

# Psymposium

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## BOARD NOTES



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

Greetings from the Southeast corner of the province.

Well – I'm not a member of the genus *Cygnus* nor am I able to carry a tune in a bucket; nevertheless, this is my swan song. Next month, I will conclude my involvement with PAA at the governance level after five years as a Board Director and four as your President. I wish to express my sincere appreciation to my fellow Directors, past and present, for their strong support and intellectual stimulation over that time. Two of these colleagues – Drs. Jessica Van Vliet and Sonia Masciuch - will also be completing their terms; I wish to acknowledge their significant contributions and let them know that I have enjoyed working with them. Although they will be missed, I trust that their positions will be ably filled by other Association members who stepped forward during the recent election process, members whose identities were unknown at the time of writing and submission of this article. I am confident that

these recruits will meld smoothly with the remaining “old hands” in implementing the objectives of the Association. The periodic renewal of elected members emphasizes the role of Pierre Berube, our Executive Director, in ensuring stability and continuity of effort. Through Pierre, PAA is presently represented on a high-level working group tasked with developing an effective Primary Health Care Strategy for Albertans. This participation offers a valuable avenue for proposing ways in which psychologists may be more effectively utilized within Alberta's health system. Also with reference to the clinical realm, we continue to express our serious concerns about the prevalence of the generic term “mental health therapists” which, in our opinion, is a disservice to the public, as well as failing to recognize the differentiated education and training of psychologists. Our position has been repeatedly presented to various levels of Alberta Health Services and the provincial government, including directly to the Minister of Health, the Honourable Fred Horne who seems favourably disposed towards psychology. The membership-endorsed initiative to move towards the Doctoral Standard is being pursued through meetings and discussions with government representatives and the College of Alberta Psychologists and collaboration with Concordia University in its effort to establish a Psy.D. program in Alberta.

**PSYCHOLOGISTS'**

ASSOCIATION of ALBERTA

## MISSION STATEMENT

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

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

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

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

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Offering professional development opportunities through workshops and an annual conference is an important benefit provided by our Association. I encourage PAA members to attend the Conference, Awards Banquet and AGM to be held on May 30th and 31st at the Delta Edmonton South Hotel and Conference Centre, where the main speakers will be Dr. Steven Hayes and Dr. Scott Sells. We are hoping for strong support from the membership, especially after the one year suspension of this event, to indicate that we are on the right track in securing presenters that will meet your interests and professional development needs. Additional details about the Conference can be found elsewhere in *Psymposium* and on the PAA web-site.

On the off-chance that some of you may have time to occasionally indulge in supplementary reading, I offer a final suggestion that may be of interest. *Willpower*, co-authored by research psychologist, Roy F. Baumeister, and New York Times science writer John Tierney, examines the concept of self-control in a casual, readily accessible style. Composed of ten short chapters which include: "Is Willpower More Than A Metaphor", "Decision Fatigue", "Can Willpower Be Strengthened", and "Raising Strong Children: Self-Esteem Versus Self-Control", this relatively small (about 260 pages) paperback identifies a variety of factors that influence our success in effecting and maintaining changes in behaviour. Definitely not what most would consider an

academic tome, yet perhaps still capable of triggering some insights when encountering unproductive or undesirable lapses by our clients and ourselves!

I realize that I have sung the praises of our staff on previous occasions, but this is my final opportunity to publicly acknowledge their indispensable efforts to ensure the smooth operation of PAA. Our dedicated Executive Director, Pierre Berube, is ably assisted by a competent and personable office staff, consisting of Linda Forsythe, Joanna Leung, Cindy Kennedy and Rose Cooper. I have already mentioned the conscientious oversight and stewardship of the Association provided by your Board of Directors. Many other individuals contribute hours of volunteer labour through their participation on various Committees and Task Forces. Thanks also to PAA Practice Advisors who offer sound counsel when contacted by their colleagues. Each time I have laboured over this column, I have been made aware of the work of the *Psymposium* editor and the regular contributions of my fellow writers. Above all, recognition and appreciation is due to you, the members, who continue through your support to demonstrate your belief and confidence in the strongest psychological Association in the country – it has been my privilege to serve as your president for four years.

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.

*Psymposium* is published three times a year: April, August and December. Article deadlines are: February 10<sup>th</sup>, June 11<sup>th</sup> and October 12<sup>th</sup>. Advertisements printed in *Psymposium* deadline: February 17<sup>th</sup>, June 18<sup>th</sup>, October 19<sup>th</sup>. Insert deadline: March 15<sup>th</sup>, July 13<sup>th</sup>, November 14<sup>th</sup>

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1/8 page	\$115	\$105	\$20
1/4 page	\$205	\$185	\$30
1/2 page	\$385	\$350	\$40
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Back Cover	\$745	\$670	N/A
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## EDITOR'S LETTER



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

### Glass Houses

Ethics in our public and private institutions, as well as among our leaders and “heroes”, seems to be slipping more than usual lately. I have had the opportunity to engage in a few discussions on ethics both within and without the therapist client context. Whether it be road rage, a senator’s expense account, municipal grafting, Tour de France cyclers, or VIP’s jumping the cue it is amusing that the argument “everyone else does it” comes up so often. When my cynicism gets out I have occasionally been put in my place with questions like: Are you 100% sure of your own expenses? or, have you ever tried to get a favor from a police officer who is writing you a ticket? Don’t throw stones in glass houses – in other words.

The argument that “everyone else does It” strikes me as an attempt to pull the rug out from under all who challenge the ethics of others. It undermines many attempts to promote responsibility and to hold professionals, and the like, accountable. Fortunately, there are inquiries and journalists and professional associations that take it upon themselves to hear both sides of the story in an attempt to promote ethics. It is refreshing – and helps with the cynicism.

This issue of Psymposium provides some ethical input and practice guidelines that promote sound and responsible practice. It also celebrates a number of milestones including the retirement of our PAA President Roger Moses, M.A, R.Psych, who takes the opportunity to acknowledge his associates and assistants. I would like to thank him for his commitment and many years of service to the Association.

Through Dr. Deborah Dobson, Ph.D, R.Psych, we hear about the many ethical and competency challenges faced by Dr. Judi Malone, R.Psych, who shares her cross cultural experiences practicing, researching and supervising in Canada and Australia. We also get

to recognize and congratulate PAA members Laura Kennedy, M.A, R.Psych, and Bonnie Rude-Weisman, R.Psych, for exemplary contributions to psychology and their communities.

Susan MacDonald, M.A, R.Psych, addresses the ethical issues more directly in her article on conflict mediation and advises us to be judicious in our selection of consultation styles that will optimize our integrity. Michele Pentyluk, R.Psych, and Dr. R. Coranne Johnson, Ph.D, R.Psych, provide us with some very handy guidelines for the assessment of, and assistance with, reading difficulties. And Stephen Carter, Ph.D, R.Psych, updates us on the Alberta Court of Queen’s Bench Family Law Practice Notes 7 & 8 with some helpful ethical guidelines that we will need to adhere to – with some PAA training forthcoming.

Equally helpful is the outline from Dr. Jeremy Rose, Ph.D, R.Psych, and Caren Baroudy, Communications Advisor, of the Workers Compensation Board on the policies and obligations under the Presumptive PTSD coverage for first responders. Collaborative practice is also hi-lited when Dr. Weir, Ph.D, provides some insight into developing, and nurturing, psychologist-physician relationships in ways that will benefit our “patients” and our bottom line. Finally, we get to hear from our regular contributors Terry Wilton, R.Psych, and Gwen Randall Young, R.Psych, who remind us of qualities of observation and soulfulness that we can centre ourselves and practices around – all the while remembering our ethics. Speaking of centering --- Have a great summer!

*Frank W. McGrath, Ph.D. R. Psych.  
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## EARLY MEMBERSHIP RENEWAL DRAW

Congratulations to Elaine Whitford, as winner of the early membership renewal draw. Elaine will receive either a complimentary registration for a one day PAA workshop held between April 1, 2013 and March 3, 2014 or a complimentary registration for one day of the PAA Conference being held May 30th & 31st, 2013 in Edmonton.



## THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

### The Time of Our Lives

*Come out of the circle of time  
And into the circle of love.*

Rumi



Have you noticed how life just keeps getting busier? Everyone seems to be multi-tasking and over-booked. Parents with children are running in sixteen different directions. Cell phones are ringing everywhere, or else people are checking their messages or reading their texts. Want

to go for coffee? First one must check the Blackberry.

At home it is the same. Check the e-mail messages, record the television program that there is no time to watch, cook something that's quick and don't forget to get to the gym.

It did not used to be that way, and we were not designed to function that way. Technology has altered our sense of time. Things used to happen in a more linear way, but now so much happens all at once.

There is no question that the speeded up pace we live with now creates stress and tension. The body/mind is dealing with so much more input, and is having to output at an ever-increasing rate. Having to respond to so much in the external world distracts us from our own inner world and the connection with our own souls.

The experience of time is completely different for the ego and soul. Ego is based completely in the world, and so feels the pressure of time. Things have to get done, we have to be on time, time is running out, and there is just not enough time. For ego, it is as though time were a "real" commodity. There is only a certain amount of it. If it is used up, then it is "the past." If we have not yet used it, it is "the future." Sometimes it is as though we were

running through time, trying desperately to keep just a little ahead of it. No wonder it can feel as though we were on a treadmill, never able to finish, let alone win the "rat race." And of course, this is all the illusion of ego.

When we turn off ego and all of its incessant thinking, that time we were "running through" or that was "running out" suddenly stands still. It ceases to exist. Our soul is that aspect of our being that is connected to the eternal; that is eternal.

This entire lifetime, even the lifetime of our species, is but a brief instant. Perhaps the ego experience is like a reverse dream for soul. Ego goes to sleep at night and for a brief time leaves all that is worldly behind. Life may simply be soul's dreaming—dropping for a brief time into worldliness.

Soul knows this worldly experience, complete with the perception of time, is not the real thing. That is why meditation can create such a sense of peace. For that period of time, while we are awake, we can transcend the illusion and re-enter the eternal stream. There, there is no rush, no stress, and no worry. If we truly transcend the moment, there is no this world/that world, no duality at all. There is only the oneness, and we experience it because we have merged with it.

Still, we do have to function in this world. We just do not have to do it ego's way. In lucid dreaming, one is aware he or she is dreaming, and then can direct what happens in the dream. Bringing our soulfulness in the world is like soul's lucid dream. We are aware we are in the physical world, but we can allow soul to direct this "waking dream."

The quality of life shifts dramatically when we do this. It is true that when we take away all of ego's thoughts, perceptions, and agendas, all that is left is soul, and soul is love.

*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 and **"Deep Powerful Change" personal growth/hypnosis CDs** and the new **Relationship Series**, go to [www.gwen.ca](http://www.gwen.ca)*

## PROFILES IN PSYCHOLOGY

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



Deborah Dobson



Dr. Judi Malone

*Dr Judi L Malone is a registered psychologist in Alberta and in Australia. She is a Certified Canadian Counsellor, is on the Canadian Register of Health Service Providers in Psychology, & is active in clinical practice, academia, & in support of the profession. Dr Malone has a clinical practice in St. Paul and for a First Nations community. She teaches undergraduate psychology and counselling for Athabasca University, & is a graduate supervisor for Charles Sturt University in Australia. Dr. Malone's research interests lie in the areas of professional ethics, rural practice, social justice, and interdisciplinary collaboration.*

*Recent projects include facilitating a province wide gathering on rural human services, co-editing a book on interdisciplinary collaboration and rural practice, as well as both national and international research on professional practice. Dr. Malone is the chair of the Northern and Rural Section of the Canadian Psychological Association and is on that association's Professional Affairs Committee. She is an existential feminist practitioner who is most at home running or skiing through the boreal forests.*

**I see from your Curriculum Vitae that you have trained and worked in both Canada and Australia. Can you comment on some of the similarities and differences between the practice of psychology in the two countries? What can we learn from “down under” in terms of training, organization and/or service delivery?**

There are considerable similarities and differences in the practice and registration processes. In my experience, Australian psychology aligns closely with the profession in Canada but their system is evolving towards a more

American model at present. Education in psychology, however, is on a predominantly British and European model which differs considerably in style from our own, although not in content. An over-simplified summary would be that Australian psychology is very evidence-based in practice but that they are leaders in evolution and development of the profession in several areas. I maintain Australian registration and co-supervise several Australian graduate students because I find the balance with my Canadian work stimulating and enlightening. Of late, I have been collaborating on a national research project which is simultaneously mirroring the same project in Australia. The two teams have plans for an international review of those results specific to context of practice and continuing professional development which should highlight training, organization, and service delivery similarities, differences, and changes to the benefit of both countries.

**You have worked extensively in remote and rural areas of Alberta and you have written a paper entitled *Reflections of a rural practitioner* (2010). This issue is very important in the Canadian context. Can you share a few of those reflections with the readers of *Psymposium*?**

Rural practice considerations are particularly prudent in Canada as about 20% of the population is rural. In that publication I was reflecting on my own practice and struggles with ethical dilemmas and the practice context. More importantly, I feel passionately about the need for advocacy to move beyond the literature and into public policy to increase public awareness, decrease the stigma of mental illness, and develop rural Canadian psychology – for rural consumers and the profession itself.

**I imagine that the ethical issues faced in rural areas are quite different than in urban centres, particularly regarding boundaries and confidentiality. I see as well that you have also written on professional ethics in rural and northern Canadian psychology (Canadian Psychology, 2011). What are some of the main ethical issues affecting rural practice? Do you have some suggestions for practitioners?**

The five primary ethical dilemmas involve overlapping relationships, community pressure, generalist practice considerations, interdisciplinary collaboration, and professional development and support. Overlapping relationships can be managed cautiously through

clear boundaries, and can actually enhance services by increasing the psychologist's knowledge base and by developing community relationships. Community pressure can be managed through carefully triaged services, clear boundaries, protecting private time, and having the clients direct chance encounters in public situations. The ethical dilemmas inherent in generalist practice can be managed through practitioner self-awareness which is enhanced by consultation and supervision and by carefully articulating limits. Interdisciplinary collaboration may require psychologists to advocate for the role of psychology, manage differing levels of professionalism, and develop particular protocols to maintain confidentiality within such collaborations. Finally, professional development issues can be managed with creative solutions that include fostering long-distance collegial networks, consulting with other professionals familiar with rural practice, and using technology to mediate distance for consultation and for professional development. Practitioners also need to acknowledge the potential benefit of the contextual context that can foster these conditions.

**In your opinion, what are some of the community mental health needs in rural and remote areas of Alberta? Do you have any recommendations on service delivery?**

It is difficult to conceptualize rural and remote areas of Alberta without first acknowledging the increasing diversity and ongoing economic and social changes that have occurred in recent years. Community mental health needs vary according to access to health care, services, and amenities, the distinct rural lifestyle or culture of an area, geographic disparity from urban centres, and any distinct socioeconomic concerns. If I were to generalize for recommendations, I would suggest that service providers focus on larger rural considerations. These include acknowledging that rural life is not idyllic and stress-free, that overlapping relationships and the need for interdisciplinary collaboration are common, and that this is an area where ethical dilemmas may be either more common or more complex to resolve. This underscores the need for a psychologist to have good decision making skills and to exercise sound professional judgement.

**You are an approved provider for First Nations and Inuit Health. Can you talk about what this means?**

This is a process that continues to evolve but within the current context approved providers need to have had

references from within First Nations and Aboriginal communities speak to their cultural awareness and sensitivity – just being a psychologist isn't (and shouldn't be) enough. We have a responsibility to acknowledge our position both of privilege and as helpers in addition to the ramifications of the considerable oppression that Aboriginal Peoples of Canada have experienced. I don't see our roles as "approved service providers" but rather as informed allies and I believe that integrity in relationships requires an enhanced level of cultural sensitivity and awareness.

**You were one of the co-authors (with Jean Pettifor & Elizabeth Church) for the *Guidelines for Ethical Psychological Practice with Women* (2007). Can you comment on this process? In your opinion, have these guidelines made a difference in practice?**

On a personal note, the experience of working on this document set the stage for national, asynchronous collaborative processes and taught me the value of extending professional networks beyond the workplace. On a professional note, it was tremendously rewarding to be engaged with both Australian and American feminist scholars and to collaboratively produce a guide that has garnered international attention. As a proponent of professional ethics education, I believe that guidelines are a very useful tool to help us outline and articulate our decision making process.

**How have you applied feminist theory & therapy in working with aboriginal women?**

My first published article was, "**Working with Aboriginal women: Applying feminist therapy in a multicultural counselling context**" (2000) and I am surprised how those reflections continue to resonate in my practice 13 years later. I now recognize that the metatheoretical constructs in that paper were social advocacy and culture infused counselling concepts. For me this continues to be an active process rife with personal and professional growth.

*Interdisciplinary collaboration may require psychologists to advocate for the role of psychology, manage differing levels of professionalism, and develop particular protocols to maintain confidentiality within such collaborations.*

**In addition to your professional work in service delivery, consultation and teaching, how do you enjoy spending your time?**

I love the outdoors and the natural beauty of Canada. Although I am an avid traveler with my family, I take as much pleasure in our local flora and fauna and enjoy time alone on wooded trails along the North Saskatchewan river skiing, snowshoeing, or running.

**What advice do you have for psychologists entering the field in 2013 and the future? What skills do you think will be important for them to develop?**

Psychology is progressively a global community with advances in research, theory, and practice occurring collaboratively across the lines that differentiate regions and countries. Although registration differs regionally, I have benefited from engagement in international relationships, conferences and membership. For me, this is an essential consideration for future psychologists, not just in skill development but in continuing our business – the business of relationships – in a more global way that encompasses social advocacy and culture on a bigger scale.

## Mental Health Central

[www.mentalhealthcentral.ca](http://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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## COMMUNICATING EFFECTIVELY WITH PHYSICIANS

### Practical Guidance for Psychologists

*by Michael Lee Zwiers, Ph.D.*

#### Preamble

In 2011, the Canadian Psychological Association (CPA), in partnership with the provincial and territorial psychological associations, tasked the EKOS research group to conduct a *Survey of Canadian Attitudes Toward Psychologists and Accessing Psychological Services (July, 2011)*. One of the poll’s significant questions was where Canadians would turn if they decided to access the services of a psychologist for themselves or a loved one. **The results were compelling: 60% of Canadian (55% of Albertans) reported that their first point of contact when seeking out psychological services would be their family physician.** The next most popular choice was the Yellow Pages or Web (18% of Canadians / 23% of Albertans).

**Take-home message: if your professional practice is to be successful, it behooves you to maintain good professional relations with local family physicians.**

This article draws on my years of experience working with primary care physicians and medical specialists to articulate some guidelines around communicating with physicians – and particularly GP’s. The steps are simple but vital: **1) know your skill-set; 2) let physicians know what you have to offer; 3) provide timely communication; 4) respect physicians’ time, expertise, and patient relationship.**

#### 1) Know what you have to offer

All psychologists have core areas of expertise. Ask yourself what you do best. Are you skilled in assessment for diagnosis (e.g., psycho-educational, mood, anxiety, complex mental health, autism, trauma, neuropsychological)? Are you skilled in treatment or intervention (e.g., academic intervention, brain injury, pain disorders, anxiety, depression, bipolar, autism, eating disorders)? What age groups do you work with (e.g., preschool,



school age, adolescent, adult, geriatric)? What populations and problems do you have expertise with (e.g., French-speaking, First Nations, chronic health conditions, custody and access, capacity determinations)? When conducting your skill survey, be specific and be responsible. No one has the skills to work with every problem or every client. ***If you tell a physician that you have the skills to work with a population or problem, and the physician sends you a patient who you can't be effective with, the physician may not be confident sending you referrals in the future.***

## 2) **Let physicians know what you have to offer**

There are several ways to tell physicians what you do. You can send some brochures with a brief cover letter. You can call the physician's office to inform the receptionist or nurse that you are a local psychologist and request an in-person or phone appointment to speak briefly with the physician about your practice and the services that you have to offer his or her patients. You can stop by the physician's office to introduce yourself and ask the receptionist to schedule an appointment for you for a brief meeting with the physician (aim for 3 to 5 minutes). Physicians commonly meet with pharmaceutical representatives who will provide samples and information, so a professional meeting will not be out of the ordinary. If the physician does not want to meet in person, then ask the receptionist if you can drop off some of your brochures for the physician to review.

When you do meet or talk by phone, be brief, be clear, and be respectful. Greet the physician by name (if you are not sure of the pronunciation, then have the receptionist or nurse tell you in advance). Tell the physician who you are and what you do. Provide a brief overview of the core services that you offer, and highlight any specializations that you may have. Present the physician with copies of your brochure and referral form as well as a brief cover letter for their reference. The cover letter should include details on your fees, how clients might pay for services (e.g., extended health coverage or medical expense deductions), how physicians can make a referral, and how they can reach you if they have further questions. Your introduction might sound like this: *"Dr. Niceguy, I am Dr. Competent, a registered psychologist, and I have an independent*

*practice office next door. I have 15 years' experience, with a specialization in the treatment of mood and anxiety disorders in adults. I wanted to let you know about my services in case you have any patients who might benefit from psychological intervention. I brought some of my referral forms and brochures that provide an overview of my practice, as well as information about how you can reach me if you have further questions."* Also, be sure to ask them how they prefer to receive communication about patients, whether by fax, phone call or other method (such as regular post). Answer any questions they might have, but don't linger. Physicians have busy schedules. Thank them for their time and let them know you are available to speak with them should they have any questions in the future.

About 80% of Alberta's family physicians are affiliated with a Primary Care Network, some of which employ allied health professionals such as psychologists, mental health counsellors, or behaviour consultants. In those cases, it might be helpful to present your services as adjunctive to what they already offer. Although the family doctors may be able to access some psychological services through their PCN, not all PCNs have such specialists, and even those who do are often overwhelmed with the number of patients they need to serve. It might also be helpful to request a meeting with the mental health team to find out what services or expertise they are lacking on their team. If you have skills that can complement theirs, while helping to meet patient needs, they will be more willing to refer patients to you.

## 3) **Provide timely communication about clients and referrals**

Just like you, physicians have a duty of care to their patients. This means that once they start working with a patient, they must continue to provide services until the patient is better, transfers to another professional, or leaves the practice. If they agree to transfer care to a specialist, or agree

*When you do meet or talk by phone, be brief, be clear, and be respectful. Greet the physician by name... Tell the physician who you are and what you do.*

to share a patient's care, they need the specialist to let them know how things are progressing. **The expectation on their part is that the specialist receiving the referral will let them know a) if they are able to take the referral (and if not, then who might be an alternate referral source) and b) when the professional will be able to see the patient. Physicians view psychologists as specialists.**

If you can contact the patient and book an appointment right away, let the physician know this has been done. After your first meeting with the client, let the physician know what has been decided (*note: you will need to obtain your client's written permission to communicate*). You can provide this through a **brief** phone call, fax, or letter: "Dr. Niceguy, I met with your patient Sarah Hystrung today for an intake assessment. During the consultation, I reviewed her history and presenting concerns and determined that she has Generalized Anxiety Disorder. She has agreed to see me for treatment, which will take place on a weekly to bi-weekly basis. I will provide you with regular updates on her progress in treatment. Please contact me should you have any questions or concerns." You should also plan to provide regular updates. The frequency of feedback to the physician will depend on the nature of the service you are providing. If you are conducting a psycho-educational assessment, you might wait until the assessment is complete before providing feedback. If you are treating a client with a Major Depressive Disorder, you may need to provide feedback on a monthly basis.

Once your work is finished, it is important to send a discharge letter or closing note to the physician. Use this letter to summarize the service that you have provided, the outcome of your work, and the plan for the future. It could look something like this: "Dr. Niceguy, I first met with your patient Mark Domocile on May 7, 2011, at which time I was able to clarify a diagnosis of Panic Disorder. Mark attended 12 sessions of weekly to biweekly treatment using cognitive behavioural therapy to address his symptoms of anxiety. He was motivated to engage in treatment and made steady progress. At our final session on September 10, 2011, he reported no significant symptoms of anxiety. At this point I will be closing his file and transferring him back to your care. Of course, he may contact me should he

*encounter any setbacks or require further treatment in the future."*

#### 4) **Respect the physician's time and expertise**

Physicians are busy professionals and they don't get paid to have long telephone conversations with others or read long letters and reports. I once had a client who gave her G.P. a copy of her daughter's psycho-educational report. When she saw him next she asked if he had read it... His reply? "I'm waiting for the movie to come out." **Take-home message: If you write a report, send a cover letter that summarizes your key findings on a single page.** If you do call a physician's office to provide an update on a patient, prepare carefully. Be clear about what you want to say and why. Most physicians will have a private line for other physicians and specialists to call. Once you build a relationship with a physician, they may trust you with this number. When you call, tell the secretary or nurse which patient you are calling about. They may need to locate a paper or electronic file, so you will usually be on hold while they do this. Sometimes they will ask to call you back within 10 minutes, or at a prearranged time. When the physician comes on the line, keep your comments brief and to the point. **State who you are, who you are calling about, why you are calling, and what (if anything) you want from them. Be sure to give them a chance to ask questions, and ask them if they need anything from you.**

If you think the patient needs something from the physician, be respectful. It is not your job to tell the physician what to do. It is your job to tell a physician what concerns you have about their patient. "Dr. Niceguy, I met with your patient Tyler Active, and I am concerned that he has a significant untreated AD/HD. I think he might benefit from a medication consultation and was wondering if that is something that you feel comfortable providing?" When doing this, don't suggest any particular medications to the physician (e.g., the G.P. may not want to use a stimulant medication and may prefer to use a non-stimulant treatment option). The physician may also want to refer to a pediatrician or child psychiatrist.

Don't be afraid to bring up medical concerns such as sleep, appetite, unusual symptoms, or potential medication side-effects. **Do not tell the physician what you think they should be diagnosing, what**

*treatment you think they should be prescribing, or what referrals they should be making to other specialists.* If you have concerns about a client's medical condition, then present your concerns clearly and without prejudice: *"Dr. Niceguy, when I met with your patient Jon Ake, he advised me that he has been experiencing severe migraine headaches and even reported fainting sometimes during these episodes. I am concerned that he might be at risk of injuring himself, and I wasn't sure if he had communicated his symptoms to you."*

You may also want to communicate health information that may hold implications for the physician's management of the patient: *"Dr. Niceguy, when I met with your patient Dave Souse, he disclosed to me that he has been drinking alcohol regularly while he is taking narcotic medication for pain. I am worried about potential drug interactions and wanted to bring this to your attention."*

#### **Build and Maintain a Professional Relationship**

At the end of the day, family physicians have a unique relationship with their patients. As an allied health professional, you want to support that relationship, communicate effectively, and avoid doing anything that may jeopardize or challenge that relationship. If you can do this well, you will be welcomed as a respected and valued member of the treatment team, and you will be the recipient of those valuable and important referrals.

*Michael Lee Zwiens, Ph.D. is an Assistant Professor in the Counselling Psychology program at the University of Calgary and has a specialization in assessment as well as treatment of AD/HD, anxiety and mood disorders.*

#### **CALGARY PRIVATE PRACTICE OPPORTUNITY – SEEKING ASSOCIATE**

A successful sole proprietorship practice is looking for an associate with 10+ years of experience. Current referrals are primarily men with PTSD, anxiety, depression, anger, addiction and intimacy issues. Modalities are individual, couple and group. Applicants with post-modern and pro-feminist orientations will be prioritized.

See website [healingchange.ca](http://healingchange.ca)  
e-mail inquiries only to [healingchange@shaw.ca](mailto:healingchange@shaw.ca)

## **CONFLICT AND ETHICAL PSYCHOLOGICAL PRACTICE**

*by Dr Susan MacDonald, R.Psych.*

#### **Vignette: The Case of Robert**

Psychologist Dr. Robert Smith was contracted to write a training manual for Logan Assessments Inc. Robert compiled a detailed outline of the manual with resources, and sent it off to Logan management. After some time the management apologized, stating they had brainstormed a new vision for the manual. Robert suggested it would be beneficial to include him in these meetings, and everyone agreed. Unfortunately, management meetings continued to occur, and Robert was never invited. Some decisions were reported to Robert after meetings, others were not. While Robert met the deadlines for each stage of the project, feedback was postponed, management would meet again, develop new ideas, and request more alterations. There were so many delays with the manual, his contract was rewritten three times. Robert became frustrated, having turned down other work in order to meet the deadlines of the original contract. While management preferred to communicate through email or not at all, Robert asked to speak by phone in order to resolve some concerns. These calls always resulted in very short conversations, which never resolved all issues. Robert began to re-write some sections in note form. He assumed that once the committee came to a final agreement on content, he could write these sections in full. One day he opened his email to find a letter from the chairman, stating his contract was cancelled because these sections were plagiarized. Robert was aware of his unfinished writing and was waiting for agreement before finalizing his work. Before he could respond he received another email stating no communication would be allowed because legal action commencing and a complaint would be filed with his regulatory board.

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## Conflict and Ethical Practice

The word *conflict* may create visions of situations that are uncomfortable and unpleasant, and a condition to be avoided at all cost. However, conflict is a common occurrence in life and, given the nature of our profession, something we encounter on a regular basis. Thomas (n.d.) defines *conflict* as “the condition in which people’s concerns appear to be incompatible” (p. 2). When two or more people are faced with making a decision, there is always the potential for conflict. So, if conflict is a common element of our work, it follows that as part of sound ethical practice we should have some tools and strategies for dealing with conflict.

### Modes of Conflict

There are five basic conflict modes (CPP, 2009) and two dimensions, *Assertiveness*, attempting to fulfill one’s own concerns; and *Cooperativeness*, endeavoring to meet the concerns of others (CPP, 2007):

- Competing: assertive and not cooperative
- Collaborating: assertive and cooperative
- Compromising: in the middle of both dimensions
- Accommodating: cooperative and unassertive
- Avoiding: neither assertive nor cooperative

### Competing Mode

When using a *Competing* style, people are assertive and uncooperative (Thomas, n.d.) seeking to satisfy their own needs or concerns without input or information from others. When might this be helpful? Perhaps in emergency situations, when time is of the essence, or if a person is an expert on the topic, while others have limited or no knowledge of the situation. However, when developing trusting working alliances with clients and colleagues, others can often benefit from being active participants and contributors in the decision making process.

### Accommodating Mode

When *Accommodating*, people are unassertive and cooperative, the opposite of competing (Thomas, n.d.). In this mode people deny or ignore their own concerns in order to satisfy the other person’s agenda. Accommodating is a good strategy if the situation doesn’t hold a lot of meaning or consequence, or when the outcome is much more important to the other person, and the accommodating person is comfortable with giving into the other’s desires. On the other

hand, if one’s wants and needs are being overlooked, or knowledge is undermined, this should be cause for concern.

### Compromising Mode

When *Compromising*, people are somewhat assertive and moderately cooperative (CPP, 2009). They will look for a reasonable resolution that partially satisfies both their own concerns and those of the others involved. This is useful for temporary settlement of goals of only moderate importance, or if competing or collaboration has failed (CPP, 2007). Yet, compromise is not always the right choice. Imagine a couple visiting their families for the holidays one year in Porcupine Plain, Saskatchewan, the next in Come-By-Chance, Newfoundland. Yet if they had an honest conversation with each other, they find they would rather go to Maui!

### Avoiding Mode

When *Avoiding*, people are both unassertive and uncooperative (CPP, 2009) and attempt to delay, overlook, avoid, or ignore dealing with the situation. Perhaps the issue is not a priority, or it could be effectively delegated to someone else. Or one decides it may not be wise to voice any concerns. Possibly, there isn’t a solution to the problem, or it might not be an appropriate time to address the issue. Alternatively, if avoiding a situation is leading to a crisis of mammoth proportions, probably another approach is necessary.

### Collaborating Mode

In a *Collaborating* mode, people are equally assertive and cooperative (Thomas, n.d.). People actively problem-solve in order to discover a win-win solution for all participants. Input from everyone is encouraged and expected. Collaborating is a great way to create trusting relationships and develop consensus. The problem with the collaborative mode is that it requires time and commitment. If an issue doesn’t warrant the energy expenditure, or people are unwilling or unable to dedicate time and effort to the undertaking, cooperation won’t occur. As well, if participants lack the knowledge or experience to effectively contribute to an outcome, collaboration is not going to be effective.

### Understanding Robert’s Predicament

Robert appears to have spent most of his time accommodating to the Logan management team. He did make attempts to collaborate by making requests to be included in meetings, but for the most part gravitated



more towards cooperation, while management operated in competing and avoiding modes. He did take an assertive stance by requesting his expertise be taken into consideration by management and when voicing his concerns about content and delays. By the end of the contract, Robert is more avoidant in nature, passively waiting for final approval before taking steps to finalize the manual. This typically occurs when a person perceives themselves to have very little power in a situation they believe is very difficult to alter (CPP, 2007).

What could Robert have done differently to avoid a complaint filed with the College? Robert could have been more active in his communication approach and made more attempts to foster collaboration. With issues to be addressed and resolved, a collaborative rather than avoiding mode would have been a better strategy. In hindsight, it's quite clear that the most important task for Robert had shifted from completing the manual, to ensuring that he and management were handling conflict in a constructive and compatible manner.

### **Optimizing Our Ethical Practice**

Conflict is an inevitable element of our practice. "The most fundamental conflict skill is the ability to select the conflict mode that will be most productive for a given situation" (Thomas, n.d., p. 4). We should make a determination which of these approaches will best serve the needs of the people involved, and the matter at hand. With a sound understanding of conflict, strategies to work through issues, and the prudence to discern the best course of action in any particular circumstance, we can optimize our ethical integrity.

#### **References**

CPP. (2009). History and validity of the Thomas-Kilmann Conflict Mode Instrument (TKI). Menlo Park, CA: Author. Retrieved from [https://www.cpp.com/Products/tki/tki\\_info.aspx](https://www.cpp.com/Products/tki/tki_info.aspx)

CPP.(2007). Thomas-Kilmann Conflict Mode Instrument Profile and Interpretive Report. Menlo Park, CA: Author. Retrieved from <https://www.cpp.com/sampleReports/reports.aspx#tki>

Schaubhut, N. A. (2007). Technical brief for the Thomas-Kilmann Conflict Mode Instrument. Menlo Park, CA: CPP. Retrieved from [https://www.cpp.com/pdfs/TKI\\_Technical\\_Brief.pdf](https://www.cpp.com/pdfs/TKI_Technical_Brief.pdf)

Thomas, K. W. (n.d.). Making conflict management a strategic advantage. Menlo Park, CA: CPP. Retrieved from <https://www.cpp.com/products/tki/index.aspx>

Thomas, K. W., & Kilmann, R. H. (1974). Thomas-Kilmann Conflict Mode Instrument. Mountain View, CA: Xicom.

## **PAA WINTER 2012 WORKSHOPS HELD**



### **The Rapidly Evolving Field of Psychological Understandings and Services for Divorce**

November 16, 2012 -

Edmonton

Presented by

Dr Susan Gamache

There were 25 Participants.

## **BOOK SWAP**

At this year's conference the Psychologists' Association of Alberta will offer a free book swap to those who attend the conference. The idea is simple: if you have any books of interest to psychologists (other than text books) that you no longer need, bring them with you to the conference, we will provide a table where you can donate them, then you and other attendees can browse them and take home any books that have been donated. There is no cost to anyone and it is a good way to downsize your collection. We would accept most books relevant to our profession, except for text books.

### **IN MEMORIAM**

*Mr. Richard Rajala*

The PAA Board would like to express their deepest sympathy in the passing of Mr. Richard Rajala, who passed away on February 4, 2013.

## WHAT WE DO...



by Terry Wilton, R. Psych.

It is quick to think that what we do, are the *things* that we do: our actions and the words we say when we are in the therapy room. If only we could get those actions and words exactly right, we would really be doing our job well.

There is a less obvious “do” that is vital to our profession. We observe.

I asked a psychologist whom I respect to quickly brainstorm what she observes about her clients in the normal course of doing therapy. She came up with 11 different classes of behavior, speech and language characteristics, and shifts in appearance. Within each of these there were multiple possible variations.

Knowing how and what to observe comes from a rich heritage of the science side of our profession. Like many of the other sciences, from botany to cosmology, we learn much from careful observation. While we like to think about science as experimentation with its statistical notion of significance, much of science has been careful observation. Once the careful observations are made, there is the thinking through of underlying mechanisms that can elegantly account for those observations. Great psychologists from William James to Piaget, to current leaders in our field such as Paul Beckman or John Gottman, have established the power of observation as the foundation for new awareness and elucidation of psychological mechanisms.

Of course, there is an engineering side to our endeavor. In the therapy room we strive to increase the adaptation of our clients and lower their distress. It is in this regard that our powers of observation are especially useful. Much of the outcomes we promote involve the subjective experience of our clients. It is that subjective experience that is so richly observable in the many classes of what we observe and the variations within those classes.

I recently attended training in one of our state-of-the-art therapies. It was sad to observe that never once (at least to my recollection) did the presenter speak of what to observe. We were told what to do with respect to the client reactions to the important aspects of the model – for example, whether homework was done. But observation of the client in the moment-to-moment interaction of the therapy was not featured as vital to the process. Indeed there was encouragement to press ahead in the application of the model regardless of client emotional or interpersonal response.... as if any reaction of the client other than showing compliance to the model was a jeopardy to the therapy.

This is troubling to me. The greatness of science comes from the creativity, critical thought and passion of the scientist. What feeds our creativity, what feeds our capability to make sound critical judgments, what feeds our *com*-passion as the scientists in the room with our clients, is our capability to observe. We must be capable to observe on many levels, to integrate our observations into an evolving understanding of the person and the emotional/cognitive/interpersonal phenomena we face.

We think of therapists as technicians now – not scientists. In this currently popular version of psychotherapy we are to precisely and technically apply what has come from the creativity, critical thought and passion of someone else – the researcher or manual writer. When we dispense pre-packaged interventions we stop being true to the science of our profession. The steps have already been defined, sequenced and timed in a one-size fits all version. We are encouraged to replace the very scientific foundation of our venture with a set of white-bindered therapy manuals.

Observation fuels our creativity – the ability to find possibility in problems. Observation fuels our critical thinking – the ability to choose from the many invitations to change available, to determine the best timing of what we might do. Observation fuels our compassion – providing the substance of our understanding and participation with the emotions of our clients. Observation allows us to be creative, good critical thinkers, and compassionate in real time for the benefit of our clients.

Observation is the scientist part of what we do.

## GETTING SCHOOLED

This edition of Getting Schooled focuses on the development of **Reading Skills**.

Michele Pentyluk and I have a keen interest in the strategic development of an individual's reading skills. Research has demonstrated that with the implementation of evidence-based core instructional strategies most students can learn to read. Unfortunately, some School Psychologists and educators may not be up-to-date on the foundational reading literature that has been published over the past 13 years. This article provides School Psychologists with an overview of key reading research findings and recommends a few mainstay resources.

Happy Reading!!

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

### **The Role of School Psychologists in the Prevention of Reading Difficulties**

*Michele Pentyluk, R. Psych. is in private practice in Edmonton. She is the Past-President of the Learning Disabilities Association of Alberta.*

*Dr. R. Coranne Johnson, R. Psych. is presently working in private practice and is serving as a Board Director for the Psychologists' Association of Alberta.*

Reading difficulties are the most common cause of academic failure and underachievement, and one of the primary reasons why students are referred to School Psychologists (Bramlett, Murphy, Johnson, Wallingford, & Hall, 2002). Despite the extensive research and the vast array of evidence-based reading approaches and strategies available, students in our schools continue to experience reading challenges. Research indicates that



many of these reading challenges could be prevented with the implementation of core reading instruction along with early identification and remediation when reading acquisition difficulties are detected. School Psychologists play a pivotal role in students' reading development by engaging in a number of activities including:

- Assisting with division-wide implementation of evidence-based core reading instructional strategies.
- Promoting and developing early identification processes in schools.
- Planning and implementing targeted interventions.

School Psychologists possess competencies in assessment, intervention, and research, as well as program development and evaluation. As such, they are uniquely prepared to assist with the development and implementation of effective reading instruction in schools. These skills are essential when analysing reading research findings, and when devising reading instruction intervention processes within universal, targeted and individualized tiers of support.

### **What should School Psychologists know about core reading instruction?**

In 2000, the National Reading Panel reviewed more than 100 000 studies to establish what aspects of reading instruction were required to yield the best results in terms of overall reading ability. The Panel identified five essential components of reading instruction that enhance reading acquisition:

1. **Phonemic awareness** – the ability to hear, identify and manipulate sounds in words.
2. **Phonics** - the understanding that there are predictable relationships between sounds and letters in print.
3. **Fluency** – the ability to read effortlessly in terms of accuracy, speed and expression.
4. **Vocabulary** – the ability to understand the meaning of words.

*... We can identify students who possess poor phonological awareness at a very young age, and with targeted intervention we can prevent the development of reading delays.*

## 5. Text comprehension – the ability to gain meaning from text.

The intent of the National Reading Panel was to provide educators with evidence-based instructional reading approaches that could be utilized as the foundation for reading instruction. Two central publications discuss and describe the five essential components: (a) *Put Reading First* (National Institute for Literacy, 2001,) and (b) *What Content-Area Teachers Should Know About Adolescent Literacy* (National Institute for Literacy, 2007).

The establishment of five essential components of reading instruction contradicts the “whole language” training that many Alberta teachers received in their university preparation. Furthermore, teaching reading using whole-word approaches as a model of reading instruction has not stood up to the scrutiny of research. Tunmer and Greaney (2010) describe the whole- word approach as the “multiple cues” theory of reading acquisition. This approach teaches students to use multiple cues to identify words in text. That is, they are encouraged to use picture cues, semantic and syntactic information, passage content, and prior knowledge when reading. There is evidence that struggling readers rely too heavily on these cues to compensate for their deficient alphabetic coding skills (Stanovich, 1986). “The scientific evidence is simply overwhelming that letter-sound cues are more important in recognizing words... than either semantic or syntactic cues (p. 21, Pressley, 2006). Good readers readily deduce letter-sound cues when learning to read, but poor readers require explicit instruction. The research regarding the importance of alphabetic coding skills resulted in The National Reading Panel’s (2000) recommendation that ALL students should receive direct and explicit instruction of phonemic awareness and phonics. Research has defined for educators how to teach students how to read (National Reading Panel, 2000). School Psychologists, therefore, have an opportunity to assist with the dissemination and implementation of evidence-based reading instruction.

### How do we identify students at-risk?

“The most common cause of children’s early difficulties in acquiring accurate and fluent word recognition skills involves individual differences in their phonological knowledge and skill” (Torgensen, 2002, p. 12). Torgensen (2002) believes this is a critical point, and one that underlies the need to assess phonological awareness at a young age, possibly, the most important discovery about reading difficulties made in the last 20 years. What may be the second most important discovery

is that we can identify students who possess poor phonological awareness at a very young age, and with targeted intervention we can prevent the development of reading delays (Al Otaiba & Torgensen, 2007; Helland, Tjus, Hovden, Ofte, & Heimann, 2011; Lipka & Siegel, 2010). Specifically, Lesaux and Siegel (2003) found that early screening and intervention reduced the risk of reading difficulties from 23.8% in Kindergarten to 2.7% in Grade Four. The potential impact of strategic reading intervention is astounding.

### What are Early Identification processes?

Given the evidence that suggests that students at-risk can be identified at a young age, School Psychologists have a professional responsibility to identify children before they begin to fail. While many teachers and School Psychologists believe that reading disabilities cannot be identified until a child is well into elementary school, and as a result, well behind expected reading achievement levels, research suggests that at-risk students can readily be identified in Kindergarten and Grade One (e.g., Lipka and Siegel, 2010). Difficulties with the building blocks of language (i.e., phonological and phonemic awareness skills) as well as a limited vocabulary and poor letter knowledge are all indicators that a child may be at-risk. School psychologists can train classroom teachers to administer screening tests to identify students at-risk. Once weaknesses are identified, School Psychologists can work with teachers to enhance their knowledge of intervention strategies. The Learning Disabilities Association of Alberta’s Right to Read committee developed a screening test, the *Reading Readiness Screening Tool* (RRST), which is designed to be administered by classroom teachers to all students at the Kindergarten and Grade One level. More information about this screening tool can be obtained by contacting Greg Markusson, coordinator of the Right to Read Project ([gmarkusson@canlearnsociety.ca](mailto:gmarkusson@canlearnsociety.ca)).

### What intervention strategies are effective?

When students’ reading development is delayed, they should be provided with targeted instruction. Several approaches to the application of more intensive supports have been described in the literature; most suggest a multi-tiered, Response to Intervention (RTI) model (Vaughn, Denton, & Fletcher, 2010). This occurs through some combination of reducing group size, increasing learning time, and tailoring the instruction so that it better meets the need of the learner (Wanzek & Vaughn, 2009). School Psychologists have a growing number of excellent resources to refer to for specific interventions. *Understanding, Assessing, and Intervening on Reading*



*Problems* (Joseph, 2006) is a practical resource that is essential when consulting about reading interventions. Dawn Reithaug's *Three Tiers of Instruction and Intervention for Reading* (2009) frames reading instruction/intervention in an RTI model. Advocating for and working with schools to develop early intervention, regular instruction, and specialized intervention practices are vital roles of the School Psychologist.

### What happens if we don't intervene?

The effects of unidentified and/or unremediated reading difficulties are numerous. Stanovich (1986) described how poor reading skills not only impacted all areas of academics, but also extra-curricular activities and peer relations. He coined the term, "The Matthew Effect" to describe how students who started their school careers with lower reading abilities continued to fall further behind their peers. What begins as relatively small differences in reading and reading-related skills during the first year of school, develops into a downward spiral of achievement deficits, with negative motivation and behavioral spinoffs. Self-esteem and self-concept suffer (Boetsh, Green, & Pennington, 1996), with impacts that reach far beyond the walls of the classroom. Not only do low literacy levels place individuals at greater risk for early school leaving, but a high number of homeless youth and adolescents who have committed suicide were identified as learning disabled (McBride & Siegel, 1997). It would be negligent to allow students to progress through school without effective intervention when there is strong evidence to suggest that we can prevent many reading difficulties.

### Conclusion

School Psychologists play a key role in helping teachers and parents understand how reading develops and how to intervene when development is not progressing as expected. Research has identified the essential elements of reading instruction that should be provided to all readers (National Reading Panel, 2000), and that the intensity and explicitness of intervention strategies must be increased for those students who continue to struggle despite receiving high quality core reading instruction. School Psychologists who have a solid understanding of the development of reading skills, the reasons for reading difficulties, the process of identification of students at-risk, and the essential components of evidence-based instruction are valued members of the school team. Helping teachers expand their understanding and utilization of evidence-based reading interventions is a challenging role for School Psychologists, but a worthwhile one that has the potential to reduce the

numbers of students who struggle with reading in Alberta's schools.

### Bibliography

- Al Otaiba, S., & Torgensen, J. (2007). Effects from intensive standardized kindergarten and first grade interventions for the prevention of reading difficulties. In S. R. Jimerson, *The Handbook of Response to Intervention: The Science and Practice of Assessment and Intervention* (pp. 212-222). New York: Springer.
- Boetsh, E. A., Green, P. A., & Pennington, B. F. (1996). Psychosocial correlates of dyslexia across the life span. *Developmental Psychopathology*, 8(3), 539-562.
- Bramlett, R. K., Murphy, J. J., Johnson, J., Wallingford, L., & Hall, L. D. (2002). Contemporary practices in school psychology: A national survey of roles and referral problems. *Psychology in the Schools*, 39, 327-335.
- Helland, T., Tjus, T., Hovden, M., Ofte, S., & Heimann, M. (2011). Effects of bottom-up and top-down intervention principles in emergent literacy in children at risk of developmental dyslexia: a longitudinal study. *Journal of Learning Disabilities*, 44(2), 106-122.
- Joseph, L. M. (2006). *Understanding, Assessing, and Intervening on Reading Problems*. Bethesda, MD: National Association of School Psychologists.
- Lesaux, J. K., & Siegel, L. S. (2003). The development of reading in children who speak English as a second language. *Developmental Psychology*, 39, 1005-1019.
- Linan-Thompson, S., Vaughn, S., Prater, K., & Cirino, P. T. (2006). The Response to intervention of English language learners at risk for reading problems. *Journal of Learning Disabilities*, 39, 390-398.
- Lipka, O., & Siegel, L. S. (2010). Early Identification and Intervention to Prevent Reading Difficulties. In D. & Aram, *Literacy Development and Enhancement Across Orthographies and Cultures, Literacy Studies 101*. (pp. 205-219). Vancouver, BC: Springer Science and Business Media.
- National Institute for Literacy. (2001, September). *Put reading first*. Retrieved from National Reading Panel: <http://www.nationalreadingpanel.org/publications/researchread.htm>
- National Institute for Literacy. (2007). *What content area teachers should know about adolescent literacy*. Retrieved from [http://lincs.ed.gov/publications/pdf/adolescent\\_literacy07.pdf](http://lincs.ed.gov/publications/pdf/adolescent_literacy07.pdf)
- National Reading Panel. (2000, April). *Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction*. Washington, D.C.: NIH Publication No 00-4769. Retrieved from National Institute of Child Health and Human Development: <http://www.nichd.nih.gov/research/supported/Pages/nrp.aspx>
- Pressley, M. (2006). *Reading instruction that works: The case for balanced teaching*. New York: Guilford.
- Reithaug, D. (2009). *Three Tiers of Instruction and Intervention for Reading*. West Vancouver: Stirling Head Enterprises.
- Schatschneider, C., & Torgesen, J. K. (2004). Using our current understanding of dyslexia to support early identification and intervention. *Journal of Child Neurology*, 19(10), 759-765.
- Stanovich, K. E. (1986). Matthew effects in reading: Some consequences of individual differences in the acquisition of literacy. *Reading Research Quarterly*, 360-407.
- Torgensen, J. K. (2002). The prevention of reading difficulties. *Journal of School Psychology*, 40(1), 7-26.
- Tunmer, W., & Greaney, K. (2010). Defining dyslexia. *Journal of Learning Disabilities*, 43, 229-243.
- Vaughn, S., Denton, C. A., & Fletcher, J. M. (2010). Why intensive interventions are necessary for students with severe reading difficulties. *Psychology in the Schools*, 47(5), 432-444.
- Wanzek, J., & Vaughn, S. (2009). Students demonstrating persistent low response to reading intervention: Three case studies. *Learning Disabilities Research and Practice*, 24(3), 151-163.

# PRESUMPTIVE PTSD COVERAGE FROM WCB-ALBERTA

*Submitted by Jerry Rose, Ph.D.*

*Authored by Caren Baroudy,  
Communications Advisor, WCB-Alberta*

## **New legislation for first responders with PTSD**

Post-traumatic stress disorder (PTSD) is covered under WCB policy for workers in Alberta, with each claim considered on a case-by-case basis. New legislation makes this coverage presumptive for the province's first responders.

Section 24.2 of the *Workers' Compensation Act* (the Act) solidifies coverage for first responders (police officers, firefighters, emergency medical technicians and sheriffs) by presuming PTSD is work related, unless the contrary is proven.

## **Assessing and/or treating a first responder with PTSD: Diagnosis is critical**

Under the Act, PTSD is defined pursuant to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and requires the diagnosis to be made by a physician or a psychologist.

If you are working with a first responder and believe he/she has PTSD, you should report the diagnosis to WCB.

WCB will review the report and adjudicate the claim. However, if the claim owner needs more information to confirm the diagnosis, a WCB psychological consultant will call you to clarify. The consultant may ask you to provide more information detailing your client's diagnosis according to the most current DSM diagnostic criteria for PTSD.

It is critical for WCB to have a confirmed diagnosis of PTSD. Your help in achieving this confirmation is essential.

## **Working with a first responder as an EFAP provider**

If you are an EAP/EFAP provider for an employer, you will be asked to report on the history of your treatment with the first responder for his or her WCB claim.

As an EAP/EFAP provider, you may have concern about reporting to WCB. While WCB acknowledges the challenges you are facing, the Act directs all providers to report when required to do so. It is the only way for WCB to provide the right support and services to a worker with an injury. WCB will work with you to not disrupt treatment for your patient.

We are currently writing an article about psychologists' requirement to report under the WC Act for an upcoming issue of the CAP monitor. We hope this will be a helpful resource for psychologists.

## **Focus on return to work**

WCB's goal is to help injured workers return to work. We value our relationship with treatment providers who help us provide the best support possible.

## **Provider list of "culturally competent" clinicians**

WCB is in the process of identifying providers who fulfill the definition of "culturally competent clinicians" who are familiar with the research concerning treatment of first responders for post-traumatic stress disorder in the new legislation. If you have the required experience and wish to be included on the list, please contact WCB at 780-498-3302.

## **Get more information on the WCB website.**

Details on the new legislation:

[www.wcb.ab.ca/pdfs/providers/HCP\\_PTSD.pdf](http://www.wcb.ab.ca/pdfs/providers/HCP_PTSD.pdf)

WCB's treatment of traumatic psychological injury:

[www.wcb.ab.ca/pdfs/providers/TPI.pdf](http://www.wcb.ab.ca/pdfs/providers/TPI.pdf)

Disclosing personal health information to WCB:

[www.wcb.ab.ca/pdfs/global/disclosure\\_health\\_info.pdf](http://www.wcb.ab.ca/pdfs/global/disclosure_health_info.pdf)

If you have any further questions or concerns about the new legislation and its implications for psychologists, please call Dr. Jerry Rose, WCB Psychological Consultant at 780-498-4548.

# ALBERTA COURT OF QUEEN'S BENCH FAMILY LAW PRACTICE NOTES 7 & 8

## Information for Psychologists

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



### Practice Notes

Practice Notes are procedural guidelines developed by, and used by, the Court of Queen's Bench. A significant amount of work and thought goes into each Practice Note and prior to adoption they are reviewed by committees, the entire

judiciary and finally approved by the Chief Justice. While Practice Notes are found on the Court of Queen's Bench websites, they are essentially internal Court documents. However, with Practice Notes 7 & 8, the Court paid special attention to the ethical guidelines of psychologists to avoid producing Orders that would compromise professional ethics. These Practice Notes are not produced by the College of Alberta Psychologists and it is the responsibility of individual psychologists to be aware of, and follow, all of the appropriate regulatory documents (CPA Code of Ethics, CAP Standards of Practice and Practice Guidelines).

Family Law Practice Note 7 essentially states that the Court may make use of "Parenting Experts" (psychologists, social workers, mediators) to intervene (in a therapeutic or even value with the role) with a high-conflict separated/divorced/never married family. While the family still is required to pay for the service, essentially the parenting Expert is working on behalf of the Court and needs to be a neutral third party. Such "families" can be separated, divorced, never married or have a child as the result of a brief encounters and in some cases it even pertains to a step-parent or adoptive parent with a long standing parental relationship with a child.

The previous Family Law Practice Note 7 created

confusion as it did not distinguish between divorce interventions or custody assessments. The worst misinterpretation found people thinking that a Practice Note 7 Intervention was that "bargain basement" custody assessment done in 10 hours or less (which of course is both impossible and unethical). The creation of Practice Note 8 hopefully will address this confusion. Practice note 7 unequivocally states that a psychologist doing an intervention cannot lead to recommendations regarding parenting time (access) or parenting responsibility (custody). Practice Note 8 refers to a psychologist conducting an Open (Bilateral) Custody Assessment. As in the legal community the term "custody" is used less and less instead of Practice Note using the term "Custody Assessment" it uses a more culturally relevant term "Assessment of Parenting Time and Parenting Responsibilities". For all purposes, these terms are synonymous.

The actual Practice Notes can be found at: [www.albertacourts.ab.ca/CourtofQueensBench/PracticeNotes/tabid/93/Default.aspx](http://www.albertacourts.ab.ca/CourtofQueensBench/PracticeNotes/tabid/93/Default.aspx)  
Click on the tab for Family Law to find Practice Notes 7 & 8.

### Relevant Ethical Considerations for Psychologists

Psychologists are required to understand, and follow, all of the ethical documents (CPA Code of Ethics, CAP Standards of Practice, CAP Professional Guidelines). The Code of Ethics are the most broadly interpreted (aspirational) and the Standards of Practice are the most prescriptive. The Professional Guidelines are extensions of these two primary documents applied to specific practice issues. Practice bulletins also provide direction to psychologists. All of these documents are subject to periodic revision and it is the responsibility of the psychologist to keep current with the changes.

### Family Law Practice Note 7

Psychologists working under Practice Note 7 will be appointed by the Court in a Court Order. Until a Court Order has been stamped by the Court and Signed by the Court it is not valid.

*Practice note 7... states that a psychologist doing an intervention cannot lead to recommendations regarding parenting time... or parenting responsibility... Practice Note 8 refers to a psychologist conducting an Open Custody Assessment.*

Section I (3) clearly states: “Under this Practice Note a Parenting Expert will not provide an opinion or recommendations as to the best interests of the children, including opinions or recommendations regarding parenting time/responsibilities, custody, access or relocation. For such an opinion, the Court may order a Parenting Time/Parenting Responsibility Assessment under Practice Note 8. A Parenting Expert can describe what is happening in the family and/or with the children.”

In Section II, it is emphasised that even though appointed by the Court, a psychologist has to agree to the process and is not forced to act against their wishes.

When the document speaks of Case Management, it means that one Justice is assigned the case and will hear all applications and provide direction. If not under case management, a family going to Court three times may be seen by three different Justices. Case management provides consistency for the high conflict family.

An implication of the Parenting Expert “working” for the Court is the need of clear informed consent processes, informing all family members you work with of the limits of confidentiality.

While one document associated with a Practice Note 7 Intervention is the Court Order, an essential document for the Psychologist to produce, after reviewing the Court Order and/or having discussions with the lawyers involved, is a retainer agreement. A retainer agreement should include the referral goals (from the Court Order/Lawyers), a description of the process that will be used and the psychologists involved, limits of confidentiality and limitations of the process, professional fees and cancellation policy. It is not advisable to begin the process without a retainer agreement being done in advance. Even though a written retainer is provided (usually to the lawyers) it is still necessary that work with each family members involved begins with a discussion of the process (including limits of confidentiality and report writing) and reaffirmation of consent.

Paragraph II(13) states: “Prior to finalizing the Intervention Order, the Court shall direct the Parties to consult the Parenting Expert about the description of the Intervention to be included in the Order to ensure that it describes accurately what the Parenting Expert can do and is consistent with the retainer agreement that will

be entered into between the parties and the Parenting Expert.” While the lawyers and the Court may ask you to “do an intervention” it is essential to determine what is actually required as the term intervention is too vague. Is it an evaluative intervention? Is it a therapeutic intervention? If so, what will actually be done and who will be involved?

The Practice Note states “it is expected that the Parenting Expert will communicate with the Court by letter.” and “neither the parties nor the children may receive copies of the letter from the Parenting Expert without an order of the Court.” It is proper procedure to address all letters to the Court and to both lawyers. For documents such as retainer agreements, these can be given to self-represented parties. However reports cannot be given to clients without permission from the Court. If you have produced a report and self-represented parties are involved, simply inform them that the report has been provided to the Court and they can make arrangements to view it at the Court House. Unless telephone contact is initiated by the Court, it is not advisable to contact the Case Management Justice directly by phone – have all contact in writing.

While you cannot recommend parenting time or parenting responsibilities, your report can document any agreements the parents reach in making changes to the parenting plan if you were working with them in that regard.

### **Practice Note 7 Interventions**

There are three primary types of Interventions conducted by a Parenting Expert:

1. Evaluative Intervention which provides information to the court to assist in decision-making
2. Therapeutic Intervention which attempts to work towards resolution, manage conflict and make changes in the existing family dynamic.
3. Parenting Coordinator which is actually the process of mediation/arbitration where the parenting coordinator is a qualified arbitrator.

The interventions are described in some detail in the Practice Note.

### **Practice Note 8 Assessments**

In the last version of Practice Note 7 it was confusing



that Child Custody Assessments were included. All this meant was that such an assessment was what the Court could order to assist in decision making. However, it was misinterpreted that a brief form of a custody assessment would take place – even though that was never the intent. To reduce this concern, custody assessments, now referred to Assessment of Parenting Time and Parenting Responsibility have been placed in a separate Practice Note.

The only differences between a Practice Note 8 assessment and an assessment requested without Court involvement are:

1. The Court is copied in on correspondence and notified if there are issues of non-compliance, and, the parents are not allowed to have a copy of the report without the Court's permission.
2. Such assessments take a great deal of training and expertise to conduct and a psychologist should not undertake such a task without significant education and training.

### **Court List of Parenting Experts**

In the past the Court wanted to develop a list of psychologists who were knowledgeable with the processes under Practice Note 7. A list was developed based on individuals who were already doing such work and those who had attending training sessions regarding Practice Note 7 presented by a judge and a psychologist.

This list was never meant to be viewed as a credential; it was designed to assist in locating psychologists to help the Court. In the near future this list will be taken off the Court website. Instead, the Psychologists' Association of Alberta will modify the referral service data base to allow psychologist to identify themselves as able to work with Practice Note 7 processes and/or Practice Note 8 assessments. The Court will have a link to the referral service website to assist Judges and Lawyers in finding a psychologist to work with these processes. Like any other area of practice on the referral service it will be up to the psychologist to ensure that they have the competencies required to identify themselves as working in that area.

The Psychologists' Association of Alberta will be offering training regarding understanding Practice Notes 7 and 8 in April 2013. Included in this brochure are registration forms for these workshops.

## LAUREL AWARD

Congratulations to PAA member and Edmonton psychologist, Laura Kennedy, MA, R.Psych.

During Laura's tenure as a counsellor at The Sexual Assault Centre of Edmonton, she co-developed and facilitated a Movement and Expressive Art Therapy Group for adult female survivors of sexual abuse and/or assault. The group evolved out of a desire to offer clients on-going support in their healing process from sexual violence. This group was nominated for the Laurel Awards in September 2012, and won bronze.

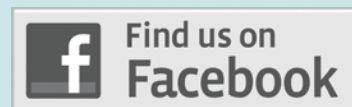
The Laurel Awards was established by Duncan & Craig LLP to honour non-profit organizations who further their objectives through creativity and innovation. There are three awards presented each year, Gold, Silver and Bronze with cash prizes of \$3000, \$2000, & \$1000 respectively.

## PAA IS NOW ON FACEBOOK

Please visit the PAA Facebook Page by typing in the link below into your web browser.

[http://www.facebook.com/pages/  
Psychologists-Association-of-  
Alberta/169589246436220](http://www.facebook.com/pages/Psychologists-Association-of-Alberta/169589246436220)

Or you can visit the PAA website at <http://www.psychologistsassociation.ab.ca/> and click on the icon shown below.



You do not have to have a Facebook account to view the PAA Facebook page.

## JUBILEE AWARD

Congratulations to PAA Member and Medicine Hat psychologist, Bonnie Rude-Weismann.

Bonnie was recently awarded the Queen Elizabeth II Diamond Medal for her work as a psychologist and volunteer. The award was presented to Bonnie by His Honour Col. (Ret'd) the Honourable Donald S. Ethell, Alberta's Lieutenant Governor, during a ceremony on Thursday, January 24, in Lethbridge, along with 32 other recipients from Alberta.

"The Diamond Jubilee Medal is a way to recognize those among us who have made a lasting contribution to the quality of life we are

fortunate to enjoy as Albertans and Canadians," said Lieutenant Governor Ethell. "These recipients share the same dedication to duty and commitment to service that Her Majesty Queen Elizabeth II has demonstrated throughout her reign. They have truly earned the thanks of their fellow Canadians for all that they have done on our behalf."

A new commemorative medal was created to mark the 2012 celebrations of the 60th anniversary of Her Majesty Queen Elizabeth II's accession to the Throne as Queen of Canada. The Queen Elizabeth II Diamond Jubilee Medal is a tangible way for Canada to honour Her Majesty for her service to this country. At the same time, it serves to honour significant contributions and achievements by Canadians.

During the year of celebration, 60,000 deserving Canadians from various walks of life were recognised, of which 633 were from Alberta.

## WELCOME TO THE PROFESSION AND PAA AWARDS BANQUET 2013

**Where:**

Delta Edmonton South Hotel  
Edmonton, Alberta

**When:**

Thursday, May 30, 2013

**Time:**

6:30 p.m. – 9:30 p.m.



**Keynote Speaker: Dr. Steven Hayes, PhD**  
"Compassion, Evolution and Clinical Psychology"

Evolution science has not been looked to as a mainstream guide for a science of psychological change since the horrific applications of evolutionary thought in the last century, but that is rapidly changing. In this talk I will explain why, and share the exciting implications that flow from seeing human beings as eusocial primates who learned a new way to cooperate called human language and have never been the same since. Far from convincing us that we are victims of our genes, modern multi-level and multi-dimensional evolution science offers new hope for constructing a more compassionate and liberated world driven by the best features of human nature.

The Welcome to the Profession Banquet allows us all to recognize the accomplishments of the newest members of our profession. We also take time to recognize outstanding psychologists and those who have made significant contributions to our society through the presentation of our Annual PAA Awards.

The cost to attend the banquet is \$55.00 (plus GST). You can confirm your attendance at the banquet through the PAA office or you may indicate your interest in attending and include your payment for the banquet by completing the appropriate area on the conference registration form.



PSYCHOLOGISTS'  
ASSOCIATION *of* ALBERTA

## 2013 Conference

Delta Edmonton South Hotel & Conference Centre  
4404 Gateway Boulevard  
Edmonton, AB T6H 5C2

Thursday, May 30th, 2013

**“Introduction to Acceptance and Commitment Therapy”**

Presented by Dr. Steven Hayes

9:00 a.m.- 4:30 p.m.

Thursday, May 30th, 2013

**Annual Welcome to the Profession and PAA Awards Banquet**

5:15 p.m. – 6:15 p.m.

Cocktail Hour

6:30 p.m. – 9:30 p.m.

Keynote Speaker: Dr. Steven Hayes

**“Compassion, Evolution and Clinical Psychology”**

Friday, May 31st , 2013

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

Presented by Dr. Scott Sells

9:30 a.m. – 4:30 p.m.

There will not be a printed brochure mailed out, instead an email blast was sent out in January 2013. Included in this issue are the registration forms for the conference and banquet.

For further information contact the PAA office at  
(780) 424-0294 Edmonton;  
(403) 246-8255 (Calgary)  
or toll free anywhere in Alberta 1-888-424-0297.

Information and registration forms are available on the PAA website at  
[http://www.psychologistsassociation.ab.ca/site/paa\\_workshops](http://www.psychologistsassociation.ab.ca/site/paa_workshops)

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## “Introduction to Acceptance and Commitment Therapy”

Presented by Dr Steven Hayes Ph.D

**Dr. Steven C. Hayes** is Nevada Foundation Professor at the Department of Psychology at the University of Nevada. An author of 32 books and over 460 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering. Dr. Hayes has been President of Division 25 of the APA, of the American Association of Applied and Preventive Psychology and of the Association for Behavioural and Cognitive Therapy. He was the first Secretary-Treasurer of the Association for Psychological Science, which he helped form and has served a 5 year term on the National Advisory Council for Drug Abuse in the National Institutes of Health. In 1992 he was listed by the Institute for Scientific Information as the 30th “highest impact” psychologist in the world. His work has been recognized by several awards including the Exemplary Contributions to Basic Behavioural Research and Its Applications from Division 25 of APA, the Impact of Science on Application award from the Society for the Advancement of Behaviour Analysis, and the Lifetime Achievement Award from the Association for Behavioural and Cognitive Therapy.



### About the Workshop

In the last decade evidence-based acceptance and mindfulness methods have burst onto the psychotherapy scene, bringing a new set of assumptions, concepts, and methods to the core issue inside psychotherapy: what should people do with their difficult thoughts, feelings, memories, and sensations? In some ways the answer to these approaches provides reverberates with humanistic and analytic traditions, but their tight link to basic and applied psychological science reformulates traditional answers as well. Acceptance and Commitment Therapy (ACT) is part of the core of modern evidence-based acceptance and mindfulness methods and is backed not just by nearly 70 randomized trials, but also by a large basic science program focused on the nature of human language and cognition. ACT (said as a single word, not initials) argues that a defining feature of human psychopathology is “psychological inflexibility” and that it can be addressed by a combination of six flexibility inducing processes (acceptance, diffusion, self, the moment, values, committed action). Applicable across a stunning range of clinical presentations. ACT has the considerable practical advantage of being an efficient transdiagnostic approach that is especially useful with complex and treatment resistant cases.

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## “Undercurrent Therapy: Treating the Secret Wounds of Kids and Adults”

Presented by Dr. Scott Sells

Dr. Scott Sells is a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist and former tenured Professor of Social Work at Savannah State University, Savannah, GA. Dr. Sells has conducted many seminars, in over 100 cities and spoken to over 15,000 professional counsellors and parents based on his first book entitled, *Treating the Tough Adolescent: A Family-Based, Step-by-Step Guide* published in 1998. Dr. Sells' second book, *Parenting Your Out-of-Control Teenager: 7 Steps to Re-establish Authority and Reclaim Love* (2001), was the basis for the establishment of the evidence based model: *Parenting with Love and Limits*.



It took Dr. Sells six years of intensive research to discover what makes children and teens go beyond normal everyday rebellion and move into behaviours that are out of control. He also has discovered how to reach resistant parents and get them motivated and engage their teenager again.

His dream now is not to reach just the individual counsellor or parent but to work collaboratively with juvenile justice and foster care systems in the US, Australia, and Europe to retool the way we serve our youth and motivate their parents.

### **About the Workshop:**

Attendees of this workshop will learn how to better identify the key reasons that have wounded the hearts of kids and adults, process undercurrents that are poisoning the healing process, and how to provide the family with a roadmap toward healing.

Parenting with Love and Limits (PLL), an evidence-based model, will illustrate three unique ways to engage the parents and the family to prevent relapse: (1) A unique combination of group and family therapy to teach parents missing core skills; (2) Motivational interviewing tactics and the clear boundaries to quickly engage families; (3) Recognizing the direct link between unresolved trauma and delinquent behaviour and actively treating unhealed wounds.

Video illustrations and live role plays will also help attendees see specifically how to use what they learn in this workshop and apply it in their practice. Attendees will also receive an overview of the Evidence-based Parenting with Love and Limits model which addresses unresolved wounds and trauma and answers the question, “Now What?” once wounds have been identified, so that the problem can be permanently healed in the here and now.



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

**Time:** 8:00 a.m. – 9:00 a.m.  
Hot Breakfast provided

**Place:** Delta Edmonton South Hotel  
4404 Gateway Boulevard, Edmonton, Alberta

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The agenda will include Special Resolutions to amend the PAA Bylaws as follows:  
(Changes are identified in **bold** and ~~strikeout~~)

1. MOTION to approve a Special Resolution to amend the PAA Bylaws as follows:

4.0 MEMBERSHIP

4.0.1 Membership is open to psychologists in good standing with the College of Alberta Psychologists and to others according to the categories set out below.

4.0.2 All members as a condition of membership in the Association agree to accept, uphold and be governed by the Bylaws of the Association, and further agree to abide by and accept the rulings, decisions and proclamations of the properly constituted authorities of the Association.

4.1 Full Membership is open to all psychologists Registered in the Province of Alberta, who:

- a) **pay the described dues and**
- b) are members in good standing of the College of Alberta Psychologists, or and
- c) **are retired psychologists who were in good standing with the College of Alberta Psychologists at the time of their retirement.**

4.1.1 Out of Province membership is open to all psychologists registered in the Province of Alberta who:

- a) pay the described dues and
- b) reside outside the Province of Alberta; and
- c) are members in good standing with the College of Alberta Psychologists, or
- d) **are retired psychologists who were in good standing with the College of Alberta Psychologists at the time of their retirement.**

*Continued next page...*

**Rationale:** This will allow retired psychologists who are no longer registered with CAP to continue membership with PAA

2. **MOTION to approve a Special Resolution to amend the PAA Bylaws as follows:**

8.2 **Election**

- 8.2.1 Within two (2) weeks of the closing date for nominations, all eligible voting members shall be provided with:
- 1) a list of nominations for Directors,
  - 2) a printed ballot form, envelope, and a return addressed envelope, unless the vote is to be conducted electronically, and
  - 3) biographical data for each candidate.
- 8.2.2 Only ballots and electronic votes received by the Returning Officer within thirty (30) days of the mail-out or electronic send-out to the members will be counted.
- 8.2.3 Prior to the AGM, the eligible voting members shall elect a sufficient number of Directors to fill open positions on the Board. In the event there are not sufficient candidates to fill all open positions on the Board, the Board may appoint an interim director for a one year period only to fill the vacancy. Notwithstanding clause 9.1.1, members so appointed shall have the same voting rights as other Directors.
- 8.2.4 Each director shall serve a three year term, ending at the close of the third AGM following the AGM at which he/she was declared elected.
- 8.2.5 Notwithstanding bylaw 8.2.4, the Board may establish terms of variable lengths (to a maximum of three years) for the purpose of succession planning and continuity. The details of such plans will be communicated to the membership at the time of the call for nominations.
- 8.2.6 **Notwithstanding bylaw 8.2.4, a board director who was appointed to fill a vacancy on the Board (as set forth in Bylaw 8.3.3), and is nominated and elected by the membership as a board director in the election immediately following the vacancy position, will serve a two year term ending at the close of the second AGM following the AGM at which he/she was declared elected.**
- 8.2.7 Directors may be elected for a maximum of two consecutive terms.
- 8.2.8 Eligibility of ballots or electronic votes received shall be determined by comparison with the list of eligible voting members.

**Rationale:** This clarifies the term of office for a Board Director who fills a vacancy on the PAA board.

If you have any questions or concerns about the amendments, please feel free to contact the PAA Executive Director at the contact information below.

**Contact Information:**

Pierre Berube, M.Ed.  
Executive Director  
(780) 424-0294  
1-888-424-0297 (toll free)  
pberube@psychologistsassociation.ab.ca





## 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.

The PAA office receives many calls each day requesting names and phone numbers of psychologists through the referral 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 referrals per day were given through the PAA office telephone referral service and an average of 1210 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](http://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.

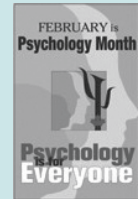
(780) 424-0294 – Edmonton

(403) 248-8255 – Calgary

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



## PSYCHOLOGY MONTH EVENTS FEBRUARY, 2013



*PAA's display board and materials were displayed at the following Calgary AHS sites during February:*

- February 4th** Foothills Hospital  
**February 5th** Sheldon Chumir Centre  
**February 6-8th** Displays throughout February were displayed within various clinics at ACH, at the Child Development Centre and Richmond Road Diagnostic and Treatment Centre. There were posters displayed throughout the main cafeteria area of ACH and psychologists were in attendance for distributing information to families and answering questions related to psychology services throughout noon hours on the days of the display.  
**February 11-12th** Richmond Road Diagnostic and Treatment Centre  
**February 13th** Rockyview Hospital

In addition, a Psychology page was posted during the month of February in the Celebrate Health link on Insite, the AHS internal website. This page included descriptions of psychologists' contributions within AHS, and related links; e.g. to CPA, PAA, CAP and AHS accredited psychology training programs.

A brochure was provided with a description of activities that took place during the Case Presentation and Research Day for AHS employees on February 22, 2013.

*PAA's display board and Psychology Month materials were exhibited and displayed at the following Psychology Month Events:*

- February 14-15th** 2013 Calgary City Teachers' Convention was held at Telus Convention Centre and set-up by Ms. Colleen Bratko and manned by Ms. Cheryl Placsko, Ms. Brenda Peat-Dunbar, and Ms. Gabriela Valenzuela.  
**February 21-22nd** 2013 South Western Alberta Teachers Convention was held at the University of Lethbridge and manned by Ms. Sandra Annis and Ms. Heather Ponech.  
**February 25 - March 1st** Ms. Naznin Virani displayed PAA's banner with a variety of materials made available to the public at her offices in Sherwood Park and Edmonton.  
**February 28 - March 1st** 2013 Greater Edmonton Teachers' Convention was held at the Shaw Conference Centre and manned by Ms. Amrita Bhar, Ms. Brenda Fitzner, Ms. Joanna Zieminski, and Ms. Nicole Perry.  
**February 28 - March 2nd** 58th Annual Scientific Assembly Conference of the Alberta College of Family Physicians was held at the Rimrock Resort Hotel in Banff and manned by Dr. Brent Macdonald, Ms. Amrita Bhar, Ms. Chantel Walker, and Ms. Amanda Baird. This provided an opportunity for PAA to 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.

*Thank you to everyone who dedicated their time to promote Psychology Month*



## 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](http://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 has 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](http://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](http://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](mailto: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](http://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 rate 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! The Sandman Signature Hotel Edmonton South** offers from \$149 for the standard guestrooms and will extend the privileges to our members for complimentary upgrades upon arrival if the King Suites are available. You can phone for reservations at 780-430-7263, contact Jason Draney.

**Sandman Signature Hotels and Sandman Hotels** - preferred association rates vary at each hotel, depending on location. **Sandman Hotel Group Central Reservations: 1-800-726-3626** and indicate that you are a member of the Psychologists' Association of Alberta in order to get the best available association rate.

**Radisson Hotel & Conference Center Canmore** as a preferred hotel for our members leisure travel. Our preferred association rate starting 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](http://www.radisson.com/canmore.ca)

**Radisson Hotel Calgary Airport** would like to extend the privileges to PAA members and look forward to providing guaranteed preferred guest room rate starting from \$149.00 per night/standard guest room for your business or leisure travel. Please contact 1-800-333-3333 and refer to **Association ID 118320** or visit our website for on line reservation. For more information, visit [www.radisson.com/calgaryca\\_airport](http://www.radisson.com/calgaryca_airport)

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

**Please visit our website [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca) or scan**



## ALBERTA PSYCHOLOGY IN THE MEDIA

### Psychology in the Media generated through the PAA office: November 2012 – March 2013

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
<b>December 2012 issue</b>	Dr. Patrick Keelan	Best Health magazine	Joy after loss
<b>December 2012</b>	Mr. Cory Hrushka	103.7 FM Fort McMurray	Tips for sticking to your New Year's resolution
<b>January 2013</b>	Dr. Patrick Keelan	Alberta Primetime	Censoring Media Coverage of Teen Suicides
<b>February 2013</b>	Dr. Patrick Keelan	Alberta Primetime health panel	Eating Disorder Awareness Week.

### Psychology in the Media – not generated through the PAA office: November 2012 – March 2013

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
<b>November 2012</b>	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	You are the role model
	Dr. Ganz Ferrance	Alberta Primetime health panel	How can parents encourage healthy habits in children?
	Dr. Ganz Ferrance	CTV News Edmonton	How to deal with and reduce stress during the holidays
<b>December 2012</b>	Dr. Ganz Ferrance Dr. Brent Macdonald Dr. Janet Miller	Alberta Primetime health panel	Is a low-paying job worse than no job at all?
	Dr. Brent Macdonald	CTV News Calgary	'Tis the season for stress.
	Dr. Ganz Ferrance	Alberta Primetime health panel	Discrimination in Alberta's Health Care System
	Dr. Ganz Ferrance	CTV News Edmonton	On ways parents can talk to their children about the school shooting tragedy in Newton, Connecticut.
	Dr. Ganz Ferrance	CTV News Edmonton at noon	On ways parents can talk to their children about the school shooting tragedy in Newton, Connecticut.
	Dr. Ganz Ferrance	Alberta Primetime health panel	Albertans React to Newton Tragedy
	Dr. Ganz Ferrance	CBC Radio - Radio Active	New Years resolutions



## ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

### Psychology in the Media – not generated through the PAA office: November 2012 – March 2013 (con't)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
<b>January 2013</b>	Dr. Ganz Ferrance	CTV News Edmonton at noon	Advice for intimidating conversations with kids
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	New beginnings are everywhere you look
	Dr. Ganz Ferrance	6th issue of Green Therapy and Natural Health on-line magazine	Appeared in a video in the article entitled “How’s that working for you? Resolving the resolution dilemma” explaining how to turn good intentions into results.
	Dr. Ganz Ferrance	Alberta Primetime health panel	Should Doctors Suggest Alternative Therapy?
	Dr. Ganz Ferrance	CBC Radio Edmonton AM	Blue Monday - provided tips on Depression and Seasonal Affective Disorder
	Dr. Ganz Ferrance	CTV Morning Live	Tackling everyday addictions
	Dr. Ganz Ferrance	Alberta Primetime health panel	How Can Taking Adult Medication Affect Children?
<b>February 2013</b>	Dr. Ganz Ferrance	CTV News Edmonton at noon	Balance between work and home
	Dr. Brent Macdonald	Alberta Primetime	An Alberta family warns that the flu can kill

### In addition to psychology in the media, PAA receives several requests for career fairs and public speaking engagements promoting psychology to the public. November 2012 – March 2013

DATE	PSYCHOLOGIST	VENUE
<b>December 2012</b>	Dr. Susan MacDonald	Renfrew Educational Services Staff Organizational Days she provided a presentation on the topic of Stress and Ethics.
<b>January 2013</b>	Mr. Pierre Berube	The Lieutenant Governor’s Circle on Mental Health and Addiction in Edmonton with PAA’s display board and materials.
	Dr. Brent Macdonald Dr. Patrick Keelan	Health & Public Services Career Fair at the University of Calgary with PAA’s display board and materials.
<b>February 2013</b>	Mr. Everett Vroon	Alberta Health Services Stakeholder’s Form in Edmonton with PAA’s display board and a variety of 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.*



## WELCOME TO NEW PAA MEMBERS

(October 24, 2012 – February 27, 2013)

Beaudet, Bruce (Professional Affiliate)  
Brar, Nojvot (Student Member)  
Calverley, Kristin (Provisional Member)  
Camponi, Michelle (Provisional Member)  
Chase, Cheryl (Full with Referral)  
Clark, Melissa (Provisional Member)  
Clifford, Anne (Student Member)  
Code, Micheal (Provisional Member)  
Cooper, Kristina Lee (Provisional Member)  
DeDenus, Erin (Provisional Member)  
Dougherty, Mary (Full Member)  
Eapen, Susan (Provisional Member)  
Ebel, Dana (Provisional Member)  
Gardynik, Ursula (Provisional Member)  
Gemmell, Paul D (Provisional Member)  
Gibson, Diane (Provisional Member)  
Hibbard, Debra (Provisional Member)  
Hollowell, Barry (Provisional Member)  
Humphry, Sue (Full Member)  
Jacobson, Ryan (Student Member)  
Lam, Yeung Yue Paul (Provisional Member)

Lobo, Elsie (Provisional Member)  
Lochhead, Catherine (Provisional Member)  
McCreary, Simone (Provisional Member)  
Mekar, Corrie (Provisional Member)  
Miller, Elicia (Provisional Member)  
O'Donnell, Katarina (Student Member)  
Patricny, Nicol (Student Member)  
Peden, Sara (Full Member)  
Potter, Victoria (Professional Affiliate)  
Rowbottom, Lisa (Provisional Member)  
Rydz, Alina (Provisional Member)  
Schumacher, Wendy (Student Member)  
Sharma, Ruby (Provisional Member)  
Spencer, Ophelia (Student Member)  
Steinley, Ken (Provisional Member)  
Tamara, Gordon (Full Member)  
Thygesen, Kylie (Full Member)  
Wannas, Jenny (Provisional Member)  
Wolf-Owczarek, Lindsay (Provisional Member)  
Zimmerman, Sonia R (Provisional Member)  
Zuidhof, Karyn (Provisional Member)

## REFERRAL SERVICE ADVERTISING

The PAA referral service is advertised online through Yellow Pages.ca as well as the white pages of Alberta telephone directories.

The PAA has also established a regular advertisement of the PAA Referral Service through a reciprocal advertising arrangement between *moods* magazine and *Psymposium*. *Moods* is distributed nationally.

In 2012 we advertised in the Alberta Medical Directory 2012; *Lethbridge Herald* during Mental Health Week May 7 – 13, 2012; the spring 2012 issue of *Connecting Care* (Primary Care Network Calgary Foothills) magazine; Better Business Bureau Consumer Guide 2012; *Apple Magazine* (Alberta Health Services) fall 2012 issue; *Health Matters Magazine* (South Calgary Primary Care Network) fall/winter 2012 issue; *Alberta Views* magazine November 2012 issue; and the Human Resources Institute of Alberta *Human Capital* magazine winter 2012 issue.

We also provide referral service brochures to various agencies upon request and we provide referral service brochures through the PAA display booth at various times throughout the year such as the annual teacher's conventions, career fairs, Family Physicians annual conference and other events.

We continue to search for marketing opportunities for the PAA Referral service through various advertising opportunities that present themselves throughout the year. If you have not already done so, please consider joining the PAA Referral Service. Please refer to the article in this issue of *Psymposium*.

## CALENDAR OF EVENTS

**April 5th - Mental Health Interventions with Separated/Divorcing Families: Understanding Queen's Bench Family Law Practice Notes 7 & 8, Use of Independent Parenting Experts.**

Presented by Dr. Stephen Carter, Registered Psychologist and the Honourable Madam Justice Andrea Moen, Court of Queen's Bench of Alberta. Location: Edmonton, AB. For more information please see the insert in this edition of Psymposium.

**April 12th - Mental Health Interventions with Separated/Divorcing Families: Understanding Queen's Bench Family Law Practice Notes 7 & 8, Use of Independent Parenting Experts.**

Presented by Dr. Stephen Carter, Registered Psychologist and the Honourable Madam Justice Andrea Moen, Court of Queen's Bench of Alberta. Location: Calgary, AB. For more information please see the insert in this edition of Psymposium.

**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@sandraannis.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@sandraannis.com

**May 30 – 31, 2013 PAA Biennial Conference**, Delta Edmonton South Hotel, Edmonton, Alberta.

**Thursday May 30th** "Introduction to Acceptance and Commitment Therapy", Presented by Dr. Steven Hayes.

**Friday May 31st** "Undercurrent Therapy: Treating the Secret Wounds of Kids and Adults", Presented by Dr. Scott Sells

**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](http://www.psychologistsassociation.ab.ca) and click on *PAA Workshops/Conferences and/or Non-PAA Training Events.*

## UPCOMING MEETINGS & SOCIAL EVENTS

### ANNUAL GENERAL MEETING

May 31, 2013 - Edmonton

**\*\*Please advise the PAA office if you are interested in attending the above board meeting.**

### 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



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