Psymposium

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IN THIS ISSUE

BOARD NOTES

David Piercey, Ph.D.
President

I must admit that it was a pleasant and unexpected surprise to have my name proposed for PAA President, and subsequently be elected, by the Board at the meeting in Edmonton on May 30 during our biennial PAA Conference. I only hope I can repay the Board's confidence in me over the coming year by continuing to move forward with the strategic direction and work plan the Board and the Executive Director have developed in the past year.

Four of us are new to the Board this year. The remaining six continue in their three-year appointments, which should allow for continuity in the work we undertake on behalf of our Association. In coming President's Columns I will keep you abreast of this work as I learn its complexities and as it unfolds.

When I initially let my name stand for election to the Board, I had indicated my background, experience, and current involvements with PAA. Suffice it to say briefly here, by means of introduction, that I have served about five years now as the Chair of the Psychologically Healthy Workplace Committee (Edmonton), and I have also served as a member of the School Psychology Committee for the past two years. I bring previous experience in governance and administration from a managerial position I held for several years in Edmonton Public Schools, and in which I variously provided line supervision to a large number of different professional staff, administrative planning of staffing and of more general fiscal management, results reporting, and specialized assessment practice standards development. In the year before retiring from the position, and as organizational change was occurring throughout the school district, I took on a complex project in the area of special education, and thus led an interdepartmental committee in the writing of the district's Inclusive Education board policy and administrative regulation.

At our Annual General Meeting May 31, 2013, the 2012-2013 Annual Report was presented for the information of our membership. It indicates, for example, that our Association continues to grow, and membership in all the possible categories is now over 2000 individuals, up by almost 100 in the past year. The Report also includes submissions by the past President, Roger Moses, around the activities

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

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he had undertaken during the past year, and by our Executive Director, Pierre Berube, around his many and varied actions and activities in his assignment on our behalf. Our Treasurer, Charlene Barva's report, indicates the generally positive fiscal health of our Association. Although I would have liked to have seen greater attendance at our Annual General Meeting, and heard more questions from the floor, I encourage all members to peruse the wealth of information and statistics contained in the Annual Report, which is posted to our website.

Our Annual General Meeting was held in concert with our Biennial Conference, held May 30-31, this year in Edmonton, as we have attempted to alternate between Calgary and Edmonton in succession. For those of you who may not have been there, this was a fine opportunity to hear two well-renowned speakers who do work in Acceptance and Commitment Therapy (Steven Hayes, University of Nevada) and Undercurrent Therapy: Treating the Secret Wounds of Kids and Adults (Scott Sells, Savannah State University) orient us to the research and practice of their work. At the Conference too, for the first time, graduate students were invited to give poster presentations on their research in our general meeting area, which added to the depth of psychology topics covered at the Conference. I was intrigued to learn, for example, that not only is 74% of our membership female (a statistic that has been holding fairly steady for the past few years), but that there is such a male/female salary discrepancy, as well as the expected Masters/Doctorate salary discrepancy.

At our Banquet, I had the opportunity to present the Psychologically Healthy Workplace awards to three deserving Alberta employers, both not-for-profit and for-profit organizations. This year, we have aligned our criteria and determinations to align with those outlined by the American Psychological Association, so that our provincial winners will also be eligible to compete with other North American winners in determining truly exemplary employers for recognition and acknowledgement by the APA.

Also at the Banquet, the Awards Committee presented the awards for those in our profession who have made significant contributions to the work of psychology, whether in teaching, research, supervision, or in media communications about psychology. Congratulations to all those honoured this year!

The Banquet also hosts a Welcome to the Profession, where newly registered psychologists (and their supervisors) are invited to attend, and receive a gift in welcoming. This year, the list of invitees was well in excess of 100 individuals, attesting to the large number of new psychologists entering our profession each year.

The Conference was held, after a hiatus of about 18 months, and after a survey of the membership to determine topics of greatest interest to the membership. Despite this, attendance once again suffered, particularly at the Friday session, so our Conference Committee will once again be attempting to reconsider how best to provide the rich professional development opportunities we seem to want while at the same time keeping our costs reasonable, both for you and for the Association.

In conclusion of this initial column, I would like to reiterate some of what I stated in my initial application for Board membership. I do believe that Psychology is in an increasingly precarious and vulnerable position in Alberta, because of an apparent trend to de-professionalization in many different areas of human services, and when cut backs and reorganization seem to be all too often the norm. Our voice as a profession seems to be all too often undervalued at the tables where decisions are often made. (Someone has wittily stated that "If you are not at the table, you are more likely to be on the menu".) My commitment to you during this term of office will be to work with our Board, our Executive Director, and our membership to attempt to remedy the current status quo, promoting the profession and its interests in whatever venues we can bring our voice to.

Psymposium Advertising Rates
(effective April 2012)

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

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

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

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EDITOR'S LETTER

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

"One must maintain a little bittle of summer, even in the middle of winter."
— *Henry David Thoreau*

For us Canadians, who deal with months of endless cold, we change with the seasons. There is a different vibe to each season, and summer is all about getting outdoors, soaking up the rays, admiring the resilient life of the trees, shrubs and flowers around us and connecting with each other. Biking, kayaking, hiking, walking, baseball – people are out enjoying the therapeutic rays of the sun and of each other. The air reverberates with smiling faces as people spend the long hot days together. Canadians open themselves up to the sun and to each other for as many days as they can before summer passes and we are holed up again for the winter.

This sense of community is featured in many of the articles for this issue of Psymposium, and reminds us of the vitality, creativity, security and insight that can be achieved through collaboration. In order to achieve this, competency is a priority, especially for psychologists whether we are working with clients or advocating for the profession which many of the articles of this issue promote.

PAA's new president, Dr. David Piercy introduces his vision of the association and his hopes for leadership. In the spirit of community, a warm welcome is extended to Dr. Piercy – we hope all the best for him in his term. Students from the Department of Educational and Counselling Psychology at McGill University, Terra Kowalyk, Gabriela Ionita and Marilyn Fitzpatrick, remind us of the importance of measuring the outcomes of our clients and they demonstrate the effectiveness of progress monitoring measures which provide us with an evidence-based practice to competency.

In the "Profiles in Psychology" section, Dr. Deborah Dobson, Ph.D. R. Psych, had the opportunity to interview Dr. Kerry Mothersill, the winner of the 2013 "Psychologist of the Year" award who has been instrumental in using community and competence to ameliorate psychological services in Canada. He reminds us of the important role assessment plays in our profession as a unique tool to communicate with other professionals. Furthermore, he stresses that "the ability to provide consultation and communicate opinions in a collaborative manner is key."

Terry Wilton, R. Psych and Andrea Thrall also introduce us to the programs offered by the Alberta Psychologists Competence Cooperative. Thrall walks us through a professional development process sponsored by the association, and demonstrates how, through collaboration between psychologists, ideas are shared on matters of therapist-client relationships which include intervention, resistance and termination. Moreover, Wilton explains how the outlier or the atypical patient is factored out in research yet in practice these patients challenge us and implore us to look at the bigger picture of why we do what we do and to connect with others in a united spirit. Through the sharing of wisdom between psychologists, the Competence Cooperative hopes to create an event to ameliorate competency maintenance. We can even share some thoughts of the spiritual community, which Gwen Randall-Young, R. Psych discusses in her article entitled "What Happens When We Die".

Broadening the scope of community from therapist-client relationships, Brandi Smith introduces us to the function of Primary Care Networks on a provincial level and explains how the collaboration of different psychologists enriches care. She also highlights that when systems work independently, there is a lack of continuity of service to the community.

You will be reading this with fall on the horizon. Let us try not to forget the warmth, openness and connection summer brought.

Frank W. McGrath, Ph.D. R. Psych.
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THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

What Happens When We Die

"Our birth is but a sleep and a forgetting;
The Soul that rises with us, our life's Star, hath had elsewhere its setting. And cometh from afar."
William Wordsworth

What happens when we leave our physical form? This is a question that becomes very real for people when they have lost a loved one. So often they tell me they just want to know that the one who has passed is "okay".

Each spiritual tradition has its own understanding of what happens after death. People who have had near-death experiences have reported various events from seeing the room and themselves from an out-of- body perspective, seeing a bright light and/or a tunnel, or even seeing relatives who had passed on previously.

We actually have no empirical evidence about just what transpires after we leave our physical form. However, so much of what we "know" is not based on empirical evidence, but rather on intuition and direct experience.

Many have maintained "communication" of one sort or another with one who is no longer here. Some have memories of past lives. These experiences suggest that there is more to life than "life."

The whole question certainly relates back to our perception of reality. If we only believe what we see with our eyes, and think *that* is objective reality, then when the body can no longer perceive, it is all over.

If we believe there is more to us than physical form, and that there is a part of us that transcends physical reality – that changes everything. When we die, it is only the physical form that ceases to function, while the transcendent part keeps on going. It is eternal: it was there before entering our physical form, and continues on after.

Our perception can function a little like a microscope. At one level, we see pretty much what we see with the naked eye. Increase the power, and another level is revealed. It is just as real as what we see without the microscope, but was outside our perceptual awareness. In fact, when we consider all the things we can see utilizing technology, from cells to a tiny fetus, we realize that what we see with ordinary perception is a small fraction of what is actually there.

The same may be true of our perception of reality. Perhaps one day the technology will exist to allow us to perceive all of the other levels. I believe the technology *already* exists, we just do not know how to use it. That technology is our own consciousness. It is possible to expand our consciousness beyond three-dimensional reality.

I also believe that the souls of the departed are very much with us. They are with us in the same way they were when they were alive, but separated from us geographically. The veil is very thin, and very close to us. We can access the other side, but only in those moments where we let go of our own hold on the "here and now." We could even go so far as to say there is no separation, no "other side" except that which is created by our own limited consciousness.

We can learn to use our consciousness as a kind of "mental transporter". In Star Trek, transporters converted a person or object into an energy pattern (a process called *dematerialization*), then "beamed" it to a target, where it was reconverted into matter (*rematerialization*). Of course, this was fictional. Using our consciousness to "go" to a different time or space is not. We do it all the time.

We do not even have to consciously do this with the departed, for it occurs naturally. When we have loved someone, we are connected for all time. What we do need to do is to recognize that level of reality. Death is a metamorphosis. Just because the caterpillar is gone, it does not mean its spirit has ceased to exist. And just because we cannot *see* the butterfly that emerged, does not mean it is not there.

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*

PROFILES IN PSYCHOLOGY

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

Deborah Dobson

Dr. Kerry Mothersill

Dr. Kerry Mothersill has been an active participant on the Canadian and Alberta psychology scene for many years. He was trained in clinical psychology at the University of Western Ontario and completed the Extramural Fellowship Training at the Centre for Cognitive Therapy with Dr. Aaron Beck. He originally hails from Toronto, but has lived and worked in Alberta for most of his career. He is currently the Psychology Professional Practice Leader for Alberta Health Services - Calgary Zone, has a private practice, is the Coordinator of the Regional Psychological Assessment Program and Program Facilitator for the Outpatient Mental Health Services, as well as Supervisor for the Cognitive Therapy Group, both at the Sheldon Chumir Health Centre. He is an adjunct professor in the Department of Psychology at the University of Calgary. Dr. Mothersill was the President of PAA in the early 1990s and is the President-Elect of the Canadian Psychological Association. He is the 2013 recipient of the Psychologists' Association of Alberta "Psychologist of the Year" award to recognize his many past and current accomplishments. Dr. Mothersill has taken the time from his busy schedule in order to provide this interview.

You completed your Ph.D. at the University of Western Ontario (Western University) and did some early training at the Centre for Cognitive Therapy with Dr. Aaron Beck in Philadelphia. Your efforts were instrumental in starting one of the first cognitive therapy services (1988) in Canada, originally at the Holy Cross Hospital in Calgary. Those were exciting days for cognitive therapy and cognitive-behaviour therapy. Can you comment on your experiences in London and reflect upon some of the changes that you've seen in the field of cognitive therapy since that time?

I had the good fortune to be initially trained in Rogerian client-centered therapy, with a phenomenological existential twist, in a very applied under-graduate psychology program at St. Jerome's College of the University of Waterloo. The fundamental importance of the therapeutic relationship and alliance was the focal point of my initial training in clinical psychology. However, despite the importance of this training, I had the nagging feeling that Carl Rogers was only partially right when he said that the therapeutic relationship was both necessary **and sufficient** for therapeutic change to occur. Although necessary, my experiences at the University of Western Ontario (and during practicum in the surrounding region) provided me with the cognitive behavioural strategies which I quickly realized were necessary, in combination with the therapeutic alliance, for effective change to occur in a reasonably efficient manner.

Shortly after my arrival at Western, I began to suffer from theoretical "whiplash" as I went from pondering phenomenological perspectives to counting tokens on a behavioural therapy ward as part of a practicum at the local psychiatric hospital. Although my early training in London focused on behavioural techniques, the cognitive focus that I undertook in my doctoral dissertation (in studying dysphoria and obsessive compulsiveness) and the emergence of cognitive therapy techniques in the literature fit more comfortably with my early humanistic perspective.

Since those early days in cognitive therapy, the field has become more refined, through its evidence-based approach, in identifying specific therapeutic strategies that target the unique as well as common components in the Anxiety and Depressive Disorders (and beyond) which also activate mechanisms of change. The developments of schema-focused therapy as well as mindfulness strategies have advanced effectiveness in treating a wider number of disorders within a CBT perspective. The current days are just as exciting for the field. As evidenced by recent studies that map the effectiveness of CBT in facilitating not only cognitive and behavioural change but changes in brain functioning, I'm sure that new proponents of the approach are just as eager to study and apply effective strategies as I was in the late 70s.

I know that you also have a strong interest in psychological assessment. What do you enjoy about

assessment and can you comment about the contribution of psychologists in providing this service?

In my experience, conducting assessments draws on a psychologist's knowledge and training in a wide number of areas including clinical, developmental, psychopathology, systems, biological, statistics, psychometrics, test development and research methodology. In conducting psychological assessments, I tend to see the activity as the process of collecting data from multiple sources (client's self report, reports from collateral sources, previous psychological, medical and other reports, psychometric test data, clinical observation during the course of the assessment interview and test administration) and submitting this information to a "mental factor analysis" in order to identify the underlying factors accounting for the individual's struggles and successes. This information is then used to answer the specific referral questions.

Of all the services that can be provided by psychologists, assessment is the only service that is truly unique to the profession. Health care organizations, insurance companies, the legal process and the corporate world all seek out opinions from psychologists, based on psychological assessments, in order to make decisions that could have significant effects on individual's lives. I hope our profession never loses touch with this important service.

Since the development of Alberta Health Services in 2009, there have been tremendous changes in healthcare in Alberta. You have been the Psychology Professional Practice Leader since 2011. How is it going? What do you enjoy about this role and what are some of the challenges?

What I enjoy most in the Professional Practice Leader role in Calgary is the opportunity to meet a broad range of psychologists, managers and other health professionals who are committed to improving the health of their clients. As with most human endeavours, the perspectives and paths taken in health care are more or less compatible. I've found that keeping the focus on patient care helps to foster a sense of collaboration.

Can you comment on some of the organizational changes that affect the delivery of psychological services? We now have a primarily program management based system. As psychologists, how can we make that work and how can we advocate for psychology within the current system?

To an increasing degree, Alberta Health Services is hiring into mental health clinician and family counsellor positions. These positions are open to individuals from a number of different backgrounds. There is a tendency to see the training and experiences of, for example, registered nurses, occupational therapists and registered psychologists as being the same, which of course, they are not. Although many recognize the unique role that psychologists play in providing therapy, assessment, consultation, teaching, program development and program evaluation services, there is as growing tendency to focus on the commonalities among health care professionals. In collaboration with several others, I have been working on the development of a handbook that will help program managers hire psychologists into positions that will take advantage of their full scope of practice. Many managers do not understand how we are trained and what we are trained to do. I think advocacy is something that all psychologists can do on a daily basis. Providing the best evidence-based and ethical services that we possibly can will draw attention to and reinforce the pivotal role that psychologists can play in the health care system.

You recently were one of the co-founders of the Hospital Section, which is a Special Interest Group of the Canadian Psychological Association. Can you comment on why we need such an interest group and what some of your hopes are for this group?

The formation of the Psychologists in Hospitals and Health Care Centres section of CPA emerged out of the work of the Task Force on the Future of Publicly Funded Psychology services in Canada. It was recognized that psychologists in these centres have a number of successes and challenges but there is no mechanism to share stories and pool resources that could help in the organization and application of psychological services.

As the first chair of this section, I woefully underestimated the degree of interest that existed in this area. In January 2013, I initially estimated that the section would attract 75 members. At the present time, the section has 417 members including many graduate students who are interested in the future of publicly funded psychological services.

We are currently working on developing a number of guidelines for psychological services in health care

programs (e.g. cardiac wellness, cancer, pain, diabetes, etc.) which will identify the evidence-based assessment and psychological services that can be provided in these programs. Recommendations for the inclusion of psychology positions within these programs will be made. In addition, the section is working on developing mechanisms for encouraging, supporting and mentoring psychologists who take on leadership roles as professional practice leaders, managers, vice presidency roles, etc. We also plan to develop a document that outlines how psychology services are best structured within hospitals and health care centres, so that the work of psychologists can be facilitated within these centres.

You have taught many courses, supervised and trained many people over the years, including practicum students, psychology interns and residents. 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?

Psychologists in the future should: 1) equip themselves with the ability to develop and deliver interventions that are efficiently applied and that lead to positive outcomes in individuals' functioning and that result in cost offset outcomes for the organizations, and 2) the ability to provide consultation and communicate opinions in a collaborative manner is key. It is important to not let all those statistics and methodology courses go to waste. The health care system is hungry for the development and evaluation of efficient and effective services. I think we've only begun to see how the inclusion of technology can augment the effectiveness of our services and reach an even greater number of individuals who need them.

In addition to your professional work, how do you enjoy spending your time? I know that you have been a strong supporter of the arts and have been involved in several Boards in that area. What are some of your future, non-career related goals?

Don't tell anyone, but I have a secret passion for rock and pop concerts (Maroon 5 were brilliant) as well as live theatre. Fortunately, my kids share in my passion for the performing arts. My goals include squeezing in as many concerts and plays as I can and spending more time paddling my canoe while listening to the loons at the lake.

WHAT WE DO...

by Terry Wilton, R. Psych.

When clinical trials are run with manualized treatment approaches the cohort results are statistically analyzed. Such is the structure of clinical trials. We typically don't know if the data set was cleaned-up by omitting treatment dropouts. The outliers and atypical responders may also be omitted. In efforts to show treatment efficacy, entry criteria to the study may be narrowed to focus treatment on a more homogeneous population.

Those of us serving the public know that the world contains treatment dropouts, outliers and atypical responders. And, outliers, atypical responders and therapy dropouts are people too. They feel distress, struggle to function and can end up making headlines or add to the statistics on suicide. They are likely to come into our offices needing help when the treatment offered elsewhere has been ineffective. They may come to us with cynicism and suspicion, not eager to buy into our standard set of psychological ideas about them.

These folk tend to be discriminated against, labeled, and rejected by treatment systems. They don't fit. Agencies may rush to close the case file or limit therapy for fear that an unfortunate outcome may occur or the service itself may be seen as ineffective. Lack of success in treatment is typically attributed to client factors rather than the failure of the agency or treating professional to approach the client's needs with flexibility and sensitivity.

How do we help these folk? Clearly, a different approach for them is needed. The clinician is left to her/his own critical thinking, creativity and power of therapeutic alliance to figure out a treatment plan. The positive outcomes we look for to guide our treatment may be very subtle: small gains in trust building within the therapeutic alliance; gradual decreases in the frequency and severity of suicidal ideation or gestures; longer periods between episodes of self-harm; or spontaneous and brief episodes of feeling and doing well.

The knowledge, skills, judgment and diligence to treat this population are very different than what is required for others on our caseload. We don't get help for these clients from the treatment manuals on our shelves. We may be ostracized for treating these clients, or told to help someone more likely to benefit. Or we may simply stay closeted and not reveal our work with a long-term client.

Those of us who have been doing therapy for years find that these clients accumulate in our schedules. And, we find that we can have astounding success in keeping them alive and improving their quality of life. Treatment with each of them tends to be unique – unique to each individual client, and unique between therapists drawing on individual wisdoms of practice.

As a therapist of nearly four decades of practice I find this group requires copious compassion and plenty of patience. These folk require us to reach deeply into our spirits of kindness and graciousness. These folk can be so easily harmed: diagnostic labels often do so; aggressive or impatient case managers are toxic to them; they are sensitive to subtle signs of impatience or non-approval that may occur within us.

These clients require that we become kindred spirits with them. We breathe the same air, experience similar emotions, and need to find a way to live in the same culture. When they find us to be human like them, they may want to call us their friends – we steadfastly maintain proper professional boundaries and insure that we don't become lazy, exploitive or take for granted the slow pace of work with these special folk.

So where can we hone our skills with these clients? Ah, you might say, "Here comes the commercial"! No, I don't have a treatment manual in a white binder for sale, nor am I going to charge a fee to attend a training event for some new therapy – and gosh, I cannot even come-up with a name or an acronym that would fit.

But…

The Alberta Psychologists Competence Cooperative hopes to sponsor a daylong event on this topic. The Cooperative is a non-profit, wisdom based learning environment. It brings a vastly different approach to competence maintenance and enhancement for psychologists in our province. The Cooperative is looking for psychologists willing to work together, sharing wisdom and support for each other in doing what we do. There are several Cooperative campuses in the offering, planning or proposal stage listed on the "Upcoming" page of the website. Please check us out at www.altapsychcompcoop.com.

GETTING SCHOOLED

This edition of Getting Schooled focuses on **Mental Health and School Psychology Services**.

Drs. Zwiers and Crawford have provided us with an overview of Mental Health service provisions within a tiered response model. This is opportune information as School Psychologists are being asked to consult with school staff on how to support students who struggle with mental health wellbeing. Drs. Zwiers and Crawford have outlined a framework for school psychologists on how we can target our support in this area of need. With the Inclusive Education emphasis on providing ALL students with appropriate services, School Psychologists have an opportunity to work with schools to develop, implement and evaluate evidence-based interventions that enhance the mental health wellbeing of Alberta students.

Enjoy the read!!

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

Mental Health and School Psychology Services

Michael Lee Zwiers, Ph.D., R.Psych. and Shawn Crawford, Ph.D., R.Psych.

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Within Alberta, a large number of students experience either transitory or persistent mental health challenges, including anxiety, mood, or disruptive behaviour. It is conservatively estimated that 15% of Canadian children and youth are affected at any given time (Standing Senate Committee, on Social Affairs, Science and Technology, 2006). While some students may require intensive specialized treatment, and many students would benefit from brief, targeted intervention, virtually all students could benefit at one time or another from more proactive, preventative psychological/mental health services. Unfortunately, these services have not typically been provided in an organized and systematic manner (SSC, 2006). Importantly, among students with various learning and/or academic challenges such as LD and AD/HD there is an increased incidence of and need for support to address emotional challenges, such as anxiety and mood disorders (Becker, Luebbe, & Langberg, 2012; Greenham, 1999; Wilcutt & Penington, 2000; Wilson, Armstrong, Furrie, & Walcot, 2009). School psychologists are well positioned to provide both direct and indirect supports to promote mental health within schools and school systems. However, this will require school psychologists to embrace an expanded role within their schools and school divisions.

Setting the Stage

Under the School Act, the mandate of Alberta schools is to educate children and youth. While education professionals are tasked with teaching specific skills such as reading, writing, and math, on a broader level education is expected to prepare children and youth to become productive citizens. This includes developing social, emotional, and problem-solving competencies. Under the Alberta Health Act and a collection of associated legislation, Alberta Health Services has a mandate to promote and protect the health of Albertans while working toward the prevention of disease and injury. Until recently, these two systems (Education and Health) have typically worked in isolation from each other, which did not optimally serve Alberta's youth. On a national level, the Mental Health Commission of Canada (MHCC) identified a need for coordinated child and youth mental health services, work which has since been championed by the Child and Youth Advisory Committee of the MHCC and detailed in their Evergreen Report (2010). In Alberta, these initiatives are echoed in a 10-year strategy titled *Positive Futures – Optimizing Mental Health for Alberta's Children and Youth*, which emphasizes building capacity to promote mental health, reducing risks to well-being, and providing support and treatment to youth and their families. Both the national and provincial frameworks recognize that collaboration is essential between service providers such as schools, community clinics, hospitals, and residential treatment programs.

The need to have integrated psychological/mental health supports within school systems is greater than ever. Across Alberta, numerous mental health programs exist within school systems in an attempt to bridge the gap between services and needs. Unfortunately, psychological/mental health services are often implemented within our school systems in fragmented ways using programs that are insufficient in quality or intensity to produce successful outcomes (Power, 2003). Despite hopeful efforts such as Student Health Partnerships and the Mental Health Capacity Building in Schools Initiative (see Malatest & Associates, 2011), current services remain limited, varied, and haphazard, and the professionals assigned to deliver mental health services vary widely in training and expertise. In addition, the funding for these initiatives is unclear and not secured long-term.

Population-Based Initiatives Offer Hope

Population-based school mental health services have recently been proposed as a model to meet the needs of all students, as they may be tailored to students, classrooms, schools, or even districts based on identified needs (Doll & Cummings, 2008). Strength-oriented approaches are founded on promoting competence and enhancing protective factors within the systems in which children live (Seligman & Csikszentmihalyi, 2000). Such proactive services are ideally provided within contexts that serve healthy children, such as schools, and involve strengthening competencies and building stronger relationships within families and communities (Power, DuPaul, Shapiro & Kazak., 2003). The population-based model emphasizes the psychological well-being of all students by promoting healthy school environments, providing protective support to at-risk students, and remediating social, emotional and behavioural problems. This framework fits within the three-tier service delivery model advocated by Alberta Education: universal, targeted, and individualized.

Mental health promotion emphasizes the development of universal (district-wide and school-wide) practices to enhance the well-being of all students by developing awareness of healthy lifestyles, actively reducing risks, and increasing protective factors for all students, staff, and to some degree community members. ***Mental health prevention*** programs typically target at-risk groups to increase access to supports. These programs focus not only on characteristics of the child/youth, but also characteristics of the systems in which they develop, such as families, communities, and schools (Masten & Coatsworth, 1998), and work toward both reducing risk factors and enhancing protective factors (Masten, 2001). ***Intervention services*** are typically reactive to emergent problems, such as identified mental health disorders or behavioural disruptions.

Creative Solutions to Reach Those in Need

Children and youth in need of psychological/mental health services are not always able to access them because of identification, awareness, availability, cost, and stigma. Among these barriers, enhancing acceptability of services is an important area for change. Mental health treatment has historically been provided in a reactive, deficit-oriented manner, which can contribute to the potential stigma attached to receiving services. Increasing access and acceptability may involve an understanding of factors that can potentially affect the pattern of help seeking among different groups. For example, some research suggests that individuals from certain minority groups are more likely to seek support through informal networks, such as extended families and neighbourhood organizations, rather than through formal agencies or mental health professionals (McMiller & Weisz, 1996).

Improving the quality, access and acceptability of mental health services provided in schools may include recognition of the assets of specific communities, and utilization of local resources such as caregivers and community-based leaders. In order to provide such services, a strengths-based approach; which identifies competencies and protective factors, builds on these assets, and includes partnerships with community systems and members; may be more effective. School psychologists can play a vital role in promoting such services.

Changing Practices

School psychologists typically find themselves in a more reactive role, responding to referrals for various learning or social/emotional/behavioural concerns. Shifting this practice to include mental health promotion and prevention may be challenging, especially with pressing problems and finite time and resources. However, school psychologists can take a more proactive role by educating school staff and other community members about resilience and protective factors, as well as promoting best practices in the prevention of problems. If we advocate for a multi-level service delivery model spanning universal, targeted, and specialized

domains, we will also help school systems to meet their requirements under Inclusive Education mandates (which will be fully in force with the proclamation of the Education Act – expected in 2015).

Universal Supports

Although every community and every school will have unique strengths and needs, it is important to begin with a survey of the target population to better understand risk, resiliency, strengths, and protective factors. Various approaches are available to conduct this evaluation, (e.g., Baker, 2008). When evaluating strengths and supports available to students, it is important to look beyond the school itself to the greater community. Survey results can be used to understand and support existing strengths as well as to plan future initiatives to meet needs.

Targeted Supports

Prevention requires the identification of students at risk. Some students will be identified as at risk based either on challenges they may be facing (e.g., poverty, illness, home alone after school, academic failure), population risk factors (e.g., personal and familial mental health conditions or learning difficulties, cultural diversity, multiple changes in schools), or limitations in their ability to respond to challenges (e.g., skills, supports). However, we must not neglect those who struggle for other reasons (e.g., test anxiety, transition to high school). Although universal initiatives can help to build resiliency and protective factors, some students will benefit from programs that are targeted to increase knowledge and develop skills in specific areas. Prevention also includes the identification and enhancement of strengths and resilience within the individual and the community.

Many prevention programs exist, but not all are effective and few have been effectively researched. Promising programs include the FRIENDS program (Barrett, Ollendick & Dadds, 2006), which has been recognized by the WHO as a successful and effective anxiety prevention program that improves coping skills in youth, while the Reconnecting Youth program (Eggert, Nicholas & Owens, 1995) can help to reduce depression and dropout rates. The March 2013 issue of the Canadian Journal of School Psychology focused on mental health in schools, and highlighted several Canadian programs and initiatives. By utilizing participatory action research, prevention and intervention programs can be developed that are founded on evidence-based models (Nastasi, 2000).

Specialized Supports

No matter how effective our universal and targeted prevention programs and initiatives are, there will always be some students who develop more serious psychological/mental health problems, with associated social, emotional and behavioural manifestations that will affect their functioning in school. Within communities, some of these children may be receiving informal mental health support from a variety of sources, such as friends, family members, sports coaches, faith leaders, and other community members. Helping to educate and partner with these existing supports could better serve the community and help community members to recognize and provide referrals when more intensive services are needed (Power, 2003). It will also be important to partner with provincial health and community mental health service providers, who can be called upon to provide more specialized treatment services when needed, freeing up school psychologists to increase initiatives in mental health promotion and prevention. Of course, accessing these specialized services remains a challenge in most communities.

Future Roles for School Psychologists:

The current model for school psychology includes assessment, potentially leading to diagnosis, followed by debriefing with recommendations. Psycho-education is an important component of this model, as it communicates what the problem is and can help to build motivation to participate in further intervention. This model provides a valuable service, but school psychologists have much more to offer their clients.

To this end, we would like to advocate for an expanded scope of practice for school psychologists based on principles of population school mental health. Although the school system and broader community would need to participate to deliver an effective population health model, this approach offers opportunities for school psychologists to be involved in the evaluation of individual student risk and resiliency factors, in combination with community and school strengths and protective factors to better identify strategies and programs that will create and sustain healthy schools. Within this model, school psychologists could provide a range of services to school staff, parents and students, including: health promotion, education and consultation; psychological/mental health prevention; program evaluation, and psychological/mental health treatment.

Health Promotion: School psychologists are in a good position to advocate for and support the development and implementation of mental health promotion programs. Effective psychological/mental health promotion must be comprehensive and coordinated both within school systems and across greater communities. As a result, both needs and solutions will vary. Effective health promotion programs do not have to be pre-packaged but can extend to any activities that increase social interaction and enhance connectedness, belonging, and physical health. This can include clubs, sports, reading buddies, volunteer initiatives, and transition programs between grades and schools.

Education: School psychologists have training in development, learning, and mental health. They can help school staff, parents, and students better understand the factors that contribute to mental health and psychological illness. They can educate school staff, parents, and community members on the identification of risk factors and signs of emotional distress and mental illness. They can also help to reduce stigma and judgment by teaching people about the connection between stress, learning problems, and secondary mental health problems and behaviour, which are often driven by other needs.

Consultation: School psychologists can offer support on both a formal and informal basis, making recommendations on both school-wide and individualized levels. This can include offering strategies for classroom management, screening for students at risk, and individualizing academic programs to better meet the needs of students.

Mental Health Prevention: School psychologists have the necessary training to deliver effective prevention programs, but are also in a good position to train other professionals to deliver these programs. In order to enhance success, generalization will need to be ensured, which requires all school staff to be aware of key program elements so that they can effectively prompt and reinforce student learning and skill implementation.

Program Evaluation: Evidence-based programs should be implemented in schools; however, this alone will not ensure success, and all programs should be monitored to ensure that they are achieving expected outcomes. School psychologists are trained as scientist-practitioners, which places them in a good position to develop and implement program monitoring and evaluation to help ensure success within the local environment.

Intervention/Treatment: Although school psychologists can provide some direct services to students in need, these interventions are often limited because of the intensity of service required. Specialized intervention services are often provided by community professionals and agencies, so school psychologists need to have strong links to the community. Ideally, these services will be provided within schools, as recommended in the Kirby Report (SSC, 2006).

Conclusions

Schools are an important community hub, and an ideal place for many population mental health services to be delivered. Although not every school psychologist will have all of the competencies to deliver the key services identified within this article, there is a great need for school psychologists to embrace an expanded role, as we help Alberta's school system make the necessary changes toward a truly inclusive model of education.

Increasing access and acceptability may involve an understanding of factors that can potentially affect the pattern of help seeking among different groups.

References

Alberta Health and Wellness (2006). Positive Futures – Optimizing Mental Health for Alberta's Children and Youth: A framework for action (2006-2016). Edmonton, AB: Author. Retrieved from: http://www.health.alberta.ca/documents/Mental-Health-Framework-Child-06.pdf

Baker, J. A. (2008). Assessing school risk and protective factors. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children* (pp. 43-65). Thousand Oaks, CA: Corwin Press & National Association of School Psychologists.

Barrett, P. M., Farrell, L. J., Ollendick, T. H., & Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: An evaluation of the FRIENDS program. *Journal of Clinical Child & Adolescent Psychology, 35* (3), 403-411.

Becker, S. P., Luebbe, A. M., & Langberg, J. M. (2012). Co-occurring mental health problems and peer functioning among youth with attention-deficit/hyperactivity disorder: A review and recommendations for future research. *Clinical Child & Family Psychology Review, 15*, 279–302.

Doll, B. & Cummings, J. A. (2008). Why population-based services are essential for school mental health, and how to make them happen in your school. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children* (pp. 1-20). Thousand Oaks, CA: Corwin Press & National Association of School Psychologists.

Eggert, L. L., Nicholas, L. J., & Owen, L. M. (1995). *Reconnecting Youth: A peer group approach to building life skills*. Bloomington, IN: National Educational Service.

Greenham, S. L. (1999). Learning disabilities and psychosocial adjustment: A critical review. *Child Neuropsychology, 5* (3), 171-196.

Malatest, R. A. & Associates (2011). *Summative evaluation of the mental health capacity building in schools initiative*. Edmonton, AB: Alberta Health Services

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*, 205-220.

McMiller, W. P., & Weisz, J. R. (1996). Help-seeking preceding mental health clinic intake among African American, Latino, and Caucasian youths. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 1086-1094.

Mental Health Commission of Canada. (2010). *Evergreen: A child and youth mental health framework for Canada*. Ottawa, ON: Author.

Nastasi, B. K. (2000). School psychologists as health-care providers in the 21st century: Conceptual framework, professional identity, and professional practice. *School Psychology Review, 29*, 540-554.

Power, T. J. (2003). Promoting children's mental health: Reform through interdisciplinary and community partnerships. *School Psychology Review, 32* (1), 3-16.

Power, T. J., DuPaul, G. J., Shapiro, E. S., & Kazak, A. E. (2003). *Promoting children's health: Integrating school, family, and community*. New York, NY: Guilford.

Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist, 55*, 5-14.

Standing Senate Committee on Social Affairs, Science and Technology. (2006). Out of the shadows at last: *Transforming mental health, mental illness and addiction services in Canada* (M. J. L. Kirby, Chair, & W. J. Keon, Deputy Chair). Retrieved from http://www.parl.gc.ca/content/sen/committee/391/soci/rep/pdf/rep02may06part1-e.pdf

Willcutt, E. G. & Pennington, B. F. (2000). Psychiatric comorbidity in children and adolescents with reading disability. *Journal of Child Psychology and Psychiatry, 41* (8), 1039-1048.

Wilson, A. M., Armstrong, C. D., Furrie, A, & Walcot, E. (2009). The mental health of canadians with self-reported learning disabilities. *Journal of Learning Disabilities, 42* (1), 24-40.

PAA is pleased to inform our membership that effective July 1, 2013, Edmonton Child and Family Services is raising its' fees paid for psychological services from $88.00 to $105.00 per hour.

It is our understanding that there are attempts to standardize the larger regions of Child and Family Services such that these fees might become the same in most regions.

PAA ANNUAL REPORT 2012 - 2013

The PAA Annual Report for 2012 – 2013 was provided to members who attended the 2013 Annual General Meeting on May 31, 2013.

A copy of the Annual Report is available on the PAA Website at www.psychologistsassociation.ab.ca. The audited financial statements as of March 31, 2013 are available for review in the Members Only Area.

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

OUTCOMES MONITORING AND ALBERTA PSYCHOLOGISTS

by Terra Kowalyk
Gabriela Ionita
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Outcomes Monitoring and Alberta Psychologists

How do we know when we are effective as psychotherapists? Do we wait for clients to tell us they are doing better? Do we use clinical judgment? Many professions have objective measures that evaluate success. For example, educators can point to the grades of students, physicians to symptom improvement, and courtroom lawyers to judicial decisions. Psychotherapists typically deal with ambiguous data and have a proud tradition of developing and refining clinical judgment to assess progress. In 2011, the CPA Task Force on Evidence-Based Practice of Psychological Treatments underlined the continuing importance of clinical judgment to evidence-based practice (EBP), "practitioners are required to exercise their professional judgment when providing treatment" (p.11; 2012). However, the CPA's definition of EBP also includes the idea of progress monitoring (PM) and feedback. The Task Force called for "the monitoring and evaluation of services provided to clients throughout treatment" (p. 7).

The developing emphasis on PM can be traced to emerging evidence that clinical judgment is skewed toward what we want to see (Lambert, 2005). As clinicians, it is normal to want all our clients benefit.

However, clinicians are not skilled at identifying deteriorating clients. Hanson, Lambert and Forman (2002) looked at outcome rates of over 6,000 patients across a variety of settings, and found an average deterioration rate of 8.2%, from 3.2% to 14.1%. When comparing clinical judgment to a systematic outcome (PM) measure (the Outcome Questionnaire-45 [OQ-45]; Lambert, 2004), Hannan and colleagues (2005) found that the empirical method correctly predicted 100% of clients who were reliably worse or deteriorated at termination; 86% were identified by only the third session. In comparison, clinicians using their subjective clinical judgment predicted that only three out of the 550 clients were to deteriorate at termination, and only one of these predictions was accurate. A further study by Hatfield, McCullough, Franz, and Krieger (2010) found that only 32% of therapists recorded patient deterioration in their case notes in situations where clients reported symptom worsening.

Not only do clinicians systematically fail to identify client deterioration, they tend to overestimate client improvement. Walfish, McAlister, O'Donnell, and Lambert (2012) asked 129 clinicians to rate their ability to help clients compared to other psychotherapists, and the extent to which they believe their clients improve, remain the same, or deteriorate. On average, clinicians viewed their skills to be at the 80th percentile (no respondents' self-rating was below the 50th percentile). The majority believed that 77% of their clients improved as a result of their treatment and 3.66% deteriorated; almost half indicated that none of their clients regressed. These numbers defy statistical possibility (Dunning, Heath, & Suls, 2004). In the face of such positive self-assessment bias, the need for empirical outcome measurement is clear.

Progress Monitoring Measures

Focus is increasingly shifting to psychotherapy PM systems. The clinical utility of these systems has repeatedly been demonstrated to improve practice. For example, a recent study at a centre for family services found that cancellation and no-show rates dropped by 40% and 25%, and the number of clients in long-term treatment who experienced little or no improvement fell by 80%! In one year, the centre saved nearly half a million dollars, money used to hire additional staff and provide more services (Claud et al., 2004). Another community health and counseling organization experienced similar reductions in cancellations and no-shows, and the average length of therapy decreased by 59% (Bohanske, Plum, Albert, & Haynes, 2006). A recent meta-analysis of outcome monitoring studies indicated that the effects of providing feedback on deteriorating patients were the greatest across all patient groups; effectively those who were most at-risk were identified most effectively.

Overington and Ionita (2012) have provided an overview of PM instruments in areas such as domains assessed, target population, administration, cost, and training. The three main domains generally assessed are: 1) symptoms, 2) well-being, and 3) functioning. Different instruments have different strengths and features. For example, some instruments aid in diagnosis (e.g., Treatment Outcome Package [TOP]; Kraus, Seligman, & Jordan, 2005), and others are used to facilitate discussion around therapy progress (e.g., Partners for Change Outcome Management System [PCOMs]; Duncan, 2012). In terms of administration and scoring, most are available in paper and computer versions, and the shortest instruments take as little as two minutes for clients to complete. Computer versions can be completed by clients on their own tablets in the waiting room and the results calculated and forwarded automatically to the therapist's inbox in time for the session.

The MPPRG is currently developing an online tool to help clinicians access information, explore their doubts, and choose a PM measure suitable to their practice.

PM Use in Canada and Alberta

The McGill Psychotherapy Process Research Group (MPPRG) has been studying the use of PM measures in Canada. In 2012 Ionita conducted a nationwide survey of PM measure utilization. Of the 1668 clinician-respondents, 1124 had not heard of PM measures, 242 knew of them but had never used them, 101 clinicians had used them in the past, and only 201 clinicians (12%) were currently using a measure to track client progress in therapy. In Alberta, the PM measure utilization rate was 11.7%.

Ionita also examined the barriers to PM utilization. Alberta psychologists who were not using PM indicated that their top three barriers to utilization were: 1) lack of training on the measures, 2) limited access to training on the measures, and 3) limited knowledge about the

measures. One clinician who overcame her reluctance to use the measures told us, "*I was noticing how the same fears and questions I had were being shared all the time by people using it all over the world. So I started thinking, 'okay it's not a problem with me, it's normal to have those doubts and reading through how people dealt with and learned how to overcome the barriers... like everyone does I suppose. We put up barriers when we are coming against something new but it's just because it's new.*" We all want to believe that we are helping each client and making a difference in the lives of our clients, and PM measures provide an objective measurement and guide to improving our practices.

The Landscape of the Future in Alberta

For the last 14 years, Alberta's Health Profession Act (HPA) has regulated the 30 self-governing health professions. Under the HPA, a continuing competence program (CCP) that requires "regulated members to maintain competence and to enhance the provision of professional services" (Health Professions Act, p. 44) is mandatory. However, formal compliance with continuing competence regulations has not yet become part of Alberta psychologists' practice. In 2002, the Practice Review Committee formulated a compliance program, and in 2010, the College forwarded the amendments to the regulatory body. While the amendments had not yet been approved by winter 2012, psychologists can anticipate requirements for continuing competence on the horizon in the near future. Progress monitoring will certainly offer clinicians a tool to indicate continuing competence.

Surmounting the Barriers

The MPPRG is currently developing an online tool to help clinicians access information, explore their doubts, and choose a PM measure suitable to their practice. It will include information from journal articles, video interviews with psychologists, testimonials from fellow clinicians, and interactive activities that provide an experiential understanding of what PM measures have to offer. We anticipate bringing you news and links to this tool in 2014. Watch for it in Psymposium.

References

Bohanske, R. T., Plum, W., ALbert, P., & Haynes, M. (2006, June). *Changing the face of mental health and substance abuse services.* Panel presentation at the Heart and Soul of Change 3 International Conference, Bar Harbor, ME.

Canadian Psychological Association. (2012). *Evidence-based practice of psychological treatments: A Canadian perspective.* Ottawa, Ontario.

Claud, D., Duncan, B. L., Kinchen, K., Miller, S. D., Sparks, J., & Walt, J. (2004, June). *Giving clients the voice they deserve: The heroic agency/ISTC movement.* Paper presented at the Heart and Soul of Change 2 International Conference, Austin, TX.

Duncan, B. L. (2012). The partners for change outcome management system (PCOMS): The heart and soul of change project. *Canadian Psychology/Psychologie canadienne, 53*(2), 93-104. doi: 10.1037/a0027762

Dunning, D., Heath, C., & Suls, J. M. (2004). Flawed self-assessment implications for health, education, and the workplace. *Psychological science in the public interest, 5*(3), 69-106. doi: doi: 10.1111/j.1529-1006.2004.00018.x

Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology, 61*(2), 155-163. doi: 10.1002/jclp.20108

Hatfield, D., McCullough, L., Frantz, S. H., & Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology & Psychotherapy, 17*(1), 25-32. doi.10.1002/cpp.656.

Health Professions ACT. (2000). Edmonton, AB: Alberta Queen's Printer.

Ionita, G. (2012). *Increasing the use of progress monitoring measures among psychologists in private practice in Canada: Implementing the knowledge-to-action framework*. Manuscript in preparation.

Kraus, D., Seligman, D., & Jordan, J. (2005). Validation of a behavioural health treatment outcome and assessment tool designed for practice research networks and other naturalistic settings: The treatment outcome package. *Journal of Clinical Psychology, 61*, 315-322. doi. 10.1002/jclp.20084

Lambert, M. J. (2004). *Administration and scoring manual for the OQ-45.2 (Outcome Questionnaire)*: OQ Measures, LLC.

Lambert, M. J. (2005). Emerging methods for providing clinicians with timely feedback on treatment effectiveness: An introduction. *Journal of Clinical Psychology, 61*(2), 141-144. doi.10.1002/jclp.20106

The Psychologist's Association of Alberta. (2012). Annual Report 2011-2012. Edmonton, Alberta.

Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports, 110*(2), 639-644. doi: 10.2466/02.07.17.PR0.110.2.639-644

ALBERTA PSYCHOLOGISTS COOPERATIVE

by Andrea Thall

One particularly snowy morning in March, ten psychologists gathered at a cozy cottage southeast of Edmonton and embarked on an adventure in professional development. While none of us knew exactly what to expect from the experience, we arrived with our minds open and thus initiated a Competence Cooperative in the practice of Psychology.

A vision many years in the making, the Competence Cooperative was born from a firm belief in the collective wisdom and experience of psychologists and from the conviction that an optimal setting for professional growth and development is one in which individuals are active participants (rather than passive recipients).

Braving the inclement weather and bearing soups, salads, and other assorted lunch and snack items, we curled up in our seats, sipped warm drinks and settled into the first topic scheduled for discussion: timing therapeutic interventions. One of the Cooperative's participants came prepared to lead the discussion, and inquired of the group "How do you know when to intervene with a client? What tells you that your client is ready? How do you know when your intervention has been successful?" The rich conversation that followed moved from topic to topic as the therapists shared their perspectives and related their experiences. Considering the experience, one participant reflected "I was surprised at how such veterans seemed to listen intently to even the provisional psychologists with new ideas, as well as provisionals listening intently to the experience of seasoned psychologists."

Through conversation, we relaxed and seemed to become more at ease in sharing our thoughts and ideas. "This feels genuine, an authentic way of learning and reflecting," noted another participant, "this feels like lived experience." As the first discussion wound down, thoughts and questions arose about the Cooperative itself. Viewed as a grassroots professional movement, the Cooperative will have a variety of incarnations, including a day campus, overnight retreats, a book club, and an online presence. The Cooperative will provide participants with certificates of attendance, which will fulfill part of the competency requirements of the College of Alberta Psychologists.

Breaking for lunch, a handful of therapists bundled up and ventured outside for a walk through the snow while the remainder of the group refreshed their drinks and continued getting to know each other. Sharing stories of work location, home life, client populations and professional experience, our sense of community was clearly developing.

After enjoying our potluck lunch together, we settled back down to the first of two afternoon discussion topics. A second participant led our discussion about resistance, encouraging us to consider many angles on the topic. "What do you define as resistance? How do you notice a client is resisting? What does resistance mean to you? What do you do about it? How does resistance impact the course of therapy?" Our conversation was rich and meandering, a reflection of the depth and breadth of our collective experiences. Considering our varied backgrounds, one participant expressed appreciation, noting "the Competence Cooperative was a wonderful experience to reflect and gain knowledge from a group of psychologists that may never have crossed paths were it not for this day."

Reaching the last topic of the day, the passion and conviction we bring to our profession became evident as a range of perspectives surfaced regarding issues of termination.

Reaching the last topic of the day, the passion and conviction we bring to our profession became evident as a range of perspectives surfaced regarding issues of termination. While some therapists believed that termination should be planned from the beginning of therapy, others viewed the process of therapy as more fluid. We took risks, allowed ourselves to be vulnerable, debated points, and explored the values we hold in this profession. The process during this period of our discussion was not always comfortable for everyone, but

as good therapists, we processed the issues and ensured that each of us felt heard and respected.

In closing, we explored what this initiative meant for us, both personally and professionally. Considering the day, one therapist shared "I was surprised by the yearning of those present to be able to talk about what it means on a day to day basis to be a therapist. What we do is complex, emotionally intense, intellectually demanding and the work of souls and spirits. And, on March 16, we were with others who could, and would, talk about that unique subjective experience of being a psychologist providing therapy." Speaking for myself, I felt drained, but alive in a way that meant something to me. As therapists, we seem to have a great capacity for emotional intensity and I think perhaps the Competency Cooperative represents an effort to learn in a way that stirs our emotions and connects us to a deep sense of who we are.

www.altapsychcompcoop.com

Archive of Campus submitted by Andrea Thrall, Provisionally Registered Psychologist.

PAA DISPLAY/ BANNER UNIT

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

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

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

PSYCHOLOGY IN A RURAL PRIMARY CARE NETWORK

by Brandi Smith

Primary Care Networks (PCN) consist of multidisciplinary teams that help to manage the complexities of chronic disease management. They were developed with anticipation that this would increase access to primary health care and thus reduce the percentage of Albertans who require intensive tertiary care; reduce emergency wait times and provide individuals with a more holistic approach to health care services. Psychological counseling is identified as one of the key services to be provided by PCNs, based on their capacity and the needs of the community. According to the Primary Care Initiatives website, currently 29 out of the 40 established PCNs provide mental health services. What this consists of, however, can vary greatly depending on the individual PCN's model of service delivery and the business plan of the PCN's governing board of directors. Since each PCN operates independently there is little continuity of service around the province. In the Primary Care Initiative Policy Manual Psychological Counseling is defined as "Identification and treatment of mental health problems at an early stage, prevention of relapse, assistance to individuals and families in maintaining good mental health, coordination of the health and mental health services an individual may require, encouragement of healthy lifestyle choices, and provision of support and information for the families of individuals with a serious mental or physical illness". Examples of services include "Individual and family counselling and psychotherapy, diagnostic interviews, counselling of relatives of catastrophically or terminally ill patients".

PCNs in Alberta operate within two general models; centralized and decentralized. Some PCNs have blended these two models to offer certain programs from a central location and other programs within the physician's office (decentralized). As well as having different models throughout the province, the role of mental health therapists within different PCNs is also varied. Mental health roles range from a Behavioural Health Consultant model to Community-Based Short

Term Psychotherapy model. In general, PCNs in the Southern Alberta regions primarily utilize the decentralized, Behaviour Health Consultant approach; and the Northern Alberta regions primarily utilize the centralized, Short Term Psychotherapy approach. The Alberta Heartland PCN has stayed true to this generalization and offers clients within its catchment area short term psychotherapy, psycho-educational workshops, group therapy, and consultation with community stakeholders.

The Alberta Heartland PCN`s (AHPCN) catchment area is considered rural, even though it is less than forty kilometers from Edmonton. Situated in Fort Saskatchewan, it serves the community of Fort Saskatchewan as well as the surrounding communities of Redwater, Lamont, and Gibbons. Mental Health services are an essential piece of the AHPCN. In fact, according to an internal survey done at the Alberta Heartland PCN, in the 2011-2012 fiscal year the mental health program received the highest percentage of referrals (27%) compared to all other programs. These referrals consisted of a range of issues; primarily anxiety (25%) and depression (23%) related symptoms, however they also included couples counseling, family counseling, addictions, grief, employment, and addressing weight loss barriers. The Psychologists also serve the other members of the multidisciplinary team by providing insight into possible mental health concerns and/or interventions that would be of benefit to clients within the other program areas. This can include challenging rigid thinking styles, low motivation for treatment compliance, and stress reduction strategies to aide anxiety related to change. Overall the mental health team is an integral part of the Alberta Heartland PCN and the client's experience.

The Alberta Heartland PCN is also unique in that the mental health team consists of all Registered Psychologists, which is currently 2.5 full time equivalents. The decision to utilize Registered Psychologists was the result of intensive consideration of the function and values of the PCN itself. Since the Alberta Heartland PCN initially began mental health services with a Registered Psychologist, there was an intimate understanding of the unique service capacity that Registered Psychologists can offer. In addition, the family physicians that established the Alberta Heartland PCN identified general assessment and preliminary diagnostics as an essential support to help them better understand their client's needs. Thus, they required the involvement of Registered Psychologists in order to adequately fulfill this role. AHPCN faces the same challenges as many "rural" communities in regards to trying to coordinate services. In fact, the AHPCN itself consists of three different AHS regions, two different school divisions, and four separate municipalities. Over the years, the mental health program has expanded and there has been additional recognition from the community about the importance of having Registered Psychologists available. The value of having such professionals, versed in assessment and psychological treatment, working collaboratively within the community, has been indispensable.

This model has also provided many benefits within the team itself. As a Psychologist working as part of a team consisting of all Registered Psychologists, the coordination of services has been highly efficient. Due to the comparable training and knowledge base we are able to work together as a cohesive team. With three Psychologists at the PCN, we are able to work with the majority of concerns that are referred to us, thus making it possible for clients to reduce their "travel" through the health care system before they find the appropriate professional. This dynamic also allows us to work collaboratively with individuals within a family system at the same time, making service delivery smoother for the client. For example, while children are attending play therapy appointments, the parents can work with another Psychologist to address possible parenting concerns and/or individual therapy goals. Thirdly, we are able to avoid most misunderstandings of professional terminology, educational frameworks, and limits of scope that can plague service teams. Overall we are able to successfully fulfill the psychological counseling objective of the Primary Care Initiative.

In addition, the family physicians that established the Alberta Heartland PCN identified general assessment and preliminary diagnostics as an essential support to help them better understand their client's needs.

Primary Care Initiative (2013). PCI Policy Manual. *Developing A PCN*. Retrieved June 1, 2013 from http://www.albertapci.ca.

PROFESSIONAL PSYCHOLOGY IN ALBERTA

The 2013 Survey of Alberta Psychologists

by Liza Mastikhina, Jennifer Prentice, Keith Dobson - Department of Psychology, University of Calgary and Pierre Berube – Psychologists' Association of Alberta

This article presents the fourth survey sponsored by the Psychologists' Association of Alberta (PAA). Like previous surveys in 2005, 2007, and 2010, this survey was conducted with the intention to gain a better understanding of the issues faced by Albertan psychologists, and to elucidate where and how psychologists spend most of their time. The survey was administered in an online format, and an invitation to complete the survey was e-mailed on April 19th, 2013 to all the members of the College of Alberta Psychologists (CAP). Fully 1,136 (43%) of the 2,770 potential respondents completed to the survey. This rate compares to 18% in 2010 and 20% in 2007.

The current sample was representative of the psychologists registered with the CAP. According to the CAP data, 73% of the registered psychologists were female, whereas 74% of the 2013 PAA survey respondents were female. The CAP data also stated that 22% of psychologists held a doctoral degree, whereas 33% of the survey-takers reported they had one. Finally, out of all the 2013 survey respondents, 82% indicated that they were registered psychologists, similar to the 81% registered with the CAP. On average, the respondents indicated 12 years of practice as a psychologist in any jurisdiction. Fifty-one percent of the respondents had attended a university in Alberta, whereas 21% attended a university in other parts of Canada, and 42% received their degree from a university outside of Canada. Specifically, 12% of the respondents attended an American-based university that either has a Canadian satellite campus or provides online learning programs, 13% attended an American university and 3% attended an international one.

Practice settings and areas of practice

Psychologists were asked to indicate the various settings they worked in, what clients they worked with, and the geographical location of their work settings. The most common work setting was private practice (35%), followed by schools (14%), community mental health clinics (13%), hospitals (12%), and universities/ colleges (8%). A number of respondents reported that they worked in an "other" setting (8%), such as a not for profit organization. The rest of the settings (primary health care, corrections, government, and business or corporate settings) were reported as work settings for 10% of the psychologists.

Any area in which a psychologist spent 50% or more of his/ her time was considered to be a specialty area. The dominant specialty area was Counseling Psychology (33%), followed by Clinical Psychology (26%) and School Psychology (15%). The next highest category was a mixed specialty (8%), which was defined as a 50:50 combination of any two specialties. The remaining specialties (Health Psychology, Neuropsychology, Industrial/Organizational Psychology, Research, and Teaching) each accounted for less than 5%. In addition, 13% of psychologists (17% of males; 12% of females) considered their position to be supervisory or managerial. Compared to previous surveys (i.e., 10% in 2007 and 7% in 2010), there was a significant increase in how many psychologists reported being in managerial positions. Fifteen percent of respondents indicated that their training exceeded the demands for their career, 51% said that they felt their training was sufficient for their career, and only 26% indicated training gaps or the need for upgrading.

Adults were the most common client group (53%), followed by children (16%), adolescents (16%), and families (6%). The other client groups consisted of older adults, groups/ organizations, as well as "other" (e.g., couples), although each of these groups accounted for less than 4% of the psychologists' time.

Urban settings were predominant in the geographical locations of respondents: 43% practiced in the greater Calgary area, 33% in the greater Edmonton area, and approximately 3% of psychologists practiced in the greater Red Deer area. Other reported settings included northwest Alberta (5%), central Alberta (4%),

Lethbridge (3%), northeast Alberta (3%), southern Alberta (2%), and Medicine Hat (<1%). Around 3% of Albertan psychologists practiced in the rest of Canada and 1% practiced internationally.

Work Capacity

Psychologists reported an average of 41 hours of work per week, an increase of 5 hours per week since 2010. Similar to 2010, females reported working 4 hours less per week than males. On average 55% of the hours worked each week were reported as billable hours.

Private practicing respondents rated their satisfaction with how much they worked, or whether they would like to work more or less. In total, 54% of respondents were satisfied with how much they work, 33% said they would prefer to work more, and 13% would like to work less. Male and female psychologists differed in how satisfied they were with their workload, in that 37% of the males said they would like to work less, compared to 31% of the females. However, 16% of female psychologists preferred more work, compared to 8% of male psychologists. Of the psychologists who indicated that they would prefer more work, males said they would prefer to work 16 more hours per week, whereas females wanted 19 more hours per week.

Rural practitioners were compared to urban practitioners (psychologists who spent more than 50% of their time in the greater Calgary, Edmonton, and Red Deer areas) on their workload satisfaction. Fifty-four percent of urban practitioners indicated that they would like to work the same number of hours per week, compared to 57% of rural practitioners. Thirty-one percent of urban practitioners wanted to work fewer hours, whereas 36% of rural practitioners preferred to work less. Finally, only 7% of rural practitioners preferred more work, compared to 15% of urban practitioners.

Income Issues

Psychologists reported an average personal net taxable income of $79,747 but this value ranged from $0 to $444,000. This amount represented an 8% (or $6,519) *decrease* since the 2010 survey. The mean reported value of employment benefits (e.g., RRSPs, health or dental benefits) paid by the employers was $6,500 and ranged from $0 to $50,000. Compared to previous surveys, these employment benefits were significantly lower (17% or $1,356 lower than in 2010; 30% or $2,742 lower than in 2007). It should be noted, however, that the decrease in employment benefits might be the result of an increase of psychologists in private practice, and a resulting reduction in employer benefits.

Income was earned primarily through salary (58%), direct fee for service (25%), contract work (15%), and other sources, such as workshops and scholarships (2%). Compared to the 2010 survey, the number of psychologists who received their income primarily through direct fee for service increased from 20% to 25%. The average reported hourly fees were: $156 per hour for individual therapy/ assessment (range of $0 to $325), $161 per hour for couples/ family therapy/ assessment (range of $0 to $250), $75 per hour per person for group therapy (range of $0 to $225), $281 per hour for legal/ forensic assessment (range of $0 to $1,700), $319 per hour for expert eye-witness testimony (range of $0 to $2,400), and $190 per hour for consultation/ corporate services (range of $0 to $400). Slightly more than a third of the psychologists charged the PAA recommended fee of $180 for individual therapy/ assessment.

Rural practitioners were compared to urban practitioners (psychologists who spent more than 50% of their time in the greater Calgary, Edmonton, and Red Deer areas) on their workload satisfaction.

Gender Differences

As in previous surveys, a large difference in income was observed between genders. Men reported a mean income of $100,026, whereas women reported a mean income of $71,032. The difference ($28,994) was significant even after controlling for how many hours were worked per week (men reported working more than women), and for years of practice (men reported practicing for longer than women). However, both men and women reported charging a similar hourly fee (men charged $158 and women charged $156) that was slightly below the recommended PAA hourly fee.

Personal annual income differed significantly as a function of education level and gender, even when number of hours worked per week was controlled for (see Figure 1). Doctoral-level male psychologists reported average net incomes of $121,502, whereas doctoral-

level females reported average incomes of $93,581. Master's level male and female psychologists reported net mean incomes of $86,353 and $65,923 respectively. The difference in annual taxable income between male and female doctoral-level psychologists had decreased by $12,198 since 2010; however, the disparity between male and female master's level psychologists had increased by $10,097.

Conclusions

The 2013 Psychologists Association of Alberta survey yielded important information regarding psychologists' specialties, work settings, and geographical locations. Similar to previous years, Alberta psychologists practiced primarily in urban settings, most often in private practice, were mostly and increasingly (see Figure 2) female, and predominantly held a Master's degree. As in previous surveys, there was an income disparity between men and women, regardless of the number of hours worked and the level of education achieved. Most psychologists reported that they were satisfied with how much they worked and were satisfied with their career choice. Although the response rate to the 2013 survey was significantly greater than the previous years, likely due to the online method used, the results were consistent with the past survey data, and helped to provide a better understanding of the trends that shape the profession of psychology in Alberta.

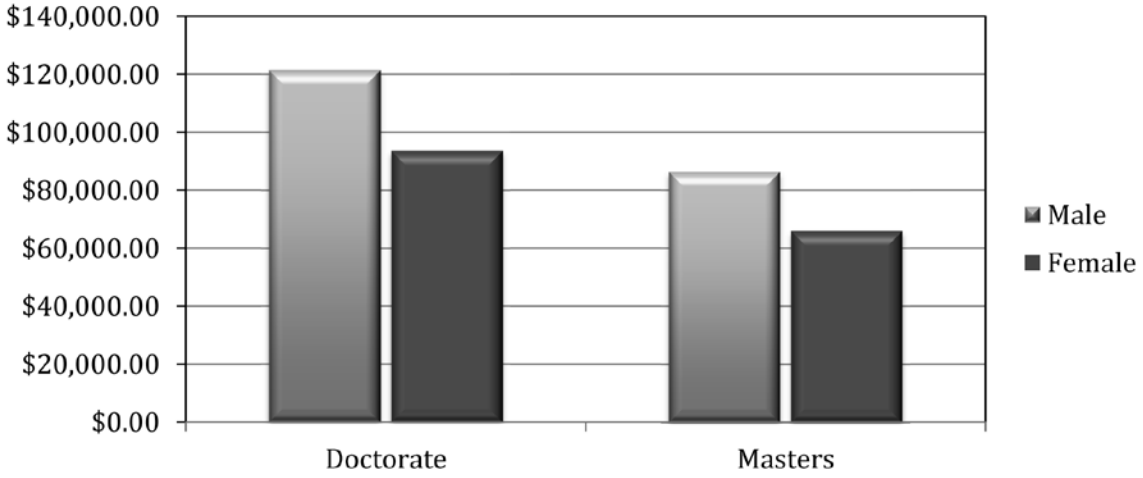

Figure 1. Mean annual personal taxable income, as a function of degree and gender (controlling for number of hours worked per week and number of years since graduation).

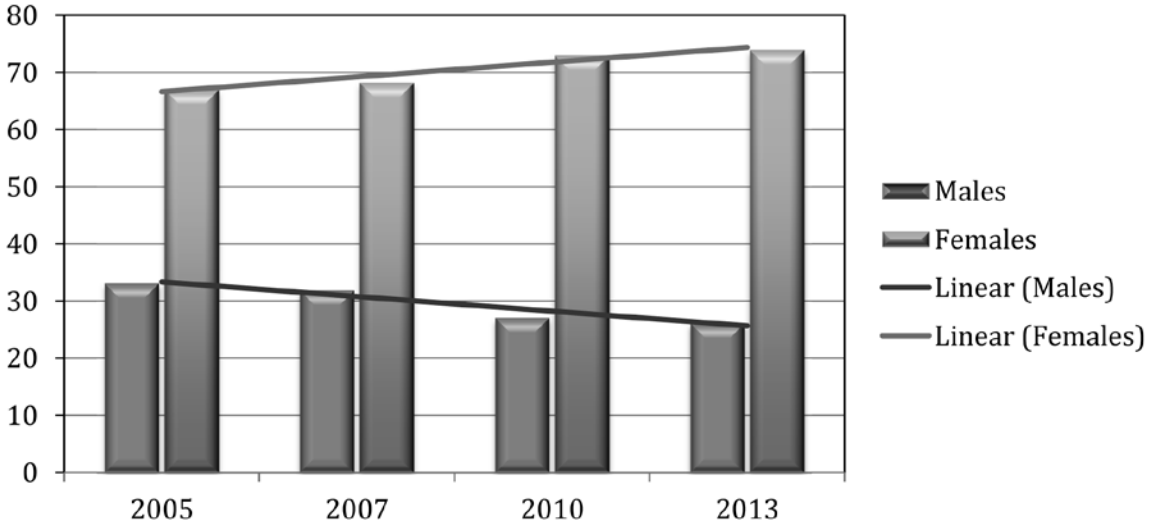

Figure 2. The percentage of male and female psychologists as a function of survey year.

THE VALUE OF CHOOSING A PSYCHOLOGIST

by Michael Stolte, MA, CCC, R.Psych.

We are pleased to enclose, in this issue of Psymposium, a glossy new brochure developed to assist psychologists in educating the public and promoting the profession! This brochure is entitled "The Value of Choosing a Psychologist" and is the product of the Uniqueness of Psychology committee, a group that was struck in response to member's concerns about the dilution of psychology in the province of Alberta. This final brochure builds on a previous working group report, chaired by Dr. Douglas Murdoch, who prepared a presentation for the PAA board that outlined our breadth of training, ethical code, specialization in assessment, and scientific foundations as core constructs of our profession.

Building on this excellent work, it was felt there was a need to put something together in a summary format that would be accessible to the general public, yet also capture the main themes of our profession. The final content of the brochure was ratified by the Board to ensure that its content was representative of the profession, reasonable in presentation, and the content was presented in varying drafts to allow for input. That being said, summarizing our profession is hard! It is our hope that you will see this as a working document, one more stepping stone in an attempt to better identify the distinctness of our profession.

Though most of the brochure is self-explanatory, there are a few things that I would like to draw your attention to, as it also reflects some "parallel processes" that are occurring within the profession:

1) The PAA Board has formally adopted the definition of psychologist that is already in use by the Canadian Psychological Association (CPA), emphasizing our scientific background and training. The CPA definition is "A psychologist studies how we think, feel and behave from a scientific viewpoint and applies this knowledge to help people understand, explain and change their behavior" (2012). By adopting this definition we build consistency with our national association counterparts, and reemphasize our scientific foundations.

2) In 2011, EKOS was commissioned to complete a national survey on Canadian Attitudes to Psychologists by the CPA. One of the positive findings from this report, was that psychologists, psychiatrists and family physicians were the professions the public felt the most confident about in treating mental health problems! We felt it was important to emphasize this finding in the pamphlet, particularly given that mental health is not "owned" by any one profession, and yet is an increasing concern by both government and the public.

3) The PAA Board has also formally adopted a "Uniqueness of Psychology" statement that emphasizes our broad training, scientific underpinnings and differing scopes of practice. Building on the CPA definition, the statement reads as follows and you will find similar language embedded within the brochure: "It is the extent of their focussed education and training in cognition, emotions and behaviour, and how to effect behavioural changes, that make psychologists unique. Psychologists spend seven to eleven years of university education and residency/internship exploring and developing the science and evidence-based practice of psychology. They are trained as the experts, not only in psychological diagnosis, assessment and psychotherapeutic modalities, but also in the foundations and underpinnings of human behaviour including development, learning theory, neuroscience, personality and motivation" (PAA Uniqueness of Psychology Statement, 2012).

4) In an effort to combat a perceived trend of conflating psychologists solely with the practice of counselling or psychotherapy, all of the seven branches of psychology regulated by the College of Psychologists are described and emphasized.

These include Educational/School, Clinical/ Counseling, Neuropsychology, Forensic, Industrial/ Organizational, Health and Rehabilitation Psychology. The definitions for each of these branches are located within the College's supervision documents, again trying to build consistency of messaging within our profession.

5) Finally, we also felt it was important to emphasize that we are accountable through a Code of Ethics and a regulatory College, and that we are accessible through both private and public funding mechanisms. Access to psychologists continues to be misunderstood by many members of the general public, with many believing they require a doctor's referral to access our services. Access to psychologists was also a priority area of concern expressed by the public in the EKOS (2011) report.

The purpose of the brochure is meant to be one piece of a much larger toolkit that psychologists can use to promote the profession to their colleagues, government and the general public. It is also meant to be educational, demonstrating how psychologists are uniquely trained and qualified, particularly in the area of mental health. I would encourage you to use the brochure when you are explaining the value of choosing a psychologist to others. You can purchase additional copies by contacting the PAA office. Many generous thanks to the previous working group, EJ Vroon, Pierre Berube, and the rest of the Board for their feedback on the wording and format.

Michael Stolte, MA, CCC, R.Psych

Michael is the Director of Clinical Services for the Centre for Autism Services Alberta in conjunction with his private practice role at Carter Haave Vandersteen Bateman Vroon. Michael has been a Board member with the PAA since 2011.

References:

Canadian Psychological Association (2012). *What is a psychologist?* Downloaded from http://cpa.ca/public/whatisapsychologist/

College of Alberta Psychologists (2012). *Supervision plan form.* Downloaded from http://www.cap.ab.ca/pdfs/supervisionplan.pdf

EKOS (July, 2011). *Survey of Canadian attitudes towards psychologists and accessing psychological services.* Ottawa, ON: EKOS Research Associates Inc. Full report and regional findings are available at http://www.cpa.ca/polls/

PAA SPRING 2013 WORKSHOPS HELD

The Assessment and Treatment of Personality Disorders
March 8, 2013 - Edmonton
Presented by Dr. Philip Erdberg
There were 57 Participants.

Mental Health Interventions with Separated/Divorcing Families: Understanding Queen's Bench Family Law Practice Notes 7 & 8, Use of Independent Parenting Experts
April 5, 2013 – Edmonton
Presented by Dr. Stephen Carter, Registered Psychologist and
the Honourable Madam Justice Andrea Moen, Court of Queen's Bench of Alberta
There were 18 Participants

Mental Health Interventions with Separated/Divorcing Families: Understanding Queen's Bench Family Law Practice Notes 7 & 8, Use of Independent Parenting Experts
April 12, 2013 – Calgary
Presented by Dr. Stephen Carter, Registered Psychologist and
the Honourable Madam Justice Andrea Moen, Court of Queen's Bench of Alberta
There were 36 Participants

PAA BOARD OF DIRECTORS 2013

An election was held for the four vacant PAA Board of Directors positions. We received seven nominations for the four positions.

The successful nominees who have been elected to the PAA Board of Directors are Dr. David Piercey, Dr. Michelle Drefs, Dr. Jake Tremblay and Ms. Bonnie Rude-Weisman.

INTRODUCTION OF NEW PAA BOARD MEMBERS FOR 2013

Dr. Michelle Drefs is currently an Assistant Professor and current Co-Director in School and Applied Child Psychology at the University of Calgary. She completed her Ph.D. in 2006 and her field of practice is in school psychology. Dr. Drefs brings with her previous experience through involvement on various Boards and Committees.

Dr. Drefs indicates that she has a strong personal commitment and sense of professional responsibility that is aligned with the PAA Mission, that being both the advancement of our profession and promotion of well-being of our citizenry. She is looking forward to contributing to the goals of PAA in a more substantial manner and contributing at a leadership level to provide potential opportunity to examine and identify ways in which to continue to grow our professional association.

Dr. Drefs also feels it is important to have a strong connection between our training institutions and our professional association and its members.

Welcome to the PAA Board of Directors Dr. Drefs.

Dr. David Piercey has been a registered psychologist for 33 years. He has just retired from Edmonton Public Schools. Dr. Piercey brings with him previous experience on various committees including the PAA School Psychology and Psychologically Healthy Workplace Committees.

Dr. Piercey indicates that he is looking forward to serving on the PAA Board in promoting the profession to the public in order to ensure greater understanding of psychology's scope of practice; advocate for our place at the table with government in order to ensure policies and procedures are developed that recognize the scope of practice; advocate for an enhanced role for school psychology in public education; promoting greater awareness of psychological health in our public and private organizations and employment practices that enhance well-being, job satisfaction and employee engagement.

Welcome to the PAA Board of Directors Dr. Piercey.

Continued next page...

Ms. Bonnie Rude-Weisman has been a registered psychologist for 27 years. She currently has a private practice, providing assessment and therapy services, primarily to children, teens and their families. Ms. Rude-Weisman was a member of the College of Alberta Psychologists Council from 2000 – 2008 including one year as the President of CAP.

Ms. Rude-Weisman indicates that she is looking forward to serving on the PAA Board of Directors to give back to the profession that she truly holds in high esteem. As psychologists in the current climate (socio-political-economic), she feels that the profession can position itself to be major contributors and participants in the future direction of mental health and wellness generally. She is a strong believer in collaboration amongst ourselves as well as with other professions.

Welcome to the PAA Board of Directors Ms. Rude-Weisman.

Dr. Jake Tremblay has been a registered psychologist for 5 years. He currently is the Director, Mental Health Centre at the University of Alberta. He also has a private practice. Dr. Tremblay has previous experience working on various committees.

Dr. Tremblay indicates that he wishes to support the field of psychology and the membership in Alberta specifically. He hopes to support an increase in the inclusion of psychology in public health and increase access to services for the average Albertan.

Dr. Tremblay also worked as a Primary Care Psychologist for 2.5 years in the St. Albert Primary Care Network, and previously worked in organizational psychology with Northern Alberta companies.

Welcome to the PAA Board of Directors Dr. Tremblay.

Mr. Mitchell Colp is a student member of PAA and is currently a Ph.D. student at the University of Calgary in the School and Applied Child Psychology program.

While his past scholarly work focused on the impact of inclusion and early reading intervention for children with learning disabilities, Mr. Colp has recently embarked on building a comprehensive model of youth resilience that is tied directly to intervention.

Mr. Colp has presented at numerous conferences on the national and international stage and is avidly engaged in clinical practice at the University of Calgary

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Applied Psychological and Educational Services (U-CAPES) clinic.

Mr. Colp is looking forward to being the PAA Student Board Representative to foster his professional development within psychology and allow him to support the mental welfare of all Albertans.
Welcome to the PAA Board of Directors Mr. Colp.

At this time we would also like to thank Dr. Horst Mueller for his service on the PAA Board of Directors. Unfortunately Dr. Mueller resigned as a director from the PAA Board due to medical reasons. We wish Dr. Mueller all the best.

Your **PAA Board of Directors for 2013 – 2014** are as follows:

Dr. David Piercey	President
Mr. Everett Vroon	Vice-President
Dr. Charlene Barva	Treasurer
Dr. Wendy Hawkins	Board Director
Dr. Coranne Johnson	Board Director
Ms. Brandi Smith	Board Director
Mr. Michael Stolte	Board Director
Ms. Bonnie Rude-Weisman	Board Director
Dr. Michelle Drefs	Board Director
Dr. Jake Tremblay	Board Director
Mr. Mitchell Colp	Student Board Representative (ex-officio)
Pierre Berube	Executive Director (ex-officio)

2014 PAA RECOMMENDED FEE SCHEDULE

The PAA Fees Committee will meet in September to review the PAA Recommended Fee Schedule and make recommendations to the PAA Board of Directors as to whether the current fee schedule should be amended or remain the same.

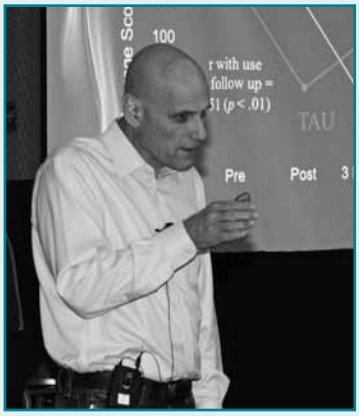
An email from the PAA office will be sent this summer which will provide you with a link to Survey Monkey to complete an online survey in regards to the Recommended Fee Schedule. We hope that all PAA members will participate in this survey in order to give input to the PAA Fees Committee when they meet in September.

PSYCHOLOGISTS' ASSOCIATION of ALBERTA

PAA CONFERENCE 2013
May 30 - 31, 2013

The PAA Biennial Conference was held in Edmonton at The Delta Edmonton South Hotel from May 30th – 31st, 2013.

On Thursday, May 30th, Dr. Steven Hayes, presented his workshop "Achieving Introduction to Acceptance and Commitment Therapy". There were 74 registrants for this workshop and the evaluations indicated that the workshop was well received by all.



Dr. Steven Hayes


Dr. Scott Sells

On Friday, May 31st, Dr. Scott Sells, presented his workshop "Undercurrent Therapy: Treating the Secret Wounds of Kids and Adults". There were 37 registrants for this workshop and the evaluations indicated that the workshop was well received by all.

Annual Welcome to the Profession and PAA Awards Banquet

The annual Welcome to the Profession and PAA Awards Banquet was held on the evening of Thursday, May 30th, with 117 attendees.

Thank you to McFarlan Rowlands Insurance Brokers Inc. for their continued support of sponsoring banquet tickets for the newly registered psychologists who attended the banquet.


Newly registered psychologists
September 1, 2011 – March 31, 2013

Dr. Steven Hayes presented an engaging and interesting keynote "Compassion, Evolution and Clinical Psychology"

Continued next page...

Full coverage of the PAA Annual Awards portion of the banquet is included in this issue of *Psymposium*.

Thank you to all PAA members who attended the conference. Your support and interest in our annual conference contributes to the continued success of this

Dr. Rodney Hancock, President and CEO, McFarlan Rowlands Insurance Brokers

PAA ANNUAL AWARDS 2013 RECIPIENTS

PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD

This award is presented to an employer and/or organization that has made a commitment to programs and policies that foster employee health and well-being while enhancing organizational performance and productivity.

2013 For-Profit Medium Business Recipient – Renfrew Educational Services

Congratulations to **Renfrew Educational Services** on receiving the 2013 PAA Psychologically Healthy Workplace Initiative Award For-Profit Medium Business Award.

Left to right: Ms. Nicki M. Wilson Director of Clinical Services, Renfrew Educational Services; Mr. David Piercey, PAA Board of Directors - President; Ms.Kim LaCourse, Director of Programs and Services and Ms. Angela Romaine, Renfrew Educational Services.

Continued next page...

2013 NOT-FOR-PROFIT SMALL BUSINESS RECIPIENT – MOMENTUM COMMUNITY ECONOMIC DEVELOPMENT

Congratulations to **Momentum Community Economic Development** on receiving the 2013 PAA Psychologically Healthy Workplace Initiative Award Not-For-Profit Small Business Award.

2013 For-Profit Small Business Recipient – Caber Engineering Inc.

Congratulations to **Caber Engineering Inc.** on receiving the 2013 PAA Psychologically Healthy Workplace Initiative Award For-Profit Small Business Award.

Left to right: Michael Robert, Vice President – Operations of Caber Engineering Inc. and Mr. David Piercey, PAA Board of Directors – President.

DICK PETTIFOR MEMORIAL AWARD

The Dick Pettifor Memorial Award is awarded annually to a qualifying PAA member to recognize outstanding career achievements in, or contributions to, the field of psychology. The award is given to celebrate his or her long-time enduring contribution to the field of psychology, either within the province of Alberta, or in the broader national and international domains. This award can be used to recognize career achievements or contributions in any of the areas of clinical, research, advocacy, or academic psychological work.

2013 Recipient – Dr. Keith Dobson

Congratulations to **Dr. Keith Dobson** on receiving the 2013 Dick Pettifor Memorial Award.

Left to right: Dr. Deborah Dobson, accepting the award on behalf of her husband Dr. Keith Dobson, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

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PAA PSYCHOLOGIST OF THE YEAR AWARD

This award is extended to qualifying PAA members to celebrate excellent work being conducted in the field of Psychology and to acknowledge significant achievement or contributions over the previous two year period in any of the following categories:

- Advocacy
- Clinical/counselling
- School/educational
- Developmental
- Social
- Industrial/organizational
- research

2013 Recipient – Dr. Kerry Mothersill

Congratulations to **Dr. Kerry Mothersill** on receiving the 2013 PAA Psychologist of the Year Award.

Left to right: Dr. Kerry Mothersill, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

EXCELLENCE IN TEACHING PSYCHOLOGY AWARD

This award is present to an individual who demonstrates "outstanding" teaching of psychology in an Alberta Government approved/authorized institution for post-secondary education.

2013 Recipient – Mr. Robert A. Roughley

Congratulations to **Mr. Robert A. Roughley** on receiving the 2013 Excellence in Teaching Psychology Award.

Left to right: Mr. Robert Roughley, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

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PAA ANNUAL AWARDS 2013 RECIPIENTS (con't)

EXCELLENCE IN SUPERVISION AWARD

This award is presented to a registered psychologist whose performance in supervising one or more individuals in any practice area is deemed exemplary during the previous two-year period.

2013 Recipient – Dr. Kim Maertz

Congratulations to **Dr. Kim Maertz** on receiving the 2013 Excellence in Supervision Award.

Left to right: Dr. Kim Maertz, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

DOCTORAL DISSERTATION RESEARCH AWARD

This award is presented to a graduate student who submits a high quality summary of his or her doctoral dissertation research. The research must be his or her own research, completed and defended in the past year and contribute to the field of psychology.

2013 Recipient – Dr. Emma Climie

Her dissertation study, titled **Emotional Intelligence and Social Skill Abilities in Children with ADHD** examined the distinction between Emotional Intelligence perspectives of "knowing" versus "doing" in social situations.

Congratulations to **Dr. Emma Climie** on receiving the 2013 Doctoral Dissertation Research Award.

Left to right: Dr. Emma Climie, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

JOHN G. PATERSON MEDIA AWARD

This award is presented to a psychologist or non-psychologist for their exceptional contribution to portraying psychological knowledge to the public through the media of radio, television, print or electronic communications.

2013 Recipient – Dr. Martin Mrazik

Congratulations to **Dr. Martin Mrazik** on receiving the 2013 John G. Paterson Media Award.

Left to right: Dr. Martin Mrazik, Dr Jessica Van Vliet, PAA Awards Adjudicating Committee

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PAA ANNUAL AWARDS 2013 RECIPIENTS (con't)

Congratulations to **Jessica Van Vliet**, as winner of the prize donated by TD Insurance Meloche Monnex during the cocktail hour, at the conference on May 30th, 2013.

Left to Right: Pierre Berube PAA Executive Director, Jessica Van Vliet and Tim Rhodes, CIP Relations Manager for TD Insurance.

WELCOME TO NEW PAA MEMBERS

(March 1, 2013 – June 17,2013)

Anderson, Colleen (Student Member)
Barrack, Carmen (Provisional Member)
Baydala, Angelina (Professional Affiliate)
Begashaw, Lule (Provisional Member)
Belanger, Ellen (Provisional Member)
Bergman, Krista (Provisional Member)
Brache, Kristina (Student Member)
Brennan, Paul (Student Member)
Carter, Tarra Jaye (Student Member)
Chudyk, Evylin (Provisional Member)
Clark, Daniel (Student Member)
Climie, Emma (Provisional Member)
Clovechok, Natalia (Student Member)
Colp, Mitchell (Student Member)
Couling, Katelynn (Student Member)
Dobbs, Jack (Full Member)
Drefs, Michelle (Full Member)
Fines, Sonia (Student Member)
Foran, Caitlin (Provisional Member)
Fredrek, Carol (Full Member)
Frenzel, Roy (Full Member)
Gaine, Graham (Full Member)
Greer, Shelia (Full Member)
Hanrahan, Michael (Provisional Member)
Harris, Vatonia (Full Member)
Hau, Phillip (Student Member)
Heidebrecht, Bonnie (Full Member)
Hochman, Faren (Student Member)
Holmstrom, Shaun (Full Member)
Irwin, Helen (Provisional Member)
Jones, Catherine (Provisional Member)
Kapeleris, Andrea (Student Member)
Keashly, Meagan (Student Member)
Kennedy, Lindsay (Student Member)
Kerslake, Michelle (Student Member)
Kietaibl, Carin (Provisional Member)
Ko, Gina (Student Member)
Ladouceur, Christie-Dawn (Student Member)
Lauridsen, Erica (Student Member)
Leighton, Treat (Provisional Member)
Letourneau, Jeff (Student Member)
Lysal, Karen (Provisional Member)
MacLeod, Michael (Professional Affiliate)
Manful, Anneta (Provisional Member)
Merchant, Reshma (Student Member)
Michaud, Nicola (Student Member)
Moser, Amy (Student Member)
Mundorf, Elisabeth (Provisional Member)
Muschanov, Tanya (Provisional Member)
Newfeld, Angela (Out of Province)
Nugent, Sarah Michelle (Provisional Member)
Pasmeny, Gloria (Full Member)
People, Savannah (Student Member)
Perra, Andrea (Provisional Member)
Petrie, Matthew (Provisional Member)
Pink, Jessica (Provisional Member)
Portwood, Marilyn (Full with Referral)
Powis-Campbell, Sally (Provisional Member)
Prakash, Maija (Student Member)
Pullam, Ruth (Student Member)
Rabinovitch, Hjesse (Provisional Member)
Reap, Kenneth (Full Member)
Ricciardi, Vanessa (Provisional Member)
Rochman, Daniel (Full Member)
Roemmich, Michael (Student Member)
Sandall, Sally (Student Member)
Saunders, Saneeta (Full Member)
Sheh, Naomi (Student Member)
Singh, Terence (Provisional Member)
Souraya, Amai (Provisional Member)
Stenton, Anna (Provisional Member)
Tarasenco, Irina (Provisional Member)
Turner, Katie (Provisional Member)
Varghese, Shaun (Provisional Member)
Wilkinson, Joel (Provisional Member)
Williams, John (Full Member)
Young, Laurie (Student Member)

PAA ANNUAL 2013 BEHAVIOURAL AWARDS

EDMONTON REGIONAL SCIENCE FAIR – EDMONTON

Qasim Ali who attends Old Scona School, was the 2013 award recipient for his project entitled "(SHS08) Brighten the Taste".

Judged by Dr. Christopher Armstrong and presented by Ms. Claire Wilde representatives of PAA.

Congratulations Qasim Ali

Qasim Ali

CENTRAL ALBERTA SCIENCE FAIR – RED DEER

Victoria Taylor, Grade 7 Sundre student from Rivervalley School, was the 2013 award recipient for her project number 12 entitled "Does Sugar Increase Activity in a Classroom?" Her project also earned her 1st runner up in the Secondary Division.

Judged and presented by Dr. Yvonne Buchanan-Sedun representative of PAA.

Congratulations Victoria Taylor

Victoria Taylor

CALGARY YOUTH SCIENCE FAIR – CALGARY

Zoe Dingeman and Mahta Samani, students from Webber Academy in Calgary were the 2013 award recipients for their project entitled "Plagiarism: How Much and Why?"

Judged by Ms. Sharon Ashton and presented by Ms. Lindamarie Gossen representatives of PAA.

Congratulations Zoe Dingeman and Mahta Samani

Zoe Dingeman and Mahta Samani

PAA MEMBER BENEFITS

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

INSURANCE

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

NEW! TD Travel Insurance is also available at PAA preferred rate for PAA members who 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

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

MERCHANT SERVICES

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

QUIKCARD Solutions Inc. - Health Benefit Solutions

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

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

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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. Call **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.

Clarion 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 1-800-661-157 or visit our website for on line reservation. For more information, visit www.calgaryclarion.ca

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

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

SUMMARY OF PAA PRACTICE ADVISORS' ACTIVITIES: April 1, 2012- March 31, 2013

The PAA has 8 Practice Advisors who provide information and guidance on a range of ethical and professional issues to PAA members at their request. The Practice Advisors addressed a total of 139 questions and issues raised by members in the fiscal year April 1, 2012 to March 31, 2013. A summary of the total calls and some samples of these issues follows.

Informed consent and confidentiality - 48 calls

- Requests for third party notes from file
- Breach of confidentiality duty to warn
- Release of confidential information
- Confidentiality/informed consent in family therapy when all participants are adults and one participant objects to information sharing
- Confidentiality/informed consent in marital counselling when one partner discloses contentious information against the wishes of the other partner
- In a publicly funded health care setting, release of confidential information about a patient to patient's lawyer, when the patient is suing the health care setting that employs the psychologist
- Parental consent when one parent is not involved
- Duty to report an alleged historical sexual abuse on a minor when the consent is third hand
- Withdrawal of consent and an incomplete assessment
- Third hand disclosure about sexual abuse
- Informed consent in provision of services to a minor when Dad's whereabouts are unknown

Professional boundaries/dual roles/conflicts of interest - 18 calls

- Assessment vs. therapy and dual roles
- Boundary issues – borderline patient
- Third party observers in assessment
- Potential conflicts of interest
- Dual relationships
- Receipt of expensive gift from pro bono client
- Seeing a forensic patient in private practice and inappropriate behaviour on the part of the patient

General ethical/legal questions - 27 calls

- Clinical cases turning into medical legal cases
- Suicide/homicide risk
- Conflicts with employers
- Client demand for documentation that would allow a client to be off work
- Case management where there is a disagreement among provisional psychologist, external supervisor and employer/supervisor/psychologist
- Case management when client's needs exceed the psychologist's and the agency's capabilities and client resists a referral on to someone else
- Employment and supervision of unlicensed and unregulated employees – ethical and professional issues

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- Responsibility for supervision of provisional psychologist and that person's clients when supervising psychologist moves professional practice to another site including ownership of cases/files
- Compliance with court order and issue of who to include in contact
- Questions about length of treatment and prolonged exposure
- Questions about documentation for psychological consultation
- Assessing psychological aspects of a medical condition
- Charting a common file when working in an interdisciplinary team
- Family separation and consent to treat when the children have their own lawyer
- Guardian's consent if they want to contest the guardianship order
- Disclosing sexually risky behaviour from information obtained on a questionnaire

Child welfare and child protection issues - 11 calls

- Obtaining parental consent to treat a child in the absence of the other parent, and in absence of legal documentation regarding child custody, in the context of high needs and sometimes urgent cases
- Reporting a situation to Child and Family Services Authority
- Issues and recommendations regarding custody and access disputes
- Involuntary hospitalization of an adolescent: criteria, the process that must be followed
- Consent for treatment of minor children in high conflict divorce
- Dealing with client seeking sex abuse assessment for child under guise of obtaining therapy for child in high conflict divorce situation
- Junior high school situation when a student had indicated suicidal ideation but the guardian was not willing to consent to intervention
- Duty to report child risk/abuse

File storage and security of records - 2 calls

- Computer storage
- Chart retention for children

Miscellaneous issues - 33 calls

- Problems with borderline personality disorders
- Appropriate business practices
- Assessment issues
- Termination of practice
- Supervision issues
- Setting up a group practice – potential professional, financial and legal issues
- Reasonable financial compensation for practice
- Question about starting a private practice while still being employed by AHS. Conflict of interest issues
- Closing down practice and continuing to provide psychological services to Alberta clients via Skype outside of Alberta
- Using Skype technology to provide services to an Albertan client out of the country
- Taking on supervision duties for a professional psychologist
- Setting up psychology files in a general medicine clinic/PCN
- Resources and consultation on trans gender issues with client
- Private practice at home

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

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media – not generated through the PAA office:
March 2013 – July 2013

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
March 2013	Dr. Laura Hambley	The Globe and Mail	It's 2013: why aren't more people teleworking?
	Dr. Ganz Ferrance	CTV News Edmonton at Noon	Tips for balanced parenting
	Dr. Linda Hancock	The Medicine Hat News	Attitude goes along way toward how we feel.
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	Life after death
	Dr. Ganz Ferrance & Dr. Janet Miller	Alberta Primetime – Vocal Point (health panel)	New Psychology Training for Alberta Police
April 2013	Dr. Ganz Ferrance	Edmonton CTV News at Noon	Dealing with virtually 'connected' kids
	Dr. Ganz Ferrance	Alberta Primetime – Vocal Point (health panel)	- Could self-help classes in mental health cut down wait lists? - What does dad's stress do to kids?
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- The freedom of spring - My adult child doesn't communicate - Being thankful each day
	Dr. Ganz Ferrance	Edmonton CTV Morning Live	Using technology to help relationships
	Dr. Ganz Ferrance	Conversations with Charmaine on blogtalkradio (internet talk radio show)	Stress and how to beat it
May 2013	Dr. Janet Miller	Alberta Primetime – Vocal Point (health panel)	Kicking Seniors out of Hospitals
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	- Achieve successful leadership - How long does it take to clean a toilet?
	Ms. Agnes Olszewska	Mix 107.9 FM -Fortsaskonline.com	Mental Health Week
	Dr. Ganz Ferrance	Alberta Primetime (discussion panel)	Are modern parents raising a lazy labour force?
June 2013	Dr. Ganz Ferrance	Edmonton CTV News at Noon	Detecting and dealing with bullying
	Dr. Ganz Ferrance	Alberta Primetime (discussion panel)	How young is too young for Beauty Pageants?
	Ms. Monica Das	Alberta Primetime	Are mixed race couples and families still fighting for acceptance in Alberta?
	Dr. Ganz Ferrance	Alberta Primetime – Vocal Point (health panel)	The new medical App that has doctors sharing pictures of patients

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ALBERTA PSYCHOLOGY IN THE MEDIA (con`t)

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

DATE	PSYCHOLOGIST	VENUE
May 2013	Mr. Pierre Berube	The Lieutenant Governor's Circle on Mental Health and Addiction presentation how "Love Builds Brains" in Edmonton.
	Ms. Lana Bryanton	Victoria School of the Arts, Mental Health Agency Fair in Edmonton.
	Ms. Brandi Smith	Displayed PAA materials in her office during Mental Health Week.
	Ms. Naznin Virani	Displayed PAA materials in her offices during Mental Health Week.

Career fairs and public speaking engagements promoting psychology to the public – not generated through the PAA office:
March 2013 – July 2013

DATE	PSYCHOLOGIST	VENUE
April 2013	Dr. Ganz Ferrance	Spoke to St. Martin Elementary School's parent advisory council in Edmonton on parenting.
May 2013	Dr. Ganz Ferrance	Spoke to Callingwood Physical Therapy and Sports Injury Clinic staff on "Trauma and the Mind-Body" in Edmonton.
	Dr. Ganz Ferrance	Presented "De-Stress for Success" to Red Deer Business Club.

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.

ATTENTION REFERRAL SERVICE MEMBERS

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

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

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

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

Contact Joanna Leung at the PAA office:
(780) 424-0294 (Edmonton) • (403) 246-8255 (Calgary)
or toll free 1-888-424-0297 (Anywhere in Alberta)
joanna@psychologistsassociation.ab.ca

Continuing Education reciprocity agreement between the Psychologists' Association of Alberta (PAA), the British Columbia Psychological Association (BCPA), and the Psychological Society of Saskatchewan (PSS)

The Psychologists' Association of Alberta (PAA) is entered into a reciprocity agreement with the British Columbia Psychological Association (BCPA) and the Psychological Society of Saskatchewan (PSS) offering registration to the three associations' respective continuing education programs at the same fees that each of these associations charge to their own members.

Members of the PAA who register for workshops and conferences offered either by the B.C. Psychological Association or the Psychological Society of Saskatchewan are able to register to these functions at the respective association's member rates.

Go to our website www.psychologistsassociation.ab.ca under 'PAA workshops/conferences', to find the link to BCPA and PSS.

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

UPCOMING MEETINGS & SOCIAL EVENTS

BOARD MEETING:
September 28, 2013 – Edmonton
November 23, 2013 – Calgary
January 25, 2014 – Edmonton
March 22, 2014 – Edmonton
May 31, 2014 - Calgary

ANNUAL GENERAL MEETING:
May 31, 2014 - Calgary

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

Changing Your Address?

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

Name: _____

Street: _____ City: _____

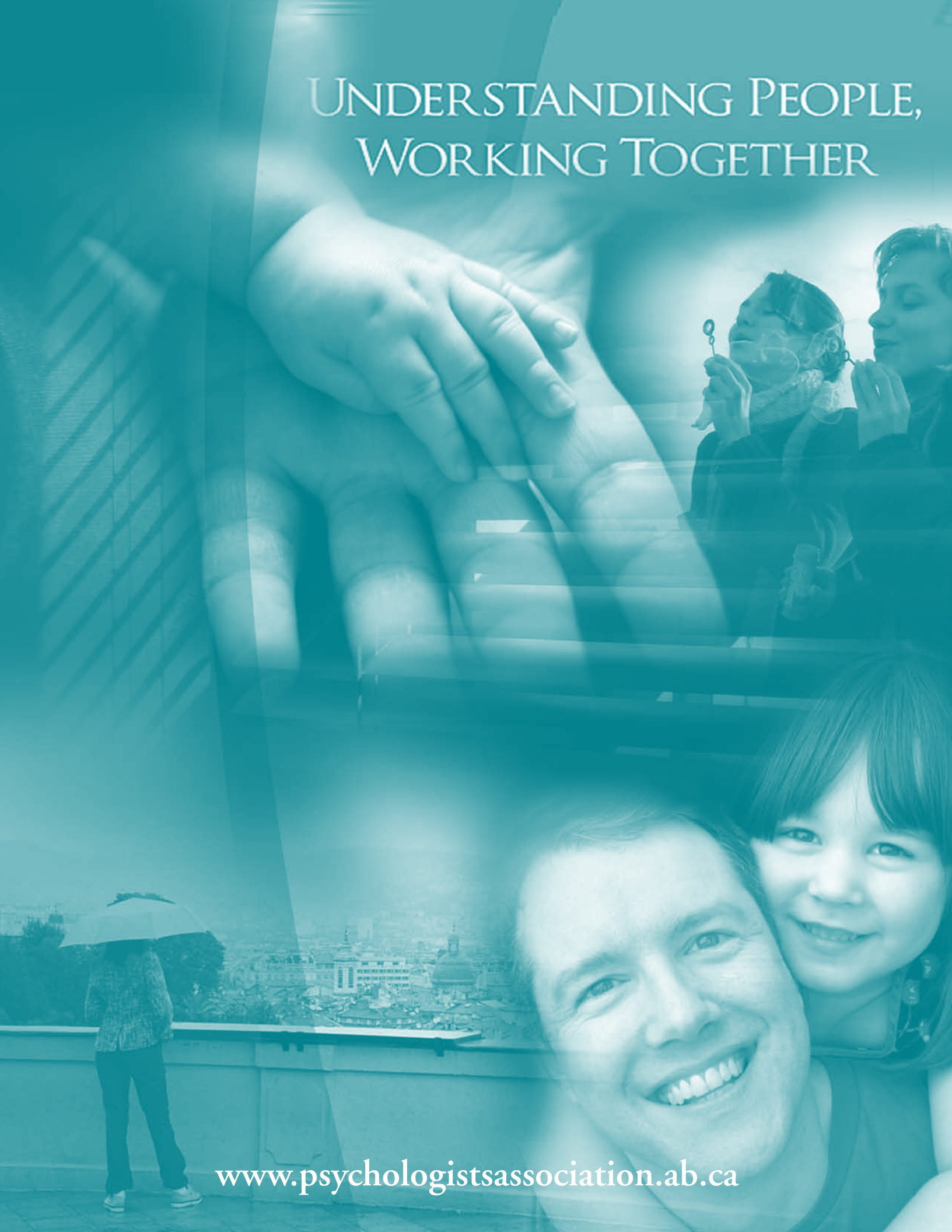
Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Effective Date: _____

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

Understanding People, Working Together



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