Psymposium

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Psychologists' Association of Alberta



Understanding People | Working Together

Taking a rest, Banff National Park

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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

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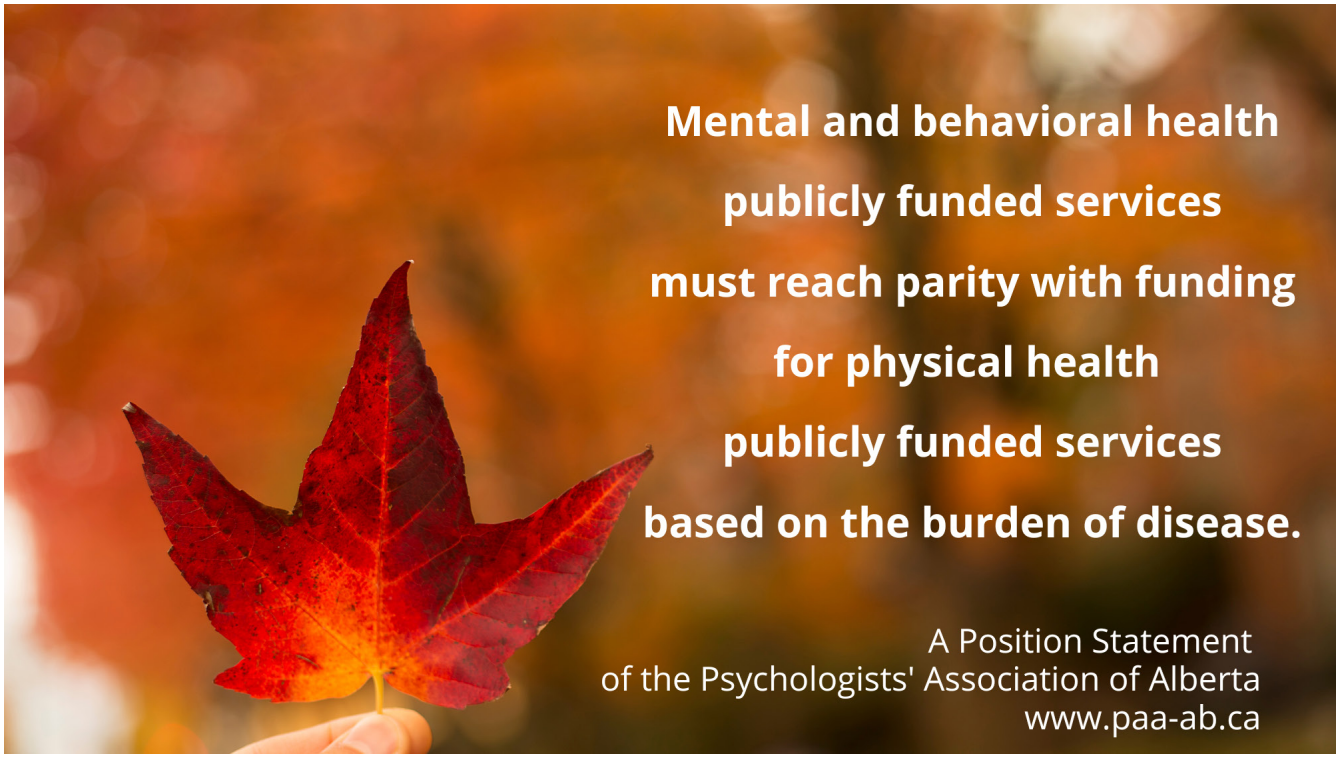
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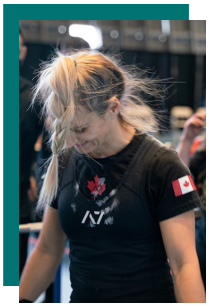
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Editor's Letter



"Therapeutic presence in our work is an essential foundational concept that we begin practicing from the onset of our training as psychologists."

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

I recently returned from a rock-climbing trip with my husband in Nevada. I started climbing with him when I was 19 years of age. Over the years, many friends and family have asked me a variety of questions about it: Why? Aren't you afraid? How do you not think about falling? In response to their questions I simply state, "It's one of the moments in life where I feel completely and fully immersed in the present." "I'm focused, but I'm not overthinking it."



It's increasingly easy to become distracted in our modern world. When you're climbing the side of a mountain and over 120 feet up you have no choice but to be present—fully aware second by second of your internal and external experiences. For me, climbing is a way to re-center, to escape the "noise" of our world, and personally, it is the ultimate experience in practicing being present.

These recent questions and conversations with friends have me thinking about the practice of being present in our work with patients. Therapeutic presence in our work is an essential foundational concept that we begin practicing from the onset of our training as psychologists. Research continues to describe various ideas of what being "present" means in working with patients; however, time and time again it is noted as significant in healing within counselling, and it is a core quality of an effective therapeutic relationship. It has been described as "one of the most therapeutic gifts one can offer a client."

In his writings about core therapeutic conditions, Carl Rogers noted:

> I am inclined to think that in my writing I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy—when my self is very clearly, obviously present.

As therapists, Baldwin invites us to ask ourselves:

> Am I really with this person in this moment? Not where they were a little while ago, or where they are going to be, but am I really with this client in this moment? This is the most important thing.

Being present *is a gift we give to our patients*. It is in these moments however that I feel much gratitude for being in this space with them. To have the opportunity to be fully present in serving their well-being is very rewarding as a psychologist. There is a depth of awareness of my patients' experience, and my own experience of being in a therapeutic space with them—awareness of the internal and the external, and it is another space in this world where I get to be fully immersed and experience the joy of being present.

Michelle

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Ethics Corner

Taking a Public Stance: Ethical Considerations for Psychologists



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

"Taking a public stance on a controversial issue could negatively impact professional relationships and reflect negatively on the profession."

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.

Psychologists have a responsibility to contribute positively to the well-being of society and to promote social justice and human rights. When considering taking a political stance, psychologists should evaluate the potential impact of their actions on marginalized or vulnerable populations and try to advocate for policies and practices that promote equality and inclusion.

Although the CPA Code of Ethics does not restrict how psychologists conduct themselves during their personal time, taking a public stance on a controversial issue could negatively impact professional relationships and reflect negatively on the profession.

The Canadian Code of Ethics states, "Personal behaviour becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist."

Let's reflect on some of the principles that can be applied as psychologists consider taking a public position on controversial issues.

Respect for People's Rights and Dignity: Psychologists must respect the rights, dignity, and autonomy of all individuals, including those who may hold differing political views. They should avoid using their professional position to coerce or manipulate others into adopting their political stance.

Maximizing Benefits and Minimizing Harm: Psychologists must weigh the potential benefits and harms of taking a political stance. They should consider whether their actions contribute positively to societal well-being or if they risk causing harm to their patients, the public, or their profession.

Conflict of Interest and Biases: Psychologists should be cautious about expressing political opinions in contexts where these may create conflicts of interest or undermine their ability to provide impartial and unbiased services to their patients. They should also be mindful of the power dynamics inherent in the therapist-client relationship and avoid exploiting these dynamics for political purposes.

Balancing Personal and Professional Roles: Psychologists should be aware of the boundaries between their personal and professional lives and avoid allowing their political activities to unduly influence their professional judgments and decisions. Psychologists should strive to uphold the public's trust in the profession and avoid engaging in activities that may undermine confidence in their integrity or competence.

Cultural Humility: Psychologists should be sensitive to the diverse cultural backgrounds and perspectives of their patients and colleagues. They should recognize that individuals from different cultural backgrounds may have varying beliefs and values, including political beliefs, and should strive to maintain an inclusive and respectful environment in their professional interactions.

Thus, psychologists who choose to take a political stance publicly should ensure that their statements are based on sound evidence and are consistent with ethical principles, standards, and guidelines of their regulatory bodies. They should also ensure that their political activities comply with relevant laws, regulations, and professional standards. Lastly, psychologists should stay informed about relevant ethical issues and best practices related to social justice issues and advocacy by engaging in ongoing education and self-reflection. Doing so can lead to aspirational work as psychologists and support effective risk assessment.

Notes from the CEO's Desk: Strategic Planning



"Strategic planning is particularly potent in enhancing organizational effectiveness."

- B George, RM Walker, & J Monster, Organizational Psychologists

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

Organizational planning is the psychology of performance. And one that we have successfully engaged with as your professional association. Our current strategic plan expires next year, and we are already celebrating the shared achievements of this five-year period.

PAA 2020-2025 Strategic Plan

- **Advocate** for psychology's unique value
- **Promote** the psychological health of all Albertans
- **Enhance** the development of psychologists across career lifespan
- **Focus** on PAA's membership value
- **Ensure** financial sustainability

Working within well-developed strategic plans is evidence-based practice. The planning involved has a critical influence on the performance of volunteers, staff, and the organization overall. Recent meta-analyses in the organizational psychology literature indicate that strategic planning has a positive, moderate, and significant impact on organizational performance.

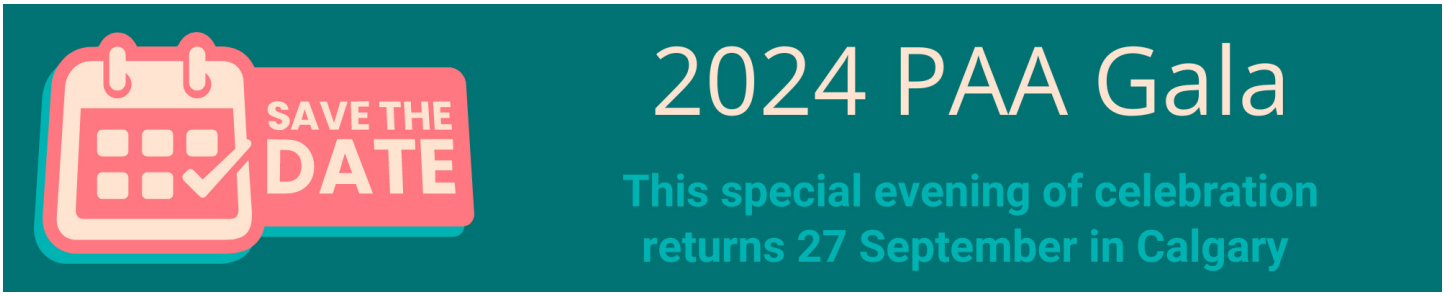
Harnessing best practices, we set our key performance indicators in relation to both annual goals and these strategic plans. The PAA Board of Directors are your strategic leaders, and they work throughout the year clarifying our mission, vision, critical success factors, strengths, weaknesses, opportunities, threats, shared values, and more.

For the big picture work of setting our next strategic plan, your Board needs to hear from you. Start formulating your ideas, because we are planning for townhalls, written submissions, surveys, and more. This is your association.

In closing…

We need your input in the PAA Strategic Plan to make 2025-2030 a period of time when we realize our vision—that PAA and our members are recognized leaders in enhancing the psychological health of all Albertans. And we do that best together.

Judi



Exploring Assessment in Professional Psychology

Completing Documentation to Help Clients Access Accommodations, Benefits, and Services – Part I: Disability



"We take professional and personal responsibility for anything we say or endorse in our documentation."

By Dr. Michael Lee Zwiers, R. Psych

When I first trained to conduct psychoeducational assessments, the purpose of our assessments was singular. We needed to diagnose learning and mental health problems and offer recommendations to improve learning and functioning. Our reports supported this goal.

Little did I know that within a decade I would be completing paperwork for a plethora of documentation purposes. These included accommodations for school, workplace, and high-stakes exams; disability funding and medical leaves; legal circumstances such as functional capacity assessments and even forensic evaluations for the courts and justice system. This article will focus on disability documentation for governments and for the workplace.

What is our role in disability documentation?

Patients and prospective patients may approach us at any time to seek our support in completing disability documentation. The most important thing to be aware of is that we take professional and personal responsibility for anything we say or endorse in our documentation . This doesn't mean that we are necessarily legally liable, but it does mean that we must be prepared to defend our words and our opinions. Fortunately, we are not responsible for deciding if someone is eligible for a particular benefit, accommodation, or service. Instead, we are responsible for providing assessment results that help the disability agent determine eligibility and offer appropriate resources, if relevant. To do our work well, we must understand the difference between assessment data and professional opinions. We must also understand the difference between diagnosis and impairment. Assessment data allows comparison to either specific criteria or to a reference norm group such as similar-age peers (e.g., bottom 2% of a comparison group). It can provide us with information about current functioning, but it rarely offers conclusions about prognosis. Professional opinions are not always requested on disability forms, but when invited, we can offer them based on research findings and clinical experience. The diagnostic process helps us to specify particular syndromes, which often include some impairments in personal, social, or occupational functioning. However, those domains of functioning may not map directly onto the impairment criteria required for disability identification.



Government benefits

Federal and provincial governments offer diverse disability supports, which are intended to meet the needs of vulnerable individuals. Some of these are designed for individuals with enduring (often permanent) disabilities, such as the Canada Pension Plan Disability Benefit (CPP-DB), and in many cases the Disability Tax Credit (DTC). Others are designed to fill shorter-term gaps, such as the Employment Insurance Sickness Benefit. The DTC helps by reducing taxable income (currently $9,428), which can provide relief to income earners. Additionally, once the person is eligible, they are then typically eligible to receive:

- the Child Disability Benefit (CDP), an actual pay-out of almost $3,000 a year for children with disabilities
- a Registered Disability Savings Plan which allows for government contributions (grants and bonds) up to $70,000 over time
- the Canada Student Grant for Students with Disabilities (up to $2,800 a year)
- and a Student Grant for Services and Equipment (up to $20,000 per school year).

The latter two benefits are typically facilitated by educational institutions. You can quickly see how a single form completed by a psychologist can lead to substantial government support (and taxpayer cost) over a lifetime.

We must therefore not lose sight of our responsibility to the agencies that have invested our profession with the authority to complete these forms on behalf of patients. In this endeavour, it is not our job to advocate on behalf of patients, but rather to provide the agency with the information it needs to make its eligibility decisions. Read the full article here.

Board Notes



"I would like to take a moment to thank these outgoing members for their hard work and commitment to supporting the 4000+ members of the PAA."

By Mira Singh, R. Psych

Spring often signifies a time of change. This is certainly the case at PAA. Among the most significant changes within the association are the departures of two long-serving Board Members, **Claire Petersen** and **Nicki Wilson**. Claire served on the Board for the past six years and volunteered innumerable hours guiding the Board in the role of President. She led with humour and kindness despite the pressures of a demanding career and attending to the needs of her family.

Also leaving the Board is Nicki Wilson, who held a seat on the Board for the past seven years. During her tenure, Nicki held the positions of president and past president. Her hard work and commitment to Board processes have contributed to the success of the PAA. She supported the direction and continuity of the board and provided leadership to the board members. It has not escaped my notice that these are large shoes to fill and I will do my best to live up to their examples.

We also say farewell to **Katherine Archibald**, **Samantha Gruber**, and **April Salciano** who represented the student and provisional communities on the Board. I would like to take a moment to thank these outgoing members for their hard work and commitment to supporting the 4000+ members of the PAA.

The changes at PAA also usher in a dynamic change with the addition of five new Board members. Each brings with them a range of knowledge, skill, and experience that will enrich the composition of the Board and support the future of the PAA. On behalf of the Board of Directors, I would like to extend a warm welcome to: **Carmen Bellows**, **Rashmani Chakrabarty**, **Lisa Kaldenbach**, **Dr. Allison McNeil**, and **Stacey Steele**.

I would also like to acknowledge and thank PAA's CEO Dr. Judi Malone and the staff at the PAA. Our membership numbers swelled to 4000+ at the end of March. This number represents the highest percentage of members among any psychological association in North America. The PAA team has worked hard to ensure our community has access to professional programs, member benefits, and special events. The result has been a significant increase in the number of psychologists, provisionally registered psychologists and students who comprise the PAA membership. Among the available programs are Continuing Professional Development workshops, the PAA Course Portal online offerings, the Professional Guidance Program supporting ethical practices, Member Benefits partners, and the Collaborate website that brings together communities of practice and streamlines administrative activities for members.

In my new role as the Board President, I am looking forward with anticipation of continued growth and connection in the PAA.

Mira Singh, PAA Board President

Welcome Back to Two Student Interns

PAA is pleased to welcome Mattise Gauthier and Chitwan Sohi back to our office as student interns this summer!



Mattise Gauthier

I am a Master's Student in the University of Lethbridge Counselling Psychology program. I have been fortunate to have worked for PAA in the past and am excited to be back for the summer!



Chitwan Sohi

I go to Macewan University and I am in my last year of my program. I really enjoy working at PAA as I get the chance to learn more about the professional side of the field of Psychology!

Technology in Practice Task Force

Forming a Therapeutic Alliance with Youth at the Beginning of Video-Based Online Psychotherapy: Recommendations From Emerging Research



José F. Domene, Ph.D., R. Psych (University of Calgary)

Krista Socholotiuk, Ph.D., R. Psych (Faculty of Education, Simon Fraser University)



Prior to the in-person practice restrictions of 2020, telepsychology faced substantial skepticism, with practitioner concerns focused primarily on perceived challenges in building a strong alliance through digital means (e.g., Roesler, 2017). Since 2020, there has been a noticeable shift in attitudes as patients and practitioners alike have found it possible to establish a meaningful virtual connection (e.g., Smith & Gillon, 2021). However, the loss of physical presence and more nuanced body cues alter the dynamics of the therapeutic relationship (e.g., Bizzari, 2022), and there is now also the possibility of self-view changing awareness of one's own embodiment and disrupting attention (Garcia et al., 2022). Indeed, practitioners report they must exert more effort to forge a strong connection virtually, modifying their techniques and approaches to create an effective therapeutic environment (e.g., Werbart et al., 2023).

We recently conducted a study where we recorded and analyzed the first online session of psychotherapy between six youth (aged 17-21) and their practitioners to better understand their actions in developing the early therapeutic relationship. Immediately following the session, each youth and practitioner rewatched the first 15 minutes of their session with us, sharing the thoughts and feelings they recalled having in each minute. What follows are three practice recommendations coming out of this research.

1. Consistent with previous research (e.g., von Below et al., 2023), our data revealed a tendency by practitioners to rush relationship-building in order to move on to goal setting and the working phase of the session. Despite the need for efficiency in services, it remains crucial in online sessions to focus initially on developing connection and trust through clear empathic responses and explicit acknowledgment of the patient's emotions and meanings. Your patients will be acutely aware of the absence of such empathic interactions, even if they never say so.
2. Our data suggest it is beneficial for practitioners to carefully consider their 'door opener questions' and how these land with patients (e.g., "What brings you to counselling? or "What's most important for me to know about you?"). Practitioners used these questions to put the patient in the lead, whereas patients, who perceived the practitioner to be guiding the interaction, responded by trying to guess or infer what it was their therapist wanted to know. Patients may have different expectations from you regarding who should determine the focus of the session and may look to your responses to gauge which topics you consider important for them to focus on.
3. It may be more difficult to effectively use therapeutic silence online than in-person (e.g., Garcia et al., 2022). Nonetheless, it is important to create space for and normalize pauses and silences for reflection and emotional experiencing. If you notice that pauses and silences are absent in your online sessions, it may be useful to discuss this with patients. By clarifying the purpose and benefits of pauses and silence, you invite and normalize its use. This may be especially relevant for patients less familiar with psychotherapy due to cultural background or other reasons.

This article draws on research supported by the Social Sciences and Humanities Research Council.

References available upon request.

Meet Your Newest PAA Board Members

Carmen Bellows



I am passionate about the role of psychology, and committed to advocating for psychology's unique role. I believe that my historical, personal, and professional experience will bring additional value to the PAA board.

Lisa Kaldenbach



As a registered psychologist with an M.A. in counselling psychology, I have been working with children, adolescents, and their families for 10 years. I am committed to advancing PAA's mission with a focus on equity and inclusion.

Stacey Steele



I was inspired to become a psychologist to provide clinical services and advance inclusion for mental health support in my community. I look forward to offering stewardship to psychologists at every career level while advocating for access in Alberta.

Rashmani Chakrabarty



I am a registered psychologist in Alberta and NWT and founder of Midnight Sun Wellness. I love volunteering and am excited to serve on the Board of PAA. I look forward to supporting psychologists and mental health services in Alberta.

Dr. Allison McNeil



I hold a Ph.D. in School and Clinical Child Psychology from the University of Alberta and specialize in the assessment and treatment of neurodevelopmental disorders. I look forward to supporting and advocating for psychology in Alberta.

2024 Psychology Month



Throughout the month, PAA celebrated Psychology Month virtually and in person.

- 2 PAA Videos
- 6 Media Appearances
- 1 Province-Wide Town Hall
- 92 Social Media Posts

On 01 February, we hosted our second Psychology Month Open House in Edmonton to build awareness of the unique value of psychology in Alberta. This year we took our participants on a Trip to the World of Psychology where they engaged in educational games and connected with key decision-makers in Alberta.

On 03 February, PAA co-hosted a community panel presentation on "Psychological Health & Wellness" with Infinity Safety Awareness.

On 22 February, we hosted our first-ever Psychology Month Open House in Calgary.

On 28 February, PAA's CEO Dr. Judi Malone was invited to Edmonton's City Council meeting to speak about Psychology Month.

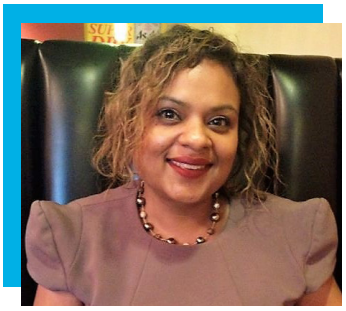







Innovative Practices in Psychology

Medical Assistance in Dying



Dr. Naheed Jawed, R. Psych

"My discussions with colleagues have been highly polarizing and wrought with significant emotional reactivity."



Dr. Arlin Pachet

In this edition of Innovative Practices in Psychology, the role of psychologists in the Medical Assistance in Dying (MAiD) process is explored through a conversation with clinical neuropsychologist, Dr. Arlin Pachet.

What is the role of psychologists in Medical Assistance in Dying (MAiD)? How do you see the role evolving?

Over the years in my clinical practice, it has become very clear that psychologists possess a unique skill set. This skill set contributes a high level of value when completing a MAiD capacity assessment, noting our understanding of cognition, emotional health, and behaviour. MAiD-related capacity evaluations are often complex and revolve around the determination of the capacity to provide consent. The assessment role of a psychologist within this process is typically consultative. Information gathered during the assessment is then used by physicians and/or nurse practitioners to render the final opinion regarding MAiD eligibility. However, not only can psychologists play an integral role within the MAiD capacity assessment process, we can also provide information to the evaluation team regarding the impact of the applicant's religious beliefs and cultural background.

Other than assisting in the assessment process, many psychologists contribute in multiple ways. We also commonly provide support to health care providers who are involved in end-of-life decision-making, as well as care to individuals who are close to the MAiD applicant, such as caregivers and family members. Having a thorough understanding of the emotional well-being of the immediate family of a MAiD applicant can be exceptionally helpful to the assessment team in understanding the quantum of suffering and apportionment of that suffering.

Is there a push toward considering mental health conditions as eligible for MAiD? What are the views on this?

When considering the inclusion of those with mental health conditions for MAiD, my discussions with colleagues have been highly polarizing and wrought with significant emotional reactivity. Arguments revolve around access to MAiD for those who are suffering from severe mental health conditions viewed as intractable, despite valiant attempts at treatment, versus the struggles to accurately identify an evidence-based way to reliably predict the irremediability of mental illnesses. Further, concerns have been expressed that marginalized populations will be disproportionately represented in MAiD applicants. Suffering is cumulative, and increased exposure to a life of suffering is often more prevalent for marginalized populations.

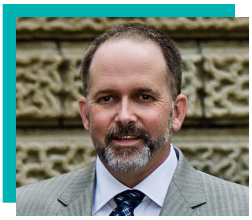
There also appears to be a paucity of literature related to MAiD for those with severe mental illness, and the concept of enduring and intolerable suffering remains to be fully operationalized within the mental health population as it relates to MAiD. At this point, the decision to open the eligibility criteria to include people suffering from severe intractable mental health conditions has been stayed until 2027, with further community and professional consultation being sought over the next few years.

What recommendations would you suggest for psychologists working in MAiD to balance the intensity of such work?

Psychologists engaged in the MAiD assessment and consultation process are apt to experience a wide breadth of emotions, with self-care being paramount. Knowing your own values and beliefs regarding MAiD is essential, especially when there is a misalignment between organizational policy, access to services, and individual views regarding MAiD. Working within inter-professional teams is likely best, where clinicians can reap the benefits of collegial support. Systemic barriers and biases form part of our society and clinicians are not infallible. Psychologists should be acutely aware of the vulnerabilities and systemic barriers present for a MAID applicant and how these could influence interactions with the MAiD assessment team and their ability to access resources. Read the full article here.

Working with Children of High-Conflict Divorce

How Psychologists Help, How Psychologists Hurt: Part 3 of 3



"This is also one of the areas that psychologists find themselves at greatest risk for complaints to the regulatory body."

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

This article is the third in a three-part series on high-conflict divorce. Earlier parts discussed How Psychologists Help.

Working with Children: How Psychologists Hurt

1. Writing Letters to/for Lawyers or Parents

To write a letter to one of the lawyers is to give one side ammunition against the other. You need consent of both parents to write a letter and copies of any letter written should be given to both parents. Better yet, set up in advance when you are working with children of divorce that you will not write letters and that confidentiality will be protected for the child.

Never write a letter stating that the child should not have to see one of their parents or that one child should have more time with one parent or stating that a parent presents a risk to the child if your role is that of the psychologist for the child or for the parents. In Alberta, the specific practice principle is:

> Sufficient Professional Knowledge
>
> 5.6 A psychologist shall not render an opinion about a person that has, or could have, implications for that person's rights or personal interests without having direct and substantial professional contact with that person, including an informed consent process and formal or general assessment.
>
> 5.7 A psychologist shall not render an opinion or make a statement about a parent or guardian that has, or could have, implications for the parent or guardian's rights or personal interests without having direct and substantial professional contact, including an informed consent process and formal or general assessment of the person who is the subject of the opinion or statement being made.

While this standard applies to psychologists practicing in Alberta, it is an essential guideline that all psychologists should follow to not inadvertently impact the rights of a parent if you have not formally assessed that parent after a thorough informed consent process or in some cases if you have not even met the parent. To do so could open you up to professional discipline or the risk of a lawsuit.

2. Allowing One Parent to Be "Cut Out"

Each parent is viewed to be the "50% owner" of the child and neither parent has exclusive decision-making for the child. A psychologist should not see a child, provide access to records, write reports or take any action based on one parent only, unless there is a filed, fully executed court order stating that one parent has exclusive power for making decisions. At a practical level, even if a parent has a court order stating that they can make medical decisions, that may not be good enough to allow a child to enter into therapy. A highly misused concept that some psychologists use to justify seeing the child without the other parent's permission is stating that the child is a mature minor. The irony of this is that the psychologist relies on the consent of one parent for the child to attend counselling which implies the child does need that parent's permission but tries to justify that the child is mature enough to make the choice of not having the other parent's permission.

3. The Truth, the Whole Truth…

Do not give one parent one piece of information and different information to the other parent. The best policy is openness and if information creates difficulties that is up to the parents to deal with it. By selectively giving information to one parent only you're actually adding fuel to the fire and increasing conflict which can increase the chance of damage to the child.

4. Taking Sides

By taking sides you have acted as judge, jury and assessor, often based on the statements of one person or possibly the statements of an alienated/aligned child. Your best defense is to follow any existing court orders and keeping information open to both sides. Further, sometimes one parent is prohibited by court order to have contact with the child and it would be highly inappropriate for a psychologist to allow that parent to have clandestine visits, phone calls or to pass messages back-and-forth between the child and the parent.

In conclusion, despite the increasing number of divorces and the proportionally (or perhaps exponentially) increasing number of high conflict divorces, psychologist education for working with high conflict families is unfortunately lacking. This is also one of the areas that psychologists find themselves at greatest risk for complaints to the

regulatory body. The psychologist's best protection is being aware of and strictly following all professional guidelines including getting sufficient supervision/mentoring/education before entering into work with such families.

See full references and article here.

Spotlight on the Teaching Psychology Award



Did you know that PAA has an award that recognizes excellence in teaching psychology?

Teaching plays an integral role in knowledge transfer within our profession. This award is presented to a psychologist or non-psychologist who demonstrates "outstanding" teaching of psychology in an Alberta Government-approved/authorized institution for post-secondary education. This award covers academic and research supervision.

Congratulations to the recipient of the 2023 Excellence in Teaching Psychology Award: **Dr. Sandra Dixon.** See all our award winners here.

PAA recognizes companies, psychologists, and individuals through a series of awards yearly. Our award categories honour excellence in psychology leadership and research in Alberta.

We are excited to soon announce the winners of the 2024 PAA Awards...stay tuned!

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"I WOULDN'T BE DOING MY PRACTICE ANY OTHER WAY."

- Nicole Sheldon, B.Ed, M.Ed, Registered Psychologist

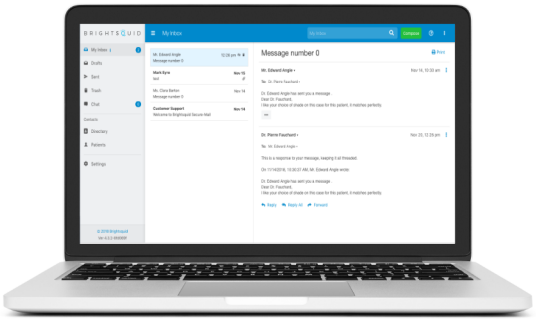
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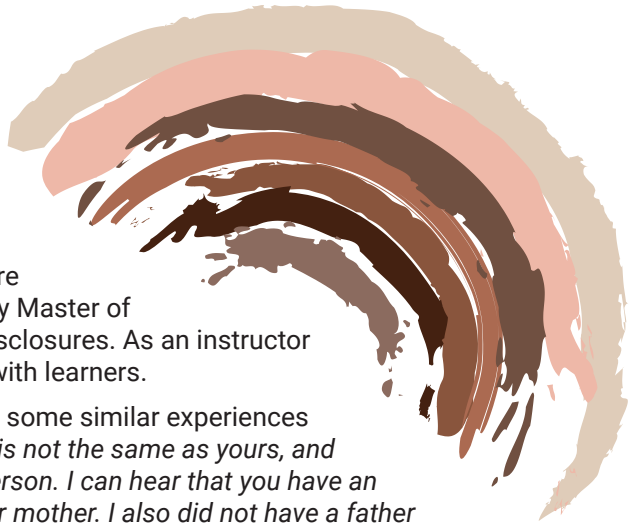
Anti-Racism and Psychology

Self-Disclosures with Racialized Patients



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

"I have learned that self-disclosures are important for relationship-building."



As a Registered Psychologist working with many Asian and racialized patients, I have learned that self-disclosures are important for relationship-building. When I was enrolled in my Master of Counselling program, we often discussed appropriate self-disclosures. As an instructor at two master's programs, I bring forth this topic to discuss with learners.

I often use the micro skill of transparency to state that I have some similar experiences growing up. For example, I might say: "*I know my experience is not the same as yours, and I do not fully understand what you lived through as a young person. I can hear that you have an absent father and may not feel loved the way you want by your mother. I also did not have a father in my life as he left to return to Asia several years after we came to Canada. My mother was not able to provide the emotional connection and support, and now I know she did not know how*." This kind of self-disclosure may be discouraged in counsellor education training. However, I see how patients feel heard and that I connect with them on a more profound level. Some say they feel seen and validated. I often apply the decision-making criteria of whether such a disclosure would be helpful to the patient. It is not about me; it is about whether my words could help patients see themselves, learn ways to shift their perspectives, have more agency, and begin a growth journey of self-discovery.

For younger patients who struggle with school and the pressure they feel from parents wanting them to complete international baccalaureate or advanced placement programs, I may disclose that: "*School was hard for me. I did not like it, did not do well, and was fortunate that it was not that difficult to get into post-secondary those years ago*." When they hear that I was not a perfect student, some are surprised because I have a doctorate, and they seem to be more at ease sharing openly.

As an anti-racist practitioner, I explore discrimination, microaggressions, and racism. I disclose moments when someone has asked where I am really from, asked for my real name, commented that I am "pretty" for a Chinese woman, and used racial slurs. I share these moments intentionally to validate how awful it feels to be othered, to be seen as a perpetual foreigner, and to feel that this is not my country. With such disclosures, they tell me they do not feel "crazy" anymore even though people in their lives may invalidate or disbelieve them, or suggest that they can't take a joke.

These are only a few of many examples of self-disclosures. I encourage mental health practitioners to practice this skill with care, consideration, and heart so patients can see us as human and see that there is common humanity in suffering.

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The Universe Within

Leaving Home, *Again*



"The toxicity of a family relationship can be even more intense than others because of the family history."

By Gwen Randall-Young, R. Psych

Is it ever okay to turn your back on your family? We think of commitment and loyalty as a good thing, but in my experience, these can sometimes keep people stuck in situations that are negative and even destructive.

I have often seen individuals in extremely bad marriages that are taking a toll on that person's psychological and physical health. When I ask why they stay they say it is because they made a commitment. I think we should be committed in relationships and not bail at the first sign of trouble. However, when there is no love left for the partner, there is dread at the sound of his or her key in the door, there is no quality of life, and the person has been depressed for years, it is time to do something. I think of these kinds of relationships like carbon monoxide poisoning: the individual is so tired of the relationship but just cannot summon the energy to get out.

The toxicity of a family relationship can be even more intense than others because of the family history. If, for example, one was always criticized as a child, that person may suffer from low self-esteem and a lack of confidence. If the criticism continues into adulthood, it is virtually impossible for that person to heal and live authentically.

A healthy family with strong, supportive relationships is a very good thing. Not everyone is so blessed. Some families or individual members can be a source of constant stress, whether there is overt conflict.

It is certainly worth trying to talk to family to try to make things better. Such conversations are not always well received, especially if the other gets defensive and sees criticism where there was only an attempt to communicate honestly.

Another approach is to try to set healthy boundaries, letting others know what is and is not acceptable for you. You should be able to decline a dinner invitation without being made to feel guilty. I had to tell one couple it was okay to tell the in-laws they could not keep using their copy of the key to drop in anytime and come in without even knocking!

If a family situation has become so difficult that you are losing sleep over it, cannot get it out of your mind and it is affecting the rest of your life and your health, it is okay to disconnect temporarily or permanently, if need be. If you felt bad in your family growing up, and they still make you feel that way, you are not sentenced to live with that for the rest of your life.

Young adults leave home to gain their independence and to start their own journey, hopefully toward their true path. Even though we may not still live there, sometimes we must leave home for the same reasons.

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.

2024 PAA Behavioural Science Award Winners

Edmonton Regional Science Fair – Edmonton, 10 March 2024



Award Winner:
Mohammad Shehadeh
Edmonton Islamic Academy

"Using Machine Learning and Utilizing Graphite's Conductive Properties to Improve Teacher Instruction Based on Students' Mood"

Mohammad also received a silver medal in the Senior Divisional category and the Math & Stats Award.

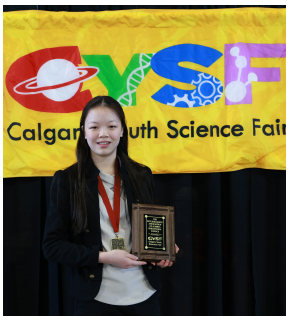


Honourable Mention:
Adelyn Noh
Stratford School

"Optimizing Your Chitter Chatter"

Adelyn also received a bronze medal in the Senior Divisional category and an Honourable Mention for the Math & Stats Award.

Calgary Youth Science Fair – Calgary, 13 April 2024



Emori Cumming
Westmount Mid/High School

"Police Reported Violent Crime: Childhood Factors in Adult Offenders"

Central Alberta Rotary Science Fair – 6 April 2024



Jillian Reid
Cremona School

"Thinking Reaction"

Jillian also received a silver medal in the Secondary School category.

Looking For Confidential Ethical Support?

The Professional Guidance 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!
- Have a quick ethical question? Opt for a brief 15-minute paid consultation with the Professional Guidance Director.
- The Professional Guidance Department had its first full-day 6 C.E. credit in-person workshop on "Best Practices to Prevent Ethical Pitfalls" in Edmonton. Registration is now available for 13 September in Calgary.
- Don't miss **Ethics Corner** by our Director of Professional Guidance (see page 5 of this issue.)

Visit our webpage for more information.

Continuing Professional Development

Live Workshops



Best Practices to Prevent Ethical Pitfalls

Calgary, 13 September
Dr. Harpreet Gill



Trauma & PTSD in First Responder Populations

Calgary, 18 October
Megan McElheran, Ph.D.



Breaking the OCD Cycle: The Power of Exposure and Response Prevention

Edmonton, 25 October
Janet Caryk, R.Psych.

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)

Who Are the Rainbow Communities and Why Should We Know? with Jane Oxenbury

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

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DISCOVER OUR PROGRAM

Alberta Psychology in the Media

Media Engagements

2024 January – April

27 Media Pieces

VIA

- Medicine Hat News
- 630 CHED
- CTV Morning Live
- CBC Radio
- Global News
- 630 CHED Radio
- 980 CKNW
- 640 Toronto
- 680 CJOB
- CBC Eyeopener
- CTV Edmonton

THANKS TO

- Dr. Ganz Ferrance
- Aimee Reimer
- Dr. Brent Macdonald
- Dr. Linda Hancock

ON TOPICS INCLUDING

- Dry January
- A New Approach to New Year's Resolutions
- Blue Monday: How to Cope
- Grey Divorce
- Give Thanks
- The Recipe of Life!
- The Mystery of Triggers
- Cognitive Behavioral Therapy
- Love Yourself
- Attachment Styles
- The Unexpected
- Letting Go
- Conditioning
- Forgiveness
- Road Rage
- Sports Superstitions
- 4 Ways Nature Heals You

If you or a colleague are interviewed through any media outlet (newspaper, radio, television), please contact PAA paa@paa-ab.ca to advise us so we can include the information in our report.

Collaboration

Fostering the Profession

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

American Psychological Association

- Dr Kerry Mothersill will replace Dr Lana Hawkins on the APA Council of Representatives
- Dr. Judi Malone serves as the CESPPA representative for Alberta
- Dr. Judi Malone serves on the Board of Professional Affairs
- Mira Singh serves as Division 31 Representative

Canadian Council of Professional Associations of Psychology

- Dr. Judi Malone, Alberta Voting Participant
- Tammie Austin, Alberta Participant Observer

Association of Canadian Psychology Regulatory Organizations

- Dr. Judi Malone serves as the liaison of the professional associations to ACPRO

Alberta Health Services

- Dr. Judi Malone participates in the:
  - AHS Professional Practice Council for Psychology
  - AHS Provincial Addiction & Mental Health Council

Notice of Annual General Meeting

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 the Annual General Meeting of the membership as follows:

Date: 06 September 2024

Location: Online

Upcoming PAA Board Meeting Dates



The PAA Board of Directors will meet:

- 06 September 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.

To purchase your referral service, visit the PAA website > Membership > Purchase or Renew Membership > 2024/25 > 2024/25 Memberships, and scroll down to Add On Services.

From Feb to April 2024, we averaged **6,937** referrals/month. That's **226** per day.

Early Bird Membership Renewal Winners

Each year, we like to reward some of our members for taking the initiative to renew their membership early. Congratulations to our Early Bird Membership Renewal Winners: **Dr. Anju Anand**, **Gabrielle Cebuliak**, and **Dr. Kim Stevenson**. Each winner will receive a $100 credit towards an in-person CPD registration in the 2024/2025 membership year! Please contact us at paa@paa-ab.ca to claim your prize. Thank you for being part of the PAA community and for your work in support of the psychological health of Albertans!



To enter our Early Bird Membership Draw next year, renew your membership by the designated deadline posted in January on our website. Thank you to all our members for renewing your membership for the 2024/2025 membership year!