be used during each treatment session. These simple-to-use tools include the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). The ORS scale is used to measure current client functioning by inviting the client to make a mark on a line to indicate how they are doing (better toward the right side and worse toward the left). Responses are collected in three separate domains as well as one overall rating. These simple marks are then translated into numbers. Although deceptively simple, this scale is remarkably robust, and it can be used with researched algorithms to determine whether patients are making suitable progress in treatment. If patients are not making progress or are stalling out, then the treatment model or focus likely needs to be changed, or the patient needs to switch therapists.

But these tools offer more than just numbers. They are incredibly versatile clinical tools. They can quickly assess individual functioning and problems in relationships. They can also help you detect sudden changes in domains of functioning, which can direct the therapeutic focus of a session. Simple questions like, "*Why do you think this domain is the lowest of the four?*" Or invitations like "*I noticed that the friendship domain has dropped this week. I'm wondering what might have changed,*" inform patients that you are paying attention and that you care. It then helps you and the patient to hone in on topics and content that need to be addressed. This improves your responsiveness, enhances the therapeutic alliance, and most importantly, increases patient engagement.

The SRS is a session-based report card on your performance. Yes, that's right, patients are invited to evaluate you. It is used to monitor the therapeutic alliance and client engagement in therapy. Click here for the full article.

Board Notes



"My two terms on the Board of Directors have been an incredibly rewarding experience; one that I would highly recommend to others looking to get involved."

By Claire Petersen, R. Psych

Greetings from Medicine Hat! I hope that this finds you well wherever you are reading this today.

As we approach the changing season, I have been reflecting on my experiences with PAA over the past six years. In 2017, I began looking for a way to become more involved, to get connected with psychologists outside my community, and to give back to the profession. I was encouraged to consider running for a seat on the Board of Directors, and I was fortunate to be elected in the spring of 2018. While I was unsure what to expect, I was excited for the opportunity. Along the way, I have met wonderful people and made great connections within our profession. Volunteering with PAA allowed me to learn and to grow as a psychologist, while exposing me to rich conversation and discussions that impact the work I do within my role as a psychologist in my community.

My two terms on the Board of Directors have been an incredibly rewarding experience; one that I would highly recommend to others looking to get involved. There are numerous opportunities within PAA to volunteer your time and expertise. You may wish to serve as an executive member within a Community of Practice, develop resources for members, present in an area of expertise, work with undergraduate or graduate students, or attend and support events happening in and around your community. The best way to get connected is to visit PAA Collaborate and use the Volunteer menu to create your personal profile and see what opportunities are available. Over the past six years, I've been able to connect and learn from so many of you, and it's my hope that others have a similar experience.

During my time on the board, I have been privileged to hold the roles of Board Custodian, President-Elect, and President. That time is now coming to an end. By the time this is published, I will have chaired my last meeting. As we approach our annual retreat and May board meeting, I will hand this role over to your incoming President, **Mira Singh**. While I am ready to pass the torch, I will truly miss the opportunity to come together with this wonderful group. I am grateful for the experiences I've had, and look forward to seeing where PAA takes us in the future.

Thank you for the opportunity to be a part of this great team, and I wish you all the best in the future.

Psychology Shaping the Landscape

Psychology Groups

- APA Board of Professional Affairs
- The Council of Professional Associations of Psychology of Canada
- The American Psychological Association
- AHS Psychology Professional Practice Council

Health Groups

- The Alberta Pain Network
- APS Working Group on Chronic Pain
- Provincial Addiction and Mental Health Council
- Family Physicians Collaborative Network for Pain & Addiction

Provincial Advocacy Groups

- CMHA Alberta
- Alberta Workplace Wellness Network
- Alberta Women's Health Leadership Council
- Health Coalition of Alberta

Targeted Response Groups

- CMHA Rural Mental Health Project
- Edmonton/Calgary Community Mental Health Action Committees

Technology in Practice Task Force

Reflections on the CPA Guidelines on Telepsychology



"The CPA Guidelines on Telepsychology are a 'must read' for any PAA member practicing telepsychology."

By José F. Domene, Ph.D., R.Psych, Member of the PAA Technology in Practice Task Force

In September 2023, the Canadian Psychological Association (CPA) made available on their website the *CPA Guidelines on Telepsychology*. This 13-page resource for practitioners builds on and supersedes their previously published *Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media*. The new guidelines were created by a committee of psychologists licensed in a range of different jurisdictions across Canada and representing a variety of different practice specializations. The committee drew from a range of Canadian and international source documents in creating the guidelines, including the Psychologists' Association of Alberta's 2021 telepsychology practice survey of Alberta psychologists and the 2020 Technology in Practice Taskforce Report. The *CPA Guidelines on Telepsychology* are intended to "provide direction and support to Canadian psychologists in order to enable them to practice ethically, competently, and reflectively while engaging in a virtual environment" (Church et al., 2023, p. 3). Also, although the document acknowledges that psychological services can be provided using both asynchronous and synchronous modalities, the stated focus of these guidelines is synchronous telepsychology; that is, situations where the client receives the service at the same time that the psychologist is delivering them.

The *CPA Guidelines on Telepsychology* are a "must read" for any PAA member practicing telepsychology. The document addresses, at a broad level, the benefits and risks of telepsychology, consideration of whether telepsychology services are warranted, and specific guidelines for different kinds of services (e.g., assessment, intervention/consultation, supervision). For me, highlights of this document included the broad coverage of the risks of telepsychology, which can easily be incorporated into informed consent discussions with clients, as well as the description of the complex connections between telepsychology and issues related to equity and access to psychology services. At the same time, the authors acknowledge that the regulatory environment around telepsychology continues to evolve in Canada and that provincial and territorial regulatory requirements, as well as the current Canadian Code of Ethics for Psychologists, should be given precedence over the content of these guidelines.

Although psychologists who have consistently been providing telepsychology services since the emergence of COVID-19 or earlier may find many similarities between the content of the *CPA Guidelines on Telepsychology* and other documents they are familiar with, this set of guidelines compiles key information from multiple sources and aligns fully with the CPA Code of Ethics. As such, it gives experienced providers of telepsychology services a useful, Canada-specific reminder of the vital components of ethical telepsychology practice. For PAA members seeking to expand their practice into the realm of telepsychology, these guidelines are a good starting point to understand what additional, more in-depth professional development activities may be required to develop their competency with this modality for practice. If you have not already done so, I encourage you to download this free resource from the CPA website today: https://cpa.ca/docs/File/Practice/Telepsychology_Guidelines-September_2023-EN_FINAL.pdf.

References:

Church, E., Ford, L., Cohen, K., Cornish, P., Cunningham, T. & Johnson, E. (2023). CPA Guidelines on Telepsychology.

Ethics Corner

Self-Care and Ethical Practice



"CAP has included wellness as a part of the continuing competence program, thereby integrating it into each psychologist's professional identity."

By Harpreet Gill, Ph.D., R. Psych

Dr. Harpreet Gill is PAA's Director of Professional Guidance, a program that assists members in learning about ethics and thinking through ethical dilemmas in their work as psychologists.

The world is constantly changing at a very fast pace. According to data from Statistics Canada 2022, over **5 million Canadians (18%)** aged 15 and older met the diagnostic criteria for a mood, anxiety, or substance use disorder in the previous 12 months.

There is so much uncertainty worldwide as we face wars, natural disasters, overlapping oppressions, a higher cost of living, and other challenges that take a toll on us. Overwhelming events can result in changes in the nervous system that negatively impact a person's thoughts, feelings, and actions. The demand for professional help due to mental health issues is on the rise and psychologists have been busy helping patients navigate through these difficult times.

I explain to my patients that the nervous system is like a cup. Day-to-day challenges and current events flow into the cup which already contains some past residual. So, as clinicians, if we do not make time for ourselves to create space in our cup, it can overflow. The resulting spill can take the form of stress, and ultimately to exhaustion, cynicism, detachment, and a sense of ineffectiveness and accomplishment (Maslach. C, 2018) thus compromising one's personal and professional well-being and competence as a psychologist.

The College of Alberta Psychologists has included wellness as a part of the continuing competence program, thereby integrating it into each psychologist's professional identity. Thus, adding self-care activities is an ethical obligation.

Self-care tips

- **Creating a comprehensive and individualized plan**—what works for one may not work for another, so plan activities based on your needs. For me, instead of going to yoga every day, I choose to practice for an hour on a Sunday afternoon.
- **Practicing mindfulness and emotional awareness**—taking care of yourself is fluid, so you need to create time to tune in to your body. The technique that works for me is remembering two words: seat and feet, to scan my body from top to bottom. I sometimes do this in between sessions.
- **Creating tiny habits and incorporating them into your daily routine**—I came across a book via the Edmonton Public Library's Libby app, *Tiny Habits* by B.J. Fogg, during the pandemic. The tips are practical and realistic, and I still use them to date.
- **Implementing a work-life balance**—reflect on your workload both personally and professionally and adjust according to your emotional, mental, and physical state or needs. It is important to remember that you need to work on building a positive emotional bank account to manage the negatives.
- **Planning activities that you enjoy**—one of the founders of The Canadian Foundation of Trauma Research & Education, Dr. Edward Josephs, mentioned in the training that I was attending that you need to plant a carrot before you eat one, creating and looking forward to things that bring joy to your life.
- **Using peer support groups, supervision, professional associations, and therapy**—these can provide additional levels of support. Finally, be flexible and practice self-compassion.

Professional Guidance Program

In one year, PAA's Professional Guidance Program responded to 254 requests and the Professional Guidance Director provided one-on-one consultation to 73 psychologists.

The program provides guidance to registered psychologists facing ethical dilemmas and encourages ethical decision-making and practices. Psychologists facing an ethical dilemma or clinical concern have the opportunity to discuss their concerns with the Professional Guidance Director or a Practice Advisor and to access to a library of resources.

If you use our fee-for-service consultation with PAA's Professional Guidance Director, you will receive a 1.0-hour Continuing Education Credit for that consultation.

Did you know?

The Professional Guidance Program has launched two webinars so far on Ethical Decision-Making and Informed Consent.

We have launched the Psychology Unboxed Podcast. View our latest episode on Remote Therapy—Risks, Benefits, and Ethical Considerations. Stay tuned for more episodes on hot topics like Assessment and Insurance!



Paid Advertisement

2 Furnished or unfurnished offices for rent between $400-$600/monthly. Shared common area, possible shared computer, and receptionist for an extra fee.

Contact: Gary J. Meiers, Ph.D., R. Psych. OR
Sarita L'Hirondelle, Office Manager

Address: 10009–85 Avenue
Edmonton, AB T6E-2J9

Phone: (780) 433-2269

Email: psychrec@gmail.com

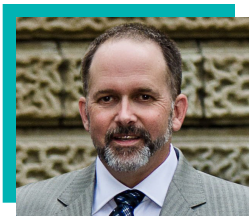


Renew Your PAA Membership by 31 March

www.paa-ab.ca > Memberships > Purchase or Renew

Working with Children of High-Conflict Divorce

How Psychologists Help, How Psychologists Hurt: A Three-Part Series



"There are some specific do's and don'ts that are essential for your work with children of divorce."

By Stephen Carter, Ph.D., R. Psych

This article is the second in a three-part series on high-conflict divorce. See Part 1.

Along with basic knowledge of family structure/function and divorce, there are some specific do's and don'ts that are essential for your work with children of divorce.

1. Understand Custody

Custody does not mean who the child is living with, it means who has legal decision-making powers. In the absence of a Court order stating that one person has control and decision-making, you must assume joint custody, that both parents have equal say and equal rights. Also note that for a court order to be valid it generally requires a seal (stamp) from the court and a signature; otherwise, it is just a piece of paper.

2. Understand High Conflict

Just because one parent says horrible things about the other parent does not mean that they are true. Often the high-conflict personality presents as far more interesting, has a sense of urgency, and expects the psychologist to come in as a helper/hero which can be destructive to the well-being of the child. If a child does disclose abuse or risks to safety, psychologists have the same duty to report that you would have for any child. False allegations do occur within the context of a custody dispute, but it is up to Child Protection professionals to determine that.

3. Help Children Cope with Grief and Loss

Often, children in divorce, especially high-conflict divorce, lose their main support group: their parents. Children need to know that grief reactions are normal and that they will get through it. Children also need to know that it is not their job to select which parent is right or which parent to live with: that is a parental decision. A divorce adjustment group may be helpful for children.

4. Avoid Taking Sides

Do not automatically accept what one parent says about the other. Grieving/angry individuals often have a strong revisionist view of history, and they look back at even positive events as warning signs they should have seen. Children caught in the middle will often accept the view that their "preferred parent" tells them without questioning and completely refuse to accept the rejected parent. Keep in mind that the high-conflict scenario fits perfectly with the young teens' conceptualization of relationships in that when they end, there is always someone to blame, and there is a simple theme of the villain and the victim.

When speaking with parents about their child, make sure you say exactly the same thing to both parents and document the discussion you had with them. A strength for psychologists is their empathy; however, in working with high-conflict divorce, a weakness may also be empathy. That is, by striving to be empathetic, you may inadvertently reinforce each parent's negative beliefs about the other parent and lead them to think that you are on their side.

5.Educate the Parents

An important focus for psychologists is to educate the parents about the effect of conflict on children and avoid pointing a finger at one parent as the sole source of conflict. At times, this means honestly telling the parent how they may be contributing to the problem and what they can do to focus on the child. Parents may tell you things they have done to "help" the child such as showing the child emails from the other parent or telling them of their parent's infidelity. A handout that can be used for parents can state:

It is important to note that in general, children from divorced families have more adjustment difficulties than children from intact families, regardless of the custody arrangements. In addition, the phenomenon referred to as the "sleeper effect" suggests that negative impacts of divorce on children might not become manifest until adolescence.

Multiple studies have demonstrated the negative effects of parental conflict on children. It has been reported that when high-conflict parental behaviour is combined with child alienation, the risk to the well-being of the child is even greater.

It is not the physical presence of one or two parents in the lives of the child that makes a difference, rather it is the quality of interactions the child has with the parents they are involved with. In contrast, other authors state that children love, need, and want both parents.

Children growing up in two-parent families can be significantly damaged if relationships are inappropriate or abusive with one or both parents.

Adjustment difficulties that are possible for children of divorce include increased rates of drug and alcohol use, school and

community behavioural problems, school performance difficulties, interpersonal relationship difficulties with members of the opposite sex, precocious sexual activity, and a more negative view of marriage. As adults, children of divorce may experience lower levels of occupational attainment and higher rates of divorce.

Recent neurological studies have demonstrated that children exposed to parental conflict can develop structural brain damage which leads to impaired emotional regulation.

No aspect of development would suggest a 12, 13, 14 or 15-year-old has "adult" thought or decision-making ability. This is why there are laws pertaining to driving, attending school, drinking alcohol, marriage, and voting. It is up to the parents to make the "tough" decisions for their child by not forcing the child to make developmentally inappropriate decisions.

6. Encourage Normalcy

Routines provide security while multiple changes create stress. Work with the parents to help them understand appropriate family roles and describe the child and adolescent grief reactions to the parents. In pre-separation circumstances, while children are involved with their parents in a variety of activities, they also have their own extracurricular activities and time with peers. After separation, some parents insist that the child spends all their time with them to make up for not having daily contact and the child's natural supports can be withheld from them.

7. Separate the Issues

In working with the children of divorce, allow them to discuss "child issues" and give them coping strategies. When children of divorce raise adult issues, help them to realize that issues between their parents are not something they have to become involved with. At times, I have told children I am working with that if their parents expect them to pass messages back and forth, it is my recommendation that the parents put all messages in writing and that the child charges the parent one dollar per word and five dollars for every bad word for passing the message. This form of humorous/blunt intervention can sometimes help parents see the inappropriate role the children are in.

8. Assist Other Professionals Working with the Family

If appropriate consents are obtained from both parents or through a court order, share information with other professionals, such as a psychologist working with the parents or someone conducting a custody assessment. If you are worried about how your statements will be taken, you can audio record your side of the conversation or keep copies of any written communication. Unfortunately, by the very nature of working with individuals involved in high-conflict divorce, the two sides are highly polarized, and your comments should be focused on how the conflict is affecting the child without pointing at which parent is causing the problem. These will be explored in an upcoming issue of *Psymposium*. See full references and article here.

Paid Advertisement



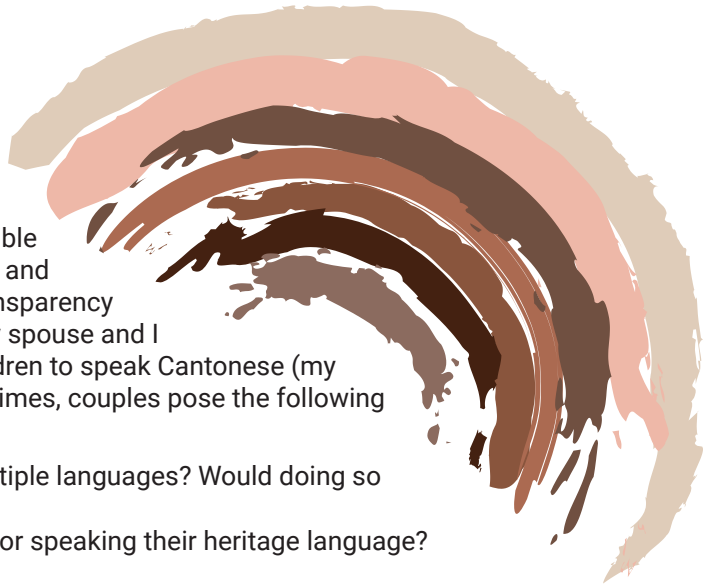
Anti-Racism and Psychology

My Work with Interracial Couples and Individuals from a Mixed-Raced Background



By Gina Ko, Ph.D., R.Psych

"I encourage therapists to pause in these moments to explore with patients ways they can discover their multiple and intersecting cultural identities, including language, stories, food, groups, and clubs."



As a Registered Psychologist in Alberta, I work with individuals, couples, and families. Quite a few of the incredible couples are in interracial relationships. Some have children and want to raise them to know their culture. At times, I use transparency and share that I am not in an interracial relationship, yet my spouse and I speak different languages. Growing up and raising our children to speak Cantonese (my first language) has been rewarding and challenging. Sometimes, couples pose the following questions:

- Should we raise our children by immersing them in multiple languages? Would doing so better connect them to their culture?
- Would they be confused, have an accent, or be bullied for speaking their heritage language?
- What if a partner or family member is not supportive?
- How do I navigate racist comments from in-laws?
- How do we teach our children to appreciate two or more cultures (note that the word culture here refers to ethnicity within culture)?

I unpack with them their upbringing and the core values they hold. The exercise includes exploring with each other "what is important," "what is frustrating," and "what are their strengths." Then, we talk about how their values align or not. For example, a Chinese-Vietnamese patient may say that having meals with her family is important and that she wants her spouse (who identifies as white) to serve tea to others before himself. He may say he is not used to doing that as he was not taught that way, and such a practice was not the norm. This moment is just one example of how each has different views of collectivist and individualist experiences.

My individual patients are also from a mixed-race background and some have voiced how they wish they could learn their parents' first language. They share that they want a stronger cultural identity and wish to speak with their grandparents and extended family members. Further, being multilingual may even help them gain work opportunities. In my master's thesis titled *Inspiring Bilingualism: Chinese Canadian Mothers' Stories*, I found that mostly the mother would pass on the language (if that happens). Also, some parents would be told their children would be confused, have an accent, or fall behind in school, so the best thing to do is to immerse them in English only. I hear from mixed-race patients and podcast guests (Against the Tides of Racism: https://www.againstracismpodcast.com/) that there is a layer of not belonging in any culture. Hence, I encourage therapists to pause in these moments to explore with patients ways they can discover their multiple and intersecting cultural identities including language, stories, food, groups, and clubs, so that they can heal from intergenerational trauma, bring to light their authentic self, and strive toward their preferred self.

Nominate a Peer Today!

PAA's Awards Program is open for new nominations! We rely on you to bring deserving nominees to our attention so that we can celebrate their contributions to psychology in Alberta. We look forward to honouring these exemplars at the prestigious PAA Gala this fall.

We have six Lifetime Achievement & Excellence Awards and three Research Awards available each year. Visit our Awards page to learn more about the exceptional individuals we recognized last year and to access the 2024 nomination forms.

Help us acknowledge our own exemplars, honouring those who shape our profession in such meaningful ways.



Paid Advertisement

Edmonton, AB

EMDR TRAININGS

Taught by Dr. Judy Moench

PREPPED 4 LEARNING

EMDR Recent Event Training for Individuals and Groups

Advanced Training on three protocols:
R-TEP, G-TEP, STEP

June 12 & 13, 2024

Early Bird: $499 + GST

EMDR BASIC TRAINING REFRESHER

Basic Training One-Day Refresher

June 11, 2024

Early Bird: $350 + GST

EMDR CONSULTATION

Individual and Group Consultations Available

To learn more and register, visit:
prepped4learning.com/clinicians or contact us at
prepped4learning@gmail.com

Looking to grow your practice?

Join our powerfully redesigned Referral Service which makes it even easier for Albertans find you!



www.paa-ab.ca
>Membership>Purchase>Add On Services

Exploring our Privilege

By Joanna Card. R.Psych; Shandra De Clerck, R.Psych; Krista Forand, R.Psych



"We get systematic training in 'how to be' each of our social identities throughout our lives."

- Bobbi Harro

The members of PAA's Social Justice, Equity, Diversity & Inclusion Community of Practice (SJEDI-COP) are committed to regularly exploring our personal and professional privilege, and ensuring we practice from an actively anti-oppressive stance. We have found meeting together and going through Bobbi Harro's Cycle of Socialization and Cycle of Liberation (2018) very helpful in guiding our exploration of some of the impacts of socialization on different aspects and intersections of each of our identities—some where we hold an "Agent" or privileged identity, and some where we are part of a "Target" or marginalized group. We reflect on and discuss personal and professional changes and growth we have already made and set concrete goals of where we plan to make changes in the coming days to years. Harro (2018) states "We get systematic training in 'how to be' each of our social identities throughout our lives. The cycle of socialization that follows is one way of representing how the socialization process happens, from what source it comes, how it affects our lives, and how it perpetuates itself. The 'Directions for Change' that conclude this chapter suggest ways for interrupting the cycle of socialization and taking charge of our own lives."

One of our members was first introduced to this process in a 12-month training and pilot project organized by Dr. Regine King (https://socialwork.ucalgary.ca/regine-king) in 2022/2023. Dr. King educated and supported 12 white settler therapists from the Lionheart Foundation and Alberta Health Services to explore their racial privilege, and to engage regularly with Black and racialized youth to explore and begin breaking down barriers in ourselves, in the biases inherent in our profession, our models of therapy and assessment, and issues of access. Dr. King gave her blessing to carry these tools forward and so in the fall of 2023 SJEDI-COP hosted a workshop to connect with other like-minded psychologists who wanted to explore their privilege.

We were excited about the level of interest in the workshop, but we kept to our initial plan of a small group to promote depth of exploration. We co-created guidelines for safe and accountable exploration of one aspect of folks' identity that located them in a position of an Agent identity. We agreed to challenge ourselves to be uncomfortable while staying inside our windows of tolerance, in order to promote deep, authentic exploration and emotional processing, learning and growth, and mindful goal setting. Some Agent identities explored by participants included being White, able-bodied, middle-class, a Registered Psychologist, Christian, and heterosexual.

We have shared the article links as well as examples of the reflection and discussion questions below.

The Importance of Self-Reflection

Arthur and Collins (2016, 2017) emphasized the importance of therapists being aware of, and paying attention to, the issues of relative privilege-marginalization between therapist and client and the power dynamics that emerge as a result of these dynamics. These differences emerge based on a variety of cultural identities and social locations and impact the therapeutic relationship as our own socio-cultural embeddedness imparts an implicit bias into the internalization of dominant sociocultural narratives and discourses. Exercises such as examining one's experiences through a self-reflective exercise, such as Harro's Cycle of Socialization, invite us to critically examine how each of us as individuals has a sociocultural construction of meaning that can lead to unintended marginalization and othering of our clients. It is incumbent upon us as professionals to become aware of and appropriately adjust and/or challenge these inherent biases in order to prevent harm and unintentional oppression in the therapeutic relationship. (Also see CAP Standards of Practice 18, 19.1–19.3, CPA Canadian Code of Ethics, 4th Edition (2017), the CPA policy and position statements and APA policy and practice guidelines.)

Read the full article, which describes how we are each processing the Cycle of Socialization, and includes Reflection Questions to consider.

Need CCP Credit?

If you need Continuing Competence Plan credits soon, view our selection of live workshops offered in Calgary, Edmonton or virtually.

Live Workshops



Geropsychology Research and Practice: Helping our Clients, Helping Ourselves

Virtual, 13-14 March
Dr. Candace Konnert



Who Are the Rainbow Communities and Why Should We Know?

Virtual, 19 March
Jane Oxenbury, M.Ed., R.Psych.



Sport Performance: It's Not (Only) What You Think

Calgary, 22 March
Matthew Bain



Family Restructuring Therapy: Working With Separated, Divorced, and Never Married Families

Calgary, 12 April
Dr. Stephen Carter



General Assessments for Counselling Psychologists

Edmonton, 19 April
Jamie Dyce, Ph.D.



Best Practices to Prevent Ethical Pitfalls

Edmonton, 26 April
Dr. Harpreet Gill

Asynchronous Primers

PAA's Course Portal offers asynchronous offerings you can fit into your busy schedule. For more, visit mypaacourses.ca.

Brief Recordings (1 Hour)

Assessing Perinatal Mental Health with Kristine Aanderson, Mallory Becker, and Dr. Gina Wong

DIY Videos for Your Therapy Site or YouTube channel with Dr. Kyler Shumway

Effective Advocacy with Dr. Judi L. Malone

Ethical Decision Making with Dr. Harpreet Gill

Evidence-Based Practice in Psychology – What it is & How to do it with Dr. Cody House

Family Restructuring Therapy with Dr. Stephen Carter

Outcome Informed Interdisciplinary Addiction and Mental Health Treatment with Dr. Robert Tanguay

Prescribing Service Dogs or Emotional Support Animals with Kristine Aanderson

Psychedelics and Psychedelic-Assisted Therapy with Megan McElheran, Ph.D.

Visit the Course Portal for more one-hour offerings.

Topics on Ethical Consideration

Informed Consent - with Dr. Harpreet Gill

Ethical Decision Making with Dr. Harpreet Gill

Psychology Unboxed Podcast: Episode 1 with Dr. Harpreet Gill & Dr. Terry Pezzot-Pearce

Psychology Unboxed Podcast: Episode 2 with Dr. Harpreet Gill & Dr. Brent MacDonald

Longer Recordings (2-6 Hours)

Pain Psychology: An Introduction to Chronic Pain Management Approaches with Dr. Emily Moore

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

Testifying In Court as a Psychologist with Dr. Andrew Haag

The Best of What We Know About Addiction Counselling Today with Dr. Kevin Alderson

The Weight of the World: Psychologists Role in Addressing Client's Weight-related Issues with Dr. Angela Grace

What's New in the DSM-5-TR with Dr. Michael Lee Zwiers

Asynchronous Course

Clinical Supervision - Level 1: Foundational Knowledge with Dr. Jeff Chang

Paid Advertisement

YORKVILLE UNIVERSITY

RANKED IN THE TOP 10 ONLINE UNIVERSITIES IN CANADA
UNIVERSITY MAGAZINE

Canada's leading online Counselling Psychology Degree

Master of Arts in Counselling Psychology

53 weeks of skills practice
2400+ approved practicum sites
400 hours of practicum

11000+ student and alumni community

Learn more at yorkvilleu.ca



CASA Mental Health

Meet this Award-Winning Team Supporting Rural Clinicians



CASA Mental Health is well-known for the direct services they provide to children, youth, and families, but did you know they also serve clinicians?

Providing mental health support for children and families can be taxing for any service provider, especially ones in rural areas, according to Dr. Beena Thomas, a registered psychologist with CASA. Her Professional Development and Education (PD&E) team is working to address this need. "We endeavor to build capacity in rural communities for clinicians supporting child and adolescent mental health," says Dr. Thomas.

This support is critical in rural areas which may face additional challenges, from staffing limitations to geographical barriers, that can compound a team's ability to serve the local community. Access to psychological support worsens further during natural disasters or public health crises. As a result, the PD&E team has seen a growing demand in requests for support and training lately. "In recent years, clinicians working in rural communities have noted increased feelings of isolation and higher rates of burnout."

The team recently received recognition for this much-needed work: the Dr. Myer Horowitz Book Award for outstanding contributions in the field of child and adolescent mental health.

The PD&E team provides education, coaching, consultation, and mentoring services to mental health providers in rural areas. Their work depends on the specific needs of the region or community, but examples might include a training event for a clinical team, a confidential case consultation, or skills coaching on a particular intervention. And because the team prioritizes access, they provide support virtually or in-person.

They also aim to reduce staff turnover and burnout, preserving existing staffing and resources where possible, and preparing novice therapists for the emotionally taxing work of supporting youth. "The PD&E team works to equip these professionals with the skills, training, and community they need in order to continue doing this crucial work."

Members of this multi-disciplinary team include psychologists, social workers, and occupational therapists, who also do clinical work in other settings. Together, they help support CASA's learning and teaching mandate. CASA provides mental health service to the "missing middle"—mental health treatment for diagnosed children and youth, in between prevention and promotion in primary and community care, and acute treatment in hospital.

Mental health service providers in rural areas can request the team's support through their manager or clinical supervisor. Although the team is currently at capacity for such requests, members interested in supporting CASA's work can learn more about their available careers. Members who work in, or support, rural and northern psychology in Alberta can join PAA's Rural & Northern Practice Community of Practice in Collaborate.

Upcoming PAA Board Meeting Dates



The PAA Board of Directors will meet:

- 04 May 2024

PAA Referral Service

Are you marketing your private practice effectively? Did you know that we've just launched a fully redesigned, enhanced 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.

Early Career, Provisional, and Lifetime members–you are eligible for the Referral Service too!

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

Don't have the time to create your referral profile? Seeking to make the most of your professional expertise while showcasing your personal flair? We've got you covered!

Leverage the skills of PAA staff to construct a referral profile personalized to you, featuring a bio, emphasizing your key strengths, incorporating your photo, and optionally showcasing a video.

Renew/purchase your referral service for the new fiscal year: 01 April 2024 to 31 March 2025.

Visit the PAA website > Membership > Purchase or Renew Membership > 2024/25 > 2024/25 Memberships, and scroll down to Add On Services.

From Dec 2023 to Jan 2024, we averaged **3,431** referrals/month. That's **62** per day.

Growing Together: Tips for Future Leaders

Growing Together is for members who are students, Registered Provisional Psychologists (RPP), or Early Career Psychologists (ECP). This feature is presented by your PAA Board Representatives. Contact them with questions!

- Student members: Katherine at katherine.archibald@ucalgary.ca
- RPP members: Samantha at samleegruber@gmail.com
- ECP members: Sandra at womanofinfluence1@yahoo.com

ECP Members

The ECP family is an open group that promotes equity, diversity, inclusion, decoloniality and a sense of belonging for all members.

Active participation in the Wellness Corner Sessions can count towards CAP's' Continuing Competence Program (CCP) credit.

New members are welcome. People with different worldviews bring creative ideas to Wellness Corner discussions.

RPP Members

Looking for a supervisor?

PAA members can contact the PAA office for a list of supervisors across Alberta.

Connect and network with peers and colleagues on Collaborate, or relevant alumni groups to see where they completed their provisional hours.

Check out PAA classified ads and connect with agencies that are hiring provisionals.

Students

Connect with your peers in Collaborate: https://collaborate.paa-ab.ca/home. Did you know there's a Psychologists-in-Training Community and a Mentor Match Program?

Stay tuned for more events related to networking and career planning in 2024!