Psymposium

Vol. 35 No. 4 – January 2025

Psychologists' Association of Alberta



Understanding People | Working Together

A snowshoe hare taking a quick pause, Alberta

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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.

Psymposium

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Editor's Letter



"The new year stands before us, like a chapter in a book, waiting to be written. We can help write that story by setting goals."

- Melody Beattie

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

Goals, goals, goals… "the most important thing about goals is having one." As we move into the new year this is often a theme that drifts through our mind. Successful goals are ones that align with what you genuinely believe in, your values, and your authentic self –not the external expectations of others. You may have heard of intrinsic and extrinsic goals. Intrinsic goals are related to the pursuit of things that are more purposeful or meaningful to us. The term "intrinsic" (*intrīnsecus*) is Latin for "inward" or to look within. Extrinsic goals are ones that are focused on things outside of ourselves like possessions or status.

A plethora of research supports the idea that we make much more mileage setting intrinsic goals. Self-determination theory (Deci, E. & Ryan, R., 1985) identifies three intrinsic needs that underpin motivation and goals: autonomy, competence, and relatedness. When an extrinsic goal is reframed/transformed into an intrinsic goal, a deeper meaning and purpose becomes unleashed. What once was "a dream" or "just a thought" begins to take shape.

Before we begin writing these down, however, the best place to start may be to reflect back over the past year. Self-reflection can help us attain clarity and focus in setting goals. Questions to ask yourself might be:

1. Have I been driven by intrinsic or extrinsic motivators over the past year?

2. What were moments over the past year when I accepted the challenge of embracing something new, different or difficult?

3. Was there a moment when I felt doubt/discouraged and how did I work through that?

4. What were the moments/experiences that I was most grateful for?

5. How do I approach and/or work through failure?

6. What are aspects that I feel I have control/no control over?

7. How have I practiced self-compassion?

8. What surprised me the most over the past year in things I accomplished?

9. How well have I implemented my boundaries?

10. Did I take the time to reflect on my efforts and evaluate what went well?

Wishing you all the very best in the pursuit of your goals this coming year.

You got this!

Michelle,
PAA Member and Psymposium Editor-In-Chief

Michelle Vandegriend, Ph.D., R. Psych.
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Ethics Corner

Use of Artificial Intelligence (AI) in Clinical Practice: Some Ethical Considerations



"It is important that psychologists apply their critical thinking and clinical reasoning skills to navigate these new technologies effectively."

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

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

Recently there have been queries from PAA members about AI generated chart notes, how they can be filed and whether the patients need to be informed prior to using AI for preparing their chart notes, etc. This motivated me to have a discussion with my peers and after a little research, I thought of writing this article.

First and foremost, the use of AI raises the challenge of consent. If a clinician fails to notify a patient that they are using AI for charting their notes, they will be in violation of Principle I of the Canadian Code of Ethics, Respect for the Dignity of Persons and Peoples, by not respecting the rights to autonomy and self-determination. Part of informed consent is to lay down the risks, benefits and limitations of the processes used in therapy which could be complex as AI is unregulated at this point.

Some clinicians are using Generative AI to suggest possible diagnoses and whether people meet criteria. The technology can be helpful, but over reliance without clinical insight could lead to misdiagnosis (e.g. it might suggest anxiety/depression diagnosis if there are words in the file during screening process) and lead to inappropriate treatment plans, thus violating Principle II of the Canadian Code of Ethics, Responsible Caring.

Moreover, for diagnosis and report writing, putting sensitive personal information into these databases poses privacy and legal risks. There are also concerns about economic and cultural barriers to accessing Generative AI tools. The source pool of Generative AI often lacks representation of diverse linguistic and cultural perspectives, which can lead to biases in its outputs.

The integration of AI in mental health care is transforming the field in many ways. Some AI systems handle scheduling, documentation, billing, and other administrative tasks, freeing up time for clinicians to focus on patient care. Suggesting care plans and lifestyle modifications can lead to more personalized and effective treatments. The ethical risks and challenges will likely change as it adapts to patient needs, professional standards, guidelines and with stricter regulations.

It is important that psychologists apply their critical thinking and clinical reasoning skills to navigate these new technologies effectively. Rather than keeping a rigid resistance to technological advances a balanced approach is necessary.

Below are some resources that I came across after discussion with peers and research.

- Getting Started with Zoom AI Companion (https://support.zoom.com/hc/en/article?id=zm_kb&sysparm_article=KB0057623#BAA)
- Preliminary Guidance for Zoom AI Companion (https://its.uri.edu/2024/08/01/preliminary-guidance-for-zoom-ai-companion/)
- Position statement on the Role of Augmented Intelligence in Clinical Practice and Research (http://apapsy.ch/APA-AI-position-statement)
- EU AI Act: first regulation on artificial intelligence (https://www.europarl.europa.eu/topics/en/article/20230601STO93804/eu-ai-act-first-regulation-on-artificial-intelligence)



Notes from the Interim CEO's Desk

"To commence 2025, I would like to reinforce that PAA members are top of mind for all staff."

By Lori Pratt
Interim CEO

Strategic plan, mission, vision, values and mandates: All these components keep PAA staff and Board of Directors grounded and directed.

My November Psymposium (2024) article touched on how we "Collaborate for Wellness". To commence 2025, I would like to reinforce that PAA members **are top of mind for all staff.**



In late November, you were invited to participate in PAA's annual member survey. We asked you for feedback, and we will listen. Each year the results of this survey are reviewed, analyzed, and compared to previous surveys. Thank you to everyone who took our survey. Your feedback helps us provide better services to all members of our community.

Beyond the other **member benefits**[1] PAA offers, I would like to focus today on a taskforce that has worked over six years to bring benefits to us all.

The Technology in Practice (TiP) Taskforce was established by PAA in 2018 to address issues related to the intersection of psychology practice and emerging technologies. During the height of the COVID-19 pandemic, this topic became even more prominent.

View the full report: **The Growth of Telepsychology Practice in Alberta**.[2]

On behalf of everyone from PAA, we would like to **sincerely thank** the following members (listed alphabetically) of the TiP Taskforce who were dedicated to the design, administration, analysis, and delivery of this report. Your work will benefit much of our psychological community!

- Tracy De Boer
- José F. Domene
- Trevor K. Josephson
- Andrew Luceno
- Eileen Noel
- Michael Stolte (Chair)

We would also like to recognize and thank PAA Board Liaisons, Jacqui Linder and Allison McNeil for their diligence with this project.

Wishing you all the best as we start 2025!

Lori Pratt,
PAA Interim CEO

Full URLs for links included in this article:

1. psychologistsassociation.ab.ca/member-benefits
2. psychologistsassociation.ab.ca/results-from-the-psychologists-association-of-alberta-2023-technology-in-practice-survey/

Walking the Line: Navigating Risk in Practice

An Introduction to Ethical Risk Management



"Ethical risk management is both practical and aspirational."

By Dr. Terry Singh, Ph.D., ABPP

Lock your office door and throw away the key.

If the above were a *Jeopardy* answer, the question might be: "What is the safest way to manage risk in psychological practice?"

Those of us who choose to engage in clinical practice understand that the work carries with it an inherent level of risk. Clients can become upset at our efforts to be helpful or, alternately, our refusal to adhere to (inappropriate) demands; family members and friends can try to insert themselves into someone's therapy for good or for ill; third parties or organizations can contact us seeking information about a particular individual we are working with. These situations are never-ending, and the more work you do, the more frequently you are apt to encounter them.

Welcome to *Walking the Line: Navigating Risk in Practice*, a regular PAA Psymposium column where we begin by acknowledging these risks and then attempt to think our way through them. We will tackle relevant topics through a prism of "ethical risk management", which we might define as: the view that our primary purpose as professionals is to help those with whom we work but also acknowledges that good practice and risk management are not mutually exclusive goals. It is possible to do good work and effectively manage the risks involved. All things being equal, we want to prioritize the former aim while not ignoring the latter one.

In short, ethical risk management is both practical and aspirational. It is also, to a degree, unavoidably philosophical in nature. This is because the foundations of professional practice in Alberta, which are captured by our Standards of Practice, did not reveal themselves to us upon a mountaintop on stone tablets. They are a product of many discussions and debates within our profession over many years, and these conversations continue to this very day.

This column is a place for those discussions, for those of us who choose to "walk the line" daily, who are focused on doing good work, while protecting ourselves in the process so we can continue to do good work going forward. I encourage the PAA membership to send in column topics they wish to see covered via e-mail with the subject "Walking the Line".

To quote a dear mentor of mine who was himself a great Alberta psychologist, the issues that we wrestle with are complex. But the task of thinking begins in a love of what is most alive.

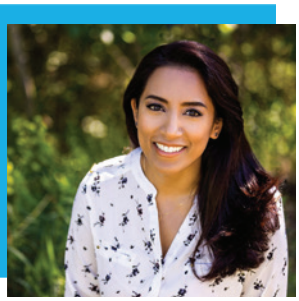
Dr. Singh practises clinical and forensic psychology in Calgary, Alberta. The views reflected in Walking the Line *are his own.*

For future column suggestions, he can be reached at drsingh@abfp.ca.

Psychology Unboxed Podcast

Hosted by Dr. Harpreet Gill, this podcast series addresses issues and topics for psychologists.

www.mypaacourses.ca



Board Notes

"The need for connection initiated my work on the Board of the PAA, expanded my network, and linked me with many individuals I deeply respect and admire."

By Mira Singh, R. Psych
President, PAA Board of Directors

As we look to a new year, it is common to set goals for ourselves that we hope will help support us in our development and guide our life's purpose. Some goals may be geared towards personal change and others focused on professional growth. After the pandemic, the value of connection was highlighted as a major factor contributing to quality of life.

This year, the focus of my goals has shifted from my usual exercise and nutrition plans to expanding my connections and deepening my relationships. I gravitate towards people, places, and activities that exemplify the joy and fulfillment that connections provide. The need for connection initiated my work on the Board of the PAA, expanded my network, and linked me with many individuals I deeply respect and admire. Those people have reinforced my belief in the value of community.

Regardless of your specialty, the PAA is a point of connection for over 4,000 members across Alberta. As I invite you to renew your membership, I would also like to highlight some of resources available through your professional association:

Our Communities of Practice[1], accessed by members through the Collaborate portal, provide opportunities for collaboration, support, and knowledge sharing. Whether seeking advice, a referral, or wanting to share your experiences, the platform ensures you are never alone in your professional journey.

The professional training programs[2] offered through PAA's Course Portal offer opportunities for connection, collaboration and learning. As psychologists, we need to consistently develop our skills and the PAA provides us with valuable tools to do so. These programs support both personal and professional growth offering a mix of online and in-person workshops.

Connection and community are foundational to PAA membership. As Psychology Month approaches in February, I hope that you endeavour to create and deepen meaningful professional and personal relationships. Your effort to do so is an investment that will grow exponentially by increasing quality of life for yourselves and those around you.

I wish you all a happy and healthy New Year!

Warmly,

Mira Singh,
PAA Board President

Full URLs for links included in this article:

1. collaborate.paa-ab.ca
2. psychologistsassociation.ab.ca/events/category/workshop/

Alberta Psychology in the Media

Media Engagements 2024 September to November

7 Media Pieces

VIA

- CTV News Edmonton
- 630 CHED Radio
- Medicine Hat News
- The Lethbridge Herald

THANKS TO

- Dr. Ganz Ferrance
- Dr. Linda Hancock

ON TOPICS INCLUDING

- How society's perception of tattoos has changed
- Changing a habit
- The courage to have fun on Halloween
- Relationships
- Rhythm and routine
- Gratitude and giving thanks
- Health care and medical care

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

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bms. Exclusive professional liability insurance for members of PAA.

thePersonal Group rates. Preferred service. Offers members exclusive group rates and personalized coverage for your home and auto insurance needs.

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GoodLife CORPORATE WELLNESS PAA members receive up to 20% off GoodLife membership.

BRIGHTSQUID Secure-Mail is a privacy-compliant way to share information with or about patients.

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Psychology Collaboration

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. Lana Hawkins serves on the APA Council of Representatives
- Mira Singh serves as Division 31 Representative
- Dr. Harpreet Gill, DPA Listserve

Canadian Council of Professional Associations of Psychology

- Mira Singh, Alberta Voting Participant
- Tamara Austin, Alberta Participant Observer

Canadian Psychological Association

- Dr. Harpreet Gill, Committee on Ethics Member



Psychology Month Resources

February is Psychology Month — an annual opportunity for public education on the role that psychology plays in supporting wellness in our lives, schools, and workplaces.

If you're giving public education presentations, PAA has PowerPoint Presentations that can be used as a template. We also have brochures, info cards, the PAA booth kit, and the PAA banner available for members.

Thank you for helping to showcase what psychology has to offer! **Requests for Psychology Month assets can be sent to paa@paa-ab.ca.**

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2025 2026

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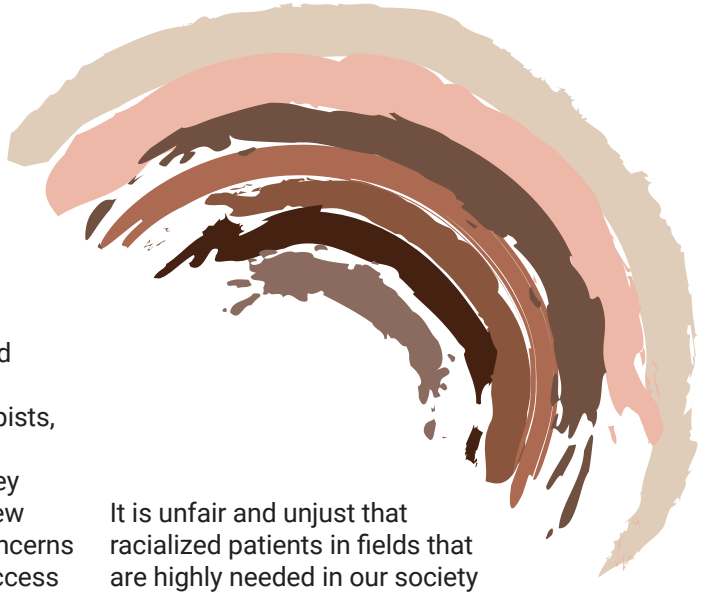
Anti-Racism and Psychology

My Therapeutic Work with Racialized Educators and Healthcare Professionals



"It is unfair and unjust that racialized patients in fields that are highly needed in our society face such racism, discrimination, and powerlessness."

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



As a registered psychologist in Alberta, I work with various racialized educators in primary, secondary, and post-secondary contexts. I also see patients who are healthcare professionals such as nurses, physiotherapists, occupational therapists, respiratory therapists, and physicians. I have heard from them, the challenges they face due in part to the pandemic, funding cutbacks, new systems, students and patients with mental health concerns (where such individuals are finding it challenging to access needed support), and a lack of resources to help them navigate and cope. For example, teachers have told me they face racism from administrators, parents, and learners. Teachers who are socially just, anti-oppressive, and lead an anti-racism initiative at school may notice the lack of support from the administration and colleagues. Parents would reach out to tell them to halt such activities as they think school is not a place for such learning.

I have heard from nurses from an Asian background that patients would refuse to have them care for them and even call them racial slurs. During the pandemic, the slurs were related to the virus. Some were told to go back to China (even though they were not from that country and not even Chinese). Such experiences may have individuals go on medical leave to take care of their physical and mental health and gather support from their family, physicians, and therapists. Such a decision could come with guilt, not feeling good enough, strong enough, and resilient enough. We often work on self-compassion, as they would not judge a loved one if they were on stress leave. They would be much kinder to them than they are to themselves.

It is unfair and unjust that racialized patients in fields that are highly needed in our society face such racism, discrimination, and powerlessness. Institutions must do more than performative ways to show they care about diversity, equity, and inclusion. How are they listening and taking action when racialized employees disclose they are harmed by racism? In therapy, we work on coping strategies, pivoting opportunities, and readiness to speak out. However, I need to be gentle and tentative when exploring action because there could be safety concerns and even the potential for ostracization, workplace incivility, financial anxiety, and job loss if they are not supported. Sometimes, I communicate that there are ways to live acts of resistance, such as seeking colleagues who may understand, trust, and support one another. Unfortunately, another way to cope is not to show how microaggressions are impacting them and to process them in therapy. When ready, they could seek other work opportunities in small ways, so they do not feel stuck and hopeless. I often offer value-centric work so they can gain self-awareness, reflection, and meaning. These patients have many strengths, resources, and unlimited potential. I am grateful for their trust in me to continue showing up for therapy and navigating toward hope.

Exploring Assessment in Professional Psychology

Can Good Assessment be Therapeutic?



"We may be the only professional who ever asks them about their suicidal ideation or mental health."

By Dr. Michael Lee Zwiers, R. Psych

In our training as psychologists, we are taught that assessment and therapy are separate activities. Some psychologists work solely as assessment psychologists, while others engage only in therapy. However, as discussed in the inaugural article for this feature column, all psychologists engage in assessment of one form or another to understand what clients are dealing with and to guide their professional therapeutic practice. This article discusses the potential therapeutic benefits of assessment.

Validation

Even if all we do is listen to our clients' stories, acknowledging that we have heard them, understand them, and empathize with them, it can be beneficial to our clients. If clients feel heard by someone, particularly a professional, it can be validating, affirming, and ultimately therapeutic.

Reduced Suicidality

In the 1980s, one of the psychologists who trained me at the University of British Columbia (Dr. William Reynolds) conducted research on suicidal ideation in high school students. His research was groundbreaking for the time, but the biggest obstacle to doing this important research was gaining access to the students. Teachers, administrators, parents, and even psychologists thought that it could be harmful to ask about suicidal thinking or behaviour, as *it could put the idea into their head*. In fact, Dr. Reynolds found the exact opposite. Asking about suicidal ideation did not increase rates of suicidal ideation and in fact helped to reduce its severity. Research and clinical practice have long since supported the benefits of inquiring about suicidal ideation and behaviour as a routine part of our screening processes. And clinicians working in crisis units will recognize the positive impact on clients who disclose suicidal thoughts, feelings, and behaviours, with a common outcome being a reduction in severity, at least temporarily. Even if depression and mental health is not the focus of your assessment, we may be the only professional who ever asks them about their suicidal ideation or mental health.

Increased Understanding

The process of conducting an assessment can help clients to make sense of symptoms and experiences that can feel out of their control. Clients may come to us feeling like something is wrong with them or that they are broken in some way. This underlying fear and the increased stress of *not knowing* why they are feeling the way they do (and what it might mean for their well-being) can be stressful indeed and can worsen mental health. By providing names for emotional disorders or other mental health conditions, we help clients to understand their own symptoms and responses, which can also help to normalize their experience. This can also help provide a sense of control.

Access to services and supports

Even psychoeducational assessment can ultimately provide therapeutic benefit. By properly identifying learning disabilities and other neurodevelopmental conditions, appropriate interventions, supports, and accommodations can be put into place. This, in turn will ideally improve social, academic, occupational, and behavioural functioning. In cases where anxiety and depression are secondary consequences of unidentified and unmanaged neurodevelopmental conditions, proper management of these core conditions (like learning disabilities and ADHD) has been found to improve overall mental health.

Assessment Improves Treatment

In cases where clients are not progressing in treatment, one of the most important steps to take is to conduct a reassessment. In some cases, the initial diagnosis may have been inaccurate, an underlying condition may have been overlooked, or a new condition may be emerging. In all cases, careful reassessment can help get therapy back on track.

Recommended Fee Schedule

Effective January 1, 2025, these are recommended fees for service and are used in PAA's advocacy with third-party payers. Registered psychologists in Alberta set their own rates.

2025 PAA Recommended Fee Schedule	
Individual Therapy/Assessment	$235.00
Couple/Family Therapy/Assessment	$235.00
Group Therapy (per person)	$110.00
Custody/Access & Legal/Forensic Assessment	$350.00
Expert Witness Testimony (half-day minimum fee)	$1,400.00
Expert Witness Testimony (full-day minimum fee)	$2,800.00
Consultation/Corporate Services (half-day)	$1,100.00
Consultation/Corporate Services (full-day)	$2,200.00

Report writing, telephone consultation, letters, and form completion are billed at the rate of the service being provided.

Billing can also occur in 10-minute increments for services done outside the therapy hour such as phone calls, letters, and the like calculated at one-fifth the hourly rate for every 10 minutes. Incremental billings are also appropriate for services provided beyond a 50-minute session.

Fees for specialized services & treatments not listed on the above schedule may exceed the current recommended guidelines.

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paa-ab.ca > Membership > Member Benefits

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paa-ab.ca > Classified Ads

Innovative Practices in Psychology

An Interview with Dr. Paulene Kamps on Developmental Coordination Disorder (DCD)



"There is much more to DCD than simply incoordination."

- Dr. Paulene Kamps

By Dr. Naheed Jawed, M.S., PhD



Always curious and wanting to solve the mysterious links between social skills and motor skills, Dr. Paulene Kamps (right) first heard about and became very interested in DCD after she had completed her PhD.

What are the hallmarks of Developmental Coordination Disorder (DCD) and in which types of circumstances do children usually get diagnosed with this condition?

The initial hallmarks of DCD are observable in one's early years. Children with average intelligence often trip, stumble, and fall. They may be slower to learn skills such walking, running, climbing stairs, riding a bike, eating neatly, getting dressed, tying shoelaces, and managing a knife and fork properly, etc. Many have weak balance and cannot easily keep up with others during play times. Young students with DCD struggle to perform printing, colouring, and cutting activities in the classroom. They may not do well in art, music, and/or physical education classes, and because it is difficult to hide clumsiness, they are often mocked and bullied at recess and playtimes. Consequently, they are seldom included in group games. When uncoordinated children experience frequent peer ridicule and adults do not understand what is causing their difficulties and/or how to support them socially or at play times, these students eventually pull away and choose to isolate as a form of self-protection. It follows that an outcome of DCD is weak social integration.

Youth and adults not only have reduced participation in physical activity, but they also struggle to perform and/or keep up with tasks in vocational training and employment settings. Many adults with DCD struggle to learn to drive a car and manage multiple daily tasks at once.

What are comorbidities associated with DCD?

There is much more to DCD than simply incoordination. Although incoordination is typically evidenced via difficulties and delays with fine- and/or gross-motor skills, DCD can also impact other neuro-biological-developmental systems (e.g., one's ocular- and/or oral-motor control/functioning, sensory integration, executive functioning, emotional regulation, certain aspects of cognitive processing, social interactions, and even bodily systems). As it pertains to one's mental state and intellectual functioning, most individuals who have DCD struggle to coordinate complex tasks that involve working memory, processing speed, planning, organization, task-monitoring, and the filtering out of all other unnecessary stimuli prior to executing a well-thought out and controlled response. In other words, for people with DCD, there are simply too many thoughts, requirements, intra- and inter-personal processes, physical and other things to 'coordinate' all at once. They cannot get their mind, emotions, and body to work in a harmonized manner. In this and other ways, DCD is far more than a motor skills disorder.

What circumstances result in a DCD diagnosis?

This is difficult to answer. Although the DSM (2022) and researchers report the prevalence rate of DCD in Canada to be 7 to 8 per cent, very few people with DCD are diagnosed correctly. Because DCD is seldom taught in graduate programs (or offered as professional development for psychologists), and there are no comprehensive assessment tools published for psychologists who may consider diagnosing DCD, very few clinicians feel competent/qualified to diagnose DCD. Moreover, because the signs and symptoms of DCD are often mistaken for ADHD, ASD, specific learning disorders, different communication disorders and/or forms of anxiety, DCD is often overlooked. According to the APA, comorbid conditions associated with DCD are most other neurodevelopmental conditions. Interestingly, the DCD and PDD/ASD co-occurrence has NOT been applied consistently in the last 37 years.

Read the full article[1].

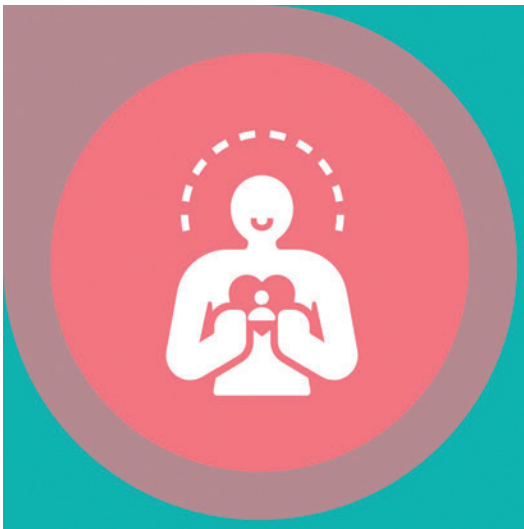
1. Full article URL: psychologistsassociation.ab.ca/wp-content/uploads/2024/12/PAA-PsymposiumJan2025_InnovativePracticesPsychology.pdf

Community of Practice Highlights

Do you have expertise or experience to share? Are you seeking a mentor? Explore Mentor Match on Collaborate to connect with mentees, mentors, or both.

Mentor Match is the latest addition to an expanding lineup of our services to support members' professional development needs. It is an online tool — including a searchable database — that facilitates the establishment of mentoring relationships. Mentor Match is intended to connect mentors and mentees who share similar interests and goals to form long-lasting and rewarding relationships. We are stronger together: providing expertise and support to each other benefits us all.

Have any questions about Mentor Match? Email paa@paa-ab.ca to learn more about Collaborate and Mentor Match.



Find or become a mentor

Form rewarding professional relationships, and add to your Continuing Competence Plan on a schedule that works for you.

paa-ab.ca > Resources > Mentor Match



PAA's Professional Guidance Program

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 can discuss their concerns with the Director of Professional Affairs or a Practice Advisor and access a library of resources.

> ***If you use our fee-for-service 30/45-minute consultation** with PAA's Professional Guidance Director, you will receive a 1.0-hour Continuing Education Credit for the consultation.*

Have a quick ethical question?
Have a brief 15-minute paid consultation with the Director of Professional Affairs.

Did you know?
The Professional Guidance Program offers two webinars on **Ethical Decision-Making** and **Informed Consent**. More webinars are coming soon!

We have launched four episodes of the Psychology Unboxed Podcast. **View our latest episode** on addressing psychologists' questions about psychological testing and assessment with Dr. Michael Zwiers.

The Director of Professional Affairs can come to your office with our **Ethics Lunch n Learn service**, which provides tailored presentations on various ethical topics pertinent to psychologists.

We offered our first virtual ethics panel, "Navigating Ethical Challenges: Professional Opinions in Psychology," on November 8, 2024, with panelists Dr. Ann Marie Dewhurst, Dr. Keith Dobson, Dr. Kerry Mothersill, and Dr. Roy Frenzel with 57 attendees.

Don't miss Ethics Corner (page 5) by our Director of Professional Affairs: Use of Artificial Intelligence (AI) in Clinical Practice: Some Ethical Considerations.

Visit our webpage for more information:
paa-ab.ca > Resources > Professional Guidance Program

Continuing Professional Development

Workshops & Webinars



Trauma & PTSD in First Responder Populations
January 17, 2025: 9:00 a.m. - 4:00 p.m.

6CE Credits // Online
Presenter: Dr. Megan McElheran



Personality and Pressure: What does this have to do with Sport and Performance?
January 24 & 31, 2025: 9:00 a.m. - 12:00 p.m.

6CE Credits // Online
***This is a two-day online event**
Presenter: Matthew Bain



Innovative Pain Management: A Comprehensive Overview of Pain Reprocessing Therapy*
January 27 & February 3, 2025
9:00 a.m. - 12:00 p.m.

6CE Credits // Online
***This is a two-day online event**
Presenter: Dr. Emily Moore



Rewriting History to Create a Better Future: Positive Prospection in Practice
February 7, 2025: 9:00 a.m. - 4:00 p.m.

6CE Credits // In-person workshop
Calgary, Alberta
Presenter: Dr. Lydia Levleva



EPPP Prep: Memory Boosting Learning Strategies
February 28, 2025: 9:00 a.m. - 12:00 p.m.

3CE Credits // In-person workshop
Edmonton, Alberta
Presenter: Michele Pentyliuk, M.Ed.

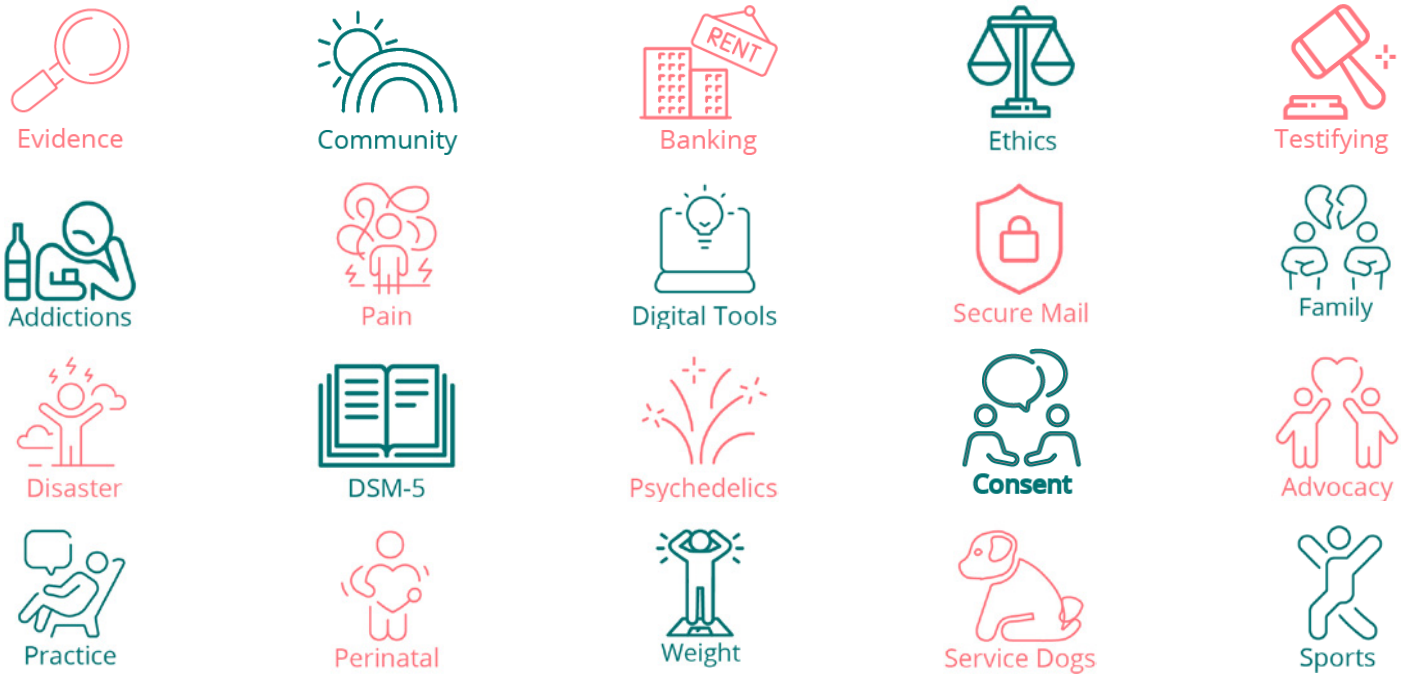


Negative Thinking in Depression: Critical Concepts and Interventions
March 7: 9:00 a.m. - 4:00 p.m.

6CE Credits // In-person workshop
Edmonton, Alberta
Presenter: Dr. Keith Dobson

Asynchronous Sessions

Need more Continuing Professional Development credit this year? Fit these online, asynchronous offerings into your schedule. Visit PAA's Course Portal for details on all sessions.



2025 PAA Awards:



Call for Nominations

As we embark on a new year, PAA is excited to announce the opening of our 2025 Awards Program for nominations. We invite you to shine a light on deserving nominees, so we can celebrate their remarkable contributions to the field of psychology in Alberta.

We have six Lifetime Achievement & Excellence Awards and three Research Awards available each year. You can visit our Awards page to find out more about the exceptional individuals previously recognized and access the nomination applications.

Don't delay, the deadline for this award cycle is April 30!

Help us acknowledge our own exemplars and honour those who shape our profession in meaningful ways.

Learn more on our Awards page and congratulations again to our 2024 winners!

- Psychologist of the Year Award – **Dr. Caroline Buzanko**
- John G. Paterson Media Award – **Dr. Sheri Madigan**
- Pettifor Lifetime Achievement Award – **Dr. Cheryl Nekolaichuk**
- The Juanita Chambers Excellence in Community Service Award – **Dr. Sandra Dixon**
- Excellence in Clinical Supervision Award – **Dr. Brae Anne McArthur**
- Excellence in Teaching Psychology Award – **Dr. Damien Cormier**
- Masters' Thesis Research Award – **Harleen Sanghera**
- Doctoral Dissertation Research Award – **Jonathan Dubue**
- Undergraduate Thesis Research Award – **Jenna Himer**

Team PAA in the Community



(Left to right: Dr. Harpreet Gill and Annika Rorem)

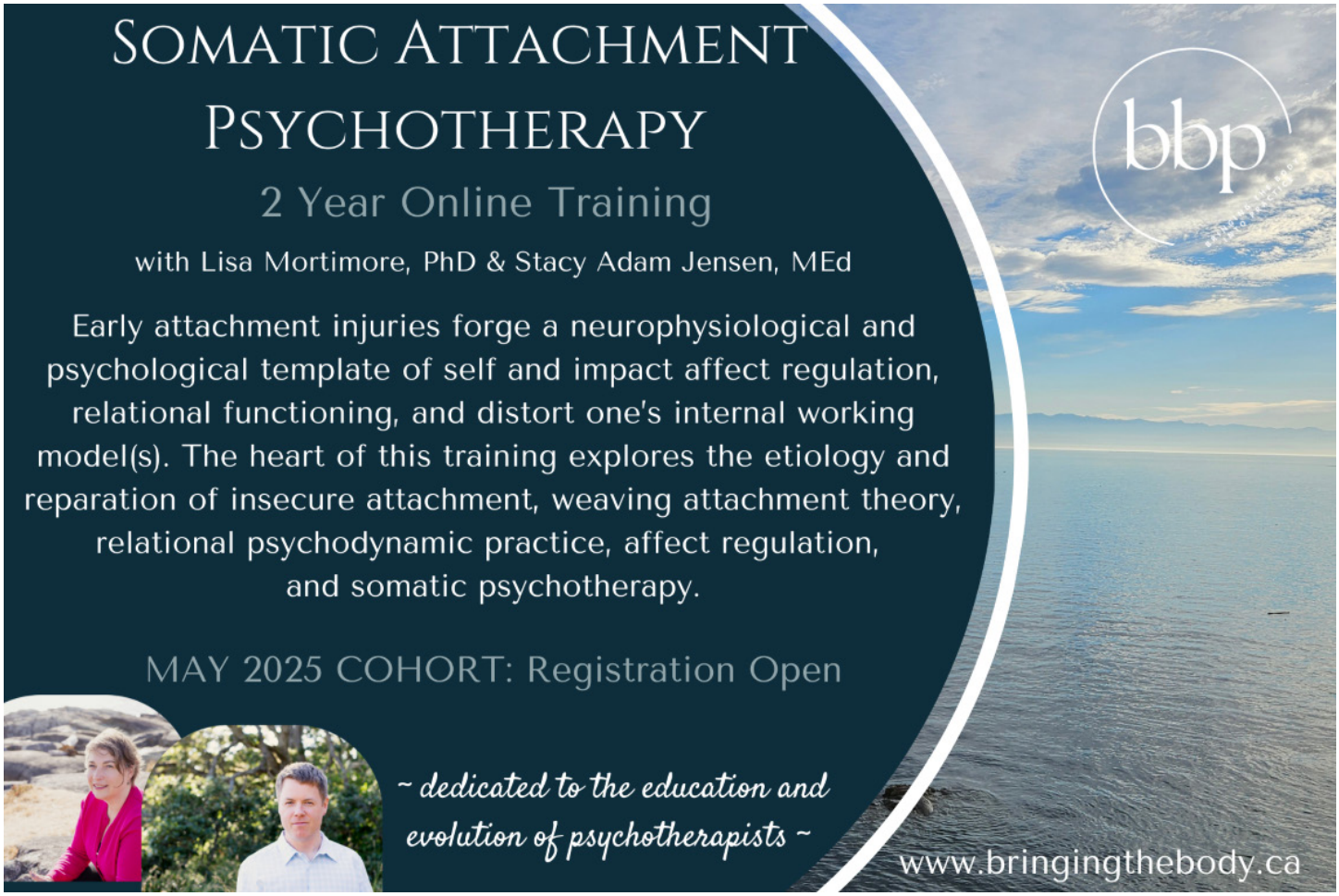
November 27, 2024: Our guidance team was thrilled to attend one of the Edmonton Catholic Schools' Career and Bridging Fairs to connect with students interested in careers in Psychology.



PAA Board of Directors at the Saamis Tepee in Medicine Hat, AB.

November 14 & 15, 2024: Our board and governance team visited Medicine Hat for the latest PAA board meeting. This meeting was hosted by board member and Medicine Hat resident, Stacey Steele.

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ALBERTA CHILD WELFARE SERVICE PLAN CLASS ACTION LAWSUIT

This notice may affect your rights. Please read it carefully.

A Class Action lawsuit has been certified against Alberta Child Welfare for claims of failing to make and file service plan in Court from February 21, 2002 to November 1, 2004. If you were in the care of Child Welfare before February 21, 2002 or after November 1, 2004, then this Class Action does not apply to you and if you believe that there was an error in the manner in which Child Welfare service planned for your family, then you will have to file your own individual lawsuit against Child Welfare within the time deadline for suing, and to take all other legal steps.

To find out how this Class Action lawsuit affects your legal rights, you can go to: www.victimsrightslaw.ca/alberta-child-welfare-class-action-2/ or call Robert P. Lee, Barrister & Solicitor at 780-800-5584.

Join our Referral Service and grow your practice!

Are you marketing your private practice effectively? We've launched a referral service that can help connect you with Albertans seeking professional support.

The PAA Referral Service provides the public with the contact information of registered psychologists who match their region and/or desired area of expertise. The Referral Service is an ideal advertising strategy for those in private practice looking to grow.

Early Career, Provisional, and Lifetime members 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?

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.

In October and November 2024, we averaged

2,759

referrals/month. That's

91

per day.

Renew/purchase your referral service at a prorated rate for the fiscal year **April 1, 2024 to March 31, 2025.**

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