

Psymposium

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BOARD NOTES



**Roger Moses,
M.A., R. Psych.,
President**

Greetings from the Southeast corner of the province

On May 25th, The Directors of PAA convened three afternoon meetings in Calgary; the first concluding the term and business of the old Board, the second to inaugurate the incoming Board, at which time an Executive Committee (comprised of Charlene Barva as Treasurer, Everett Vroon as Vice-President and Roger Moses as President) was elected for the 2012-2013 year, and the third being the AGM. During this latter session, summaries of the past year's activities were presented by the Executive Director, President and Treasurer; this information is available for your perusal on the PAA web-site in the form of the 2011-2012 Annual Report. The

other items of business consisted of presentation of the budget for 2012-2013, appointment of auditors for next year, and approval of Bylaw changes to give electronic voting procedures the same status as mail-in ballots.

That same evening and all day Saturday, the new Board participated in a workshop facilitated by two Alberta Government presenters to review Governance principles with the objective of ensuring that the Association continues to receive appropriate and effective stewardship. The event also served as an introduction to a Strategic Planning session that will occur on September 15th. Although the Executive Director has always submitted an annual work plan for approval by the Board, PAA has not yet devoted its attention and efforts to formulating a long-term strategic plan.

On June 1st, I was privileged to represent PAA as a panel member at the Early Brain and Biological Development Symposium held under the auspices of the Alberta Family Wellness initiative of the Norlien Foundation. Over the past three years, this project has brought together leaders and decision makers from a number of disciplines

PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

MISSION STATEMENT

The Mission of the Psychologists' Association of Alberta is to advance the science-based profession of psychology and to promote the well-being and potential of all Albertans.

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Dr. Deborah Dobson

PAA Symposium is published three times a year (April, August and December) for the purpose of fostering communication amongst psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is sent to members of the Psychologists' Association of Alberta as well as to selected individuals and organizations with interests in the practice of psychology. Non-members may subscribe for \$25.00 per year (3 issues).

Article deadlines are February 10, June 11 and October 12. For information on submission procedures or current advertising rates contact the PAA office. Advertising deadlines are February 17, June 18 and October 19.

If you wish to submit letters to the Editor or submit articles for possible publishing in *Psymposium*, please send them to the PAA office at rose@psychologistsassociation.ab.ca.

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and settings across the province to be apprised of the latest research regarding early neurological development from internationally-renowned speakers, and examine ways of incorporating this knowledge into provincial policies and clinical practices within a collaborative framework. PAA has been a full participant in both this event, and the companion Recovery from Addiction Symposium since their inception.

I hope that PAA members have enjoyed some fine weather and rejuvenating activities over the past several weeks of summer.

Until next issue!

Warm regards,
Roger Moses

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Psymposium is the official newsletter of the Psychologists' Association of Alberta and is published three times a year with the purpose of fostering communication between psychologists and supporting the goals of the Association and the profession of psychology. The newsletter is sent to all members of the PAA, as well as to public subscribers and selected individuals and organizations with interests in the practice of psychology.

All advertisements are invoiced on insertion. All prices quoted are for camera-ready advertisements only. Discount prices for repeat insertions are available. Layout costs for advertisements not camera-ready are indicated below.

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5% Goods and Services tax to be added to all costs quoted above. A 25% discount on gross billing will be allowed to PAA members placing employment, office space, or professional training workshop advertisements. A 25% discount on gross billing will be allowed to private sector non-profit organizations placing ads.

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EDITOR'S LETTER



Frank McGrath, Ph.D., R. Psych.

...you can't change the wind but you can adjust your sails.

I write this editorial from Nanaimo Harbour after sailing across the Strait of Georgia. Not quite in vacation mode yet since we had a family emergency the last two days – and the editorial is due. It is amazing how the winds of life can buffet us and challenge our navigational skills. One day the winds are fair and the next treacherous, putting our emergency training to the test when we end up where we had not planned to be.

My mentor, the late Michael White, and I were once at the helm near here when he became entranced. A familiar look of genuine curiosity crossed his face and I expected him to ask what I was paying attention to in the darkness. He leaned over and said “How do you know what *not* to pay attention to?”

I am reminded of the many clients I have seen in therapy who are paying attention to way too much. In their time of distress they are overwhelmed and looking for someone to help them stay off of the rocks (or even get them off the rocks) so they can get back to their journey. This issue reflects those priorities in psychology.

Gwen Randall-Young, R. Psych, helps us stay true to our authentic self – the journey at hand and awareness that we are more than our bodies. We may be the captain of this ship of ours but let's not get too attached to it. Terry Wilton offers us a different approach to keeping our navigational skills current as well as some insights into our pre-occupation with diagnosis. It reminds me of a First Mate I had who spent so much time trying to figure out our electronics that he missed both the scenery and the Aids to Navigation under his nose.

Stephen Carter, R. Psych, takes us directly into emergency strategies in his article on High Conflict Separations and Divorce where he encourages us to re-think our client centered training and become captains

of the process. Sometimes the wellbeing of the ship and crew – meaning children – require direct instruction and supervision. Otherwise everyone ends up on the reef.

We are given insight into the role of psychology in Alberta schools in the article by Dr. R. Coranne Johnson, R. Psych and Dr. Jacqueline Pei, R. Psych. They note the current threat that School Psychologists might be downgraded to “Wisc-Jockeys” and offer numerous examples of how psychological training can and should be capitalized on by the Educational System.

And finally we get to honour the career accomplishments of Dr. Amirault-Ryan, Ph.D, who has been an ice breaker in performance psychology – clearing the passage for those behind her who may want to improve excellence in athletes. Dr Deborah Dobson's, Ph.D, interview is indeed inspiring.

Fair Winds and Following Seas.

*Frank W. McGrath, Ph.D. R. Psych.
McGrath & Associates
Calgary, Alberta
Email: healingchange@shaw.ca*

REQUEST FOR STANDING OFFER

ALBERTA HUMAN SERVICES

Alberta Human Services, Edmonton Region, is seeking proposals from interested parties to provide psychological assessment services to Albertans who are experiencing a barrier to employment, education or training.

HS will make all referrals. There is no guarantee of a minimum number of referrals. It is anticipated that multiple standing offers will be awarded.

Services will commence November 1, 2012. Payment will be on a fee-for-service basis. Proposals must be prepared in accordance with the Request for Standing Offer. The Request for Standing Offer must be obtained from the Alberta Purchasing Connection tendering system (APC) website at: www.purchasingconnection.ca.

All proposals must be received no later than 12 Noon, Friday, August 17, 2012 at:
Alberta Human Services
Community and Business Services
3rd Floor, South Tower, Seventh Street Plaza
10030 – 107 Street
Edmonton, Alberta T5J 4X7

The selection committee reserves the right to accept or reject proposals in whole or in part.

Alberta Government

THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

Your Authentic Self

"The authentic self is the soul made visible"

Sarah Ban Breathnach



It is a joyful thing to live life authentically, but most in our culture probably do not. What does it mean to be our authentic selves, and why is it hard to do? I like to think of soul as our true essence, and ego as the "packaging" that builds up around us as we go through our lives.

Our souls come here to experience physical reality and to share earthly experience with other souls. Each soul has its own unique nature, which, ideally, would be expressed through our personality as we take this journey. Again, ideally, parents would provide love and nourishment, but allow the child's true nature to emerge - like planting a flower and caring for it so it can be the best possible manifestation of its being.

Typically, this is not what happens. Instead, parents often see children as a blank slate to be programmed according to their beliefs and expectations. Media influences begin to shape children before they even start school. Once in school, children must fit a mold in order to be considered successful.

Socially, throughout school, children are under pressure to conform. For whatever reason, children ridicule or reject those who are different. At an early age children begin to strive to be like others rather than simply and unselfconsciously being themselves. This is like an iris growing in the garden, looking around at the roses and daisies and then trying to reshape itself.

Ego takes this all in. Ego wants to get love and approval, and knows it can do that by pleasing others, or at least acting in accordance with their expectations. Ego wants to be admired and respected, and knows

it can do that by succeeding in the ways that society recognizes and accepts.

Slowly the uniqueness of the individual soul has become so constrained by the demands of ego that we do not even truly know ourselves - like the iris snipping its petals to try to make them look like the ones on the daisies.

It could well be that stress, anxiety, depression and the sense that something is missing in life could be caused by years of ignoring and denying our true nature. Think how wonderful you feel when you are doing something that you really love, be it gardening, building something, creating art, dancing or walking in the forest. In these moments, what you are doing is in alignment with your true essence, so there is no resistance. You feel relaxed, forgetting about yourself and just being in the moment.

We treasure these moments because for a time, we are nurturing our soul. Ego slips away, and when that happens what is left is soul. We use terms such as "soul satisfying" or "good for the soul." We appreciate these moments so much because they are such a contrast with our usual way of being, and they are rare.

That is not how it should be. The authentic, unique aspects of our being, be they gifts and talents, a loving nature or simply our own true thoughts, are our gift to the world. We came to share our soul, and to experience the souls of others. However, if we are all hiding our souls behind the costume of ego, we miss the whole point of being here.

We did not come to this earth simply to do our job, make money, acquire things, and be like everyone else. We did not come to make ourselves so busy that we have no time to feel our soul, and to listen to its gentle guidance. We came to blossom into the fullest expression of our true nature, our authentic self—who we were destined to be before we were shaped into someone else. There is still time.

*Gwen Randall-Young is a psychotherapist in private practice and the author of **Growing Into Soul: The Next Step In Human Evolution**. For articles, and information about her books **"Deep Powerful Change"** personal growth/hypnosis CDs, including **Your Authentic Self**, go to www.gwen.ca*

PRACTICAL CHILD PSYCHOLOGY

Teaching Parents to be Utilize Positive Reinforcement with Their Children

by Kelly Scott Moroz, R. Psych.



In my experience, one of the most difficult tasks when working with families is to train parents to be more positive and rewarding with their children. This challenge increases exponentially when parents are raising children with strong-willed temperaments, who are unable to understand the implications of their

actions on others, or who do not have the self-control to inhibit misbehavior. Certainly, there are often times in my work day whereby I am in admiration of parents who appear to praise their son or daughter almost effortlessly for their recent behavioural successes in numerous areas of life.

At the other end of the spectrum, I also work with several parents who, for one reason or another, have a very difficult time noticing positive behaviors in their children. Some of these parents may be dealing with depressive or negativity issues that challenge their ability to see the brighter side of many life situations. Others may be holding onto the belief that their children simply 'should' be engaging in appropriate behaviors, and that it seems detrimental to recognize or compliment these types of behaviors that other children seem able to follow through on with ease.

Recognizing that each and every family who comes to our office is working through issues at varying levels of intensity, I attempt to utilize the first five to ten minutes of a session strictly to have parents, in front of their children, boast about their child's recent successes in various parts of their life. These positive initial moments of the therapy session are extremely important, particularly because the research continuously points to the fact that parents 'get what they give' when it comes to disciplining their children. What this means is that, those parents who are able to utilize compliments

to 'catch' their children behaving correctly are very often rewarded with even better behavior from their son or daughter. Parents who *feel* as if they must nag or threaten to remove privileges at every disciplinary turn frequently report to me that their child 'pays them back' for these reprimands. It is a vicious circle. When working with parents who appear less inclined to spot the positive behaviours of their child (and more inclined to point out the negative ones), I find that it can be overwhelming, unrealistic, and unproductive for them to attempt to see their child through positive lenses 24-7. For these situations, I find it much more beneficial to, at least initially, attempt to focus on utilizing positive reinforcement through more selective intervals or exercises throughout a day. The three methods that I recommend sharing with parents include instilling a regular one-on-one playtime with your child, setting up positive complimenting time daily, and incorporating a simple reward system into daily life.

Daily Playtimes: Indeed, many parents report that simply playing with their children can be a challenge, particularly when, after arriving home from work past five in the evening, there are chores, homework requirements, and sports and other activities that consume most of the remaining few hours. On the other hand, squeezing in a playtime one-on-one with a child, even if for only five to ten minutes per day, tends to have a dramatic impact on the child's willingness to please their parents, at least the parent who they are playing with more regularly (e.g., they might be more likely to manage their frustration levels, more likely to follow through on a request without complaining, or be more likely to demonstrate affection). By nature, playtimes involve less demand on a child and sets up an environment that is conducive to fun and mutual appreciation. Unfortunately, many parents report to me that they are unable to come up with a fun game or activity on the fly, or that the games their children want to play take much longer than five ten minutes (e.g., a game of Monopoly). I recommend to parents that they explore some of their child's toys and attempt to create their own versions of games that can be accomplished in 10 minutes or less (i.e., ring toss, Bop-It, five minute game of air hockey). As long as parents are able to let loose, laugh, have fun, and not point out rule violations, the process tends to be highly complementary, and most children end up relishing this special time spent with their parents.

Setting Up Daily Compliment Times: I find that, even those parents who experience the greatest difficulty

in seeing their children's behavioral successes, are able to find something to compliment when they set a timer (for approximately three minutes) to look out for situations to positively reinforce. The act of setting this timer tends to help change their mindset. Many parents become more cognizant of the fact that, although their child often goes through spikes of misbehaviour, they are actually behaving appropriately the majority of the time. Therapeutic support during this exercise often takes the form of pointing out positive behaviours that the parents might not be considering to positively reinforce (e.g., not interrupting, maintaining appropriate personal space); many parents need to actually see somebody else compliment their child to enhance their awareness of the vast amount of behaviours that can be complimented. When modeled correctly, few parents report that these compliment times are ineffective.

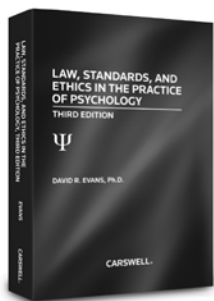
Reliance on Simple Reward Systems: Almost any reward system increases positivity in a household. Compared to punishment situations whereby parents threaten to remove privileges for misbehaviour or unfinished chores, reward systems tend to include compliments alongside the provision of concrete or visual rewards. There also tends to be a perception of the child that he or she is gaining something (as opposed

to losing something), which usually results in a more positive mindset. Finally, many parents report to me that, although their love for their child is unconditional, setting up simple reward systems tends to help their child appear less 'entitled' when it comes to obtaining their privileges.

The intent of this article is to recognize that, for many parents, utilizing praise and compliments as part of positive reinforcement will require more strategic ways of thinking and planning. I believe that attempting one or all of the exercises listed in this article will provide parents with some initial successes, with the hope that they can continue to build off of this momentum. For psychologists, these types of sessions will probably be most beneficial should they attempt to model playtimes, compliment times, and small reward systems within their own office, as opposed to only speaking about them in theoretical terms.

Kelly Moroz is the Director of Moroz Child Psychology Group in Calgary, Alberta. Please do not hesitate to contact our office at (403) 541-1199 or info@morozchildpsychology.com with any questions or comments regarding this article, or inquiries regarding career opportunities.

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PROFILES IN PSYCHOLOGY

by Deborah Dobson,
Ph.D., R. Psych.



Deborah Dobson



Dr. Kimberley
Amirault-Ryan

Dr. Amirault-Ryan completed her Ph.D. in Counseling Psychology (2000) and has been a ground breaker every since in the field of performance psychology. She has been a Performance Consultant for the New York Rangers, the New York Knicks, the Columbus Blue Jackets and currently works with the Edmonton Oilers. She was the Director of Sports Psychology at the Canadian Sport Centre Calgary from 1998 to 2011, where she provided leadership to a multidisciplinary performance enhancement team. She has helped bring home gold for numerous Olympic events from 2002 to 2010. She is the Lead of Sport Psychology for the Canada

Olympic Committee for the 2012 London Summer Olympics and the 2013 Sochi Winter Olympics. She was elected as one of Canada's Most Power Women: Top 100 in 2008 (the Women's Executive Network), was selected as Calgary's Top 40 under 40 by Avenue Magazine in 2009 and as one of the most influential Canadian women in sport and physical activity by the Canadian Association for the Advancement of Women and Sport and Physical Activities. While she is based in Calgary, she is on the road often, currently heavily involved preparing for the Olympics. She also enjoys motivational speaking for numerous companies across North America.

I spoke by telephone with Dr. Amirault-Ryan in Lake Kalamalka, B.C. where she was taking a brief vacation prior to the Olympics in London. When you read this article, the Olympics will be over and Dr. Amirault-Ryan will have helped bring home more gold medals!

I'm curious how your Ph.D. in counseling psychology led you to your role as the Director of Sport Psychology

at the Canadian Sport Centre in Calgary. Could you describe your training & career path?

During my childhood and teenage years, I was a competitive ski racer and soccer player. By the eighth grade, I knew what sports psychology was and knew that I wanted to participate in the field. A few years later, I was injured playing varsity soccer in university and found the services of a sport psychologist very helpful. This experience reinforced my interest and goals. I completed my undergraduate degree at Mount Allison University in New Brunswick and did my Masters degree at the University of Ottawa with Terry Orlick, who is the Founder of the Zone of Excellence, author of *In Pursuit of Excellence* and a renowned sports psychologist. Following my Masters degree, I came to the University of Calgary, where I completed my Ph.D. in Counseling Psychology in the Department of Applied Psychology. There was no sport psychology practicum placement available, so myself and another doctoral student Matt Brown worked Dr. Cal Botterill to create one at the Canadian Sport Centre. During my first years, my clients were the Men's National Hockey Team and the National Cross Country Ski team. It was the beginning of my work with athletes and the Canadian Sport Centre.

I'm thinking that in counseling psychology, there is a professional focus on helping people reduce or navigate problems whereas in performance consulting, there is a professional focus on helping the athlete improve motivation & belief in oneself. Could you comment on the differences and similarities between counseling psychology & performance enhancement?

I think that the work is quite similar. I try to help people think and cope in the most effective way possible. As they are trying to be the best in the world, there is a great deal of pressure in a number of different ways. The people I work with are not at all average and I sometimes say that "being elite at something isn't average". Elite athletes are perfectionistic almost by definition, as they are reaching for excellence in a particular endeavour. They are striving to be the best in the world at their sport. This perfectionism may spill over into other parts of their lives. They may be the centre of attention for brief periods of time and may be criticized publicly and hurtfully by the media. I work with them in all of these areas, helping them stay focused, thrive under

distractions and to have good work-life balance. They must be able to focus during their events, be in the spotlight and then go on with their lives. I work with them to focus on achieving their goals.

What are some of the key factors that affect high level athletic performance? In your opinion, which factors are the most important? Why?

It is crucial to stay focused to be able to deal with the pressure. The athletes need to reduce or embrace the “noise” going on around them and focus on what they need to do to be successful. The strategies that I use with athletes are similar to cognitive behavioural ones, tailored for use in this field. For example, we use visualization and practice simulation. One of the goals is to prepare for the worst and still perform at their best. Expect the unexpected and be prepared for it. To help deal with the pressure, it is important to focus upon the process and not on the outcome during each practice and performance. It is quite possible through practice not only to create the skills needed, but to also create how you want to feel during the use of the physical skills - it takes mental, emotional and physical skills. Each athlete will have very individualized strategies for competition, but in general, to practice at the highest level leads to competition at the highest level and every day is an opportunity to improve and get better. Each day is new and athletes are encouraged to have a “beginner’s mind”, a concept from mindfulness meditation to each practice session. I have them practice visualization and simulated performance with many different scenarios, such as distractions and unexpected events. For example, a ski racer might visualize many different race conditions, such as fog or snow, could imagine a racer falling and being injured just before his or her run or the course being closed. Any number of events could happen and it is important to be prepared for all of them—equipment damage, delays or cancellations, other competitors, the viewers, the media or their team members. Each athlete will develop specific strategies to manage each event and practice them over and over again. You will see athletes listening to music, closing their eyes, simulating movements, brief retreating to be on their own and so on. Some athletes need to move during their practice simulations and visualizations. Each person is focusing upon their strategies and what they need to do. They are minimizing distractions and maximizing their performance. *Ericsson, K.A. (1996) - The road to excellence: the acquisition of expert performance in the arts & sciences, sports & games, published by Lawrence Erlbaum Associates, New Jersey* says that it takes 10,000 hours of deliberate practice to become

an expert in almost anything, so you can imagine the amount that goes into their practice.

As you help athletes gear up for their London performances, how do you help them maintain & improve their drive and their motivation? Could you describe a typical day (if there is one!)?

I will be leading a team of seven performance consultants and sports psychologists in London and will be on call 24-7. My job is to oversee all of the work and fill in the gaps, where necessary. I performed a similar role for the Vancouver Olympics, where we had more performance consultants because the Olympics were in Canada. This allowed the athletes to have more support in place, such as coaches and family members who could travel to the site more easily. In London, there will be between 200 and 250 Canadian athletes present and about the same number of staff to support their performances. Our goal in London is to be the top 12 in 2012.

Being amongst the best in the world must be thrilling & intimidating at the same time. Do you become nervous as an observer?

Not usually. I’m very aware of my energy level and how others can influence some athletes so I try to stay as constant as possible. They are many members of the “team behind the team” and we are supports and constants for the athletes. Part of my role is to stay as even and constant as I can. Great coaches help people go beyond where they themselves think they can go. They help people thrive, perform and be at their best regardless of the challenges and that is what I also try to do.

It is clear from your career & achievements that you have followed a nontraditional path. What advice do you have for a student in psychology who is interested in following such a path or are “thinking outside the box” and want to create their own path?

As one of the few women who have worked in professional sport for 11 years, I believe that you should dream beyond where you want to go. I accept barriers as a challenge looking to be solved rather than a limiting factor. Don’t limit yourself and become entrenched in other people’s view of what they may

It is quite possible through practice not only to create the skills needed, but to also create how you want to feel during the use of the physical skills - it takes mental, emotional and physical skills.

perceive as negative. Rather than getting caught up in problems, look for ways to go through them. I love the saying "if you pay too much attention to people sitting in the stands, pretty soon you'll be sitting beside them". I have been blessed to be around people that "try" rather than "just talk about trying". During my motivational speaking, I love sharing the lessons I have been fortunate to learn from the top performers I work with. I love to entertain and motivate the audience with real life examples while giving them lessons to apply to themselves and take away to enhance their own life and the people around them.

What parts of your work do you enjoy the most? What motivates you on the job? Who has inspired you?

I am fortunate to work with incredible people that inspire me every day. I find that many people in sport are exceptional role models for youth. I have been influenced and inspired by the athletes, the coaches and all of the people who work to support the team. I work with an interdisciplinary service team that is the "team behind the team". This team includes people such as physicians, physiologists, strength trainers, nutritionist, massage therapists, chiropractors, physiotherapists, and performance enhancement consultants. I love being able to inspire people to do what they believe they can do.

I grew up with a great role model and was always inspired by my older brother Shawn, who I followed around in my athletic endeavors, who competes in triathlons and is a vice president with Helly Hanson. I have worked with, and personally, I have so many amazing people in my life that motivate and inspire me to be better every day. A few of them can be found on my website at www.drkimberleyamirault.com.

In addition to your professional activities, how do you enjoy spending your time?

I love spending time at one of the most beautiful lakes in the world - Lake Kalamalka in B.C. with my family, friends and dog. I enjoy travelling, painting, golf, volunteering and recently became a certified scuba diver. I am blessed to be married to my husband Richard who makes me a better person every day. He is President and CEO of MATRRIX Energy Technologies Inc., a publically traded horizontal drilling company so I learn many intangible lessons from how his business operates. He also has his pilot's license, so I am learning how to fly the plane from a co-pilot position. Of course, physical activity is a foundation in my life and I am currently participating on June 16th in the Joe's Team Duathlon, which is a fundraiser for the Alberta Cancer Foundation.

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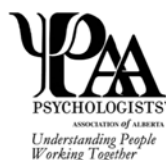
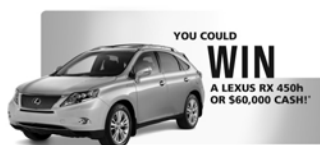
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MAINTAINING AND EXTENDING PROFESSIONAL COMPETENCE



A different approach.

by Terry Wilton

Soon we will all be required to pursue and document activities that support our professional competence. Some of us will make our way to conferences and workshops, others will form supervision groups with peers, and some will engage in formal education leading to certifications.

For some of us, these activities are not the best fit in professional development – they don't work well for us.

And so, I propose an additional resource with the potential to enhance competence in the very tasks we do day-to-day in our professional offices. Let me introduce the resource by proposing a sequence of elements.

Competence Co-operative: The Co-operative is a group of psychologists, working together to achieve the common goal of enhancing their own competence and promoting competence within the profession.

Competence campuses: A campus is a place where members of the Co-operative come together to take part in activities that are specific to their competence needs. The campuses are neither buildings nor grounds, but are the venue for the time frame of the competence activity.

A campus might be two days at a mountain lodge, or every last Friday of the month at a Co-operative member's office. A campus arises and dissipates much like a flash-mob (but attendees are only by invitation).

Campuses are organized and administered by members of the Co-operative. Campuses vary in length depending on the activities planned and the distance participants would have to travel to attend. The Co-operative takes its life from a variety of different campuses taking place, adapting over time to meet the needs of the members.

Competence classes: A campus would involve a series of classes around specific issues. Issues are framed

according to the type of problems that confront psychologists on a day-to-day basis, e.g. treatment of co-morbid depression and chronic pain, establishing therapeutic alliance with a child presenting oppositional and defiant behavior, relationship repair with couple where there has been a fidelity breach, or even psychometric test selection and interpretation for common third party assessment scenarios.

Typically classes would touch on ethical issues, effective assessment and intervention approaches, recent literature, and management of common complications. Classes might be instructional or experiential, might take on a lab format, might even be a discussion of a professional book all have committed to read before the campus. Classes might vary in length according to the nature of the issue.

Members of the Co-operative lead the classes in a collegial format. A campus will typically involve a number of leaders taking on specific tasks for specific classes. Typically, classes will be small in size (maybe 6 to 12?) so that there is opportunity for sharing ideas and experiences. Campuses are planned to accommodate classes on specified topics so that Co-operative members come prepared to focus on those professional issues during the class time.

Co-operative membership: To be a part of the Co-operative there is a requirement that a contribution of time and expertise is made. Classes will only be open to those who are willing to be actively involved in the process of organizing, administering or leading. There will be no "hangers on", only "contributors to". Only psychologists who are engaged in the provision of direct client service would attend.

Co-operative cost: The cost of attending campuses and taking classes would be limited to sharing the costs of the venue, communal sustenance and any personal accommodation or travel expenses. There will be no membership fees, no treasurer, no accounting firms. The Co-operative does not need to retain any assets other than the goodwill and contribution of its members.

Already there are around ten psychologists in the province who have expressed an interest in contributing to such a Co-operative. Given the range of direct services that psychologists offer, and the huge geographic area of our province, I expect that to begin planning campuses probably about 50 interested psychologists are needed.

Please be in touch with me at wiltont@telus.net if you are interested in being a part of this Co-operative.

WHAT WE DO...



by Terry Wilton, R. Psych.

Fetish: A course of action to which one has an excessive and irrational commitment.

I believe in clinical psychology we have made diagnosis our fetish.

There, I said it.

We invest a great deal of effort into diagnosis. We have a mantra: Prior to treatment being provided, it is important to obtain a correct diagnosis – only then will we be able to provide the correct and most effective treatment. Regardless of the immediate and imminent needs of the patient, our first task is to get a diagnosis and get it right.

We use diagnosis to communicate with each other, to demonstrate that services to individual clients are legitimate to third party payers, to locate the subjective experience of our clients into a context of expert knowledge our expert knowledge. Indeed, at its root diagnosis is an amalgamation of *dia* meaning “through” and *gnosis* meaning “knowledge”.

In the mental health field we have a Bible of diagnosis that is about 2 inches thick and contains hundreds of codes and sub-codes. My DSM-IV TR is about the same size as the Holy Bible and the Whole Earth Catalogue of the 60s. We tend to use it as we would the Kama Sutra.

Once achieving this precise diagnosis we then retreat to a small handful of different therapies. Even though we had carefully differentiated between competing diagnoses, we use the same treatments over and over again regardless.

When it comes to psychopharmacology we have only about six different classes of drugs to dispense between these hundreds of different diagnoses. Often classes of drugs are mixed together to treat a patient. Typically,

if not always, factors other than the subtle differences between diagnoses are predictors of which treatment we will use, including the idiosyncrasies of agencies, practitioners and patients.

So why are we so attached to the diagnostic process? Indeed, as in a sexual fetish, we seem to be only able to engage intervention if we are first stimulated by the diagnostic process. And sometimes we don't even get to the main event – the helping - because we have invested so much compulsive engagement into our highly invested diagnostic activity.

Is there a doctor in the HOUSE? Of course, and he is all diagnosis. In this popular television pornography of medical treatment the effort put into diagnosis, often putting the life of the patient at risk, far outweighs the treatment focus. And on occasion the patient has died, but thankfully in death the solution to the diagnostic puzzle was confirmed. Further, the typical plot for the hour-long drama has the patient dipping into a mini-death several points before the final resolution. Of course, the French word for orgasm is *petit-mort*.

Diagnosis in this titillating manifestation can hardly be considered “health care”.

In the provision of services to psychiatric patients we use diagnoses to ease the appetites of administrators and researchers. They need numbers and our book is full of them. Diagnosis is also our way of simplifying the complex for the sake of the science side of psychology based in universities; however, doing so probably creates false impressions for the students therein who are destined to be our colleagues.

Of course I do it – this differential diagnosis thing (blush, blush). I do it constantly in my head (as is perhaps in keeping with its fetish-like nature). I try not to let it get in the way of the interaction with my client. That interaction needs to be soaked through with the real stuff of healing and helping such as attention and intention, compassion and connection, possibility and hope.

Over the decades I have developed intuitions about which classes of medication are appropriate for what classes of symptoms (and while for the sake of convention we can put a diagnosis between those two entities to do so is not really needed). Over the decades I have honed ways of manipulating words, ideas and flows of emotion so

that suffering is eased and solutions to life stressors are found. And, compulsively, on the side, I confess I do the diagnosis thing too.

Of course, nothing is ever only one way. There are times when diagnosis is useful (e.g. differentiating functional from organic psychosis). There are times when it can be used as a way of attending to the patient in a thorough and concerned fashion. There are times when diagnosis itself can change the client for the better, triggering better self-care and necessary alternations in perspective.

But diagnosis is only one of the good things we need to do, and perhaps neither the first, nor the most invested, and certainly not the most beneficial to the clients whom we serve.

I thank those who write in response to my column. It is good to be in dialogue about these issues with my colleagues. Please write, wilton@telus.net

PAA DISPLAY/ BANNER UNIT

The PAA has two display board units as well as a display banner unit which can be requested for use by PAA members. They can be shipped by courier at PAA's cost to any member who facilitates an activity to promote psychology or can be picked up at PAA office. The display units are useful for events such as conferences, career fairs, public information sessions and/or school presentations.

The two table top display boards provide a variety of panels to choose from on topics such as What Psychologists Do; Referral Service; Careers in Psychology; Stress; Depression; School Psychology; Psychologically Healthy Workplace; Alberta Psychology in the Media. The banner display highlights "What Psychologists Do and PAA's Referral Service".

For more information call the PAA office at (780) 424-0294 or toll free 1-888-424-0297.

WHERE ARE THE ELDERS?

The Need for Directive Counseling with High Conflict Separations and Divorces

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



The end of many relationships can involve high emotions and hurt feelings but typically in time such feelings fade and the individuals are able to let go and move on. Such people realize that the opposite of love is not hate, it is indifference. However, a small percent of couples who have children cannot let go and exhibit intense hate by at least one of them towards the other and a desire to destroy that person. High conflict individuals exhibit narcissistic rage, they are so intent in retribution they justify any and all methods which unfortunately includes using their children as weapons. For high conflict cases it is irrelevant if these parents were married for years, together for weeks or produce the child after a one night meeting. High conflict is not the exclusive products of age of parents, socioeconomic status, gender or almost any other factor that would define the "family". Bill Eddy of the High Conflict Institute would argue that the majority of high conflict parents would fit the diagnostic category of having a personality disorder.

Historical research on counseling methods would suggest "all roads lead to Rome", although more recent push towards empirically-based practice tends to validate methods which are more conducive to experimental studies. Despite this, a multitude of practitioners use a great variety of methods of working with individuals and families. Many of these approaches, while being successful for individuals can be counterproductive for working with high conflict divorce. Here a distinction must be made as to whose needs take priority within the family: an impressionable, at times defenceless, child or a "mature" adult. This does not mean in any sense that children run families, it only means the children need to be protected from harm by adults.

As extended families increasingly become involved in the conflict, funding legal bills or engaging in the slander of high conflict, we not only have families with children in crisis, the parents have no elders to turn to as their moral compass. It is important that mental health professionals involved with high conflict divorced families do not also abstain from the role of elder with these people.

In a functional family (married, cohabitating or never married and living separately) parents make their children a priority. A parent will lose sleep at night to look after a sick child while another parent will forgo a new purchase in favor of utilizing limited resources for the children. Post-divorce counseling that tells one parent it is okay to be incapacitated for years from the grief of the breakup does not acknowledge it is their responsibility to return to a functional level as quick as possible in order to meet the needs of the children. Telling the parent they are so traumatized by the divorce that they should never have to hear the name of the other parent spoken aloud again does not make sense for successful child-rearing in a family of 6. Similarly focusing on the past and attributing blame as to who did what wrong will yield minimal success with the high conflict family. Sending a child to counseling, without working with high conflict parents to change their behaviors, is analogous to offering a Band-Aid to an individual whose parachute did not open.

Family Restructuring Therapy recommends an alternative philosophy and set of processes for working with the high conflict family. The inclusion of the word family is deliberate as from a child's perspective they have their parents whether the parents are together, divorced or never married. Separation and divorce describes the relationship between 2 adults and divorce is not a concept that can realistically apply to an entire family from the perspective of the children.

Family Restructuring Therapy is an active, directive process that assists families in conflict to modify maladaptive interactions. It is future oriented and action focussed and can be effective in teaching parents to co-parent, in re-uniting parents with "alienated" children, and in developing concrete, practical parenting plans. The focus of therapy is the present and future individual behaviours of family members and their relationship interactions. Family restructuring therapy makes an explicit demand for change in observable behaviours. In a sense we are telling the clients "I expect you to change how you behave, not necessarily how you feel".

Family Restructuring Therapy follows a systemic approach and looks to reorder the structure and dynamics of the family to assist it to find a new and more functional level of normal. The therapist working within this approach requires specialized knowledge in child development, family systems, communication, divorce, grief and loss, working with the legal system, child protection issues, personality and emotional difficulties. The therapist needs to be able to take charge of the family communication patterns while still empowering the parents to jointly develop new processes for raising their children. In this process the therapist needs to prescribe and teach functional skills, behaviours, and relationship transactions.

Family Restructuring Therapy can be utilized either pre-or post settlement and can be court ordered, lawyer initiated or parent initiated. More and more families are entering into lengthy and expensive custody battles, which are highly intrusive, only to reach recommendations of some form of shared parenting and the need for them to learn how to work together. Litigation, while necessary at times, serves to increase conflict and does little to encourage parents to work together. Much time and money can be saved, and conflict de-escalated, by entering directly into a process such as Family Restructuring Therapy.

The Process of Family Restructuring Therapy

Depending on the level of conflict and court involvement, the process either begins with a detailed retainer agreement being written or with a simple telephone discussion. The important points that must be covered up front is that the parents will not be allowed to fight or even be rude to one another within the office, they are definitely not allowed to make inappropriate comments to the children and that it is an open process, meaning that if necessary a report could be written and provided to the court. For extreme conflict which may have involved multiple restraining orders, physical violence or other protection factors a therapeutic team is required with one therapist working with each parent to be able to keep even tighter control of the session. For the remainder of this description, a single therapist model will be described.

After the initial agreement to enter into Family Restructuring Therapy is made, each parent is seen individually one time. This allows them to relate "their side of the story" and to reinforce with them that in the

future they will not be able to repeat this story again. The therapist helps the parent identify issues to be discussed in joint sessions and provides pointers or advice as to how the individual parent can act differently to try to obtain different results. The needs of the children are emphasized, confidentiality is again discussed and a description of the effect of conflict on children is provided to the parent.

In the first joint session the parents are again told of confidentiality, behavioral expectations and the effect of conflict on children. It is explained to the parents that high conflict is related to emotional, behavioral, physical health, social and learning difficulties. The children living in high conflict divorces are more likely to get into delinquent and self-destructive behaviors, less likely to graduate, less likely to go to postsecondary institutions, less likely to have successful relationships as an adult and even less likely to end up in a satisfactory employment as they may have had if not facing conflict. In short, ongoing conflict between parents is equated to child abuse.

It is reassuring that at times after the parents are educated as to the effect their behaviors are having on the children they make sudden, drastic and positive changes in their behavior to one another. However, unfortunately, this is rarely enough for most high conflict families as each parent is hearing the words but believing they only apply to the other parent's behavior and not their own.

The therapist has the parents give one or two-word titles of topics they would like to address in the future such as "schedule", "holidays", "extracurricular activities", "telephone contact" and many other issues. The therapist is in charge of which topic is dealt with when and is in charge of the agenda for subsequent sessions. It is important to teach parents how to problem solve and to emphasize that the first step in problem-solving is to break the problem down into as many sub-problems as possible and to just work on one sub-problem at a time.

Often my first instructions to the parents are to change how they communicate. In all cases, parents can accept ideas, disagree with ideas or take time to think about them. When both parents accept a given idea they are given copies of the decision in writing and are expected to follow those processes. An example could be that initially communication will only take place by e-mail following strict rules which are:

- maximum one e-mail per day
- maximum one topic per e-mail
- maximum 40 words per e-mail-ideally less than 20 are preferable
- you must respond within 24 hours but cannot respond within 3 hours (you need to stop and think about your response)
- everything written must be child focused, future directed and polite
- you cannot talk about the past, make accusations or call names
- you must copy all e-mails to the therapist

As sessions progress the parents are both building their own parenting plan and learning how to communicate in a more effective manner. It is a happy time, for those parents who actually "get it" when their sessions switch from formal sessions in the counselor's office to meeting each other at a coffee shop without a therapist to continue on their communication.

If needed, a second therapist will work with the children as it is seen that if one person tries to do too many roles within the family they tend to do a poor job of everything. In other cases the Family Restructuring Therapy approach can also be used for family reunification between parents and estranged children.

What is needed the most in high conflict situations are therapists (as well as courts and legal counsel) who are not afraid to be directive, give advice and lead families into a more functional dynamic. It was the need for treating high conflict families differently that lead to the development of Family Restructuring Therapy, which originally started as an informal conversation between a Court of Queen's Bench Judge and one of my practice partners, Psychologist Dr. Bonnie Haave. Fifteen years of working with such families lead me to write the book Family Restructuring Therapy (2011, High Conflict Institute / Unhooked Books) to share insights with mental health and legal professionals about alternate ways to work in this area. For information on the book go to www.unhookedbooks.com or www.familyrestructuring.ca.

*The inclusion
of the word
family is
deliberate as
from a child's
perspective
they have their
parents whether
the parents
are together,
divorced or
never married.*

GETTING SCHOOLED

Welcome to ***Getting Schooled***, a regular feature article penned by members of the PAA School Psychology Committee!

As the Alberta government implements an Inclusive Education system, it is important for School Psychologists to teach our education partners about our broad array of skills - **we are more than WISC Jockeys** – as roles and responsibilities change. Alberta Education has put forth an Inclusive Education funding model and for the 2012/13 school year, they have **suggested** allocation guidelines that identify specific professionals (e.g. speech and language, learning coaches). It is concerning that School Psychologists were not identified. We have “a unique opportunity to enhance the role of school psychologists in their support of student success in provincial school systems.” (p. 5, Psychologists’ Association of Alberta, 2010). Dr. Pei and I have developed this article as a means to articulate how School Psychologists can be an invaluable asset in the Alberta Inclusive Education System.



Enjoy the read!

R. Coranne Johnson, PhD., R. Psych.
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School Psychologists – More than WISC Jockeys...

by Dr. R. Coranne Johnson, R. Psych.
RCJ Psycho-Educational Services
and

Dr. Jacqueline Pei, R. Psych.
University of Alberta

Implications of Inclusive Education

Over the past five years, the Alberta government has undertaken a process of restructuring the delivery of special education supports and services. This process was initiated after the dismaying findings from the government’s 2007 audit of severe disabilities

files. The audit discovered that 44% of the 16,129 severe disability files did not contain all the required documentation. Furthermore, the government realised that there were wide variations in the interpretation and implementation of special education coding criteria; as a result, the province acknowledged that reform was needed (Alberta Education, n.d.). Consequently, Alberta Education began restructuring their special education framework with *Setting the Direction in Special Education*, a process that evolved into a broader examination of education - *Setting the Direction*, followed by the implementation phase termed *Action on Inclusion* that eventually became *Inclusive Education* – the creation of one inclusive system of education. Early in this process, the Psychologists’ Association of Alberta (PAA) developed the position paper - ***The Pivotal Role of Alberta School Psychology Services: A Response to Alberta Education’s Setting the Direction*** (2010) in which they advocated for a broader role for School Psychologists in Alberta Schools. Specifically, this paper outlined a role that would enable School Psychologists to provide services congruent with their training in child and adolescent development; principles of learning, behaviour and individual differences; social/emotional/behavioural and academic interventions; as well as assessment and program planning (CPA, 2007). As this Inclusive Education system is implemented, the resulting changes in practice will require “people to think and work differently” (Alberta Education, 2011). This means that School Psychologists will have an opportunity to expand their role and provide comprehensive services to schools. This shift in practice is congruent with school psychology research that has advocated for a reduction in formalized assessment and an increase in the time spent on problem-solving interventions, consultation and research (Harris and Joy, 2010; Hosp and Reschly, 2002).

Providing a Broad Spectrum of School Psychology Services

In their move towards an Inclusive Education system, Alberta Education has eliminated the need for formalized assessments every three years, and has shifted the focus from *assessment for diagnosis to assessment for instruction* (Alberta Education, 2012). This should free up the time for School Psychologists to expand their services beyond WISCing and provide students, families and educators with additional meaningful supports.

What does this look like? Through the *Guidelines for*

Professional Practice for School Psychologists (2007), the Canadian Psychological Association (CPA) has described this evolution in school psychology services. The guidelines outline school psychology services across five domains of intervention.

1. Student-Focused Direct Intervention

This is the domain that most School Psychologists have traditionally worked in: formalized individual psycho-educational assessment, curriculum-based measurements, and diagnostic assessment of reading and mathematics skill development, with results informing identification, interventions, and program development. Additionally, student-focused approaches include the provision of individual therapy to students who are having school-related difficulties such as friendships, test anxiety, and bullying, as well as, offering group counselling (relationships, grief and loss, divorce). These targeted supports are often needed in schools and are a valued service that could be provided by School Psychologists.

2. Student-Focused Indirect Intervention

This area of intervention has been identified by teachers and School Psychologists as an important service to expand (Erchul & Sheridan, 2008; Johnson, 2007) and is typically referred to in school psychology literature as *consultation*. Teachers have stated that they require assistance beyond labeling students, and seek support with the planning and implementation of interventions, emphasizing that this support needs to be provided in a collaborative, rather than a directive fashion (Johnson, 2007). Teachers value School Psychologists' expertise in assessment of students, but recognize that they – as educators – have expertise in classroom interventions and have identified that they should be professional partners with psychologists (Knoetze & Vermoter, 2007). This intervention domain brings School Psychologists into the strategy implementation phase, giving them a role as partners with educators and families to devise academic and behavioural program plans and then to problem-solve during their implementation. There are numerous research-based consultation models that define how to work with parents and teachers to plan educational and behavioural interventions for individual students (Erchul & Martens, 2010).

3. School-Wide Intervention

When School Psychologists become involved in the

broader service of the school they are better able to influence the development and implementation of universal strategies and supports (those that benefit all students). This aspect of service has the potential to enable School Psychologists to employ their unique array of skills in terms of preventative interventions, responsive supports, capacity building for teachers and parents, and program development.

- Preventative Intervention: School Psychologists can proactively influence school environments, thereby preventing the development of more serious problems for some students. This work can be undertaken by collaborating with educators to identify research-based instructional strategies and provide remedial suggestions before students experience significant difficulties.
- Responsive Supports: School psychologists are the most extensively trained mental health professionals in schools. Therefore, School Psychologists can be an essential support for students and staff following a traumatic event.
- Capacity Building: With the implementation of an Inclusive Education system, educators will need support to create more inclusive learning environments. School Psychologists can use their expertise in ecological influences and academic engagement to assist teachers in designing classrooms, both physically and instructionally, that engage ALL students in learning. Additionally, there is an opportunity to help educators learn about and effectively utilize universal instructional strategies (e.g., visual schedules) that are essential for the student with a learning disability and also helpful to the student who is sleep-deprived. School psychologists can support the learning of both parents and educators through presentations on a variety of topics ranging from **Parenting in the 21st Century to Universal Strategies to Support Students with AD/HD**.
- Program Development: Over the past fifteen years, Alberta schools have been introduced to *Positive Behaviour Supports* programming with variable success. School psychologists can utilize

*This means
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will have an
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expand their
role and provide
comprehensive
services to
schools.*

their expertise in social/emotional/behavioural development to assist with this program's implementation fidelity and the selection of targeted and specialized intervention supports. With the introduction of an Alberta model of Response-to-Intervention, schools will need to devise and implement school-wide screening and assessment programs. Considering their extensive background in assessment, School Psychologists can provide guidance in developing and/or selecting valid and time-efficient assessment tools.

4. District/System-Wide Intervention

As an Inclusive Education system is being implemented, school districts will need to undertake a transformation in how to provide an engaging education to ALL students. School psychologists possess skills that enable them to provide services to the entire district through designing and implementing district-wide training programs (e.g. behaviour management, level A assessment), district screening programs (e.g. kindergarten entrance), and developing and implementing district intervention programs (e.g. social skills). As programs are implemented, School Psychologists can make use of their program evaluation knowledge by assisting with data collection to evaluate the effectiveness of system-wide interventions. As well, it is important to recognize that School Psychologists have a broad array of skills that prepare them to work collaboratively with other professionals as they advocate for the needs of students and it may therefore be advantageous for them to participate on multi-agency committees as wrap around services are implemented.

5. Research

In education, there is an expectation that teachers are engaging in action research and utilizing research strategies to demonstrate the effectiveness of educational strategies. As well, school districts cycle through *Alberta Initiative for School Improvement* (AISI) projects every three years. These research projects are designed by school districts to encourage and promote creativity and innovation that result in improved student learning. School psychologists can support school districts by sharing their understanding of various research designs and statistics to assist in the planning and conducting of investigations to improve student success.

Professional Responsibilities

"School psychologists have an "ethical responsibility to become involved in programs aimed at problems ... broader than assessing and diagnosing what is wrong with a child." (p. 488, Sheridan & Gutkin, 2000). With the implementation of an Inclusive Education system in Alberta, School Psychologist can fulfill the role that they have been trained for as articulated by the Canadian Psychological Association. There is a potential for School Psychologists to contribute in a broader way to the well-being of all Alberta students, and as such, School Psychologists are implored to embrace this professional responsibility through the provision of a full spectrum of school psychology services.

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PAA ANNUAL REPORT 2011-2012

The PAA Annual Report for 2011 – 2012 was provided to members who attended the 2012 Annual General Meeting on May 25, 2012.

A copy of the Annual Report is available on the PAA Website at www.psychologistsassociation.ab.ca.

Thank you to all the PAA members who attended the Annual General Meeting.

REPORT ON PSYCHOLOGY PROFESSIONAL SUPPORT NETWORK

*by Janice Carew M.Ed., R. Psych. and
Frank D. Young Ph.D. R.Psych.*

Early this year, both of us plus Susie Legault, M.A., R. Psych. formed a self-help group to examine our separate private practices with regard to personal safety and security, stress management, documentation, mutual support, and positive mental health practices. Because she is moving out-of-province, Ms. Legault was unable to take the time to complete this report with us, but we will incorporate some of her ideas from our several luncheon discussions over the months.

Some of our conclusions from our discussions are:

1. The textbook provided to our group, Best Practices for the Assessment and Control of Psychological Hazards, Vol.5, published by the Government of Alberta, was not helpful in our private practice contexts, as we covered off most, if not all, topics informally. This text is primarily helpful for workers, team leaders, and especially administrators of public health clinics. It is thorough, detailed, and addresses almost every conceivable mental health hazard faced by helping professionals. Also, it is cohesive, in that every chapter covers organizational factors, environmental factors, and personal factors, checklists, and how to mitigate those factors to ensure safety and psychological health of workers and their supervisors. It is every bit as thorough as the manuals made famous by our National Coaching Certification Program. Its authors left no stone unturned.
2. We, as a small group, discussed issues of safety while working alone, and conversed about lighting, scheduling, screening of clients, backup contacts, access to telephones, restrictions on evening work, and other factors. We also discussed documentation and safeguards of confidential records, and provisions for service coverage during vacations or leaves from the practice.
3. Also of great importance was the issue of professional development and theory refreshment in our areas

of practice and interest, reviewing each other's continuing competency plans, conferences and presentations.

4. Another important area addressed was case discussion and consultation around our most difficult cases. That was fun and productive.
5. The final area of discussion at our meetings was our personal interests and passions as people, the ways we keep our lives fresh and interesting.

So in almost all ways, we followed the mandate of the PAA sponsored program for which we applied for a support grant of \$500.00. However, in thanks and fairness to our professional organization, we are declining to accept the government grant. We think that the activities mentioned above are what we do voluntarily already, so we do not need financial incentives to sustain them. We hope that our feedback has been helpful for PAA in establishing and developing its professional development practices.

PAA SPRING 2012 WORKSHOPS HELD



Beginning & Ending Cognitive Behavioural Therapy.

May 11, 2012 – Edmonton,
Alberta
Presented by Dr Deborah
Dobson.

There were 26 Participants.



Family Restructuring Therapy: Interventions with High Conflict Separations and Divorces.

June 01, 2012 – Calgary,
Alberta
Presented by Dr. Stephen
Carter

There were 24 Participants.

BOOK REVIEWS



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

Individuals wishing to submit book reviews should select books that are relatively current and likely to be of interest to practicing psychologists. Please note that due to space limitations, not all reviews will be accepted for publication. Book reviews should be 500 words or less and should follow the format of book reviews in any recent edition of Psymposium. Book reviews should be forwarded to torrie@psychologistsassociation.ab.ca.

Submissions will be reviewed and edited by Michelle Vandegriend, Ph.D., R. Psych., Book Review Editor.

A Review of

Clinical Pearls of Wisdom (2010)

By Michael Kerman

New York, New York: W.W. Norton & Co

ISBN: 978-0-393-70587-4

***Reviewed by Melina Dayne RN BN BA (Psych) MSc
MFT Registered Psychologist***

Clinical Pearls of Wisdom is an inspirational collection of twenty-one chapters describing proven therapeutic skills based upon years of knowledge, key insights, and common sense. Twenty-one seasoned therapists, each generously offer three innovative techniques used within their own area of practice.

The areas of practice are classified under the following eight sections: Depression, Trauma, Anxiety, Grief, Couples, and Children and Adolescents with concluding remarks in a section titled Conclusion. The material is well organized for anyone needing reference to creative interventions borne out of passion for psychotherapy. Bill Wallin, in the Conclusion, offers one of the most thought-provoking pearls of wisdom. His contribution

reflects on the concepts of self as therapist. His three pearls include, know your own attachment pattern; ask, "What am I actually doing with this particular patient"; and mobilize first a mindful stance then a reflective or "mentalizing" stance. Themes running through these headings include attachment-focused, mindfulness, cognitive-behavioral, mind-body, relational, brief, and eclectic modalities.

As the reader makes his or her way through the book, the content is a reminder that there is more than one path to reach the same destination. Each therapist presents a case example to show how these clinical techniques unfold in real life. Novice and experienced psychotherapists could keep this volume as a useful resource.

The twenty-one clinicians are: Pat Ogden, Bill O'Hanlon, Michael Stone, Dusty Miller, Diane Fosha, Babette Rothschild, Reid Wilson, Margaret Wehrenberg, Kenneth J. Doka, Robert A. Neimeyer, Sameet Kumar, Sue Johnson, Carolyn Daitch, Evan Imber-Black, Dan Hughes, Lenore C. Terr, Aureen Wagner, Janet Sasaaon Edgette, Martha B. Strass, David B. Wexler, and David Wallin. These leading practitioners have honed their interventions, and shown its effectiveness for positive change.

Each chapter is referenced with a biography of the contributor and many with a website for further investigation. Not only are these contributors' therapists but also educators, presenters, consultants, and scholarly writers.

Michael Kerman, the editor, is also the founder of Toronto's Leading Edge Seminars, which has provided cutting edge workshops since 1993. With a Masters in Social Work he is astutely aware of the significance of advanced training for mental health professionals. His enduring interest, after observing some 400 seminars, resulted in the culmination of his book.

Melina Dayne is a Registered Nurse, Marital and Family Therapist and Registered Psychologist in private practice in Edmonton, AB., www.Melina-Dayne-Psychologist.com.

A Review of

Myths About Suicide (2010)

By Dr. Thomas Joiner

Harvard University Press. Cambridge, Massachusetts

ISBN: 978-0-674-04822-5

Reviewed by Melina Dayne RN BN MSc MFT R. Psych.

Beyond Karl Menninger, Émile Durkheim and Edwin Shneidman there is Dr. Thomas Joiner, a Distinguished Research Professor and Bright-Burton Professor of Psychology at Florida State University, who offers hopeful perspectives with a theory of suicidal behavior and dispels myths, which circulate amongst professionals and non-professionals. Dr. Joiner writes this book in the first person, from his own experience as a suicide survivor, and he blends a humanistic approach to clinical views of a perplexing topic. He points out that nothing else throughout history has been painted with such denouncing stigma as suicide.

In his first book, *Why People Die by Suicide*, Dr. Joiner cautions about relying on the assessment question of past attempts - just because a potential victim has not attempted suicide in the past, may not diminish the risk. Dr. Joiner maintains that such a client may be at a higher risk than assessors suppose due to the intense rehearsal of the suicide act in which the cognitive enactment becomes powerful in itself. He describes his theory of suicide causality based upon three factors, learned fearlessness, perceived burdensomeness, and failed belongingness. He further gives reasons why contracts do not work.

Myths About Suicide is a continuation, dispelling several illusions. He speaks to the cluster theory, differentiating between “local” and “media” clusters, saying that local, or those which occur in the same vicinity, are likely true clusters. He cautions, however, about assuming that media clusters occur each time without necessary evidence. Dr. Joiner factors in the fluctuating seasonal incidents of suicides to account for the increases after some high profile deaths. He also cautions about knee jerk reactions when various media forms are blamed.

Dr. Joiner has a distinctive approach of critiquing previous findings and questioning interpretations. As a research scholar he relies on empirical evidence to support his views, contradicting rusty standby statements about suicide, such as “If People Want To

Die by Suicide, We Can’t Stop Them”. He presented the erroneous thinking that if restrictions are placed upon the method, the victim would go elsewhere to find the means. It has been shown that 95% of those restrained in some manner, did not go elsewhere. Barriers erected in hot spots such as the Eiffel Tower, the Empire State Building, Oshima Volcano, Toronto’s Bloor Street Viaduct proved to reduce the suicide rate.

Many of Dr. Joiner’s strategies sound reasonable. He questioned what some suicidologists label subintentional or “slow” suicide, which remains debatable for others in the field. He maintains that children do die by suicide, something past theorists have quashed as inconceivable. He sees value in using medication for depression with monitoring, rather than banning it when haphazardly blamed for suicides. He speaks to the genetics of suicide. He speaks to other misunderstandings, such as “Most People Who Die by Suicide Don’t Make Future Plans.”

Dr. Joiner has much to offer in suicide prevention. Since suicide has painstakingly risen from the darkness of “crime and sin” models, we have seen an unfolding of thoughts based upon evidence and empathy in the best interest of humanity. Dr. Joiner’s work moves us forward and at the very least confronts multifaceted complex issues.

Melina Dayne is a Registered Nurse, Marital and Family Therapist and Registered Psychologist in private practice in Edmonton, AB., www.Melina-Dayne-Psychologist.com

BOOKS FOR REVIEW

We have the following book available at the PAA office for reading and submitting a book review for a future issue of *PSYMPIOSIUM*. If you are interested in reviewing this book, please contact Rose Cooper at the PAA office.

Once you have read the book and submitted your book review to our Book Review Editor, Dr. Michelle Vandegriend, you may keep the book for your own resources.

- **Attachment – Focused Parenting, effective strategies to care for children**
By Daniel A Hughes



PAA BOARD OF DIRECTORS 2012

For the first time after eight years, we went to an election to fill the two vacant Board of Director positions.

The successful nominees who have been elected to the PAA Board of Directors are Dr. Charlene J Barva and Dr. Horst Mueller.

INTRODUCTION OF PAA BOARD MEMBERS FOR 2012

Dr. Charlene J Barva has previously served on the PAA Board and we welcome her back! Dr. Barva has been a registered psychologist for 12 years and currently is employed by the Calgary Board of Education.



In addition to her previous service on the PAA Board of Directors, Dr. Barva is serving as a Board Director for the Calgary Board of Education Staff Association as well as Gifted Representative for the Alberta Teachers' Association Special Education Specialist Council. She is also an active member of the PAA School Psychology Committee.

Dr. Barva would like to enhance public awareness and advocacy of the profession of psychology in Alberta through her service on the PAA Board. She also has an interest in promoting increased membership in PAA, as well as encouraging the involvement of PAA members in the Association.

Welcome back Dr. Barva!

Dr. Horst Mueller has been a registered psychologist for 30 years. Dr. Mueller is currently working in private practice in Edmonton in clinical and health psychology.



Dr. Mueller has previous board experience through his service to the Canadian Register of Health Service Providers in Psychology; The Pain Society of Alberta; the Multidisciplinary Association for the Study of Cranio-Cervical Pain; the Board of Directors for the College of Alberta Psychologists; Practice Review Committee for the College of Alberta Psychologists, to name just a few.

Dr. Mueller is looking forward to serving on the PAA Board of Directors to be involved in Alberta psychology guidance/support functions. He would like to help PAA grow and prosper and further improve its support of psychologists in Alberta.

We welcome Dr. Mueller to the Board!

At this time we would also like to thank Mr. Arvin Simon for his service on the PAA Board of Directors. Arvin is leaving Alberta to continue his studies and will therefore vacate his position as Board Director. We wish Arvin all the best in the future.

Your PAA Board of Directors for 2012 – 2013 are as follows:

Roger Moses	President	Sonia Masciuch	Board Director
Everett Vroon	Vice-President	Michale Stolte	Board Director
Charlene Barva	Treasurer	Brandi Smith	Board Director
Wendy Hawkins	Board Director	Horst Mueller	Board Director
Jessica Van Vliet	Board Director	Kevin Wallace	Student Board Representative (ex-officio)
Coranne Johnson	Board Director	Pierre Berube	Executive Director (ex-officio)

WEBSITE LINKS

<http://www.albertafamilywellness.org>

Check out the link to The Alberta Family Wellness Initiative website, where there are many useful presentations from the Norlien Foundation's symposia on Early Brain and Biological Development, as well as on Addictions.

<http://www.albertafamilywellness.org/resources/publication/lets-talk-about-early-years>

There is also a document titled "Let's Talk about the Early Years" by the Chief Medical Officer of Health, Government of Alberta. "Let's Talk About the Early Years" is a good and very recent document to inform the general public of the importance of the early years and social environment on brain development and subsequent physical and mental health.

ATTENTION REFERRAL SERVICE MEMBERS

If you wish to verify areas of practice and methodologies that are currently listed on our referral database, as well as your current referral contact information, please contact Joanna Leung at the PAA office and she will be able to provide this information to you. Areas of practice can be amended if requested in writing (if you wish to add or delete any information that we currently have on our database).

For those who have not already done so, if you wish to include your referral contact information on the PAA website's online referral service (no extra fee), please contact our office for the online referral service authorization form.

A direct link to your personal website is also available through the online referral service at a fee of \$50.00 plus GST/year (pro-rated if paid after May 1st).

It is your responsibility to advise PAA if you have a change in your referral address so that our records remain current.

Contact Joanna Leung at the PAA office:

(780) 424-0294 (Edmonton)

(403) 246-8255 (Calgary)

or toll free 1-888-424-0297 (Anywhere in Alberta)

joanna@psychologistsassociation.ab.ca



SUMMARY OF PAA PRACTICE ADVISORS' ACTIVITIES: APRIL 1, 2011- MARCH 31, 2012

The PAA has 7 Practice Advisors who provide information and guidance on a range of ethical and professional issues to PAA members at their request. The Practice Advisors addressed a total of 117 questions and issues raised by members in the fiscal year April 1, 2011 to March 31, 2012. A summary of the total calls and some samples of these issues follows.

*** Informed consent and confidentiality – 46 calls.**

- Request to provide therapy notes from a client with significant mental health issues
- Question regarding confidentiality at case conferences where students and non-psychologists attend
- Question regarding how much information can be released to the police in a police report
- Duty to report
- Release of clinical reports and clinical notes
- Breach of confidentiality by a third party
- Client access to file information
- Release of information in a custody dispute case
- Should one break confidentiality and report client who one suspects of being in the country illegally
- Child custody case and release of the file to one parent
- Chart ownership for young adults when parents are paying for services

*** Professional boundaries/dual roles/conflicts of interest – 13 calls.**

- Dual relationship question involving assessment and treatment roles with a third-party payer
- Question regarding dual relationship when providing assessment and treatment services to a student in a rural school setting
- Conflicts of interest

*** General ethical/legal questions – 28 calls.**

- Question regarding providing fee-for-service telephone counselling to a family out of province
- Record keeping
- Billing
- Potential risks to vulnerable parties by a former client with severe mental illness
- Factors to consider in addressing an unusual request for assessment by a client
- Process of termination of treatment that has not proven beneficial to a client
- Management of a client with potential risk to self and others
- Duty to warn
- What to do in case of court subpoena
- What is billable through insurance companies

*** Child welfare and child protection issues – 11 calls.**

- Suspected child abuse – need to report to Children's Services
- Advisability of offering an opinion about an individual's parenting capacity to the court without having done a formal evaluation
- Issues regarding release of information when acting as a consultant in child welfare cases
- Consent for treatment of minor children in high conflict divorce

*** File storage and security of records – 1 call**

- Moving to another psychology practice and retention of files

*** Miscellaneous issues – 18 calls.**

- Psychologist's distress in reaction to professional disciplinary measures
- Preparation to become a supervisor of provisionally registered psychologists
- Business relationships
- Retirement planning
- Entering into private practice, partnership arrangements
- Business partnership – contract arrangements and noncompetition clauses

We extend our sincere appreciation and thanks to our Practice Advisors for their significant contribution to the Association, our members, and to the profession as a whole.

1-888-424-0297 – toll free anywhere in Alberta

NOTICE FROM THE PROVINCIAL OFFICE OF THE PUBLIC GUARDIAN

In light of the changes to the Adult Guardian and Trusteeship Act regulations in terms of the forms, the Office of the Public Guardian has asked that we publish the following information:

Please be advised that the new Capacity Assessments Forms (3, 4, & 10) have been published in the Alberta Gazette and posted on the OPG website. We encourage that all capacity assessments be done on the new forms but during the transition of the old to new forms (3, 4, & 10) we will still be accepting capacity assessments on the old forms. Please share this information with all staff and also feel free to distribute it widely.

Amendments to forms 3, 4, and 10 of the Adult Guardianship and Trusteeship (Ministerial) Regulation were made in order to provide better clarity and incorporate feedback from consultation with Alberta Health Services (AHS), Capacity Assessment Advisory Group (CAAG), Physicians, Psychologists, the Courts and Designated Capacity Assessors. The CAAG, is comprised of the College of Physicians and Surgeons of Alberta; Alberta Medical Association; College of Alberta Psychologists; College and Association of Registered Nurses of Alberta; Alberta College of Occupational Therapists; Alberta College of Social Workers; College of Registered Psychiatric Nurses of Alberta; and the Health Law Institute. The CAAG meets quarterly or as needed to develop best practices and identify issues related to capacity assessment. The Proposed amendment changes were shared at previous meetings and the group was in support of the changes.

The proposed amendments involve moving naming information closer to the top of the forms as well as creating space for diagnosis information, represented adults address, and represented adults date of birth. The amendments were necessary to provide clarity to forms 3, 4 and 10.

If you have any questions and/or concerns please feel free to contact Rod Urquijo at 780-638-3252.

IN MEMORIAM

Mrs. Darolyn Burden

The PAA Board would like to express their deepest sympathy in the passing of Mrs. Darolyn Burden, who passed away on April 13, 2012.

THE PSYCHOLOGISTS' ASSOCIATION OF ALBERTA 2012 BEHAVIOURAL SCIENCE AWARDS

This award is presented annually at the Calgary Youth Science Fair, the Edmonton Regional Science Fair and the Central Alberta Science Fair in Red Deer.

The award is both a monetary award, as well as presentation of a trophy to the school and a plaque to the student. The award is given on an annual basis to the best senior project demonstrating insight into the psychological study of behaviour, emotion and/or cognition. If no senior project is suitable, the prize may be awarded to an appropriate intermediate or elementary project at the discretion of the judging committee.

EDMONTON REGIONAL SCIENCE FAIR – EDMONTON



Harshika Nambiar and **Momina Abbasi** who attend McNally School, were the 2012 award recipients for their project entitled “(SLS04) Schizophrenia”. *Congratulations Harshika and Momina*



Michelle Van Sickle who attends Argyll Home School Centre, was the recipient of Honourable Mention for her project entitled “(SLS02) Trouble’s Cat Food”. *Congratulations Michelle*

CENTRAL ALBERTA SCIENCE FAIR – RED DEER

Jessica Border and **Emma Turnbull**, Grade 9 students from Innisfail High School, were the 2012 award recipients for their project number 50 entitled “Secondary Life ‘Cacophony vs Concentration’”. Judged and presented by Dr. Yvonne Buchanan-Sedun representative of PAA. *Congratulations Jessica and Emma*



CALGARY YOUTH SCIENCE FAIR – CALGARY

Julia Cameron, Grade 9 student from Calgary Science School was the 2012 award recipient for her project entitled “What’s In It For me? Motivating Students to Wash Their Hands”. Judged and presented by Dr. Andrea Beck representative of PAA. *Congratulations Julia*





PAA STAFF UPDATE

In our April issue of *Psymposium* we announced the roles of the PAA staff members. We have had some changes since April and would like to take this opportunity to update our members.

Pierre Berube, M.Ed., R. Psych., is our Executive Director who spends a great deal of time consulting directly with members on a wide range of practice issues; provides support to PAA Committees and Task Forces; advocates with Government, Alberta Health Services, third party payers and other agencies on behalf of PAA; sits on the Executive Committee for the Alberta Alliance on Mental Illness Mental Health as well as the Practice Directorate (Canadian Psychological Association) and liaises with the American Psychological Association as well as the Council of Executives of State and Provincial Psychology Boards. Pierre has been on staff at PAA for 9 years.

Linda Forsythe is our Executive Assistant/Financial & Human Resources Manager. Linda works alongside the Executive Director and the PAA Board of Directors as well as provides assistance to PAA Committees and Task Forces. Linda manages the Association finances in consultation with the Executive Director and the PAA Board of Directors. She also supervises the PAA Office Manager and manages human resources overall. Linda has been on staff at PAA for 12 years.

Joanna Leung is our Office Manager and Member Services Manager. Joanna took over the day to day office management from Linda as of April and continues to manage all member services. Joanna also supervises the administrative assistants (Cindy and Rose). Joanna joined the staff team in September, 2011.

Cindy Kennedy is our Receptionist/Administrative Assistant who provides the friendly voice when you call into the PAA office! In addition to receptionist duties Cindy also administers and maintains the PAA website; the administration and distribution of the PAA display boards for various events; the administration of media requests; assists with PAA committees and task forces and provides assistance to all PAA staff during peak work periods. Cindy has been on staff for over 11 years.

Rose Cooper is our Continuing Education/Communications Administrative Assistant. Rose started her position at PAA in May, 2012 as a part time employee. Rose co-ordinates and administers all PAA continuing education workshops as well as the PAA Conference. In addition Rose co-ordinates and administers the PAA *Psymposium* publication. We welcome Rose to the PAA office team!

Please feel free to contact any of our staff by calling the PAA office at (780) 424-0294 or toll free 1-888-424-0297 or by email:

Pierre: pberube@psychologistsassociation.ab.ca

Linda: linda@psychologistsassociation.ab.ca

Joanna: joanna@psychologistsassociation.ab.ca

Cindy: paa@psychologistsassociation.ab.ca

Rose: rose@psychologistsassociation.ab.ca

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media generated through the PAA office: March 2012 – June 2012

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
Spring Issue	Dr. R. Coranne Johnson and Dr. Shawn Crawford	ATA Magazine – Alberta Teachers' Association	Wrote an article in entitled "Inclusive Education: How Can School Psychologists Help Teachers?"
	Dr. Brent Macdonald	Calgary Herald	The value of hobbies
April 2012	Dr. Gary Meiers	CBC News Edmonton (Late Night)	Phobias and Superstitions surrounding the date April 13th.
May 2012	Dr. Brent Macdonald	CHQR QR77 770 AM radio station	Mother's Day Stress
	Dr. Brent Macdonald	Global Calgary Morning News	Segment Women's Stress and provided tips for stressed-out women on Mother's Day.
June 2012	Dr. Brent Macdonald	Global Calgary Morning News	Talks on about test anxiety.
	Ms. Kimberley Law	Alberta Primetime	Segment Coverage for Post-Traumatic Stress Disorder.

Psychology in the Media – not generated through the PAA office: March 2012 – June 2012

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
March 2012	Dr. Ganz Ferrance	Alberta Primetime	A health panelist who spoke on the segments: Health Inquiry, Caution Over Cough Syrup?
April 2012	Dr. Ganz Ferrance	Alberta Primetime	A health panelist who spoke on the segments: "Thinspiration" Websites and Health Care Election Promises.
	Dr. Ganz Ferrance	CTV News at Noon	Dating Advice
Spring 2012	Dr. Chris Wuerscher and Dr. Ron Dougan	Spring 2012 Una Voce newsletter	When stand partnerships falter: a panel discussion

ALBERTA PSYCHOLOGY IN THE MEDIA (con`t)

Psychology in the Media – not generated through the PAA office: March 2012 – June 2012 (con`t)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
May 2012	Dr. Ganz Ferrance	Alberta Primetime	A health panelist who spoke on the segments: Overcharging for Cataract Surgery and Whooping Cough Outbreak.
	Dr. Ganz Ferrance	CTV News Edmonton at Noon	The Power of Forgiveness (pt 1)
June 2012	Dr. Ganz Ferrance	CTV News Edmonton at Noon	CTV News Edmonton at Noon
	Dr. Ganz Ferrance	Alberta Primetime	A health panelist who spoke on the segment entitled “Diesel Fumes Carcinogenic”.

In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public. March 2012 – June 2012

DATE	PSYCHOLOGIST	VENUE
March 2012	Ms. Maureen Speidel	Attended Chestermere Mind Body Spirit Expo with the Lifepath Wellness booth and PAA’s display board.
	Ms. Maureen Speidel	Attended Strathmore Whole Health Expo with PAA’s display board where they increased awareness of Stress Management Techniques, and she also spoke about how Healthy Relationships Foster Better Physical Health.
May 2012	Dr. Liam Ennis	Spoke to students at Archbishop O’Leary High School Forensics and Psychology class. He addressed case studies of violent offenders and related them to court cases and forensic testimony.

If you or a colleague are interviewed through any media outlet (newspaper, radio, television), or if you have attended a career fair or public speaking engagement, please contact the PAA office to advise us so that we can include the information in our report.



WELCOME TO NEW PAA MEMBERS

(February 21, 2011 – June 20, 2012)

Achtnig, Joyce (Student Member)	Lavalle Barker, Stephanie (Provisional Member)
Arkes, Tara (Professional Affiliate)	Lee, Christine (Full Member)
Arrudo-Block, Maribela (Provisional Member)	Lewis, Mark Wade (Full Member)
Bains, Rupinder (Provisional Member)	Lim, Chi Ling Ashley (Provisional Member)
Bajwa, Jasmine (Student Member)	Loven, Amanda (Professional Affiliate)
Bakker, Deborah (Professional Affiliate)	Ma Rosso, Kelly (Full Member)
Bard, Denise Alice (Provisional Member)	Massie, Kendra (Full Member)
Block, Lisa (Provisional Member)	Nanji, Sabena (Provisional Member)
Bosch, Lisa (Professional Affiliate)	Naylor, Judith (Provisional Member)
Boulton, Barbara (Student Member)	Ng, Claudia (Provisional Member)
Brassard, Victoria (Full Member)	Nobert-Bennett, Andree (Provisional Member)
Cameron, Dianne (Student Member)	Nordhagen, Annika (Student Member)
Castel, Marjorie (Student Member)	Norum, Sara (Student Member)
Chikowski, Amanda (Provisional Member)	Patterson, Barbara (Full Member)
Crocker, Christine (Full Member)	Poluk, Heather (Provisional Member)
Deeth, Sander (Provisional Member)	Poole, Sharon (Full Member)
Donald, Cory L.C (Student Member)	Prins, Melissa Dawn (Provisional Member)
Elmahdi, Mohammed (Student Member)	Renart, Hagar (Provisional Member)
Fischer, Megan (Student Member)	Rideout, Pamela (Provisional Member)
Free, Heron (Full Member)	Roloson, Janet (Full Member)
Gallacher, Jane (Full Member)	Rosin, Jessica (Student Member)
Gaskell, Lyle (Provisional Member)	Rowley, Jane (Full Member)
Groeneweg, Gerrit (Full Member)	Runke, Petrina (Student Member)
Hanson, Ashley (Provisional Member)	Schamuhn, Tamara D (Provisional Member)
Helmer, Lindsey (Professional Affiliate)	Schwartenberger, Kate (Full Member)
Herrick, Donna (Student Member)	Sehdev, Harsharan (Provisional Member)
Holmes, Thomas (Provisional Member)	Shea-Royal, Alma Felicia (Provisional Member)
Hooper, Stacey (Provisional Member)	Shklanka, Geraldine (Provisional Member)
Hrabok, Marianne (Full Member)	Shorroch, Christine (Provisional Member)
Jackson, Tanya Delaney (Full Member)	Singer, Alisa R (Full Member)
Johnson, Kathy (Full Member)	Slopek, Steven (Provisional Member)
Jones, Janelle (Provisional Member)	Sugden, Lesley (Full Member)
Jordan, Jason (Student Member)	Swenson, Donald L (Full Member)
Karim, Natasha (Provisional Member)	Swenson, Deborah M (Full Member)
Koszegi, Tana (Full Member)	Tomanik, Stacey (Full Member)
Kresowaty, Jodi (Full Member)	Trifletti, Robert. J (Full Member)
Labelle, Laura (Provisional Member)	Valenzuela, Gabriela (Full Member)

CALENDAR OF EVENTS

October 19th, 2012 – Compassion Fatigue: What helping professionals need to know. Presented by Michelle Hamilton M.Ed R. Psych. Location: Radisson Hotel Calgary Airport, 2120 16th Ave NE, Calgary. **Sponsored by the Psychologists' Association of Alberta.** To register contact (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary), or 1-888-424-0297 toll free anywhere in Alberta, or email rose@psychologistsassociation.ab.ca.

November 16th, 2012 - The Rapidly Evolving Field of Psychological Understandings and Services for Divorce; What Psychological Professional need to know about separation and divorce today. Presented by Dr. Susan Gamache. Location: Edmonton. **Sponsored by the Psychologists' Association of Alberta.** To register contact (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary), or 1-888-424-0297 toll free anywhere in Alberta, or email rose@psychologistsassociation.ab.ca

Please see insert for full details of these workshops.

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETINGS

September 14, 2012 - *Edmonton*

November 24, 2012 - *Edmonton*

January 19, 2013 - *Edmonton*

March 23, 2013 - *Edmonton*

May 31, 2013 - *Edmonton*

(Board Meeting & AGM)

****Please advise the PAA office if you are interested in attending any of the above board meetings.**

Please be sure to check the PAA web site regularly for any newsletter updates and upcoming events. Log onto the website at www.psychologistsassociation.ab.ca and click on *PAA Workshops/Conferences and/or Non-PAA Training Events*.

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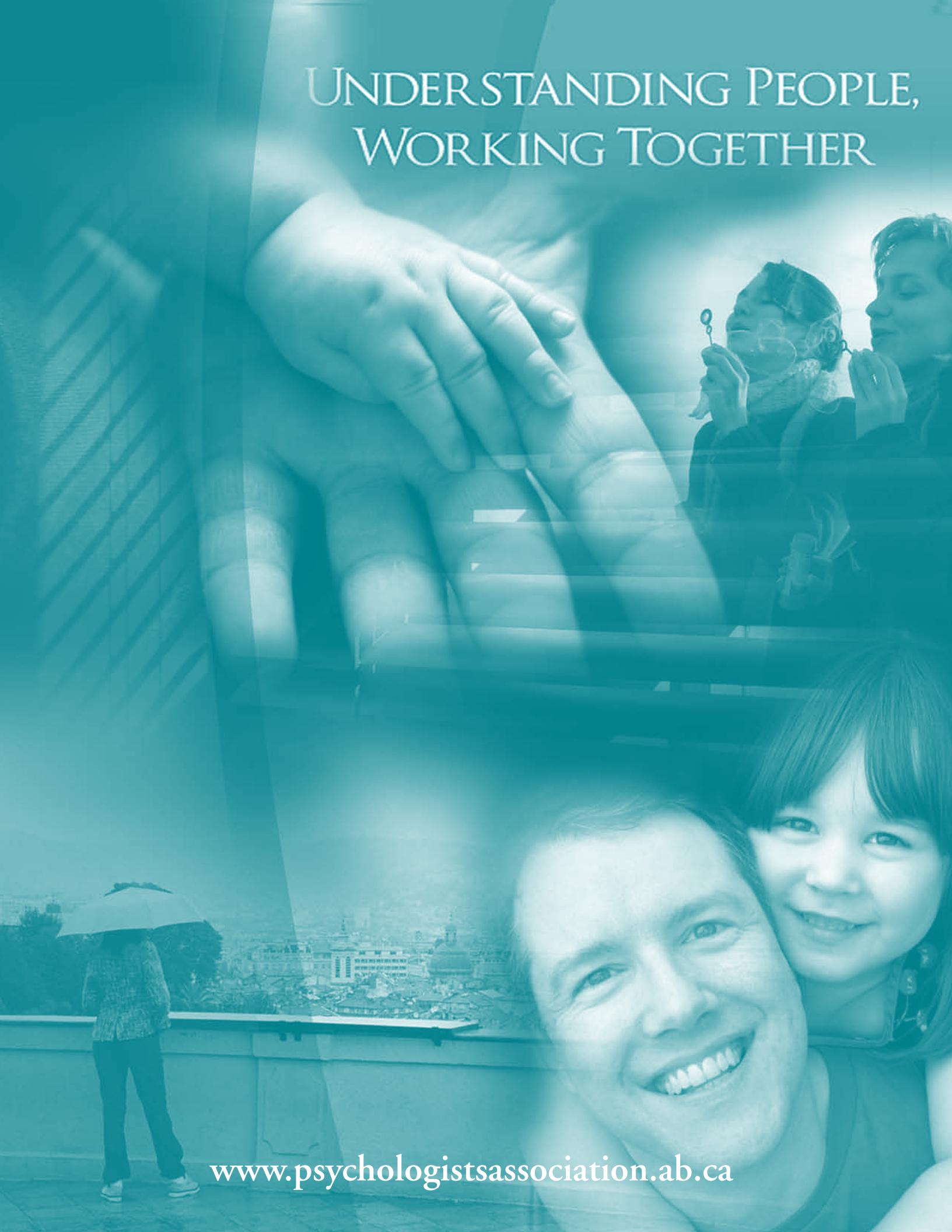
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