

Psymposium

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BOARD NOTES



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

Greetings from the Southeast corner of the province.

I intend to devote a large portion of my column in this issue of Psymposium to matters of interest to our student members. In contrast to the other categories of PAA membership, this group has been gradually and steadily decreasing over the past few years; a disconcerting trend, considering that they are the future of the profession and the Association. At the September Board meeting, Kevin Wallace, our student Board representative, presented information about the costs of student memberships across the country which clearly demonstrated that PAA fees far exceeded those of the other provinces for comparable levels of services and benefits. The Board agreed that this issue needed to be addressed, and unanimously

approved a significant reduction in student fees. Hence, effective for renewals and new memberships for the upcoming year (April 2013), student fees will be reduced to \$40. It is hoped that this decision will ease the financial burden for students and encourage them to join or rejoin their organization. It was also recognized that a more active interest and involvement in PAA, was preferable to the mere accumulation of "warm bodies". To this end, Kevin takes the opportunity whenever possible to visit university classes and inform his peers about the Association, and continues to actively monitor and "tweak" the PAA Facebook page, which has been operational for somewhat more than a year. He has also proposed a new award for Best Student Poster; at the time of writing, specific details regarding criteria are still being developed. Sincere appreciation is expressed for the valuable contributions and enthusiasm of Kevin Wallace who, despite a very busy academic, work and family schedule, has agreed to continue to serve on the Board for another year.

On the topic of awards, the Board decided to adopt the American Psychological Association's model for PAA's Psychologically Healthy Workplace Award. It was perceived that conforming to this template and format (as a number of other

PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

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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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provincial associations already do) would yield a number of benefits, including the employment of recognized standards and expectations, a streamlined application process, access to APA resources, and eligibility of the award recipient for international awards and recognition. It was anticipated that this might enhance the visibility, prestige and desirability of our Healthy Workplace Award. This would also be a logical time and place to remind the membership to consider nominating your colleagues for one of the several other PAA Awards which will be presented at the Welcome to the Profession Banquet at the Conference, which returns to its spring scheduling in May 2013, after a one year hiatus.

The PAA Board participated in full day workshops and training sessions in May and September, the former a review and exploration of Board Governance, the second to provide the foundation for developing a Strategic Plan. This is a new and stimulating direction for the Association; although we have always identified annual goals to be effected through the Executive Director's work plan, there has been a perceived need for the establishment of a broader framework to guide our purpose and direction over the longer term (say, three to five years). With the groundwork laid in September,

the Board will continue to work on clarifying and implementing its strategic plan, ideally incorporating and integrating ongoing initiatives and commitments, the data obtained from last years' membership survey, and all within the available resources of the office! An additional factor will be striving for consistency with developments at the national level, influenced by our active involvement with the Practice Directorate.

Challenging and exciting times are certainly ahead for both psychology and the PAA. Elsewhere in this issue, you will find the call for nominations for Board Directors to commence their term at the AGM in May 2013; four positions need to be filled by that time. I encourage all members to reflect on whether these openings offer an avenue by which you may wish to serve and influence the future of your profession.

In closing, I extend my Best Wishes to the membership for a Happy Holiday Season.

Until next issue!

Warm regards,
Roger Moses

Psymposium Advertising Rates (effective April 2012)

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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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EDITOR'S LETTER



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

In search of wisdom...

Two recent EMDR sessions hi-lighted the appearance of wisdom in the therapeutic process.

A 59 year old male client who had dropped into a deep depression at the loss of his "soul mate" found his despair was fuelled by an early sexual assault from the only adult he trusted. His hand moves to his chest. "I just need to trust that wisdom I had before the assault – it is still in there". A 35 year old mom obsessed, whenever she saw a knife, about the possible death of her two preschoolers "by her own hand". In therapy she tearfully remembers the loss of her one year older brother. Her two year old eyes had seen both of her parents frantically pounding on his chest and "killing him" just before everyone started screaming in despair. She imagines going to her wise grandmother who whispers. "They are trying to save him. He is sick and they are trying to get him to breathe. He is dying from an illness". Through her tears she concludes "Parents don't kill their kids. Mine are safe with me". In closing I get her to imagine a house full of knives and all she can say is "They should be put away."

The Psychotherapy Networker is currently wrestling with wisdom – "the single *most* important quality for a therapist to have and, as the research increasingly tells us, it's not our methods, but ourselves that are the primary active ingredients in the Consulting Room." But where does wisdom come from? The Networker suggests that it comes from mentors who share their voices and their unique visions. Others take the advice of *Heraclitus* who admonished that to find wisdom we need only "inquire within". And then there is *Immanuel Kant* who exhorted that "The narrow gate to wisdom lies in science".

I remember Michael White – for me the wisest of the wise saying "sometimes when I am stuck I ask myself

'What would Michael White do?'" Tongue out of my cheek it is clear that the more wise people we seek out and attend to, the more elevated our own wisdom and the more effectively we will invite our clients to find their own.

The wisdom in this issue of *Psymposium* is both focused and sweeping. Kelly Moroz and Drs. Barva, Schwartz and Zwiers enlighten us in the areas of ADHD assessment and diagnosis while Dr. Jon Amundsen outlines some guidelines on reducing the risks inherent in dual relationships. Gwen Randall-Young again invites us to "look within" and remain in touch with the wisdom of our clients and of ourselves whereas Terry Wilton suggests that we sometimes abandon case plans and remain available to the opportunities that are inevitably available in each new therapy session. Fay Orr of the Mental Health Patient Advocate for Alberta tells us that power and influence (..might I add *wisdom*) should not only rest in the therapist. And we hear of two book reviews that invite us to extend our openness to the wisdom of the published as well as news on Insurance for Animal Assisted Therapy, Apps for Psychologists and a note of accomplishment for one of our members. Finally, some of us, on in years, will particularly appreciate Dr. Ann Foster's dilemma in considering retirement from a profession that she loves. A client's heartfelt appreciation of the work can bring us all back to why we have chosen this path in the first place.

Enjoy!

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

PAA STUDENT MEMBERSHIP FEE REDUCTION

We are pleased to announce that as of **April 1, 2013**, the PAA Student Membership fee will be reduced to \$40.00/year.

The PAA Board approved the reduced membership fee for student members in order to promote student membership with PAA.

THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

The Path to Bliss

"When you follow your bliss... doors will open where you would not have thought there would be doors, and where there wouldn't be a door for anyone else."

Joseph Campbell



I often hear people say they do not know what they really want to do with their lives. They have a sense that what they are doing is not what they came here to do, but have no idea what their life's purpose might be.

They try to figure it out intellectually, comparing different possible options to see if one really draws them. Usually this process does not bring them any closer to their true path, and provides little additional clarity.

I encourage them to think about what they really enjoy; what they love; what feels important to them. I ask them to think about times when they felt the happiest. I use this analogy: imagine that your true path is a shiny metal road, and your heart is a very powerful magnet. When you are on your path, the path "grabs" you and pulls you along. When you drift away from the path, the attraction to wherever you are is weaker.

One might wonder why it can be such a struggle to honor our deepest self by allowing our lives to be a manifestation of our essence. After all, our souls come here for a reason, and that reason should unfold effortlessly into a life design that is like our unique signature upon this earth.

Things start to go awry early on, when parents look at their newborn and begin formulating ideas about the kind of being they will create out of this bundle of sweetness. Ego takes on a powerful role in wanting to please parents, teachers and even peers. Ego also learns a lot about the rewards that come from conforming and being good at the things society values.

Interestingly, those who stick to their own path and eschew the common culture are considered to be eccentric. These are the ones who live their lives according to some inner standard and direction which others may have a hard time understanding. Usually, even if isolated, they are profoundly content. They do not much care what others think of them, and have no interest in joining the race others are so avidly running.

Following our bliss is allowing our souls to lead us. We cannot learn about our souls by thinking about them. We cannot "figure out" our soul. Rather, soul *reveals* itself to us. It reveals itself in those quiet, still moments when we are not thinking, but simply *being*.

And *those* moments arise when we are doing something, or are in a place that causes us to totally lose ourselves. There is such a resonance between that moment we are experiencing and the vibration of our own soul that we transcend awareness of our ego and the world. This is bliss.

By spending time doing things that give us this feeling of bliss, we are surrendering the planning of life, the figuring things out, to the guidance of soul. When we are following our bliss we are letting soul take the lead. It also means we spend more time in alignment with our souls. The more we do this, the more comfortable it feels to be there, and the more we become aware of aspects of our lives that are *out of alignment* with who we truly are, and need to be.

Nature has given us a most powerful compass to access and maintain our progress along our soul's true path. It is that feeling of joy that comes from within our own being and is not dependent upon anyone else. It comes when we are honoring our own soul.

We need to make honoring of our souls our prime motivation, not a guilty pleasure we indulge in once in a while when we can take a break from work or our regular routine. Who knows what doors might open?

*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**, go to www.gwen.ca*

PRACTICAL CHILD PSYCHOLOGY

The Risks of Not Considering Medication

by Kelly Scott Moroz, R. Psych.



The referrals that our office receives from medical professionals for comprehensive Psycho-educational assessments tend to focus heavily on investigating clinical disorders, such as Attention-Deficit/Hyperactivity Disorder (ADHD), Mood or Anxiety Disorders (including Obsessive

Compulsive Disorder), or Autism Spectrum Disorders. These forms of psychopathology operate in a way that the child's academic, emotional, or behavioral functioning is challenged in the home, at school, and/or in the community. Invariably, medications are discussed as part of the treatment package, particularly if the child has been resistant to the types of therapies attempted thus far. One of the questions that most parents ask surrounds the risk of attempting medications. Though this discussion topic is extremely important (one that is essential to be informed on), it is equally important to present to parents the types of risks that arise should medication trials *not* be considered. This is the focus of the current article.

I have had medication discussions with several parents of teens suffering from severe Depression or Obsessive Compulsive Disorder. A significant proportion of these parents will not consider a trial of an SSRI or medication specific to OCD regardless of the level of impairment in their child; they have heard that these medications can be linked to suicidal thoughts. Parents in these situations, however, need to be aware of the fact that it is the teens who are *not* receiving medication support, especially in the extreme end of the spectrum, who are much *more* likely to encounter thoughts of hopelessness, helplessness, and desire to take their own life.

I clearly remember a conversation I had years ago with a parent of a teen in a very dark place. This father indicated to me that their family doctor was not willing to engage in a discussion around the costs and benefits of a medication trial as the risk of unpleasant side effects from these meds was too high. Frustrated with this discussion, the father switched to a different medical office where their new doctor was more willing to provide them with the learned discussion he and his son were requiring. Ultimately, their son attempted an SSRI. One year later, the father reflected that, though neither this family nor their son had wanted to utilize an anti-depressant medication, the son (though experiencing some initial bouts with lethargy) made improvements on a medical trial that was not being attained from cognitive-behaviour therapy alone. The father said to me, "Where my son was heading, the decision we, as a family, had to make was clear; we would much rather have a medicated child than a dead child." That conversation still echoes in my mind.

Though our office is not supportive of 'doctor shopping' we do support enlisting doctors who are well researched and open-minded.

Over the years, I have come across many more families in similar situations. Though my experience with these families supports the notion that, although there exists the potential for clients to experience a range of potential side effects when attempting any medications, those clients, suffering from extreme anxiety and mood disorders, are very often at the level whereby they are experiencing horrific side effects from *not* attempting these medications. For these clients, many of whom I have seen regularly, face nearly a 100% risk of experiencing mental and psychosomatic horrors on a minute by minute basis; symptoms that typically exceed (by far) the potential risk factor and level of discomfort experienced by those attempting an SSRI.

I remember clearly a powerful presentation I once heard by Dr. Samuel Chang at a CHADD conference. He was the first medical professional who I clearly remember articulating that there were indeed some risk factors for individuals considering attempting an ADHD medication, however these risk factors (over a lifetime)

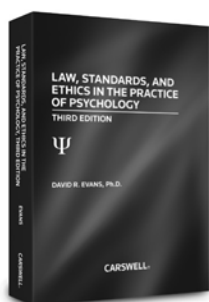
did not compare to the risk factor of ADHD individuals who did not attempt an ADHD medication. Dr. Chang put to rest worries that children attempting stimulant medications suppressed growth and creativity, and led to increases in later drug use. In fact, his findings indicated the opposite; those ADHD children and teens who utilized ADHD medications had a significantly lower chance of illicit drug use over their lifetime, and they more often completed the creative pursuits they began. Children and teens diagnosed with ADHD who utilized ADHD medications were significantly more likely to excel academically, develop a stronger social network, avoid risky situations, attain higher levels of employment, and, most importantly, report higher levels of emotional well-being. Over my career, one of the most difficult things for me to experience has been to watch children and teens who refuse to consider a medication trial follow a trajectory of the risk factors Dr. Chang spoke of.

My intention in writing this article is to inspire my fellow child psychologists to become as informed as possible when it comes to understanding the research on the current medications prescribed to children

and teens. There are numerous journals that can be obtained in the field (i.e., The ADHD Newsletter written by Russell Barkley; Child & Adolescent Psychopharmacology News edited by Robert L. Findling). Though we psychologists do not actually prescribe medications, I believe we owe it to families to be able to have a learned discussion with them around medications, should that be an appropriate treatment option. As a psychologist, I recognize that my expertise rests squarely on the recommended therapies I provide for children, teens, and their families presenting with various conditions, however I believe strongly in the fact that being informed on the types, efficacies, risks, and short/long term benefits of the pharmaceutical options available could only be of assistance to clients as they consider their self-betterment options and alternatives.

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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WHAT WE DO...



by Terry Wilton, R. Psych.

Life can sure interfere with therapy - the lives of our clients that is - especially if we have carefully developed our treatment plan and intend to diligently work it.

Life.... Hmm... Events like family reunions, an unexpected illness in the home, holidays and the drama of family Christmas gatherings, employment crises or workplace dynamics, a flooded basement or the death of a pet.

All of these can derail the work that we intended to do with our client in any given session.

And then there are societal conditions that are emerging and impacting through increased stress levels. Consider the implication in the workplace of our current ethos of “do more with less” and the breakdowns/inefficiencies that come from contracts being awarded to the lowest bidder. We are seeing a shift to health care being provided by profit-based agencies and client care being replaced with case-management. Our clients come into therapy offices emotionally bruised, disillusioned, and disoriented by a society that no longer works the way that it used to work. And then we have to do therapy with them.

In talking about this column with one of my provisional psychologists in supervision she mentioned her own “counter-transference” toward the impinging life of her clients that interfered with her working through her treatment plans. As a supervisor, I see her treatment plans as appropriate and insightful, and can feel for her when she just can’t get to them because one thing or another has arisen in the life of her clients.

Treatment planning rarely mentions responding compassionately and capably to unexpected events.

Treatment planning assumes that the content and focus of sessions 4 through 8 can be anticipated at session 1 and 2, no matter what sort of life event intervenes. When treatment planning focuses on addressing deficits or decreasing pathology we can become impatient when our client wants to talk about Aunt Mildred, or the unpleasant personality of the immediate supervisor.

And that can be darn frustrating.

That said, consider fractal geometry (if necessary – go and Google it for the visuals).

Fractal geometry depicts design of line, form and colour that is preserved at all levels of magnification. The same relationship between elements exists when a portion of the image is enlarged. Magnify a small portion of that enlargement to see in detail that an even smaller section of the total image has the exact same principles of line, form and colour. All of the whole is also present in all of the portions (now you are really going to have to go and Google it!).

Each event or circumstance that seems to distract from the therapy we plan is also an enlargement of the client’s life and relationship to the world. This enlargement contains all the elements of world-view, dynamics, and survival needs the client faces.

My client’s distress and adaptation difficulties with Aunt Mildred, soggy basement carpets or unpleasant supervisor personality is a representation of the interface of the client’s subjective experience with her/his whole life.

Therapy can be engaged in a vital and relevant way to those things that seem to distract us from our treatment plan. The events and circumstances that create distress in the few days before the client’s session are fractal representations of the whole life picture of our client. Those fractals not only deserve our attention but also provide the very foundation for the client to work out the broader life issues they face.

Embedded in every slip from substance sobriety is the entire reason for the development of the addiction. The dynamics of parent-child relationships in the current home is a reworking of the dynamics of

parent-child relationships in the childhood home of our clients. Leaks that let the rain into the safety and sanctity of the home occur in every containing vessel of our client's lives.

Often I am presented with an adult client who was abused as a child currently experiencing relationship difficulties with his/her own children or even with her/his supervisor or supervisees. Remarkably, we can effectively work a healing of the past through changes in perspective and behaviour in the present.

I find that planning treatment at the outset of care, or even between sessions is rarely effective in taking advantage of the opportunities that therapy for that day will offer. Sometimes I know by ten minutes into the sixty minute session. Sometimes I only see it afterwards when I take my time to reflect.

Life can sure create possibilities for therapy!

Hey, anyone out there? Would love to have you drop me a line wiltont@telus.net



WELCOME NEW PRACTICE ADVISOR

PAA would like to welcome Dr. Sonia Masciuch as a new PAA Practice Advisor.

Dr. Masciuch has background and expertise in ethics, clinical psychology including trauma, family (divorce and children), and is also able to provide advice in general practice issues.

The PAA would like to thank Dr. Masciuch for offering her valuable time to provide this service to our members.

GOING FOR GOLD

Congratulations to a long-time PAA member and Calgary psychologist, Dr. Jon Amundson. Jon and his team of six paddlers won 3 Golds for Canada at the 15th biennial World Va'a Sprints, in August 2012 at Calgary.

Outrigger racing is a global sport, represented by many countries in the Pacific, South America, Europe, Asia, and the USA and Canada. The Polynesians used the term va'a for their canoes, and the first World Va'a Sprint Championships were held in 1984 in Long Beach, California. This competition is now held every two years, and this year was the first time it was held in Canada, where it was hosted by the Calgary Canoe Club.

Jon had to qualify for his race, starting in early June, competing against teams from all over the world, including Hawaii and New Zealand, before going on to the Semis and then the Finals.

Jon and his team were successful in three races. The first was the V-12 race, where Jon was one of twelve men in a twinned boat, then again in the V-6 500 meters, and in the V-6 1000 meters, both six man teams, winning Gold and the World Championship Title in all three events.



REFLECTIONS ON A 'NEAR RETIREMENT'

by Ann Foster



The lavender fields of Provence beckon to me, as do the seashores of Vancouver Island. Closer to home the golden days of an Alberta autumn entice me with rustling leaves and earthy smells and peaceful stillness. As well as being the Fall of the year, it is also the Fall of my life, and I want to savour every moment of both.

I don't want to go into the office today. I want to walk my dog. I want to play my piano. I want to have a leisurely lunch with friends. And I want to finish at least one of my four or five unfinished paintings. At the age of 62 I am seriously considering retirement, and I want it to be soon, even though I feel younger than my years. I feel pulled in different directions, but appointments await me, and so into the office I go, though somewhat reluctantly.

My first session of the morning is with a 74-year old Korean War Veteran. Our therapy over four years together has evolved into supportive counseling. His symptoms of P.T.S.D. have diminished considerably. His energy has been channeled into crusading for his rights as a Veteran and his rights in his community. Today he talks passionately about his current battle with those who challenge his claim for travel expenses and suggest he transfer to another psychologist nearer to his home. He pauses for a moment, and looks at me directly and intensely with old, rheumy eyes. He assures me and re-assures himself that this is not an option. Then quietly he states his reason:

"...because you made me feel human again".

Silence.

I absorb what he has just said:

"...because you made me feel human again".

He elaborated, describing how he felt like an "alien"

when he returned home from Korea; de-humanized as a result of atrocities experienced and witnessed.

"...you made me feel human again"

My eyes fill, my heart expands, and I feel a paradigm shift - a completely different way of looking at things. How can I not continue to contribute in this way? How can I retire from this?

The answer is clear. "This" is not a job, it is my vocation. And it is for the rest of my life.

Retirement is not a change in direction from this. It is a balancing act with this. The amount of client time in my life is dependent on how "filled-up" I am with my music, my painting, my family, my friends and my travel experiences. There is room for it all.

It is just a matter of balance.

Six words is all it took to give me a new perspective.

Wow!

* * * * *

I wrote the above reflections five years ago when I was struggling with whether or not to close down my Practice and retire. I didn't - I became "semi-retired" with a reduced client load.

My Korean War Veteran client and I continued to work together for another five years.

Then he died peacefully in his armchair at home two weeks ago. He was 79 years old.

I feel a great sadness at his passing, but am deeply appreciative that he came into my life. Not only did he believe I made a difference in his, but I know he made a significant difference in mine.

Thank you Don.

May you rest in peace.

Dr. Ann Foster

Registered Psychologist

still in Private Practice in St. Albert, Alberta

September 24th, 2012

ON THE GO!



Quick Guide To Management Of Dual Or Multiple Relationships In Psychological Practice

by Jon Amundson

Introduction

Section III.33 of the Canadian Code of Ethics for Psychologists, Third Edition states that psychologists should “Avoid dual or multiple relationships (e.g., with clients, research participants, employers, supervisees, students, or trainees) and other situations that might present a conflict of interest or that might reduce their ability to be objective and unbiased in their determination of what might be in the best interests of others”.

The Challenge of Dual Relationship

A Dual relationship is said to exist when a psychologist simultaneously or sequentially participates in two roles/functions with a patient, client, student, supervisee, research subject, etc. “Roles” contain inherent expectations about how a person is to behave and role conflicts occur when the expectations in one role call for behaviour perhaps incompatible with that of another role (Kitchener, 1988).

The notion that Psychologists ought or can avoid all dual roles, however may not be practical. The Companion Manual to the Canadian Code of Ethics for Psychologists, Third Edition in fact states that dual relationships cannot be avoided in certain circumstances, and that psychologists in these circumstances would be expected to develop and use safeguards to maximize their objectivity. As a result, psychologists need to have at their disposal ethical decision-making models, as safeguards to assist psychologists when they find themselves confronted by ethical dilemmas regarding dual or multiple relationships.

Gottlieb (1993) designed a model to specifically address (potential) dual relationship dilemmas and serves as basis for what follows. The assumptions of the model are 1) that the approach is applicable to all professional relationships a psychologist may confront, 2) that the goal of striving to avoid all dual relationships is unrealistic in many circumstances, 3) that the purpose

of the model is to assist psychologists in managing actual or potential dual relationships more sensitively and effectively, when they cannot be avoided, and 4) that it is to be used when contemplating initiation or the addition of a second relationship to an existing one.

Step 1: Dual Relationships: Complimentary vs. Conflictual

Where a (potential) dual relationship exists, emerges or is added onto a professional relationship, it is useful to think of such dual relationship as inherently more conflictual or more complimentary.

More Conflictual vs. More Complimentary

Even the most innocent (i.e. supervising an intern and co-presenting a paper at a conference for example) if not managed well, can become more conflictual. Conversely even a more difficult professional relationship (i.e. treating the child of a peer, sitting upon a professional or community committee together with a patient) might be managed in a complimentary fashion. Hence the goal in approaching any (potential) dual relationship is to determine what ought to be “in place” in order for it to be fair and look fair; for each role to be complimentary not conflictual. To assist with this process, we turn to Gottlieb’s (1993) model.

Step 2: Decision – Making in the Light of Conflictual vs. Complimentary Dual Roles

This decision making model is based on the use of three dimensions believed basic and critical to ethical decision-making.

The first dimension is power, and refers to the amount of power which the psychologist may have in relation to another individual. “Power” is defined as authority over the destiny of another.

The second dimension is the duration of the relationship, which is also an aspect of power in that power is assumed to co-vary with duration. “Duration” is how long any relationship is expected to last.

The third dimension involves vulnerability. “Vulnerability” is also related to power/duration but is reflected in inherent or emergent characteristics of the parties over time. The table below represents these three dimensions in relation to ethical decision-making around a dual relationship:

Table 1 – Dimensions for Ethical Decision-Making

| Low Power | Mid-Range Power | High Power |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Little or no personal relationship authority or persons would consider each other, or be considered, peers (may include elements of influence) | Clear power differential present but relationship is circumscribed/well defined in authority | Clear higher power differential with profound personal influence, short or long term |
| Brief Duration | Intermediate Duration | Long Duration |
| Single or few contacts over short period of time. Relationship is limited by externally imposed time or by prior agreement of parties who may be unlikely to see each other again professionally | Regular contact over a limited period of time. Professional function is completed; further contact cannot be ruled out | Continuous or episodic contact over a long period of time. No clear understanding of agreement regarding when or if termination is to take place |
| Low Vulnerability | Mid-Range Vulnerability | High Vulnerability |
| Absence of character or personality compromise in normative function either behaviourally, cognitively, or emotionally | Potential for greater influence or duration and some restriction in either the professional or patient regarding ability to manufacture complimentary posture | Significant professional authority or power duration or role/function <u>and/</u> <u>or</u> character/cognitive vulnerability which makes any complimentary posture/possibility out of range |

Step 3: Decision-Making

In using the above model, the psychologist must first assess the current relationship according to the three dimensions.

How great is the power differential, (giving a lecture on assessment practices has relatively little power, while treating a client in therapy has greater power),

How long has the relationship lasted or is presumed to last, (power is assumed to increase over time and is lower in brief relationships like employment interviews as compared to a longer relationship like that of a student and teacher).

What character or circumstantial issues exist which increase vulnerability, hence reduce capacity to design, manage, or create complementarity. If the relationship falls to the right side on two or three of the dimensions (i.e., higher power, longer duration, and high vulnerability), the potential for harm is high, and no other relationship should be contemplated. If the proposed relationship falls either in the mid-range or to the left side of the dimensions, it may be potentially more complementary in nature.

If two roles are highly incompatible inherently i.e. assessment and close friendship, then the contemplated relationship would clearly be refused. If both relationships fall within the mid-range, or to the left side of the dimensions, and the incompatibility is low i.e. former student coming for assessment, the psychologist might proceed however must understand that they do so at their own peril and are entirely responsible for the management of complimentary. Any new relationship must be assessed from the standpoint of the other individual, not simply the psychologist's standpoint, and as a result, decisions should be made on the most conservative basis. If a new relationship is then contemplated or emergent, even a discussion with the individual might be initiated, outlining the decision making model, its rationale, the pertinent ethical issues, available alternatives, and the potential adverse consequences. It should be remembered that most dual relationships should be avoided, and that the above model is designed to allow dual relationships only under the most specific situations and only after careful consideration.

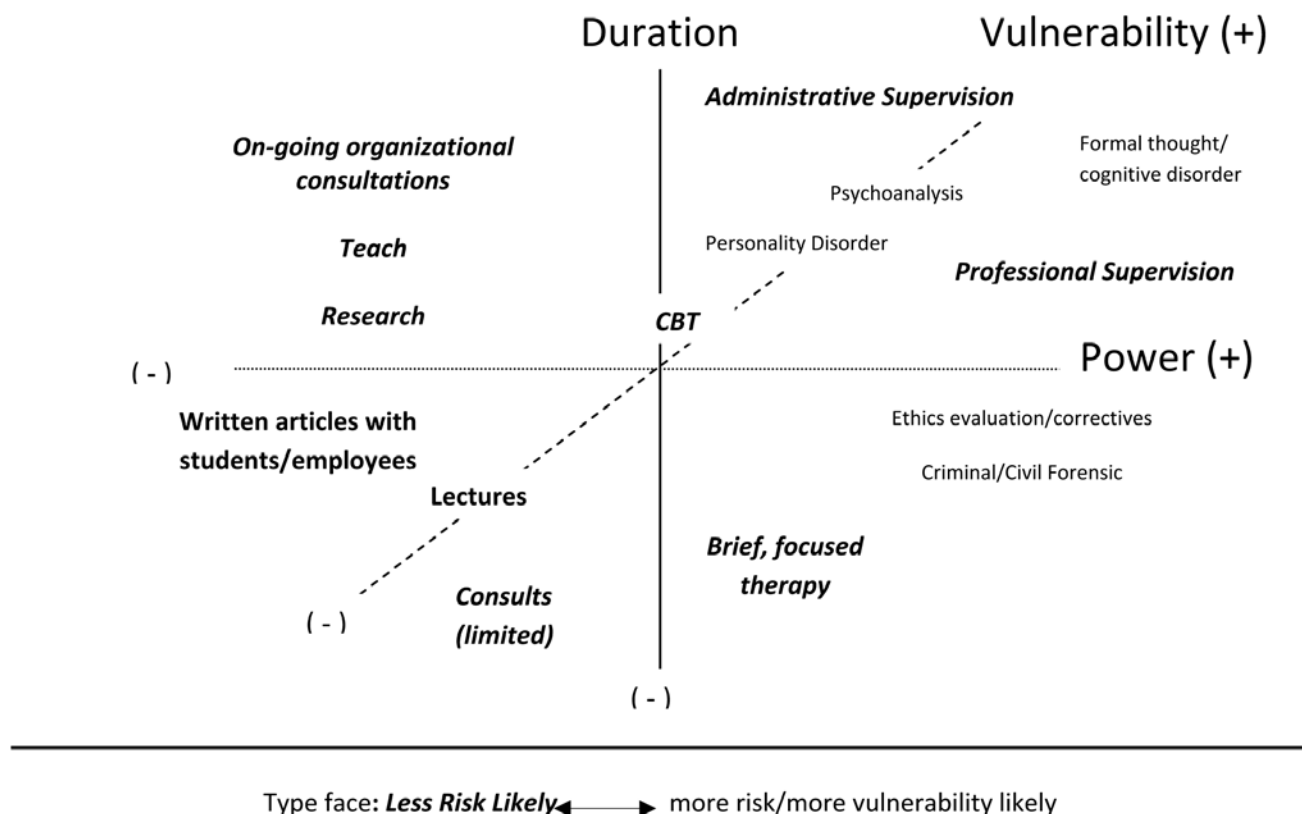
Having decided to enter a dual relationship after careful ethical decision-making, Section III.34 of the Canadian Code of Ethics for Psychologists,

Third Edition clearly states that the psychologist must “manage dual or multiple relationships that are unavoidable due to cultural norms or other circumstances in such a manner that bias, lack of objectivity, and risk of exploitation are minimized”. Hence assumption of full responsibility for management is invested in the psychologist.

Suggestions for using this model and management of

relationships include obtaining ongoing supervision or consultation for the duration of the dual or multiple relationship, or involving a third party in weighing and measuring the dimensions above. Truscott & Crook (2005) have suggested that the best way to manage relationships is through maintaining personal psychological health, awareness of potential problems, and clear communication. In other words employ conscientiousness and a good imagination!

Professional Roles by “Risk”



Thought Experiments

With the powers/duration/vulnerability model, under the governance of your predisposition, think of the following scenarios in relation to complimentary vs. conflictual.

Scenarios

1. A psychologist takes on an intern for purpose of certification or licensure. They collaboratively work out an employment plan where the intern will work within the psychologist's office and hours

will be calculated to cover the costs of supervision. The psychologist is now an administrative supervisor and a professional supervisor; the intern a supervisee and an employee.

2. A psychologist and a patient find themselves members of a men's choir wherein each is committed and engaged.

A psychologist finds a patient or a student lives in their neighbourhood and they sit as member of the community or neighbourhood board.

A psychologist is a member of a downhill ski club and finds several ex-patients are members as well when they go on weekend ski trips.

3. The single parent mother of a child a psychologist has assessed demonstrates a desire to continue with non-professional contact.

A student seeks extra office hours i.e. more time, contract, personal involvement, etc. and you feel they are extraordinarily gifted relative to the discipline.

You find out your child is dating a person that has been an intern/student/patient.

4. You must give an opinion on mental state for legal purposes and the patient wants treatment as well from you.

A friend asks you out for coffee and then begins to talk about the divorce they are contemplating and wants your advice.

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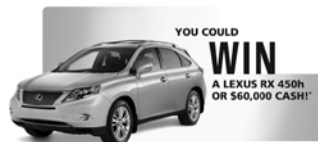
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APPS FOR PSYCHOLOGISTS

*by Christopher Royer, PsyD
Chair, Committee on Technology Implementation
Pennsylvania Psychologist Association
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These days, between iPods, iPhones and iPads, most folks are using apps to stay organized, network, and shop like never before. The question is, how far away is the iPsychologist? This article takes a look at the current state of mobile apps for psychologists.

Apps cost very little. Most are either free or just a few bucks. Apps tend to be simple, giving you access to content from one or multiple websites, or functioning as a standalone program focused on a specific function. Psychology apps are in their infancy, and other general apps can be tailored for use by our field.

The *PAR Assessment Toolkit* (free) gives you a silent stopwatch, a conversion utility for standard scores, z scores, T scores and percentiles, a visual normal curve with conversions, an age calculator and a utility for maintaining compliance with follow-up dates. The *Toolkit* also lets you buy scoring conversions for the BRIEF, the BRIEF-A, BRIEF-P, NEO inventories, the PAI, and the MMSE-2. Each module costs between \$4.99 and \$7.99.

3D Brain (free) is a fantastic app with just the right level of brain anatomy to help educate clients about brain locations and functions.

Test administration with iDevices has not taken off yet. Tests are expensive. Cost and ensuring user qualifications are still a problem. There's also the issue of personal data stored on a portable device. The touch interface provides a great way to have the subject respond to items.

The Stroop Effect (free) asks the test-taker to touch the color that the word is printed in as the stimulus flashes in the screen. The program is very easy to use and the interface is comfortable. We just need some norms!

The Token Test (free) for language disorders is also available. The tokens are reproduced very nicely and a host of test versions can be used. The interface is a bit awkward and needs some work.

The Williams Naming Test and the *Williams Memory Test* (\$19.99 each) appear to have some credible press. They are both normed for the iPad, which is important for iTest development, although they have yet to see mainstream use.

On a sad note, for 99¢ you can have your own set of Rorschach plates for the iPad. The images are distorted and stretched lengthwise. The app comes with a "test," which is about as close to the Exner method as Beck is to Freud.

The PAR Concussion Recognition and Response App (\$4.99), allows for an on-the-scene assessment of concussion symptoms, as well as follow-up for monitoring of recovery and return-to-play decisions. The app is laid out very well, and the assessment is based on sound clinical standard of care.

HAeval (\$2.99) presents a structured interview for headache symptoms, along with assessment of triggers and patterns. The app generates a report based on your findings.

Psychiatry on Call (\$1.99) gives the user information on DSM-IV diagnoses and symptoms to use as a companion for a clinical interview.

iCouch CBT (\$1.99) gives clients a venue to record and reframe negative thought patterns, and it is very well reviewed by consumers.

PTSD Coach (free) assists clients with assessment and management of PTSD symptoms through education and suggestions for personal behavior change. There is also an extensive set of links to PTSD resources.

There are several self-help modules for AD/HD, adult dyslexia, and autism. Each app costs \$4.99. These apps contain the standard checklists to assess how likely a person is to have the diagnosis, and they also give suggestions about interventions and resources.

Relax2breathe (free) is a great app that presents the user with attractive scenes and sound tracks along with a fully customizable breathing session. The app allows you to set inhale and exhale times, along with the length of the session. The app also asks you to rate your stress at the beginning and end of each session.

Apps tend to be simple, giving you access to content from one or multiple websites, or functioning as a standalone program focused on a specific function.

For about \$25 (\$4.99 per module), you can study for the EPPP on your iDevice. I haven't looked at these apps because, well, I don't have to! However, there are some very positive user reviews.

PsycExplorer HD and *Psychology Latest* are both free. Both apps give thumbnail sketches of news, videos, and citations that can be followed up for more in-depth information in the app or through links to the Web. Both apps wander into the pop psych arena, although *PsycExplorer* seems less inclined to do so.

iTunes University gives you access to over 500 courses in the field of psychology alone (and thousands in other areas). The courses range from single lectures to complete courses. There are also hundreds of podcasts on iTunes dedicated to psychology and related fields. Like anything else, it's always a good idea to cross check the presenter(s) with reliable sources as to their credentials and areas of competency.

Medline, Pubmed, and APA offer apps for searching for articles and book chapters. Unfortunately, all have been poorly reviewed, mainly for technical issues and crashes.

Mental Health Central

www.mentalhealthcentral.ca is a website or "hub," connecting Canadians through a central platform from which they may locate, promote or share mental health-related services, information, resources and research at **no charge**. It is a liaison for professionals, organizations, and individuals searching for or offering various mental health-related services, education, books, and events (whether non-profit or not) to the workplace, community and schools — a one-stop, service and resource centre offering **unlimited listings**.

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Popplet (\$4.99) offers a nice method of organizing your ideas in a visual manner. It has an easy user interface and many types of files that can be ported into the chart.

APA's *PsycEssentials* (\$39.99) provides information about various disorders, assessment, and treatment. APA also released a companion app for the 2011 convention, which was very well reviewed. Access to APA journal abstracts is also available in an app format.

Finally, the recent introduction of interactive textbooks is an amazing opportunity for psychologists. Imagine reading about an intervention and then watching it being performed right on the electronic pages of the same book, or reading about conduction aphasia and then hearing an example of how it sounds at the same time. To see the potential of interactive books, I recommend Al Gore's *Our World* app.

2013 PAA BIENNIAL CONFERENCE

Where: Delta Edmonton South
Edmonton, Alberta

Dates: Thursday, May 30th and
Friday, May 31st, 2013

Mark your calendars for the
2013 PAA Conference!

We are pleased to advise that we have the
following workshops scheduled
for the 2013 Annual Conference:

Thursday, May 30th, 2013
Dr. Steven Hayes

**Title: Introduction to Acceptance and
Commitment Therapy**

Friday, May 31st, 2013
Dr. Scott Sells

**Title: Undercurrent Therapy: Treating
the Secret Wounds of Kids and Adults**

Watch for more details in upcoming issues of
Psymposium as well as on our website.

GIVING VOICE – PROTECTING PATIENT RIGHTS IN ALBERTA

by Fay Orr, Mental Health Patient Advocate

Every year about 7,500 Albertans with mental disorders are involuntarily detained at psychiatric facilities for examination, assessment, treatment, and care. *The Mental Health Act* (MHA) of Alberta provides the authority, protocols, and procedures for admitting and treating these patients. The Act also safeguards them against wrongful detention and protects their rights as Canadian citizens. Given that one in five Canadians will experience a mental illness in their lifetime, it's important for health care providers and the general public to have a basic understanding of what protections are in place to ensure persons subject to the MHA are treated with dignity and respect. Psychologists wanting to advocate on behalf of their clients for better care may have a potential resource in the Advocate's office.

Alberta is a leader in protecting the rights of persons with serious mental illness. In 1990, the province established the office of the Mental Health Patient Advocate. To this day, it remains the only provincial investigative body in Canada legislated specifically to investigate complaints from or related to persons who are involuntarily detained in mental health facilities under certificates. In recent years, the Advocate's jurisdiction was broadened to include people under a community treatment order, a tool to help individuals comply with their treatment while living in the community. The Advocate is appointed through an Order in Council and reports to the Minister of Health.

Patients who are involuntarily detained at mental health facilities are among the most vulnerable in our health care system. Although some of their civil liberties are suspended during their hospitalization, they retain a number of important rights. These include the right to be told why they are being detained in hospital; the right to consent to treatment (if competent to make treatment decisions); the right to a lawyer; the right to appeal their certificates to an independent review panel; the right to appeal panel decisions to the Court of Queen's Bench; and, the right to contact the Mental Health Patient Advocate if they have a concern with their rights, detention, treatment or care. Persons acting on behalf of patients may also contact the Advocate.

The Advocate's office hears from about 750 patients a year. Complaints range from concerns about legislated rights to allegations of physical assault. All complaints are investigated. The vast majority of investigations are informal and resolved over the phone within a few days through discussions with the complainant and the patient's treatment team, using a conciliatory approach. A small number of cases each year result in the need for a formal investigation, which involves interviewing the involved parties and writing a report, with recommendations, that is submitted to the board of Alberta Health Services. Past recommendations have included improved training for staff, and changes to policy and procedures.

The Advocate office is in Edmonton and has five staff to serve the entire province. In addition to the independent investigation of complaints and providing rights information, the office serves as a resource to patients, families, and health care providers by:

- Offering a consumer-oriented and independent source of information for patients under the Mental Health Act and others acting on their behalf;
- Supporting the patient perspective in the development and implementation of mental health policies and procedures;
- Promoting public, professional and consumer awareness of rights through education, information sharing and knowledge exchange;
- Working with other organizations to promote a better understanding of mental health and addictions, and,
- Providing input to government on legislation and policy.

For example, the Advocate provided input into the development of *Creating Connections*, the government's addiction and mental health strategy, released last year. As well, the Advocate helped to establish and is now an ex-officio member of the Lieutenant Governor's Circle on Mental Health and Addiction.

The Advocate's annual report states that its vision is to be "a leader in providing respect, hope and support for individuals and families living with mental illness." By protecting the rights of the most seriously mentally ill, the Advocate office helps to create an atmosphere of understanding and hope for everyone on the journey of recovery to mental well-being. The office helps those

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the community.*

struggling with mental illness feel less alone by treating them with dignity and respect.

Generally, patients who contact the Advocate have expectations of the health system similar to any other patient. They want to be listened to and involved in decisions affecting their lives. Like anyone, patients want to feel hope for a better future. More information about the Mental Health Patient Advocate is available on line at www.mhpa.ab.ca

ANNUAL PAA MEMBERSHIP RENEWALS

Membership renewal notices are being mailed in January. If you do not receive your renewal notice, please contact the PAA office.

Membership fees are due on April 1, 2013. Avoid the late administration fee which will be charged on all membership dues received after April 30, 2013.

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.

GETTING SCHOOLED

This edition of Getting Schooled focuses on Executive Functioning.

Drs. Barva, Schwartz, and Zwiers have provided us with an overview of Executive Functioning that includes assessment considerations and evidenced-based intervention strategies. This is timely information as School Psychologists are being asked to consult with school staff on how to support students who struggle in this area in the school environment. With the Inclusive Education emphasis on providing students with appropriate programming, School Psychologists have an opportunity to work with teachers to develop and implement both individualized interventions as well as universal design strategies that will enhance the learning of students who have these types of challenges.



Enjoy the read!!

*R. Coranne Johnson, PhD., R. Psych.
Co-Chair, PAA School Psychology Committee*

Paying Attention to Executive Functioning

*Charlene J Barva PhD RPsych
Calgary Board of Education*

*Kelly Schwartz PhD RPsych
University of Calgary*

*Michael Zwiers PhD RPsych
University of Calgary*

What is executive functioning and why does it (grey) matter?

You've likely seen this numerous times in the classroom or clinic. A child who is bright and engaging, but who also has a laundry list of nagging issues: Desk is a mess, can't follow sequential instructions, fails to complete assignments unless closely monitored, can't manage time or planning well, has a meltdown when frustrated, etc. Supported with appropriate psychoeducational assessment by and consultation with a school

psychologist and related professionals, children with this profile can receive a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). As such, a diagnosis of ADHD means that significant symptoms of inattention or hyperactivity/impulsivity exist at levels above what would be expected of children at a comparable level of development. But the question remains: What are the primary causes of this inattention or hyperactive/impulsive behaviour in children?

In classrooms, laboratories, and clinic offices across Alberta, there is lots of discussion about advances in our understanding of attention deficit disorders in children and youth. Recently, this discussion has turned to considering that one of the core components of attention problems is within *executive functioning (EF)*. Often referred to as the “brain boss,” EF represents a set of neurological structures that activate, organize, integrate, and manage other functions. EF helps children and adolescents plan and account for short and long-term consequences of their actions, making adjustments along the way to achieve the desired goals.

Several models have been put forth to describe the critical constructs of EF. Russell Barkley (2008) breaks EF into four areas: Nonverbal working memory, internalization of speech (i.e., verbal working memory), reconstitution (i.e., planning and generativity), and self-regulation of affect/motivation/arousal. For Barkley, it is the ability to self-regulate behaviour that lies at the root of most children diagnosed with ADHD.

Alternatively, Tom Brown sees EF as best represented by six clusters that function “like a basket encompassing related cognitive functions that depend on and interact continuously with the others, in ever-shifting ways” (Brown, 2008). The six clusters are:

1. Organizing, prioritizing, and activating for tasks;
2. Focusing, sustaining, and shifting attention to task;
3. Regulating alertness, sustaining effort, and processing speed;
4. Managing frustration and modulating emotions;
5. Utilizing working memory and accessing recall; and
6. Monitoring and self-regulating actions.

Chronic impairment in one or more of the six clusters contributes to what Brown calls “ADD syndrome,” the consequence of which show up as significant behavioural symptoms that contribute to a diagnosis of ADHD. So how do we best assess whether these areas or clusters are working well in children? We turn now to a discussion

on assessing EF in children and adolescents.

How are problems with executive functioning identified?

As is clear from above, executive function processes constitute a complex, multidimensional construct and assessing EF, especially in children, is a challenging task. Just a couple of factors that can skew results are that individuals’ results on EF assessments may vary due to their anxiety level or they may perform well on tasks in an assessment setting but not when faced with similar tasks in the real world, especially when novelty is a feature of the situation. Also, it is difficult to parse out one area that is the source of EF difficulty. Currently, there is no agreed upon assessment that measures all of the different features of executive functioning. Our challenge is to replace discrete, isolated tasks with multidimensional tasks that assess the student’s ability to integrate multiple processes in open-ended situations, to organize and narrow broad tasks into manageable chunks, and to work independently on self-imposed goals.

Two widely used standardized test batteries include *The Developmental Neuropsychological Assessment Second Edition* (NEPSY-II; Korkman, Kirk, & Kemp, 2007; PsychCorp) and the *Delis-Kaplan Executive Function System* (D-KEFS; Delis, Kaplan, & Kramer, 2001; PsychCorp). The NEPSY-II and D-KEFS each comprise several tasks that assess various executive function processes, including selective attention, working memory, planning, organization, and cognitive flexibility. However, as Dawson and Guare (2010) have pointed out, “Standardized tests do not assess critical EF processes, and the more we try to measure EF processes through discrete clinical tasks, the less we evaluate actual EF processes and the less we can generalize these results to real-life situations.” A frequent observation in the clinical setting is that even the most complex clinical task, in the end, is far less complex than typical situations in the real world that place demands on the EF processes of individuals.

In view of the limited ecological validity of brief standardized tests for assessing EF processes, alternative methods of evaluation are being explored. A combination

In classrooms, laboratories, and clinic offices across Alberta, there is lots of discussion about advances in our understanding of attention deficit disorders in children and youth.

of clinical tests and ecologically-valid behaviour rating scales is currently considered the best method of assessing EF processes. The clinical criteria are similar to those used for assessing attention-deficit disorders, where agreement among two to three observers across different settings (home, school, and a clinical setting) is considered more reliable than individual-administered complex computer assessment systems. One useful rating scale for ages 3 to 90 is *The Behaviour Rating Inventory of Executive Function* (BRIEF; Gioia, Isquith, Guy, & Kenworthy, 2002). While the BRIEF provides a reliable and often valid measure of parent, teacher, and self-reports of EF processes, it cannot be the sole measure of such processes and must be interpreted within the context of a multi-dimensional comprehensive neuropsychological evaluation. This includes a direct sampling of students' processing and behaviour as well as detailed developmental and educational histories and student work samples.

What are some strategies that can help children with EF impairment?

The following strategies may be helpful in supporting the specific area of executive function where weaknesses are identified.

Classroom management and teaching strategies

A well-organized, structured environment with clear routine, rules and procedures, minimal distractions, allocated seating arrangements, teacher use of hand gestures, visual aids, frequent feedback and checklists are all effective strategies for maintaining external control (Wicks-Nelson & Israel, 2009; Heward, 2009; McCloskey, 2008). General classroom strategies include paired learning, modified assignments, testing and grading, provision of support and – where appropriate – the use of technology. Furthermore, students may work more effectively in an environment where there is variety, choice, regular feedback, praise and rewards. When structures are in place and students have self-regulation strategies to manage emotional challenges (such as frustration, anxiety and intolerance), they are more able to access their cognitive resources.

Additional teaching strategies may include:

Planning: explicit teaching of the planning process, breaking tasks into manageable steps and teaching students how to use a planner/organizer.

Prioritizing: teaching students how to highlight main points, using visual learning aids and supports such as graphic organizers as well as allocating time frames to specific tasks.

Organizing: guided practice, consistent routine, using outlines such as graphic organizers, teaching summarizing skills and note-taking strategies, putting key points on index cards or 'post-it' notes, using colour coding for organizing tasks, and using files, binders, trays, and boxes to organize the environment and reduce clutter.

Shifting: shifting of activities and focus can be supported through ensuring eye contact and attention before giving clear instructions, advance warning of changes, use of predictable routines, and opportunities for small-group work where group roles (leader, note taker, focuser) are clear to each student.

Working Memory: reduce working memory demands by the use of a planner/diary and wall calendars to help with day-day management tasks, implementing a well-structured daily schedule and visual aids to provide reminders for routine and applied strategies. Students should be encouraged to use self-talk to remember steps and guide their actions. For learning, using repetition, acronyms, mnemonics, chunking, attaching meaning, reciting/singing, and recording. To assist with deficits in internalization of verbal working memory, visual cues can be linked to verbal prompts. Visual working memory deficits should be supported by adding verbal explanations to visual materials and demonstrations.

Self-monitoring can be managed via aids such as self-assessments, self-recording, clearly defined rubrics, exemplars, feedback, checklists and reinforcers (Heward, 2009; Meltzer, 2010; McCloskey, 2008).

Behavioural intervention strategies

Students with EF deficits may struggle with emotional and behavioural control. The value and efficacy of behavioural and academic interventions have been well documented, and school focused interventions have been found to be superior to a singular behavioural management approach. Evidence-based behaviour strategies for EF difficulties include creating clear rules and procedures (and enforcing them consistently), providing encouragement, rewards and praise, teaching and modeling modulation and supporting positive self-reflection and self-talk about tasks and achievements (Heward, 2009; Sherman, 2008; Wicks-Nelson & Israel, 2009) can be very successful. Concomitantly, Graham-Day, Gardner, and Hsin, (2010) state that, "simply making students aware of and accountable for their behaviour also teaches an important life skill."

Additionally, successful school intervention strategies to increase appropriate classroom behaviour include knowing students' weaknesses, equipping them with skills to help them manage situations, and offering coaching and support when needed. Finally, strategies that include social skill instruction, social stories, de-stressing and relaxation strategies, opportunities for role-play, differential reinforcement, metacognitive strategies such as self-monitoring strategies, and self-evaluation aligned with positive behaviour reinforcers (Gureasko-Moore, DuPaul & White, 2007; Menzies, Lane & Lee, 2009) have been found to successfully address EF impairments.

Although the area of EF may be new to many school psychologists, it holds great promise as a framework for assessing student difficulties and enhancing student success, especially those with attentional disorders.

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Additional Resources

- Executive Function in Education: From Theory to Practice*, editor, Lynn Meltzer
- National Center for Learning Disabilities, <http://www.ncld.org/ld-basics/ld-aamp-executive-functioning/basic-ef-facts/executive-function-fact-sheet>
- Center for Research on Learning, Strategies Intervention Model, http://www.specialconnections.ku.edu/cgibin/cgiwrap/specconn/searchabledb/moreinfo.php?desc_id=154
- Tools of the Mind, <http://www.devcogneuro.com/research.html#ongoing>
- Language, Speech and Hearing Services in Schools, Vol. 30, 265-274, "What Are Executive Functions and Self-Regulation and What Do They Have to Do with Language-Learning Disorders?", <http://www.architectsforlearning.com/sitebuildercontent/sitebuilderfiles/singerbashir1999.pdf>

UPDATE ON THE DOCTORAL STANDARD OF ENTRY INTO THE PROFESSION OF PSYCHOLOGY

In May, 2012 the membership voted in favour (54.3%) of PAA supporting a doctoral degree as the educational standard for the licensing of psychologists in Alberta. The following month, the CPA Practice Directorate (composed of representatives from the CPA and from all of the Canadian Provincial and Territorial Associations of psychology) voted to support a doctoral degree as the educational standard for the licensing of psychologists in Canada. The vote was 9 in favour, and 3 opposed. The opposing jurisdictions were the Northwest Territories, Saskatchewan, and Newfoundland.

PAA now has a mandate to advocate for the doctoral degree as the educational standard in Alberta. The first step has been to place continued emphasis on the development of a PsyD program for, and in, Alberta. The strongest interest has come from Concordia University College of Alberta. Ongoing discussion has led to the creation of a draft proposal and efforts to secure funding.

PAA's next priority is to solicit the support of the College of Alberta Psychologists. Although the College is not the advocacy body for psychologists, they will be the body to approve the credentials of applicants and to regulate PsyD graduates once registered; so their support is essential, most particularly in discussions with Government officials. As a first step, PAA has requested a meeting of its Executive Committee with the Executive Committee of CAP.

Keep posted for any future developments.

NOTICE TO PAA STUDENT MEMBERS

Please see insert in this issue of Psymposium regarding 2013 PAA Student Awards. Deadline to submit nominations is March 29, 2013.

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

Attachment-Focused Parenting: Effective Strategies to Care for Children

By Daniel A. Hughes

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

ISBN: 978-0-393-70555-3

Reviewed by Sharon Cairns, Ph.D., R.Psych.

Attachment-Focused Parenting was written for parents, mental health clinicians, and parent educators. Writing for such a broad audience is an ambitious undertaking, with some sections reading more like an academic text complete with APA style references and other sections written more simply and with some redundancy. That being said, this book provides a clear explanation of how to use attachment theory and the extant literature to increase the probability of raising securely attached children. It is rich with sample dialogues illustrating the ideas presented.

This book opens with a vignette of a nine-year-old boy and his mother to exemplify the importance of the relationships between children and their parents. Chapter one provides a background on attachment theory, related constructs, and an overview of how the constructs are elaborated in the remainder of the book.

Chapter two discusses the foundation of safety, how it is established and maintained throughout childhood, and ways of repairing safety when it has been damaged through conflict or trauma. Chapter three goes on to discuss intersubjectivity - the notion that the subjective experience of one person influences the subjective experience of the other person, impacting emotional regulation, sense of self, and development.

Chapter four encourages readers to consider their own attachment history and how this influences their way of being in relationships. This is a hopeful chapter as it presents the ability to resolve insecure attachment.

Chapter five discusses how to establish a home that serves as a safe haven and secure base through PACE (playfulness, acceptance, curiosity, and empathy). Chapter six examines communication (both verbal and non-verbal), while chapter seven focuses on helping children develop emotional competency with a particular emphasis on anger, shame, and excitement.

Chapter eight reviews the importance of self-reflection and how to promote this quality in children. Chapter nine addresses the importance of repairing relationship rifts caused by separations, discipline, parental mistakes, and competing time demands. The final chapter very briefly discusses strategies for developing relationships with children who are insecurely attached.

Throughout the book there is an emphasis on safety in relationships and the dangers associated with making assumptions about children's motives for behavior. A strength of this book is that each topic includes a section on overcoming obstacles to implementation and ends with attachment-focused dialogues that provide longer conversations illustrating the subject.

Attachment-Focused Parenting is a good introduction to the application of attachment theory, but it would likely be too simplistic for psychologists knowledgeable about attachment theory or those with significant experience working with children and their families. The book would likely serve as an excellent resource for front-line child and youth workers but caution should guide its use with the other intended audience, parents, depending on their level of education.

Dr. Hughes is an experienced clinician with over 30 years of experience working with children and their parents, providing clinical training and supervision, and presenting his work internationally.

A Review of

Stop Lying: The Truth About Weight Loss... but you're not going to like it (2011)

By Deborah Nicholson, Arlene Cox, Ph.D., R. Psych.
& Kelly Sullivan, BSc.

ISBN: 9781468053333

Reviewed by Tanya Jackson Ph.D., R. Psych.

Deborah is a medical transcriptionist by trade and an author by vocation, with several mystery novels to her credit. In this book, *Stop Lying: The Truth About Weight Loss*, she joins co-authors psychologist Arlene Cox and dietitian Kelly Sullivan to share her learning's from her 140-pound weight loss journey.

The actual content of the book and the reason that "you're not going to like it" if you are searching for newer, easier answers, is summed up in one quote: "The truth is that losing weight is easy – it's calories in versus calories out." The full spectrum of time-honoured weight management advice is found throughout the book from straightforward nutrition (e.g. "you have to eat fruits and vegetables") to exercise (e.g. "Find some fun activities").

Deborah's approach is point-blank. She eschews gentle language and boldly states, "You are not chubby, pleasantly plump, big boned, heavy, round, curvy or solid. You are fat." She also uses swear words – lots of swear words – which may be offensive to some readers.

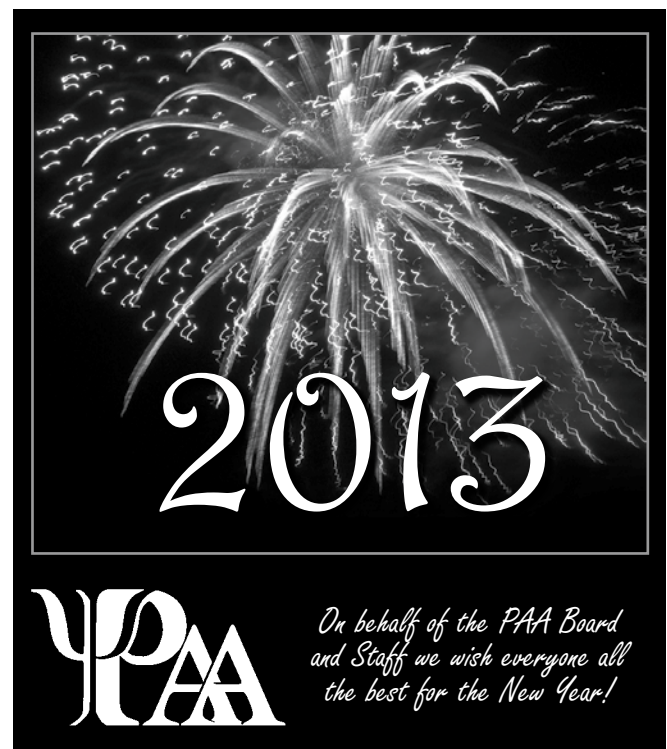
Each chapter ends with Arlene and Kelly providing their own perspective on the content. These pieces, although brief, are generally well-written and incorporate some solid concepts and advice. Experts, however, may take exception to some of the content such as Arlene's assertions about nutrition or the contradictory messaging – Arlene encourages readers to explore their hunger signals, while Deborah insists, "DON'T listen to your body. Your body will lie to you about hunger".

Sadly, the book suffers from poor editing. It is peppered with typographical errors such as the "basil" metabolic rate calculator rather than basal – a Freudian slip, perhaps? There are also punctuation errors, run-on sentences, and other anomalies. Although the pictures are grainy and grayscale they serve their purpose to primarily illustrate Deborah's before-and-after.

Deborah's transparency will likely appeal to readers, as it reads as a very personal book. Deborah shares her likes, dislikes, tears, barriers, and successes without restraint. She details cooking ideas and menu plans, advice on clothes shopping, and her emotions and experiences around all areas of her process.

One gets the impression when reading that this may be a love-it-or-hate-it book. The book stresses that shame will only lead to "intense emotional pain, loss of confidence, and hopelessness" and makes a concerted effort to frame the material as a way to look at ourselves honestly, increase awareness, and learn from our old choices. Arlene, in particular, states that it is important to remember that we have value and are wise and wonderful. However, it is easy to imagine how the explicit messages (e.g., "I'm going to spend the next several pages calling you a liar") could overshadow the positives, depending on the frame of mind of the reader. Professionals would likely gain the most from viewing this as a frank, eloquent look at an individual journey through substantial changes to diet and physical activity. Nonprofessionals who favour a "tell it like it is" approach and are looking for something different than the standard, impersonal run-of-the-mill weight management book, could find this very engaging indeed.

Tanya Jackson is a Registered Psychologist in private practice in Edmonton, AB.



PROFESSIONAL LIABILITY INSURANCE: USE OF ANIMAL- ASSISTED THERAPY

*Prepared by: Rodney Hancock PhD Canadian Certified
Insurance Broker and Paul Hancock Canadian
Accredited Insurance Broker*

Recently we have had a number of psychologists asking about the use of animal-assisted therapy in their practice and a few questions specifically about the use of equine therapy. There are really two answers to these questions.

First with regard to the use of animal assisted therapy other than equine therapy, your professional liability policy includes this coverage for no additional premium. However, those using this therapy must advise our office and provide a brief description of how and to what extend animals are involved in their practice.

Second, there is also coverage for equine therapy and again you must notify our office. In this situation there is a brief questionnaire that must be completed. Based on the responses to that questionnaire the insurer provides

coverage for an additional premium. There is no set premium as each case is evaluated on its own merits but coverage will be extended.

The additional premium for equine therapy varies depending upon a number of factors. These are factors such as:

- i) The percentage of your total practice where equine therapy is used
- ii) The percentage of adults as compared to children treated with equine therapy
- iii) The extent that therapy involves riding horses
- iv) The level of training received by the horses involved in the therapy

In summary, coverage is available for both equine and other animal-assisted therapy and our office must be notified so that we can document the file. For equine therapy there is a questionnaire to be completed and filed with our office. There is no questionnaire required to be completed for other animal –assisted therapy. Finally, there is an additional premium charged for equine therapy but no additional premium for other kinds of animal-assisted therapy.

As always should you have any questions about any aspect of your professional insurance coverage we encourage you to contact us at 1-877-679-5440. We would be pleased to assist you.

The School Psychology Committee would like to invite you
to volunteer at the PAA booth during the

Teachers' Convention

Calgary February 14 & 15, 2013

Edmonton February 28 & March 1, 2013



Please contact Cindy at the PAA office if you are interested

780.424.0294 Edmonton

403.246.8255 Calgary

1.888.424.0297 Toll Free

or paa@psychologistsassociation.ab.ca

*Thank you for assisting our
committee to promote the importance
of psychological services.*



VOLUNTEER AND MAKE REFERRAL CONTACTS WITH FAMILY PHYSICIANS

As part of our promotion for Psychology Month, the PAA has purchased a booth at the Scientific Assembly (annual conference) of the Alberta College of Family Physicians. This event takes place between **February 28 and March 2, 2013** at the Rimrock Resort Hotel in Banff.

We will have a display table with the Psychology Month posters, as well as brochures and information about psychology and the services we offer. We are allowed to have **two psychologists** at the display booth at any given time. This will provide an opportunity for psychologists to:

- a) promote psychology and provide information to family physicians who are the primary care contacts not only of physical health, but also of mental health in Alberta;
- b) potentially establish personal contacts for future referrals from family physicians.

Our booth will be set-up and will need to be attended from the afternoon of **Thursday, February 28th to the end of the day on Saturday, March 2nd**. We will have brochures of the PAA referral service available for distribution, and attending psychologists will also be welcome to hand-out their business cards and office brochures to interested doctors.

We are seeking volunteer psychologists to attend the PAA display booth as follows:

- 1 psychologist for the day on **Friday, March 1st**
- 1 psychologist for the day on **Saturday, March 2nd**

If you would like to volunteer your time for this event, please contact **Dr. Brent Macdonald** at brent@drmacdonald.ca as soon as possible, and no later than **January 28th**. All booth attendants will have to be registered with the conference organizers and will be issued approved name tags.

PSYCHOLOGY BROCHURES AVAILABLE

The Canadian Psychological Association (CPA) "Psychology works" brochures are available with the PAA referral service information included on them. The following brochures are available at a cost recovery fee of \$0.15 each (plus postage) from the PAA office:

- Psychology works for Depression
- Psychology works for ADHD
- Psychology works for Parenting Challenges
- Psychology works for Generalized Anxiety Disorder
- Psychology works for Eating Disorders
- Psychology works for Chronic Pain
- Psychology works for Insomnia

If you are interested in purchasing brochures for your office, please contact the PAA office at (780) 424-0294 (Edmonton), (403) 246-8255 (Calgary) or toll free 1-888-424-0297 (anywhere in Alberta).



PSYCHOLOGY MONTH

February, 2013 is national **Psychology Month**. This is an opportunity for all of us to let the public know what psychology has to offer. Please consider what you, your firm or agency might do to promote psychology during the month of February.

Also, please be sure to advise the PAA office of any activities you are planning for psychology month and we will post these on our website.

To see a list of events that occurred in Alberta in February, 2012, log on to the PAA website Psychologists' Information page.

The following materials can be obtained from the PAA office to assist with your promotional activities during psychology month:

- Psychology Month posters: The posters were produced by the Council of Provincial Associations of Psychology and can be viewed on the Psychology Month web site <http://www.cpa.ca/psychologymonth>. PAA has printed 11x 17 inch copies of the posters and is making them available to members at no cost. The posters are also available to non-members at cost (55cents per copy plus postage).
- Tent cards: Tent cards advertising Psychology Month and "what psychologists do" have been prepared for display in cafeterias and various locations.
- Display boards: We have two professionally developed display boards which can be borrowed for information sessions, trade fairs, public information sessions, or other forums;
- PAA Banner: that banner highlights "What Psychologists Do and PAA's Referral Service". The banner can be borrowed for information sessions, trade fairs, public information sessions, or other forums;
- Psychology Works brochures: We have seven CPA produced "psychology works" information brochures (on depression, anxiety disorder, etc.) which we have modified slightly to include the PAA phone and referral numbers.
- Referral Service brochures: The PAA referral service brochure is available for handing out to the public at displays and information sessions;
- School Psychology Service brochures
- A PAA brochure entitled: Psychological Services in Primary Health Care is available for your advocacy efforts with family physicians;
- A PAA brochure entitled: The Psychologically Healthy Workplace is available for your advocacy efforts with businesses; organizations, and employers;
- A Power Point presentation on the Psychologically Healthy Workplace is posted in the 'Members Only' section of our website www.psychologistsassociation.ab.ca. The presentation is available to use in order to promote psychological health in the workplace.
- Book marks: We have PAA book marks available for distribution to the public at information sessions and displays.

Contact Cindy at the PAA office (780) 424 0294, or Toll free 1-888-424-0297, or email paa@psychologistsassociation.ab.ca

CPA MEMBERSHIP

Advocacy for the science and practice of psychology is a collaborative effort and one that relies on time and expertise and comes at some expense. The advocacy resources of provincial and territorial associations of psychology have been enhanced in recent years through their participation in the Practice Directorate (PD) of the Canadian Psychological Association (CPA). Through the PD, the provincial and territorial associations have staffed expertise, resources and leadership never before available to us. Through our collaboration as associations, we have been able to mount advocacy campaigns, poll the public, develop positions and increase our presence with local government. In 2012, CPA issued a Request for Proposals to engage a health economist to develop a business model for better access to psychological services in Canada. This model, once developed, will be of tremendous value to the provinces and territories as they commonly advocate for better access. It is clear that across Canada, mental and behavioural health has never been more top of mind and now is the time for our advocacy activities to step up and bear fruit. To do so we need your support. We need you to invest in your provincial/territorial association but also in CPA which is lending its considerable resources to the PD and its provincial and territorial association members – resources that are financial but also staff time and expertise. If you are a member of PAA and CPA – thank you. If not, please use this opportunity to consider joining. To keep you abreast of the range of science, practice and education activity that CPA undertakes on behalf of Canadian psychology, please review the Head Office Update found in each quarterly issue of *Psynopsis* <http://cpa.ca/membership/membershipbenefitsandservices/psynopsis>



NOTICE OF ANNUAL GENERAL MEETING OF THE MEMBERSHIP OF THE PSYCHOLOGISTS' ASSOCIATION OF ALBERTA

The PAA Board of Directors is hereby providing notice pursuant to PAA Bylaw 6.3, to call an **Annual General Meeting** of the membership as follows:

Date: Friday, May 31, 2013
8:00 a.m. – 9:00 a.m.

Place: Delta Edmonton South
Edmonton, Alberta

Full details will be provided in the April, 2013 issue of *Psymposium*.



PAA BIENNIAL AWARDS

PLEASE CONSIDER NOMINATING FOR THE FOLLOWING AWARDS

We are accepting nominations for PAA Awards on an ongoing basis throughout the year, which will enable you to nominate someone for an award at any time rather than waiting for a specific call for nominations. The deadline date for submission of the next award nominations is March 29, 2013.

All nomination forms are available on the PAA website or you can call the PAA office and request that a nomination form be sent to you. Specific criteria information is provided for each award on the award nomination form.

The PAA Awards Committee will review all nominations and select the recipient for the current year.

Nominations for the 2013 PAA Awards are to be submitted to the PAA office no later than March 29, 2013.

DICK PETTIFOR MEMORIAL AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the Dick Pettifor Memorial Award, to recognize outstanding career achievements in, or contributions to, the field of psychology. This award is given on a biennial basis to a qualifying PAA member to celebrate his or her long-time enduring contribution to the field of Psychology, either within the province of Alberta, or in the broader national and international domains. This award can be used to recognize career achievements or contributions in any of the areas of clinical, research, advocacy, or academic psychological work. A PAA member is required to nominate a fellow PAA member. A letter of support from the nominator (maximum two pages) providing evidence that the nominee meets the above criteria must accompany the nomination. This is not a monetary award.

PSYCHOLOGIST OF THE YEAR AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the Psychologist of the Year Award. This award is extended to qualifying PAA members on a biennial basis to celebrate excellent work being conducted in the field of psychology. This non-monetary award is designed to acknowledge significant achievement or contributions over the previous two year period. A PAA member can nominate a fellow PAA member in any of the following categories – advocacy, clinical / counselling, school / educational, developmental, social, industrial / organizational, or research.

EXCELLENCE IN SUPERVISION AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the Excellence In Supervision Award. This non-monetary award is intended to be presented on a biennial basis to a registered psychologist whose performance in supervising one or more individuals in any practice area is deemed exemplary during the previous two-year period.

One nominator is required. Nominators may be former/current students or supervisees of the supervisor and/or individuals familiar with the supervisor's practice (e.g., colleagues). Nominators may or may not be PAA members. A letter of support from the nominator (maximum two pages) must accompany the nomination outlining the particular criteria used to select the nominee, the approximate number of hours devoted to supervising and methods of supervision employed.

EXCELLENCE IN TEACHING PSYCHOLOGY AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the Excellence In Teaching Psychology Award. This non-monetary award will be presented biennially to an individual who demonstrates "outstanding" teaching of psychology in an Alberta Government approved/authorized institution for post-secondary education, using the following criteria as guidelines:

- Deemed "outstanding" teaching as manifested through any combination of educational methodology, enthusiasm, commitment to the subject of psychology, commitment and dedication to the students, and/or teaching innovation.
- Has taught a minimum of two years immediately preceding the award, one year of which may have been a sabbatical.
- Recipient may be a member or a non-member of PAA.
- The nominator may be: teaching and/or professional colleagues, former or current students, supervisors, other individuals familiar with the nominee's teaching. Additional signatories would strengthen the nomination.

One nominator is required. A letter of support (maximum two pages) from the nominator outlining the particular criteria used to select the nominee, using the guidelines outlined above, must accompany the nomination.

PSYCHOLOGICALLY HEALTHY WORKPLACE INITIATIVE AWARD

The Psychologists' Association of Alberta (PAA) is calling for nominations for the Psychologically Healthy Workplace Award. This award is presented every two years to Alberta organizations that make a commitment to programs and policies that foster employee health and well-being. Award winners may be featured in the media, honoured at special award events, recognized by community leaders and nominated for international recognition. The award is presented to organizations that best exemplify current, practical initiatives that are directly related to employee wellness and engagement.

Examples of various initiatives are:

- implementation of policies to improve work-life balance
- initiation of programs for employee growth and development
- employee recognition programs
- delivery of stress reduction programs
- promotion of health and wellness

Receiving the award can give an organization the recognition it deserves for creating a positive work environment. If you know of an organization that would be interested in applying for this award you can refer them to the following website to apply online: <http://www.phwa.org/applynow/>

The deadline for applying for the 2013 award is December 15, 2012.

Continued next page...

JUANITA CHAMBERS EXCELLENCE IN COMMUNITY SERVICE AWARD

The Psychologists' Association of Alberta invites nominations for the Juanita Chambers Excellence in Community Service Award. This non-monetary award is presented on a biennial basis to an individual, who may or may not be a psychologist, in recognition of important work in advancing psychological health, well-being and quality of life for Albertans through service to the community or advocacy. A PAA member is required to nominate an individual for this award. Nominations must be accompanied by a letter of support from the nominator (maximum of two pages) regarding the nominee's area of outstanding service including specific accomplishments of the individual nominated.

The PAA Awards Committee will review all nominations and select the recipient for the current year.

Nominations for individuals not selected as the recipient of the current year's award may be carried forward for consideration by the committee in subsequent years.

Recipients of this award may be nominated again for this award in the future, however, a period of three (3) years must have passed before they are eligible for re-nomination. Recipients of this award are eligible for nomination for any other of the PAA biennial awards in subsequent years.

Criteria to consider in nominating an individual for this award include the following (not necessarily exhaustive):

- Contributes to the quality of life in the community through volunteer work;
- Advocates for improved quality of life for Albertans;
- Educates the community about the value of psychological health, advocates for those in the community that need support and/or community resources to improve their quality of life;
- Is a positive role model for others;
- Contributes to the psychological health and well being of the community;
- Contributes to enhancing the public perception of psychologists through community service.

JOHN G. PATERSON MEDIA AWARD

The Psychologists' Association of Alberta (PAA) invites nominations for the John G. Paterson Media Award. This is a non-monetary award presented on a biennial basis to a psychologist or non-psychologist in recognition of:

- Exceptional contribution to portraying psychological knowledge to the public
- Furthering the advancement of the profession of psychology with the public through their contribution
- Conveying psychological knowledge through the media of radio, television, print, or electronic communication
- The media contribution which has taken place within two years immediately preceding the submission date of the nomination

One nominator is required.

The PAA Awards Committee will review all nominations and select the recipient for the current year.

Nominations for individuals not selected as the recipient of the current year's award may be carried forward for consideration by the committee in subsequent years.

Recipients of this award may be nominated again for this award in the future, however, a period of three (3) years must have passed before they are eligible for re-nomination. Recipients of this award are eligible for nomination for any other of the PAA biennial awards in subsequent years.

HAVE YOU JOINED THE PAA REFERRAL SERVICE?

The referral service is a program established, operated and maintained by the Psychologists' Association of Alberta (PAA). The Referral Service is designed to provide the public with access to the names of registered psychologists who are participating members of the Referral Service.

PAA members who are registered psychologists are welcome to join the referral service at any time during the year. Pro-rates are available after May 1st. The yearly fee of \$180.00/year is easily recovered through one referral call given to you through the service.

Another option for referral service members is to have their name included on the on-line referral service which is available through the PAA website. The on-line referral service is provided at no additional charge over and above the annual fee for referral service.

Another feature for the on-line referral service is an optional direct link to the referral service member's website. There is an additional cost of \$50.00/year for those members who choose to include a direct web link as this is an extra feature which provides an excellent advertising venue for their practice.

Over a twelve month period an average of 5.9 referrals per day were given through the PAA office telephone referral service and an average of 1228 visits per month were made to the online referral search page on our website.

If you have not already done so, we would encourage you to join your colleagues on the PAA referral service. We are certain you will find that the service will provide you with an excellent advertising venue in generating business/gaining new clients. The fee for the referral service can also be a tax deduction for advertising your business.

You can download a referral service application on the PAA website at www.psychologistsassociation.ab.ca and go to the Memberships tab – Membership applications. Alternatively, you can contact the PAA office and have a copy of the application emailed, faxed or mailed to you.

(780) 424-0294 – Edmonton (403) 248-8255 – Calgary 1-888-424-0297 toll free anywhere in Alberta

CALL FOR PAA BOARD NOMINATIONS

In accordance with the Bylaws of the Psychologists' Association of Alberta, we hereby call for nominations for the Board for a three year term commencing May, 2013. All nominees shall be eligible voting members* in good standing with the Psychologists' Association of Alberta and shall be nominated by two eligible voting members in good standing with the Psychologists' Association of Alberta. Candidates must agree to accept, uphold, be governed by and support the by-laws and objectives of the Association.

- **Four Director Positions** are open for election. The term of office for these positions is three years.

A Call for Nominations form can be obtained on our web site at www.psychologistsassociation.ab.ca or by calling the PAA office.

A completed "Call for Nominations" form must be received at the PAA office by 4:00 p.m. on Friday, March 8, 2013.

*eligible voting members – Full, Life and Out of Province Members



PAA MEMBER BENEFITS

Please login to the members only area of the PAA website to get more information. The following is a summary of member benefits for goods and services:

INSURANCE

NEW! TD Insurance Meloche Monnex offers PAA members group home and car insurance. You can benefit from special privileges, such as preferred group rates, enhanced coverage and flexible limits. Request a free, no-obligation online quote and more details, visit www.melochemonnex.com/paa or call (toll-free) 1-866-258-3036.

NEW! TD Travel Insurance is also available at PAA preferred rate for PAA members who have home or auto insurance, please call (toll-free) 1-877-593-8023 for more information.

McFarlan Rowlands Insurance offers PAA members group rates for Professional Liability Insurance, Commercial General Liability Insurance, Disciplinary Hearing Insurance and Office Contents Insurance packages as well as a variety of Life and Health Care Insurance products. Contact McFarlan Rowlands at 1-877-679-5440. For more information please visit www.mcfarlanrowlands.com/mentalhealth

TW Insurance Brokers offers PAA members Professional Liability and an Office Package which includes Comprehensive General Liability. They have also negotiated a special rate for Provisional Psychologists and students. In addition they offer a Preferred Rated Home and Auto Insurance Plan. Contact TW Insurance Brokers at (780) 428-6431 Edmonton or toll free 1-800-272-5688, extension 4228 for Jiten Nath. For more information please visit www.twinsurance.ca.

MERCHANT SERVICES

TD Merchant Services is offering a preferred pricing program for medical market professionals including psychologists. For more information and to apply, contact TD Merchant Services at 587-336-4471 or by email Steve.Kantor@td.com

QUIKCARD Solutions Inc. - Health Benefit Solutions

- Preferred Rate for members of the PAA for Quikcard health benefits for your company employees
- Merchant accounts available for accepting payment from your clients for psychological services if your client is on the Quikcard plan.
- Quikcard Solutions Inc. also offers a wide variety of insurance including life, disability and travel insurance.

For further information contact QUIKCARD at (780) 426-7526 or toll free 1-800-232-1997 or visit their website at www.quikcard.com

OTHER SERVICES

Login Brothers Canada

PAA members can purchase psychology books through **Login Brothers Canada** at a 10% discount by contacting Ray Humphrey at 1-888-221-2212 or by email at raymondh@lb.ca

CAR RENTAL

NEW! Alamo Rent A Car

Year-round membership discounts available at more than 550 participation locations, unlimited mileage, wide selection of quality vehicles, up to 10% off discount and 24 hours emergency roadside assistance. Please call 1-800-354-2322. Request **Rate Code BY and Assoc. ID 706768** whenever you have a car rental need.

Avis Rent A Car

PAA members can get daily and weekly discount rates in both Canada and the United States. Please call 1-800-331-1212 and request **AWD Code S017100** for our association rate.

You can access a direct link to Avis and Alamo on the PAA website in the members only area.

HOTELS

NEW! Radisson Hotel & Conference Center Canmore offers PAA members a preferred association rate for our members leisure travel. Our preferred associate rate starts from \$139.00* per night/standard guestroom. Please call 1-800-333-3333 to make a reservation and refer to Psychologists' Association of Alberta. For more information please visit www.radisson.com/canmore.ca

NEW! Radisson Hotel Calgary Airport offers PAA members a preferred association rate and look forward to providing guaranteed preferred guest room rates starting from \$149.00* per night/standard guest room for your business or leisure preferences. Please contact 1-800-333-3333 or visit the website at www.radisson.com/calgaryca_airport

Coast Hotels offers PAA members a preferred association rate for guest rooms at any of their facilities. Reservations can be booked online at www.coasthotels.com using online booking **Company ID: PAA424**. Preferred association rates vary at each hotel, depending on location. You can also phone for reservations at 1-800-716-6199 and indicate that you are a member of the Psychologists' Association of Alberta in order to get the best available association rate.

***Preferred rates are subject to availability and black out dates**

Please visit our website www.psychologistsassociation.ab.ca or scan



ALBERTA PSYCHOLOGY IN THE MEDIA

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

| DATE | PSYCHOLOGIST | MEDIA OUTLET | TOPIC |
|---------------------|--------------------|------------------------------|-------------------------------------------------------------------------------|
| July 2012 | Dr. Al Riediger | Alberta Primetime | Lights, Camera . . . Murder? Criminal Acts and the Quest for the Spotlight |
| | Dr. Patrick Keelan | Alberta Primetime | Living the Single Life |
| | Dr. Ganz Ferrance | Edmonton Journal | Click on caution for online dating |
| October 2012 | Mr. Cory Hrushka | Alberta at Noon CBC Radio | How to talk to teens about bullying in light of the death of Amanda Todd. |

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

| DATE | PSYCHOLOGIST | MEDIA OUTLET | TOPIC |
|--------------------------|-----------------------------------------|-------------------------|-----------------------------------------------------------------------------------|
| Spring 2012 issue | Dr. Gene Flessati and Ms. Jane Oxenbury | apple magazine | Navigating the waters of your child's sexual orientation or gender identity |
| June 2012 | Dr. Ganz Ferrance | Alberta Primetime | - An Alberta Doctors Take on B.C. Assisted Suicide Ruling - A Real Happy Pill? |
| | Dr. Linda Hancock | The Medicine Hat News | Hatter appointed chair of mediation society |
| July 2012 | Dr. Ganz Ferrance | CTV Edmonton Noon News | Was interviewed on what parents can do with a child who has addiction issues. |
| | Dr. Ganz Ferrance | Alberta Primetime | - Caesarian Birth Advocate - Wind Turbine Effects on our Health |
| | Dr. Ganz Ferrance | CBC Radio – Edmonton AM | Spoke on the topic about trauma and the 25th anniversary of the Edmonton tornado. |
| August 2012 | Dr. Ganz Ferrance | Alberta Primetime | - AHS Spending Scandal - Moving for End of Life Care |

ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

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

| DATE | PSYCHOLOGIST | MEDIA OUTLET | TOPIC |
|--------------------------------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| August 2012 (con't) | Dr. Ganz Ferrance | CTV Edmonton Noon News | Treating Depression and the things to think about if you are considering medication for depression. |
| | Dr. Linda Hancock | The Medicine Hat News – All Psyched Up (regular column) | <ul style="list-style-type: none"> - Treasure the professionals - How much is too much? - Do Something - Don't you trust me? |
| September 2012 | Ms. Jeanne Williams | Canadian Living magazine | Confident Kids |
| | Dr. Ganz Ferrance | CTV News Edmonton | Relieving Back to School Stress |
| | Dr. Ganz Ferrance | Alberta Primetime | Doctors without Contracts |
| | Dr. Linda Hancock | The Medicine Hat News – All Psyched Up (regular column) | <ul style="list-style-type: none"> - What is a Labour Day? - Planning ahead will take a load off - Relationship problems? - Affirmation will lead to a better day |
| | Dr. Linda Hancock | Indian Head Wolsley News – All Psyched Up | Relationship Problems |
| | Dr. Patrick Keelan and Dr. Ganz Ferrance | Alberta Primetime | Electronic Cigarette Concerns |
| October 2012 | Ms. Kimberley Law | Alberta Primetime | Shortage of Military Staff to deal with PTSD |
| | Dr. Ganz Ferrance | CBC Radio Edmonton AM | Dating Mistakes |
| | Dr. Ganz Ferrance | CTV News Edmonton | Tips for safe and successful online dating. |
| | Dr. Linda Hancock | The Medicine Hat News – All Psyched Up (regular column) | <ul style="list-style-type: none"> - For these things we give thanks - Trick yourself into being organized - Tips for employees to reduce stress - Why wait until it's too late? |
| | Dr. Ganz Ferrance | CTV Edmonton News | Latest homicide victim met man charged in her death online, friends say. |

ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

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

| DATE | PSYCHOLOGIST | MEDIA OUTLET | TOPIC |
|-----------------------------|----------------------------------------------|-------------------|---------------------------------------------------------------|
| October 2012 (con't) | Dr. Robin Everall and Dr. Janet Miller | Alberta Primetime | Post-Secondary Depression |
| | Dr. Ganz Ferrance and Dr. Brent Macdonald | Alberta Primetime | Reclassifying Obsessive Compulsive Disorder. |
| | Dr. Ganz Ferrance | Alberta Primetime | Is the Superboard Superbad? |
| November 2012 | Mr. Jim Bateman | Edmonton Journal | "Psychologist worries about things patients don't talk about" |

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

June 2012 – November 2012

| DATE | PSYCHOLOGIST | VENUE |
|----------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| October 2012 | Mr. Pierre Berube | The Lieutenant Governor's Circle on Mental Health and Addiction in Calgary displayed PAA's display board and materials at Dr. Gabor Mate' presentation. |
| | Ms. Laura Heal and Ms. Lana Bryanton | The Lieutenant Governor's Circle on Mental Health and Addiction in Edmonton displayed PAA's display board and materials at Dr. Gabor Mate' presentation. |
| November 2012 | Ms. Michele Pentyluk and Dr. R. Coranne Johnson | 2012 Learning Disabilities Association of Alberta Conference in Sherwood Park exhibited PAA's display board and materials. |

Career fairs and public speaking engagements promoting psychology to the public – not generated through the PAA office:

June 2012 – November 2012

| DATE | PSYCHOLOGIST | VENUE |
|-----------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| September 2012 | Ms. Brenda Lane | Spring Bank Community High School Career Day in Calgary displaying PAA's display board and materials. |

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.

PROMOTE A PSYCHOLOGICALLY HEALTHY WORKPLACE

A Power Point presentation on the Psychologically Healthy Workplace has been developed by the PAA Psychologically Healthy Workplace Committee.

This presentation is posted in the “members only” section of the PAA website.

Psychologists are encouraged to make use of this presentation in order to promote psychological health in the workplace.

Other Resources:

Psychologically healthy workplaces have 28% less employee turnover and enhance organizational performance and productivity. To learn more about the psychological health in the workplace, go to the following website: <http://www.phwa.org/resources>, or;

If you know of an organization that would be interested in a free presentation, they can contact the following Chairs of the PAA Psychologically Healthy Workplace Committee:

Contacts:

Dr. Bob Acton (Calgary)
(403) 862-7247
bobacton@gilbertacton.com

or Dr. David Piercey (Edmonton)
(780) 437-2771
dpiercey@telus.net

PAA RECOMMENDED FEE SCHEDULE

The PAA Fees Committee met on September 13, 2012 to review the current PAA Recommended Fee Schedule. In its deliberations, the Committee reviewed and considered:

- a) A survey of recommended fee schedules of other Canadian psychological associations;
- b) The cost of living index for Alberta and
- c) A summary report of the increases in PAA's Recommended Fee Schedule since 2001.

Based on the above, the Committee recommended that no changes be made to the PAA Recommended Fee Schedule for 2013. This recommendation was brought to the PAA Board of Directors on September 14, 2012, and the Board approved the recommendation of the Committee.

Therefore there will not be any changes made to the PAA Recommended Fee Schedule for 2013. **The current PAA Recommended Fee Schedule remains in effect for 2013.**



WELCOME TO NEW PAA MEMBERS

(June 14, 2012 - October 23, 2012)

| | |
|--------------------------------------------|------------------------------------------------|
| Anderson, Amy (Provisional Member) | Marco, Amy Suzanne (Provisional Member) |
| Barrett, Michael C.G. (Provisional Member) | Merritt, Karl (Provisional Member) |
| Berggren, Nicole (Provisional Member) | Moskie, Pamela (Student Member) |
| Bruce, Mark (Provisional Member) | Muityy, Sunddip (Student Member) |
| Buhr, Dean (Student Member) | Ovechkina, Natalia (Provisional Member) |
| Caton, Chelsea (Student Member) | Ponech, Heather (Provisional Member) |
| Chadha, Neelam (Provisional Member) | Ronaasen, Chantel (Student Member) |
| Chamberlain, Robin D (Student Member) | Rosch, Babi (Student Member) |
| Danzanova, Erzhen (Provisional Member) | Rosenstein, Katherine (Provisional Member) |
| Denny, Heather (Provisional Member) | Rozell, Christopher (Provisional Member) |
| Dietrich, Richard (Provisional Member) | Sarango, Ricardo (Provisional Member) |
| Doblanko, Sherri (Provisional Member) | Sharpe, Sarah (Provisional Member) |
| Dyck, Josh (Provisional Member) | Sloove, Jason (Student Member) |
| Flesaker, Keri (Provisional Member) | Stark, Jennifer (Provisional Member) |
| Gillespie, Benjamin R (Student Member) | Steele, Alison (Provisional Member) |
| Gudim, Dianna (Provisional Member) | Swift, Marcus (Full Member) |
| Hagen, Brad (Full Member) | Theberge, Maureen Francis (Provisional Member) |
| Hall, Adam (Provisional Member) | Thompson, Shauna (Psychological Assistant) |
| Halland, Johan (Provisional Member) | Tou, Gabriel (Full Member) |
| Hallman, Katelyn (Provisional Member) | Tulloch, Ashley (Provisional Member) |
| Hatchard, Ryley (Student Member) | Walters, Kristy Nichelle (Provisional Member) |
| Johl, Harjyot (Student Member) | Watson, Wanda (Student Member) |
| Jorgenson, Kelly (Provisional Member) | Welling, Brian (Provisional Member) |
| Kashluba, Shauna (Full Member) | Willms, Martin (Provisional Member) |
| Lakhani, Soraya Azra (Provisional Member) | Worthing, Christina (Provisional Member) |
| Lamoureux, Rachelle Marie (Student Member) | |

PAA WINTER 2013 WORKSHOPS TO BE HELD

Starting and Operating a Professional Practise in Psychology.
February 22, 2013 – Calgary, Alberta
Presented by Dr. Stephen Carter, Ph.D.

Assessment & Treatment of Personality Disorders.
March 8, 2013 – Edmonton, Alberta
Presented by Dr. Philip Erdberg

CALENDAR OF EVENTS

February 22, 2013 – Starting & Operating a Professional Practise in Psychology. Presented by Dr. Steve Carter. Location: TBD in 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 paa@psychologistsassociation.ab.ca

March 8, 2013 – Assessment & Treatment of Personality Disorders. Presented by Dr. Philip Erdberg. Location: TBD in 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 paa@psychologistsassociation.ab.ca

April 30th, 2013 – The Impact of Trauma and Neglect on the Developing Child. Public Presentation. Presented by Bruce D Perry, M.D., PH.D. Location: The Lethbridge Lodge, Lethbridge, AB. Sponsored by the Mental Health Promotion Committee of Southern Alberta. For more information please contact Sandra Annis at sannis@sandra.annis.com

May 1st, 2013 – The Impact of Trauma and Neglect on the Developing Child. Workshop. Presented by Bruce D Perry, M.D., PH.D. Location: The Lethbridge Lodge, Lethbridge, AB. Sponsored by the Mental Health Promotion Committee of Southern Alberta. For more information please contact Sandra Annis at sannis@sandra.annis.com

May 30 – 31, 2013 PAA Biennial Conference, Delta Edmonton South Hotel, Edmonton, Alberta. Thursday May 30th Dr. Steven Hayes Introduction to Acceptance and Commitment Therapy & Friday May 31st Dr. Scott Sells - Undercurrent Therapy: Treating the Secret Wounds of Kids and Adults. Sponsored by the Psychologist Association of Alberta. Contact (780) 424-0294 Edmonton, (403) 246-8255 (Calgary), Toll free (888) 424-0297 anywhere in Alberta or email paa@psychologistsassociation.ab.ca

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.*

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETINGS

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.**

Changing Your Address?

Please print your new address and telephone number below and return to PAA with your mailing label.

Name: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Effective Date: _____

Mail to: PAA *Psymposium*, Unit 103, 1207 – 91 Street SW, Edmonton, Alberta T6X 1E9



PSYCHOLOGISTS'
ASSOCIATION *of* ALBERTA

Proudly Presents

PAA BIENNIAL CONFERENCE 2013

Delta Edmonton South Hotel & Conference Centre
Edmonton, Alberta
May 30th – 31st , 2013

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Toll-Free: 1-888-424-0297
Fax: (780) 423-4048
Toll-Free Fax: 1-888-423-4048