

Psymposium

Volume 27 Number 1 – April 2017

Canadian Publications Mail Product Sales Agreement #40020241

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BOARD NOTES



*Bonnie
Rude-Weisman,
PAA Board President*

Hello
Fellow Colleagues,

While I am writing this in February, in what has become known as Psychology Month, you will be receiving this in April. Consequently, I need to be mindful to ensure my words are timely but not time-limited. What seems relevant as I write this may not prove relevant in our fast-changing world of late. Nonetheless, I will forge ahead, hoping that these words will have some lasting relevancy as I believe, more than ever, that the world needs our knowledge of human nature, our compassion for mankind, and our skills in helping others seek relief from their pain. In essence, I am using this column as a call to action.

In the current climate of political, social, and economic uncertainty, our skills as psychologists and our knowledge of human nature can make a difference. Many of our neighbours in our global community

are living in fear, born from a lack of familiarity and understanding of our fellow human beings. For some, this fear is morphing into a hatred that is dividing humanity. These fears have been fostered through the “crazy-making” often associated with dysfunctional families where messages given by caregivers are confusing and contradictory, leaving the more vulnerable members of the family questioning what is real and what is not. The recent emergence of ‘fake news’ and ‘alternate truths’ have left many feeling uncertain, confused, and fearful. As psychologists, we have the tools to build bridges of understanding, to help our clients engage in healthy sense-making of these confusing times, and to contribute to any community efforts that unite humanity under a banner of diversity and inclusiveness rather than divide through fear and intolerance. At times like these, I am reminded of Albert Einstein’s statement to the effect that, “peace can not be achieved through force; it can only be achieved through understanding”. There is no other professional group that has a better understanding of human nature than psychologists. Let us use that knowledge and understanding to be active change agents, to help our clients, our communities, and our globe to achieve well-being. We cannot be silent observers or passive

PSYCHOLOGISTS’

ASSOCIATION of ALBERTA

MISSION STATEMENT

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

PAA Symposium [ISSN 1193-2627] is the official newsletter of the Psychologists' Association of Alberta.

Canadian Publications Mail Product Sales Agreement #40020241.

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

Article deadlines are February 10, June 9 and October 6. For information on submission procedures or current advertising rates contact the PAA office. Advertising deadlines are February 22, June 21 and October 20.

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@paa-ab.ca.

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Unit 103, 1207 – 91 Street SW, Edmonton, Alberta T6X 1E9
Telephone: 780-424-0294 or Toll Free: 1-888-424-0297
Calgary: 403-246-8255
Fax: 780-423-4048 or Toll-Free: 1-888-423-4048
Email: paa@paa-ab.ca
Website: www.psychologistsassociation.ab.ca

CEO: Dr. Judi Malone
Email: judim@paa-ab.ca
Office/Finance Manager: Joanna Leung
Email: joanna@paa-ab.ca
Executive Assistant/
Member Services Coordinator: Brittany Stevenson
Email: brittany@paa-ab.ca
Continuing Education/
Communications
Administrative Assistant: Rose Cooper
Email: rose@paa-ab.ca
Receptionist/
Administrative Assistant: Cindy Kennedy
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participants in the midst of this fear, confusion, and hatred. We must share our knowledge, our skills, and our voice to promote understanding, compassion, and tolerance for all peoples. Take up the challenges put to us by psychologists Dr. Jon Amundson and Dr. Debbie Dobson to help the Syrian refugees or by psychologist Brandi Smith to “put our money where our mouths are” in support of the Psychological Services Fund.

While Dr. Judi Malone, our new CEO for PAA, is proving to be a wonderful steward of the PAA mission to advance our profession and to promote the well-being and potential of all Albertans, she needs our assistance. Please consider helping PAA and Judi in fulfilling this mission, either by putting your name forward to run for the PAA board, volunteering to help in some way with PAA, or responding to the fundraising efforts of our colleagues. I would also invite you to attend PAA Connects 2017 in Edmonton where we can become united in our efforts to make our clients, our communities, and indeed, the world a better place for all.

With concern, compassion, and a voice,

Bonnie Rude-Weisman, M.A. R. Psych
Board President
Email: brudeweisman@shaw.ca

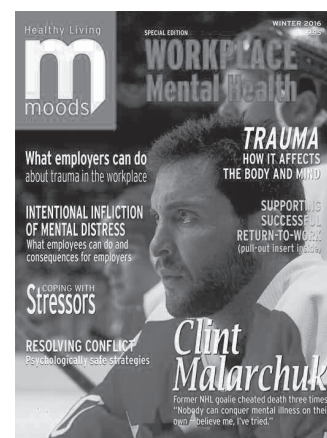
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If you wish to contribute content please contact us at info@moodsmag.com or visit our website for subscription information.



Psymposium Advertising Rates (effective January 2017)

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.

Psymposium is published three times a year: April, August and December. Article deadlines are: February 10th, June 9th and October 6th. Advertisements printed in *Psymposium* deadline: February 22nd, June 21st, October 20th. Insert deadline: March 24th, July 21st, November 17th.

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EDITOR'S LETTER



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

In this spring edition of Psymposium I thought I would reflect over the past year of gladly serving as Editor-in-Chief. I really had to question, "has it been a year already?" As part of this reflection I took a step into the archives of Psymposium, and with the assistance of Rose Cooper,

our Communications and Membership Administrative Assistant, I was able to take a peek at one of the earliest publications of Psymposium from 1961.

Thankfully, the technology around how issues are published has certainly changed (e.g. typewriter vs. computer). Many other aspects have changed too, but an evident constant from the earliest edition and from over the past years is our continued sense of communication and connection as a profession. Our mailing list, or rather email list has grown, our means of communication between each other has grown (e.g. Facebook, Twitter, LinkedIn), and the sharing of ideas and intriguing issues at workshops, meetings, and forums and as presented within the pages of Psymposium has grown. From the onset, the importance of communication and connection was emphasized as Jean Pettifor noted, "It is essential if we are to do any more than fulfill our own job requirements in isolation and ignorance of what others are doing".

Whether it is through articles, social media, or in person, we have continued to support and maintain this foundational building block and appreciate the benefit of it for the advancement for our profession.

In this edition of Psymposium, Bonnie Rude-Weisman, the PAA Board President discusses humanity in a time of political, social, and economic uncertainty and change, and psychologists are encouraged to use their voice in promoting understanding and compassion. Our CEO Dr. Judi Malone highlights some of PAA's recent activities such as government relations, public education in psychology, collaborative projects with CAP, and the upcoming event PAA Connects 2017: Our Forum for Learning, Connection, and Renewal. In *The Universe Within*, Ms. Gwen Randall-Young explains anxiety from the perspective of ego and soul, and how life can be experienced quite differently from

each lens. Terry Wilton shares an intriguing email about the future practice of psychology in the year 2057, and he invites readers to convey their thoughts. Dr. Jon Amundson examines deliberate/reflective practice in professional situations vs. a 'business-as-usual' model. In *Getting Schooled*, a transdisciplinary service delivery model is discussed in working with children and how it impacts school psychologists. Also, Dr. Pauline Kamps and Dr. Shelly Hart describe Developmental coordination disorder, benefits and challenges in changes from the DSM-IV-TR to the DSM-5, and implications for school psychologists. The Profiles in Psychology column outlines Kelly Moroz's interview with Dr. Laura Hambley, an industrial/organizational psychologist, entrepreneur, and author.

I hope you enjoy this edition of Psymposium.

Warm regards,

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

www.stalbertcounselling.com

Email: mvandegriend@stalbertcounselling.com

NOTES FROM THE CEO'S DESK



Dr Judi L Malone

PAA CEO

Registered Psychologist (AB/AUS)

Spring greetings to all of you, our members. Our association, board, volunteers, and staff come together to serve you, our members, our profession, and our province. PAA is the voice of, and for, psychology in Alberta. We are the voluntary body that advocates for psychology in Alberta, informs the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services. I appreciate this opportunity to highlight some of PAA's activities since my last update.

We continue to provide leadership around psychological health and wellness. In addition to expanding our government relations awareness, PAA supported proposed legislation on harassment, we regularly collaborate with Alberta Health and Alberta Health Services, and are active in our networks to promote psychologically healthy Alberta initiatives with CMHA,

community mental health, and the Alberta Workplace Wellness Network. Our members have been active with the media and in public education presentations – Alberta really is a leader in public education in psychology!

We continue to influence training and the profession via continuing professional development activities. Specifically, PAA Connects 2017 (our biennial forum), numerous workshops, supporting the Clinical Supervision in Psychology course, and by continuing to investigate options for the use of technology for continuing education.

PAA and CAP have been working collaboratively on projects to support knowledge about medical assistance in dying and enhancing our joint communications. Join us in our town halls throughout the province to have your voice heard and to get an update from both PAA and CAP.

Our membership is strong, and continues to grow. Our most recent statistics indicate that 76% of those registered with CAP maintain voluntary membership with PAA! We regularly engage members, other psychologists, and the public; and our referral service is a very active public resource. Together we are stronger.

Personally, I am looking forward to seeing you at Fort Edmonton Park for PAA Connects 2017: Our Forum for Learning, Connection, and Renewal. The Theme of Past, Present, & Future: A Profession of Change will be illuminated by our keynote speaker, Dr. Scott Miller, an impressive array of exemplars in our Enlightening Speakers Series, and as a special highlight we look forward to hosting the Honourable Brandy Payne, Associate of Health as guests for our important “Welcome to the Profession and Awards Banquet”.

Thank you for making this association one of the leaders in North America. It is a privilege to work together to advance the science-based profession of psychology and to promote the well-being and potential of all Albertans.

As always, I appreciate your insight, questions, and comments.

PAA is OUR association.

Judi

THE UNIVERSE WITHIN

by Gwen Randall-Young, R. Psych.

Anxiety: The Shadow of Ego



In my practice I treat many people for anxiety. Probably everyone has experienced anxiety at some time or another. Anxiety is normal in certain situations: when someone close to us experiences sudden serious illness, if we have momentarily lost sight of our young child, or if there is a terrorist threat.

However, many experience anxiety over the ordinary events of life. I became curious about how we could understand anxiety from the perspective of ego and soul. It seems clear to me that anxiety is an ego reaction, and it is based on fear. While in scientific terms, the opposite of an anxious state would be a relaxed state, in ego and soul terms, the opposite of anxiety is trust. I say this because when we experience anxiety, it is generally because we do not feel in control of a situation. We fear things will not turn out the way we hope, and that we will experience loss, failure, or embarrassment.

Ego, as we well know, has a mind of its own. It experiences the world in terms of good/bad, right/wrong, win/lose, and other polar opposites. It is as though, for ego, life is full of coin tosses, and ego wants to win the flip every time. Statistically this is impossible, so ego must get to work in a variety of ways to get the outcome it desires. If the outcome is not guaranteed, ego begins to fret.

Not only does it worry about the outcome, but it also conjures up all manner of consequences that would follow from an undesirable result. Hence, this kind of thinking: “If he doesn’t ask me out, I’ll probably be alone for the rest of my life. Then I will undoubtedly struggle financially and end up being a bag-lady,” or “If my child disobeys me when he is five, what will he be like at fifteen? He’ll probably have a bad attitude and

Ego, as we well know, has a mind of its own. It experiences the world in terms of good/bad, right/wrong, win/lose, and other polar opposites.

get in with the wrong crowd. Then he'll get into drugs and end up on the street." This ego catastrophizing is a perfect formula for generating anxiety.

If we come from the perspective of soul, our world looks and feels different. Soul recognizes our lives unfold, and the circumstances therein form the curriculum of study for this lifetime. Things will not always go according to our plan. That would be too easy. Rather, life will surprise us, disappoint us, confound us, dismay us, and puzzle us. Just when you think you have it all figured out, it changes.

We learn that we can either play it safe, sticking with the familiar, or we can take risks, try new things, and stretch ourselves. The choice is not always ours. Unplanned occurrences can reshape us in ways we never dreamed possible. Sometimes the worst thing that could happen to us turns out to be the best thing that ever happened to us.

It is easy to see why this is a difficult, challenging, and frustrating game for ego to play. There really are no rules one can count on. Ego only frustrates, worries, and agitates itself trying to beat the system.

Soul, on the other hand, trusts the big picture. Soul accepts that life will be an interesting adventure, and that we will "win some and lose some". That does not matter so much as long as we are growing, learning, or gaining wisdom and perhaps even enlightenment.

Soul patiently waits to see how long ego will struggle before figuring it out. Soul knows that ego only needs to surrender, in order to cease the struggle. When ego does surrender, life becomes calmer, smoother, and more relaxed. Life is still what it was: life was never the problem. The difference is that ego has given up resisting the irresistible.

As for anxiety, the minute we surrender, release our attachments, and trust in the flow of life it disappears, for it was never real: it was only ego's shadow.

*Gwen Randall-Young is a psychologist in private practice and author of **Growing Into Soul: The Next Step in Human Evolution**. For more articles, permission to reprint, and information about her books, "Deep Powerful Change" personal growth/hypnosis CDs, visit HYPERLINK "<http://www.gwen.ca>" www.gwen.ca and like Gwen on Facebook for daily inspiration!*

PROFILES IN PSYCHOLOGY

by Kelly Scott Moroz, R. Psych.



Kelly Scott Moroz, R. Psych.



Dr. Laura Hambley

Dr. Laura Hambley is an industrial/organizational psychologist, entrepreneur, and author who is passionate about making workplaces better and increasing peoples' career fulfillment. Her specialties include leadership, team and career development, and creating high performing distributed or mobile workplaces. She believes that people should follow their passions, and she has done so through publishing a fiction/suspense novel called "Losing Cadence" (LaudaLovett.ca). Laura identifies herself as a serial entrepreneur, a skilled team builder, and leader who is passionate about developing effective, collaborative teams. She is the founding partner of the Leadership Success Group (www.leadershipsuccessgroup.com), founder of Calgary Career Counselling (www.calgarycareercounselling.com) and Canada Career Counselling (www.canadacareercounselling.com), and Co-Founder and President of Work EvOHlution (www.workevolhution.com).

When did you first consider that psychology might be the field for you?

I grew up in Northwest Calgary. I went to Bishop Carroll for high school, which is a self-directed learning school. I took a mix of courses in general studies at the University of Calgary (U of C) after high school. I didn't know what I wanted to do when I first entered University. I knew what I didn't want to do – which is half the battle – and that was chemical engineering like my father, which would have allowed me to join the family business. He said, "You're good at math and science, and you should

consider this,” but my heart was more with the English and social studies side of things, as well as music. I worked at the business for a summer, and it wasn’t for me. They specialized in water filtration and I always thought that people were more interesting than water. After taking an odd mix of courses and trying to balance a busy social life with studying, I ended up taking a career planning workshop in the spring of that first year called “Choosing a Major”, that included personality assessment, interest assessment, values, and sessions and discussions run by a career psychologist, and it helped me nail psychology.

That’s incredible, especially since that’s the area of psychology you ended up going into.

Back then, when you opened up the calendar (back in those days it was in a thick book, because nothing was online), and you looked at all the psych courses, and they looked so interesting, like personality, motivation and abnormal psychology. It looked so cool. While doing your undergraduate degree, many students realize that you need your Master’s degree to find meaningful work in the field. I decided that counselling psychology seemed like a good fit for me. My father passed away at the end of my undergrad so I chose to stay at the U of C for a Master’s in Counselling Psychology, where I was drawn to career development. I was driven to help people, and I felt that I might be most successful in the career area. I liked it because not many psychologists were interested in this area; it felt like an area where I wasn’t like everyone else. When I was looking at practicum placements, I found myself leaning to career development placements like the University setting. I did my practicum at the U of C, both in personal and career; career made up about 50% of the program. And then I ended up running those same workshops that I had attended years before. It came full circle. My thesis was on career counselling through the internet, which at the time was cutting edge. I wanted to work for a few years. I worked at careerexperience.com, and it was all about assessing people’s career interests and passions and values and then linking them with careers and education. We had a data base of about 900 careers. It had a cutting edge excitement. We were based in New York City, Toronto, and Calgary. I was 25 and I was managing this big team and we were flying to New York. It was exhilarating. Then the dot.com bubble burst and that company was a sinking ship and I got pulled into another company that dealt with online people-assessment software, Skillscape; I was called a senior competency consultant. The company was based in Victoria but then acquired by a US company and it

was global, so I was travelling to Ireland and England and all over the Silicon Valley. I was interviewing and training managers. But I knew I wanted my Ph.D. because I wanted the ability to work wherever I wanted in the world as a psychologist. And I also wanted to teach at the University; not become a professor, but teach. I stumbled across industrial psychology, and we actually had the leading program in Canada here at the U of C. It was like, wow, this field of psychology is cool because I love business. I like the whole notion of workplaces; I find them fascinating. Seeing how the company works and its dynamics, and what’s going on with the people, and being on the outside of that, but being able to help. If you can improve one’s manager’s ability to lead and motivate people, you are improving many lives. I thought, wow, this is super. And it’s right here in Calgary. And I could do it in three years. When I met the professors, I knew it was a good fit. But I do encourage others to take their Master’s or Ph.D. degrees elsewhere just for the experience of moving to a different city.

Who would you consider a mentor?

My Ph.D. supervisor, Theresa Kline, was an amazing mentor. She taught me how to really focus and get things done well and efficiently. She had just the right mix of mentoring and giving me the autonomy to go at the speed I wanted, which was fast. I got my registration as a psychologist done in the same three years I took to do my Ph.D. I always did things a little differently than everyone else. So it was a busy period, but I didn’t have kids at the time, so I could work hard, and Scott (husband) was working hard, and it all worked out.

What do you look most forward to in a workday?

I love mentoring my team of psychologists; I have three provisionals right now. I love counselling and coaching at a leadership level, whether they are entrepreneurs or in organizations right now; experienced people who want to be better leaders or to figure themselves out, like mid-career transitions. I like helping people who have done a lot in their lives and still have a lot more left to do. Helping them find a new direction. I love seeing the cloud of confusion lift, as they gain clarity. And I like motivating people and inspiring them to move forward, by using empathy and assertiveness in a career and coaching context.

What are necessary qualities in your role?

Being a visionary. Being innovative, intuitive, analytical, confident, and humble enough to admit when you don't know something. You also have to learn over time how you cannot really compartmentalize the differing areas of psychology (e.g., personal and career counselling overlap). You have to be able to make good decisions quickly. Lots of them. If you become subject to "analysis paralysis", nothing gets done.

What might a typical work day look like for you?

Though every day is different, I might do some client work, either counselling sessions or leadership coaching, and spend time managing and leading my practice, and collaborating with my team. The business operations are the least favourite part of my role; dealing with business types of decisions. A portion of my day is also spent in business development and marketing, which I generally enjoy. This is critical.

What advice would you give to new industrial/organizational psychologists?

Expose yourself to as many experiences as possible, whether in internships or volunteer work, being a research assistant, conferences, or training opportunities. The more you are exposed to, the more your path will become clearer.

What lucky break, if any, helped you along the way?

When I first incorporated my own business in 2009, after leaving a different workplace, I just seemed to land some nice client projects because of the work I had done before with those clients. These were great projects, and helped me to launch my Leadership Success Group business quickly. I also wisely chose the name Calgary Career Counselling for my other practice, which is what people happen to search when trying to find these services. I had a great first year.

I've had the pleasure of reading your book. It's a favourite of mine. Hard to put down. How did this book get started?

In the few months before starting my Ph.D., I thought, maybe I should become a novelist instead of starting my

Ph.D.. Then I went to a wise career counsellor in Calgary who has since passed away. We came to the conclusion that full-time novelist was too high risk for me. So I decided the Ph.D. was the better path for me, but that summer I started "Losing Cadence". I was 26 years old. Writing a novel and doing a Ph.D. don't go together very well, like oil and water, but as every summer came around and I didn't have my course load, I had more time to work on "Losing Cadence" in the evenings, and it was a nice break from the research. I found a writing buddy and we would read each other's work. It took me eight years to finish it because I was chipping away and when I finished the Ph.D. in 2005, I had Nicholas (son) at the tail end. I did my EPPP (Examination for the Professional Practice in Psychology) a week before he was born; [laughs] that was not one of my best decisions. I sat on the book for a few years after I finished it until I had the confidence to put it out there.

Where did you get the inspiration for "Losing Cadence"?

A talent in creative story telling, an active imagination, and an artistic side to me. The way I play that out in my career is to start innovating companies, like Work EvOHlution which was selected in 2016 as one of Alberta's most innovative start-ups, and recently featured in Scientific American magazine. In contrast, the art of the novel is pure fiction and imagination. The idea of unrequited love and obsession is interesting. I saw a couple of movies early on that stuck with me. One of them was called "Misery" with Kathy Bates, who was obsessed with a writer, and another one was "Sleeping with the Enemy" with Julia Roberts. Writing is a way for me to recharge, and I am continuing to work on my sequel in my "free time".

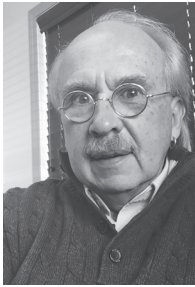
How do you balance it all?

Having great administrative support and a nanny who has helped manage my household for the past ten years. This helps to streamline and manage my time. Being married to a very supportive husband, who shares the tasks involved in raising our three kids.

Kelly Moroz has been the Director of Moroz Child Psychology Group in Calgary, Alberta since 2003. Please do not hesitate to contact our office at (403) 541-1199 or kelly.moroz@morozchildpsychology.com with any questions or comments regarding this article.

WHAT WE DO...

by Terry Wilton, R. Psych.



From time to time I receive an email from a reader commenting on this column. There has been none as strange as the one given below. The email actually requests my column space for this issue. It arrived in my inbox as a wonder of some strange technology of the future. I hope you will find it as interesting as did I...

Dear Psychologists of 2017,

Recently I found in an archive containing the article written by Terry Wilton in 2016 reflecting on the changes to psychological practice over the 40 years of his career. I am sending to him this time-mail through the warp-web to publish in the same journal. You will find it to be a description of what psychological practice looks like in the year of 2057. I will do my best to keep language to what will be easy for a 2017 reader to understand.

First of all, I want you to know that you have been privileged to live in the golden-age of psychotherapy. Over the course of some of your lifetimes you have heard and witnessed the work of Carl Rogers, Virginia Satir, Milton Erickson, Irving Yalom, Michael White and David Epston, Daniel Siegel, Susan Johnson, and many others. We, in 2057, are jealous that you could live in such a time.

Secondly, you might be shocked to learn that psychiatry as a medical specialty and professional practice died about 20 years ago: in 2033 to be exact. Truly, that was messy. While there remain some old psychiatrists who practice in secret, the professional discipline of neurology with advanced imaging and precise chemical, electrical, and stem-cell placement strategies have replaced the practices of your day. I am embarrassed to say that the only time we reference your psychiatric labels is in a lounge game for the sake of reminiscence and humour.

In 2057 therapy is quite different. Through the advances of Artificial Intelligence (AI) and Virtual Reality (VR) therapy is now practiced in the form of ABT, Avatar

Based Therapy. When a client is in need of a therapy session he or she simply enters the VR room and calls up Carl, Milt, Irv or whomever. The AI systems integrate the theoretical and delivery systems of those iconic therapists with individual data already available on the client. That data is stored in the IPECKS (Individual Profiles Extracts, Common Knowledge Stock), a rich source of information readily available for many different purposes. By the way, your easiest understanding of IPECKS in the technology of your day would be the aggregation of objective data on individuals such as GPS tracking, web-site clicks, social media postings, and fitness device body sensors.

You lived at the start of the post-privacy age which is how we define our current epoch.

But getting back to therapy, imagine a session with Carl either dressed in 1957 clothing as you see in his pictures, or 2017 clothing as would feel comfortable in your day. In an authentic offering of unconditional positive regard his avatar is able to integrate so much about you and the way you live your life. Carl's avatar graciously accepts you for the journey of healing and recovery you pursue.

Mr. Wilton's article was prescient. In revealing the degree of ethical precision and technology you had in 2017 he stated the parallel importance of the human element of the profession. We, in 2057, espouse that same value. Most of you, called psychologists or psychotherapists in your day, would be working in our day as Psyche-buddies.

As Psyche-buddies you would be there when your client came out of that session with Carl to walk the real life path for a few hours with the client, helping to integrate and apply the insights of therapy into the complex and stressful world we live in 2057. You, Psyche-buddy, would be with your trauma client as the safe and secure guide during hallucinogenic therapy – we have agents now much more potent and predictable than your LSD or mescaline. Psyche-buddies participate in the actual physical exercise with the physically unhealthy client, process memories at the time that acupuncture or other somatic therapies trigger them, and even physically help with practical issues of procrastination, untidiness, and pesky mental drift.

Psyche-buddies are actually bred now rather than educated through academic institutions. Genetic testing has allowed us to insure that only those with suitable DNA leading to optimal social-neural integration enter

the profession. Prospective Psyche-buddies are raised in optimal environments during the formative years. This ensures capacity for secure attachment, clean boundaries, and a sense of humour, which is so essential in our highly stressful culture.

You might ask if there are actually clinical psychologists in 2057. Oh, yes, a few. They are expanding the algorithms of the AI programs that integrate the IPECKS with theoretical therapy practice. Our Psychologists also ensure that ethical and socially advantageous behaviours of both clients and Psyche-buddies are maintained.

So that is the scoop, as you say! Perhaps, just as Mr. Wilton was around between 1977 and 2017 to comprehend the changes, some of you readers will become our elders and supervisors of 2057; that is, should you make the choice of living to old age. If so, we will look to you with reverence and gratitude.

Signed, Ebbie Raybauld-Watkins.

PS (from Terry). You also can send an email in response to this column (wiltont@telus.net)!

I would love to hear from my readers.

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ETHICS – THE IMPOSSIBLE IMPERATIVE

by Jon K. Amundson, Ph.D.

Reflexive or Deliberate Thinkers Why is Reflective or Deliberate Practice So Hard?



It is axiomatic in the literature that excellence in any domain is achieved by deliberate or reflective practice. These terms are used to describe the cognitive exertion associated with creative thought or action. Relative to ethics, Deliberate/Reflective Practice (D/RP) is associated with sensitive, responsive, and effective management of critical situations. Yet, this deliberateness is difficult to explain and more to the point, often difficult to undertake. D/RP is in competition with Business-As-Usual (BAU) in the sense that non-reflective practice and implementation of tried/true heuristics predominate in day-to-day routine. D/RP vs. BAU is reflected in Kahneman's "Fast vs. Slow Thinking" model – that BAU or fast think is useful in routinized behavior and that slow, reflective, or deliberate thought is beneficial to creativity and resourcefulness when faced with the extraordinary. But why, where slow or D/RP is needed, do we fail? Why do we go on about BAU even to our detriment in challenging professional situations?

To address these questions I would introduce the systemic thinking of Gregory Bateson, heralded as one of the last grand systemic thinkers of the 20th century. Bateson provides some insight as to why the question above exists and persists.

Initially in a Batesonian frame of reference, all change in the domain of the living is aversive. By 'aversive', Bateson suggests that pursuit of stability and endurance is the prime directive with organisms. Thought, for Bateson, is the extension of the living involving conceptual 'survival'. Rules, habits, and patterns then are desirable. Yet, simultaneously within his framework, physical or conceptual stability is only served by attention to demands for change. A pilot is on course – stable – to the extent she understands her navigational instruments

define what constitutes off-course. As the plane, or organism deviates, the re-establishment of desired direction arises. Change or learning then is aversive for it requires perpetual attention to one's environment and, for the individual, cognitive exertion. Cognitive exertion arises either as an ongoing habituation to intellectual fitness or episodically in times of distress. It is distress that can sponsor either the evolution (in a Batesonian sense) of the organism or its demise.

By 'evolution' Bateson would mean adaption at a higher level of complexity as a result of an environmental shift. When the professional encounters challenges regarding D/RP vs. BUA they must overcome what Bateson has called the Self-Healing Tautology (SHT). Still with me? This SHT is reflected in pursuit of internal consistency and justification or rationalization of the habits of the organism. When there is a critical moment in our practice, arousal emerges. This excitation is an alarm system of sorts. It involves emotional excitation and under the governance of SHT, the initial cognitive response is critical. When the pursuit of consistency and BAU is too strong, the organism too resistant to change, rationalization or justification are placed in service to emotion. Self-protection is in the Batesonian frame synonymous with SHT and goes like this:

"I can't be that type of person - one in error or having committed a mistake. So, what do I have to think or believe to maintain such posture?"

Effort to ward off the aversiveness associated with emotional arousal, and Bateson's SHT leads to circularly in thought: BAU, "I can't be that type of person", and here are all the reasons why! There exists a self-validating power in ideas. The old (gendered) saying that 'as a man thinks so he becomes' is really 'as we think so the world becomes'. No matter how grievous the offense, no matter how far from minimal standards of practice, I have always been gob smacked by the non-reflective/non-deliberate thinkers ability to create a world where they are the victim.

Nonetheless, it may be that deliberate/reflective thinkers are born not made. Even in the most generous sense they may exist upon a continuum and at best, the less inclined to D/RP, nudged a bit upstream. In the spirit of nudging then, we might reflect upon the characteristics of reflective and deliberate thinkers. Initially those so encumbered seem to have some sense of self-irony. Self-irony is reflected in an ability to tease oneself relative to

any fast thinking or BAU. The expression 'well, after all what do I really know anyway' is spoken by their inner voice. Second, R/P thinkers are higher in motivation than ambition. Status – an apparent drive in humans – is linked to ambition – the pursuit of external recognition. Ambition and the status associated are merciless drives. They increase sensitivity to real or imagined threat, and they seek to remake the world in their own image – ideas in service to emotion or BAU. Motivation on the other hand is intrinsic – the joy of remaking oneself in the moment to be:

- 1) the right person,
- 2) at the right time,
- 3) in the right way,
- 4) for the right reason,
- 5) for the right people.

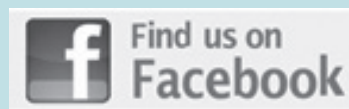
Finally, deliberative/reflective thinkers are playful. In research about Nobel Prize winners, they found little distinction between work and play. In the literature on Richard Feynman, for example, one sees his serious play with not only the Feynman – Kac Formula and his parameterization but in his mastery of bongo drums, the scent trails of ants, and safe-cracking! Motivation, self-irony, and play seem handmaidens to reflective and deliberate thinking and such thinking the essence, and goal in the actualization of ethics, for the professional.

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GETTING SCHOOLED



Welcome to Getting Schooled. In this issue, Dr. Charlene Barva and Dr. Mitchell Colp discuss the value of a transdisciplinary service delivery model for creating synergy among professionals working with children in early intervention.

In addition, the authors highlight some potential ethical and professional issues for consideration by school psychologists.

*Shawn Crawford, Ph.D., R. Psych. on behalf of the
School Psychology Committee*

Transdisciplinary Service in Early Intervention: Ethical and Professional Barriers for School Psychologists

*Mitchell Colp, Ph.D.
Registered Provisional Psychologist
& Charlene J. Barva, Ph.D.
Registered Psychologist*

Ashley is a 5-year-old girl who received a diagnosis of Autism Spectrum Disorder early in her life. She attends a specialized program with a focus on functional skills. Ashley has trouble dressing herself and cannot be left alone independently. She is able to decode and spell at a third-grade level but understands little of what she has read. Changes to her schedule and heightened functional expectations tend to make her irritable. When upset, Ashley will hurt herself (e.g., biting her wrist) and others (e.g., pinching and hair pulling). Ashley requires a great deal of support and her parents are overwhelmed by the number of appointments they have had with medical specialists. A transdisciplinary intervention program with one primary therapist has helped simplify services. The family can access the support they need through one key relationship.

Transdisciplinary models of practice were designed to provide integrated and family-centered services to meet the needs of children with complex developmental disabilities (Carpenter, 2005).

Transdisciplinary means the parents and persons from two or more disciplines teach, learn, and work together across traditional disciplinary or professional boundaries. Transdisciplinary service has been recognized as a best-practice for early intervention services, namely for children between 0-3 years, and many early intervention programs adopt some version of this approach (Berman, Miller, Rosen, & Bicchieri, 2000; Bruder, 2000; Guralnick, 2001). In sharp contrast to other modes of service delivery, a transdisciplinary approach reduces fragmentation in services, decreases the likelihood of conflicting and confusing reports, and enhances communication with families (Carpenter, 2005; Davies, 2007). Despite these incentives, many school psychologists are fearful to engage in transdisciplinary service as they foresee ethical and professional barriers to its application. This brief article attempts to address transdisciplinary service within the educational field and related concerns so that school psychologists can make informed decisions regarding their current or future involvement.

What is Transdisciplinary Service?

Transdisciplinary service was designed to enable early intervention service providers to cross discipline boundaries and intensely collaborate so that comprehensive interventions could be delivered to children with disabilities and their families (Bruder, 2010; Moore et al., 2012; Rossetti, 2001; Woodruff & McGonigel, 1988). The transdisciplinary team is characterized by the commitment of its members to teach, learn, and work together to implement coordinated services (Fewell, 1983; Peterson, 1987). Team composition depends on the specific needs of children but often consists of speech language pathologists, occupational therapists, physiotherapists, nurses, social workers, psychologists, child development specialists, and family members (Stepans, Thompson, & Buchanan, 2002). A key outcome of transdisciplinary service is the development of a mutual vision so that all individuals know what the goals are for a specific child (Davies, 2007; McGonigel, Woodruff, & Roszmann-Millican, 1994). Transdisciplinary service often uses a single early intervention service provider to implement the treatment plan for a family with consistent and significant input from other team members (Moore et al., 2012). This approach is juxtaposed to interdisciplinary and multidisciplinary

models wherein all early intervention providers maintain independence in their evaluation but vary in how collaboratively they engage in developing the treatment plan (Stepans, Thompson, & Buchanan 2002).

How does Transdisciplinary Practice Impact School Psychologists?

King et al., (2009) described transdisciplinary service as having three essential and unique operational features: 1) arena assessment, 2) intensive collaboration, and 3) role release. The following sections describe each element and outline ethical and/or professional issues that could manifest for school psychologists interested in utilizing this approach.

Arena Assessment

In the context of transdisciplinary service, arena assessment refers to the simultaneous assessment of children by multiple disciplines using both standardized and informal methods (Foley, 1990). In an arena assessment, one individual takes on the role of a facilitator while one or two others interact with the child while the remainder of the team observes. Everyone at the assessment has a role, including the parent, who provides information about the child and participates in the assessment process (Foley, 1990). There is a brief discussion following the completion of the assessment, with a more definitive formulation made once the data has been more extensively examined.

From the perspective of the school psychologist, arena assessments provide unique insight and assist greatly in the collection of information pertaining to behavioural and social development. Recognizing that many of the assessment tools used within early intervention examine developmental milestones, there is little threat to the validity of obtained results. Hesitation does exist, however, when taking into consideration the utilization of standardized assessment tools that examine psychological constructs (e.g., intelligence, executive functioning). By extending transdisciplinary service upward and into the elementary years, school psychologists can be asked to have other professionals sit in on assessments and in turn violate standardized procedures and jeopardize construct validity.

Intensive Collaboration

Through engaging in intensive collaboration with team members from different disciplines and perspectives, a wealth of information, knowledge, and skills can be mobilized to support students with disabilities and their families. In the transdisciplinary model of service, frequent collaboration is critical to integrating and implementing activities that address multiple intervention goals in a simultaneous manner (Bruder, 2010). This means that team meetings not only assist the primary care providers but also enable each team member to collaborate on the treatment plan and implementation. It is important to note that, at times, other team members may need to see children directly for short-term intervention or to address complex needs (e.g., feeding) (King et al., 2009).

It is undisputable that the collaborative approach within a transdisciplinary mode of service offers school psychologists the opportunity to provide more effective interventions that target children with disabilities in a more holistic and coherent manner. While many would argue that such an approach results in a reduction of direct service hours, a stronger counter-argument would be that the hours that are used by the child and their family are of a higher fidelity due to the increased planning time (King et al., 2009).

Role Release

A defining and most challenging element of transdisciplinary service is the concept of role release. The team become transdisciplinary in practice when team members give up or 'release' their discipline specific interventions, under the supervision and support of fellow team members. The process involves sharing knowledge, valuing team member perspectives and skills, and trusting team members to carry out a role that is not natively their own (Foley, 1990). Role release involves several aspects and can include: role extension, enrichment, expansion, and support. Role extension can be defined as each early intervention service provider becoming more involved in their own discipline through education and involvement of other team members (Woodruff & McGonigle, 1988). Role extension is exemplified by increasing knowledge of what we do and why we do it. For example, a school psychologist on a transdisciplinary team can

describe assessment methods and why those methods are selected in the first place. As service providers become more confident with their own discipline, they begin to learn more about other disciplines through role enrichment. With role enrichment, the school psychologist can describe their assessment process so that a speech language pathologist, for example, on the team learns more about their role (King et al., 2009; Stepan et al., 2002; Woodruff & McGonigel, 1988). Role extension and enrichment are all about building foundational knowledge for role expansion and exchange. In role expansion, team members begin to share ideas, develop shared vocabulary, and exchange information (King et al., 2009). Role expansion can be fostered by sharing observations and reports with other team members to develop integrated recommendations and intervention ideas. Role exchange is the implementation of the integrated recommendations and intervention plans by team members (Woodruff & McGonigel, 1988). Role support is the final component of the role release process that involves the continued support and regular consultation with the intervention team to support the primary provider. Role support may include consultation with the family, co-treatments, and sharing information (King et al., 2009).

Of all the elements in transdisciplinary service, the concept of role release may result in the greatest trepidation experienced by novice and seasoned school psychologists. There are ongoing thoughts regarding the loss or diffusion of professional identity, liability for negligent behaviour, and confusion surrounding the specific roles that can and cannot be released to team members (Ryan-Vincek, Tuesday-Heathfield, & Lamorey, 1995). When it comes to professional identity and role diffusion, we believe it is important to remember that school psychology is a vast discipline that has much to share and learn from others. The concept of transdisciplinary practice does not intend to dissolve professional titles, but rather to provide structure so that as psychologists we may become stronger in our professional role and enhance other professionals with whom we work. When we consider liability, we are ultimately responsible for our own action and so too are our colleagues. Beyond standardized assessments, crisis responses, and high-fidelity therapeutic intervention, there are many professional activities that psychologists do but do not own. Psychologists can share and release many activities to colleagues under mentorship and supervision.

Final Thoughts on Transdisciplinary Service

School psychologists have a history of advocating for legitimacy and territory within educational contexts and, while the idea of transdisciplinary practice sounds interesting, it likely strikes an uneasy chord with many. School psychologists are currently seen by educational authorities as being vital to identifying underlying student challenges and needs through their role as assessors (Fagan & Wise, 2007). While flattering, this zeitgeist has allocated school psychologists to the role of assessment and allows limited time and resources to engage in tasks that demonstrate our other skillsets and expertise. Engaging in transdisciplinary practice offers a unique opportunity for school psychologists to evolve their professional role, expand their skillsets, and enhance outcomes for children with disabilities and their families in early intervention settings.

**A copy of the full reference list is available upon request.*

INNOVATIVE PRACTICES IN PSYCHOLOGY

by Naheed Jawed, Ph.D., R. Psych



The readership has enjoyed reading the recurring Symposium column, Profiles in Psychology, which focuses on the individual contributions of psychologists to society. It has been enlightening to learn of the various accomplishments of our colleagues and how they attained their niches. Given its success, this year the editorial board has decided to add a second column, Innovations in Psychology, which will focus on innovative practices in the field of psychology.

Did you know that with 2279 registered psychologists and 669 provisionally registered psychologists Alberta has the second largest number of psychologists per capita in the country? With the high number of psychologists in Alberta as well as the growing number of emerging related professional and paraprofessional occupations, it

is vital for psychologists to maintain their professional identity. Maintaining professional identity is integral to the survival and growth of all unique professions.

Although we now have other professionals who might be able to perform some tasks that psychologists perform, one of the distinguishing factors for psychologists is training in the scientist-practitioner model. What this training model means is that our practice is not only informed by research, but that practice also leads to further research advances. Psychologists utilize evidence-based practice in their work and lean heavily on the implications of clinical research in their practice – this training model is one of the distinguishing factors of psychologists from other related professions.

Within Alberta, we have numerous individuals or organizations that are implementing research into innovative clinical practices. Therefore, the intent of Innovations in Psychology is to bring to the audience information about these innovations in Alberta. Each column will include an innovative practice, and it will describe how it is advancing psychology. Examples of innovative practices might include psychologists utilizing psychological expertise in unconventional fields or with non-traditional populations. It might include psychologists who have received awards for pioneering in the field or for the development of novel techniques.

For this column to be successful however, I will need the help of you, the readership, for identifying such resources. If you are involved in newly emerging clinical practice or you know of a colleague/organization that is involved in evidence-based cutting edge practice, please send me an e-mail with the name and contact information of the individual/organization.

As we educate ourselves on innovations in the psychological field we stay current with knowledge, expand our options for career paths, and recognize the unique distinction of psychologists from other mental health professionals. It is my hope to bring these innovations to the forefront as yet another example of the salience of the work of psychologists.

For any leads or submissions, I can be contacted at dnaheedjawed@shaw.ca

Please write, “Innovative Practices in Psychology” in the subject line. There is no limit on the number of

submissions, and these are accepted on a continuous basis.

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SCHOOL PSYCHOLOGY

Paulene Kamps Ph.D. & Shelley R. Hart Ph.D.

DSM-5 & School Psychology: Developmental Coordination Disorder

Developmental coordination disorder (DCD) is a neurodevelopmental condition evidenced in early childhood that negatively affects the acquisition and performance of age-related motor skills (American Psychiatric Association [APA], 2013). Difficulties are manifested in clumsiness, slow or imprecise motor movements, or motor delays. While there are not specific subtypes, difficulties may be predominantly in gross motor skills or in fine motor skills, and within these groupings other challenges might be more likely to appear. For example, a student with impaired fine motor skills might be more likely to evidence penmanship/writing and other academic challenges, while a student with impaired movement control might also have difficulties with motor planning (APA, 2013).

To be diagnosed, these motor challenges must manifest in childhood and significantly interfere with activities of daily living (ADL), school performance, play, and leisure and vocational activities; but not be due to insufficient opportunities to learn and use motor skills, functional visual problems, a neurological condition (e.g., cerebral palsy, muscular dystrophy), or be attributed to low cognitive functioning. Prevalence rates among school-age youth are 5%–6%, with more males than females affected (ratios range between 2:1 to 7:1) (APA, 2013). Developmental considerations are particularly important to take into account because acquisition of motor milestones varies, and the type and manifestation of impaired skills vary with age.

The course of DCD is fairly stable, with problems evident in childhood typically continuing through adolescence in 50%–70% of youth (APA, 2013). While the negative impact of DCD has been shown to continue through adolescence and adulthood, the presentation differs somewhat in these developmental stages (Kirby, Sugden, & Purcell, 2014; Purcell, Scott-Roberts, & Kirby, 2015). DCD frequently co-occurs with other DSM-5 conditions, particularly ADHD. In fact, approximately 50% of youth with DCD have comorbid ADHD. This

relationship usually signifies a more complicated course of the disorder (APA, 2013). The functional consequences of DCD include problems with emotions, behavior, academic achievement, self-esteem, self-worth, participation in sports or team games, physical fitness, and even higher rates of obesity (APA, 2013).

Professionals considering the presence of DCD may not realize that motor incoordination can affect functioning far beyond school and ADL. Recognition of difficulties with “self-care and self-maintenance” and social interactions related to “leisure and play,” may help in identifying DCD and even lead to an eventual diagnosis.

CHANGES AND RATIONALE FOR CHANGES FROM DSM-IV-TR TO DSM-5

Briefly, changes to the criteria for DCD have focused primarily on two issues: (a) recognition that this disorder affects many areas of functioning and persists over the lifespan, and (b) assessment and exclusionary criteria. The most major shift to reflect the lifelong nature of DCD includes its location within DSM-5. It is now located in the chapter on Neurodevelopmental Disorders, moved from Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence in DSM-IV-TR. Additional phrases about “one’s age” and consideration about “opportunities for skill learning and use of motor skills” have been added to Criterion A and B. Criterion B also acknowledges the impact of DCD on more activities across the lifespan (e.g., “academic achievement/productivity; play/leisure, vocational-type activities”). Additionally, onset requirements have been added (Criterion C: “... evidenced in the child’s early years”).

Second, Criterion D specifically addresses exclusionary criteria. In DSM-IV-TR, discussion of mental retardation (now referred to as intellectual developmental disorder) and other neurological conditions that better explain the motor challenges were found in a variety of places. Of interest, the term measured intelligence is eliminated, indicating that intellectual assessment is no longer required as part of a DCD evaluation. Previously, a discrepancy between a child’s cognitive and motor abilities was required (i.e., the degree of motor impairment needed to be above and beyond what one would expect based on the child’s measured intellectual functioning). Additionally, visual impairment is added as an exclusionary condition, and pervasive developmental disorder (now termed autism spectrum disorder) is no longer an exclusionary diagnosis. Criterion D acknowledges the high frequency

of comorbidity and urges practitioners to consider other specific conditions prior to diagnosing DCD. These changes reflect a growing body of research focused on this seldom recognized disorder and the challenges associated with making this diagnosis.

Contributing Editors' Note: This series of articles on DSM-5 reviews changes made to specific diagnostic criteria (including both modified criteria and new disorders), emphasizing changes that may be relevant in the school context. If any Symposium reader is interested in contributing to this series, please contact Dr. Brock at brock@csus.edu.

POSSIBLE CONSEQUENCES OF THE DSM-5 CHANGES

The shift of DSM-5 to reflect the lifelong nature of DCD is consistent with current research (e.g., Purcell et al., 2015). The emphasis on early onset and access to opportunities to appropriately develop motor skills provides guidance for practitioners; however, care must still be taken. Blank, Smits-Engelsman, Polatajko, and Wilson (2012) suggest that some children develop motor skills more slowly than others and then catch-up later. In addition, children may not fully cooperate, be motivated, or engage in motor testing, resulting in lower scores. The poor (or variable) motor skills of some children may also vary according to the expectations of different families, cultures, schools, or peer groups (Gibbs, Appleton, & Appleton, 2007). In these cases, a motorically "delayed" child may eventually gain skills given sufficient instruction and practice. Unfortunately, although Blank et al. (2012) describe various screening tools and formal motor tests to measure a person's motor performances, there is currently no known objective measure that assesses a child's opportunity for experience for learning and skill use. As such, this diagnostic standard will call for skilled clinical judgment.

Changes to the diagnostic criteria can be considered beneficial to people learning about DCD because more descriptors are listed. Professionals considering the presence of DCD may not immediately realize that motor incoordination can affect functioning far beyond school and ADL. Recognition of difficulties with "self-care and self maintenance" (e.g., dressing, eating, toileting, personal hygiene) and social interactions related to "leisure and play," may help in identifying DCD and even lead to an eventual diagnosis. Furthermore, the inclusion and impact of coordination difficulties throughout the

lifespan by affecting "prevocational and vocational" activities is now properly recognized and accepted (de Oliveira & Wann, 2011; Kirby et al., 2014).

Although the literature prior to DSM-5 has been very clear about relationships between DCD and psychosocial difficulties, there was no clear comment in the DSMIV-TR about these connections. Greater clarity concerning the depth and breadth of the impact of DCD is now expressed. While the impact on leisure and play suggests an effect on social interactions, clinicians may focus on the "physical actions" of play and miss the greater concern: ostracized or ridiculed youngsters who become emotional or display intense frustration, or who exhibit aggressive or withdrawn behaviors, because they cannot keep up with the motor-based play patterns of their peer group.

Another potential benefit arising from the new DCD criteria is the emphasis on the multidisciplinary nature of the disorder. It is likely that this will encourage cross-battery assessment and eventual intervention services in conjunction with other professionals. Since research shows DCD not only affects fine and gross motor skills, but oral and communication skills, ocular-motor control, physical fitness, and psychological wellbeing; speech and language pathologists, occupational therapists, physical therapists, kinesiologists, psychologists, medical doctors, optometrists, chiropractors, and other professionals may work and share ideas more openly and frequently in future years. Such work will benefit parents, educators, therapists, and the individuals who have motor difficulties (Blank et al., 2012; Kirby et al., 2014). Additionally, professionals stand to gain knowledge about each other's work through this process.

*"prevocational
and
vocational"
activities is
now properly
recognized and
accepted.*

While there are clear benefits to the changes to DSM-5, the most significant challenges arise with the exclusionary criteria (Criterion D). With the exception of the visual impairment exclusion, these challenges are not new to DSM-5. Research indicates that individuals with DCD have impediments or difficulties with many aspects of information processing, in particular tasks requiring visual-spatial processing, visual sensitivity, visual tracking, visual-motor adaptation, visual perception and other related functional visual limitations (Coetzee & Pienaar, 2013; Robert et al., 2014; Wilson & McKenzie,

1998). Such information is conflicting and complicated, requiring clinicians to ascertain if DCD is affecting the child's visual skills or if a child's motor difficulties are due to a visual impairment.

Additionally, the co-occurrence of motor difficulties related to DCD and accompanying neurological soft signs does occur (Blank et al., 2012; Gillberg, 2010; Gillberg & Kadesjö, 2003). So, although it may seem a simple process to rule out a visual or neurological condition affecting motor difficulties, the actual procedure for satisfying this criterion is still not clear (Kirby et al., 2014).

The revised DSM-5 diagnosis indicates that DCD may now co-occur with autism spectrum disorder. Previously, DSM-IV-TR prohibited co-occurrence with pervasive developmental disorders, indicating that if criteria were met for a pervasive developmental disorder, the DCD diagnosis was not given. Literature demonstrates similarities between clumsy or uncoordinated motor behaviors in children and autism spectrum disorder (Berejot & Humble, 2013; Blank et al., 2012; Emek, 2011; Gillberg & Kadesjö, 2003). However, it must be noted that there is no clarity about differential diagnosis between DCD and autism spectrum disorder offered in the DSM-5. To further support school psychologists seeking to understand the differences between these conditions, this topic will require further research, training, and clinical insight.

Of particular interest for school psychology is the removal of intelligence testing as a diagnostic component for DCD. DSM-IV-TR required measured cognitive abilities to be used as a reference point for motor abilities. Just as various learning disorders (e.g., reading, math, writing) were substantiated by comparing intelligence scores with standardized achievement scores, the comparison of intellectual functioning with measured motor skill scores validated and provided recognition of DCD as a motor or nonverbal learning disorder (Blank et al., 2012). However, not all tests or screening instruments measuring motor functioning provide standard scores allowing comparisons to cognitive abilities scores. Additionally, determining discrepancies and setting cut-off scores is rife with challenges (Blank et al., 2012). To further complicate the issue, research has demonstrated that youth with DCD have lower cognitive abilities scores (Kaplan, Wilson, Dewey, & Crawford, 1998; Smits-Engelsman & Hill, 2012). Because many IQ subtests require motor-based skills that challenge

children with DCD, school psychologists should realize that the presence of DCD has the potential to depress individual subtests, grouped cognitive factors, and an overall cognitive abilities score.

IMPLICATIONS FOR SCHOOL PSYCHOLOGISTS

Most mental health professionals do not have the extensive knowledge of motor development needed to make a DCD diagnosis. Similarly, most speech and language pathologists, occupational therapists, physical therapists, and kinesiologists who do have knowledge of motor development do not have a full appreciation for the impact DCD can have on mental health. Consequently, multidisciplinary collaboration is essential when identifying and addressing DCD. Without such partnerships, many uncoordinated students may be missed or misunderstood as they journey through school (Missiuna, Moll, King, & Law, 2006).

School psychologists have an important role in the identification of DCD by raising awareness of the disorder and by making appropriate diagnostic referrals. As the challenges associated with these motor impairments affect academic skills, social interactions, and psychological well-being, proper referrals are very important.

While it is clear that when it comes to making any special education eligibility decision it is IDEA, and not DSM, that dictates any action, it is nevertheless important to attend to the changes to DCD criteria. Not only should school psychologists strive to make other educators and fellow mental health professionals aware of this learning challenge, they should also bring to the multidisciplinary collaboration (that proper diagnosis requires) the psychological perspective, and facilitate an understanding of the impact of DCD on social and emotional functioning.

**References available on request from the author.*

Paulene Kamps, Ph.D., is a psychologist, educator, kinesiologist, and author who has a part-time private practice and works for a large metropolitan school board in Canada.

Shelley Hart, Ph.D., NCSP, is an assistant professor in the department of child development at the California State University, Chico. Additionally, she is a research associate with the Johns Hopkins University in Baltimore, MD

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A REVIEW OF: *Creatures of a Day (2016)*

by Irvin Yalom

ISBN 13:9780465097432

Reviewed by Chris Shorrock, R. Psych.

I have been reading books with my friends and colleagues of the Alberta Psychologists Competence Cooperative (APCC) for a few years now. Some of Irvin Yalom's books have been much more dense and slow-going to get through, such as *Existential Psychotherapy*, 1980, and even *The Gift of Therapy*, 2002, however with his most recent book, I was amazed at how quickly and easily I finished the book much before our deadline for group discussion (which is a rarity for me!). Our group of 6 psychologists ended up rating the title as content: 4.5 of 5 and readability: 4.75 of 5, which rightly so is quite high.

Yalom's writing has progressed to a point where it really does feel like you are in the consulting room with him, experiencing a client as he does, and waiting with the same curiosity as he has about what will happen with a client, what they will say next, and what you need to do. While I will always cherish so many lessons from *The Gift of Therapy*, I noticed that Yalom seems to again provide case examples, except giving us even more of a real-time peek into what are his thoughts, worries, and reactions in the moment with each of 10 very different clients.

My favourite part of reading this book was the intense visceral impact I noticed that I have with many of the client's Yalom brought to life right in front of us. I found myself flushed with anger, and my body tense defensively as he describes an overwhelming Russian woman attacking him and all therapists, and immediately I was siding with Yalom hoping for retribution. I was amazed at his incredible skill at completely disarming, again and again, client attacks, and defensiveness with such care, and only a few words that immediately convey this care, and shift the client's focus back to the important issue that requires it, and also transforms feelings of resentment, depression, rage, overwhelm and isolation into realization, curiosity and love.

This book is written in an inviting manner, where Yalom selflessly asks you to sit with him, look at such varied behaviour of 10 clients, and shift both your own and the client's focus towards helping. He manages to do all of this without being self-serving or presenting "5 important steps to take", and instead manages to simply emphasize above all else the importance to prioritize an "honest, transparent, helping bond between us" (afterword, p.2, 2001). It was reassuring to also hear Yalom speak directly to the mysteries we are often left with in this work we do, such that we are usually not quite sure what exactly the helping factor was, or sometimes even what happened to a client that has simply left therapy. Yalom's stance in embracing this and reminding himself, and also me, about what is important is worth reading again and again, especially when presented so eloquently.



Michelle Vandegriend, Ph.D., R.Psych

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

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

MEDICAL ASSISTANCE IN DYING: THE ROLE OF PSYCHOLOGY

Dr. Samuel Mikail & Dr. Keith Wilson

An excerpt from the Fall 2016 issue of Psynopsis, reprinted with permission. Please see the full issue available at www.cpa.ca/Psynopsis/

“On June 17, 2016, the Federal Government of Canada gave Royal Assent to Bill C-14 on Medical Assistance in Dying. The legislation amends sections of the Criminal Code of Canada that previously prohibited medical assistance in dying provided certain conditions are met. ...

The new law presents a number of ethical and professional challenges for psychology. Although psychologists are not directly involved in MAID, they may be called upon to make determinations regarding several of the conditions required for MAID, including an individual’s competence and capacity to make informed health care decisions, the presence and potential impact of a co-occurring mental health disorder on decision making, and the extent to which the individual’s decision is free of coercion or external influences. Psychologists may also be involved in counselling individuals MAID in their efforts to come to clarity regarding their wishes, working through unresolved issues in their lives, or coming to terms with the impact of their decision on significant others. As noted above, the new law allows for the possibility of assisted suicide. This is problematic because psychology’s standards of professional practice include a duty to warn in cases of likely imminent suicide, which is one of the rare circumstances in which psychologists are expected to forsake the ethical obligation to uphold confidentiality.

In recognition of these complexities and the awareness that the existing law was likely to be challenged and evolve further, the Board of Directors (BoD) of the Canadian Psychological Association formed a Task Force on End of Life Issues. The Task Force was charged with considering the range of issues that might form the basis of practice guidelines for the profession, and provide direction to the BoD in its efforts to advise the government on several outstanding issues. Specifically, the Government of Canada fashioned the existing law such that individuals having a mental disorder cannot request MAID. Similarly, mature minors do not have access to MAID, and the law does not allow individuals to request MAID through advance directives. These are issues that can and likely will form the basis of Charter challenges, and ones which psychological science can certainly inform.”

Other articles in this issue (2016)

CPA's role in Bill C-14: Legislation on Medical Aid in Dying – K.R. Cohen, Ph.D., CEO, CPA

How does MAID legislation affect psychologists? – Patrick Baille, Ph.D., LL.B., Alberta Health Services

The Role of the Psychologist in Medically Assisted Death – Sarah Karesa, M.Ed., Registered provisional psychologist, Pilgrims Hospice

Introducing an end-of-life care program for people with dementia: Namaste Care – Leticia Pickard and Paulette Hunter, Ph.D., St. Thomas More College, University of Saskatchewan; Sharon Kaasalainen, Ph.D., McMaster University

Soaring Low, Dying Slow – Michael Paquin, Ph.D., Michael Paquin and Associates, and Sonja Shepherd, Hearth Place Cancer Support Centre

Improving End-of-Life Care in First Nations Communities: Outcomes of a Participatory Action Research Project – Holly Prince, MSW, Project Manager, Centre for Education and Research on Aging & Health; Christopher Mushquash, Ph.D., C.Psych., Canada Research Chair in Indigenous Mental Health and Addiction; and Mary Lou Kelley, Ph.D., Professor Emeritus, School of Social Work, Lakehead University

Should medical assistance in dying extend to persons with a mental disorder? Introducing a framework for discussion – Catherine S. Shaffer, doctoral student; Alana N Cook, Ph.D.; Deborah Connolly, Ph.D., Department of Psychology, Simon Fraser University

Some things only a psychologist can believe!

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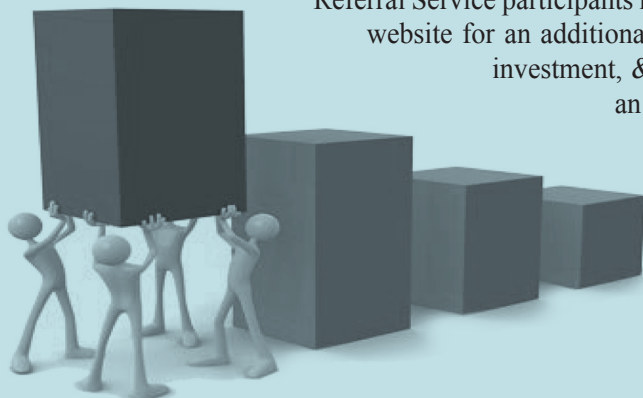
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TREATING WOMEN WITH ADDICTION DISORDERS

Janine Copeland, Provisionally Registered Psychologist (AB)

“Welcome ladies,” I say, feeling the warmth of gratitude spreading through my belly as I survey each of their terrified faces. Some of them meet my gaze furtively, while others nervously pick at their finger nails, avoiding any direct eye contact whatsoever.

Their nervousness doesn’t faze me. In fact, quite the opposite; I feel an empathic pull towards each of them, remembering what it was like the first day I started on my own path of recovery.

Those first vulnerable moments sitting in a new group of people can be so incredibly intimidating. I remember the day I walked into a treatment center, knowing that if I didn’t get immediate help, I wouldn’t survive past the weekend. Literally.

It didn’t matter that we were “all here for the same reason...”, as every single employee of the facility pointed out upon recognizing my dread and apprehension at joining a group of peers. Somehow it felt like I was still the odd-one-out – that all those other participants had some sort of insight or confidence that I just couldn’t quite grasp. And internally, it felt like I would never fit in, never be a part of whatever it was that they were embarking on. I felt different, awkward, and clumsy. It’s strange to be entering a population of people who, in my judgmental and stereotyping mind, were social outcasts – people who were weak-willed and lacking in strength of character. What a deflating blow to my self-esteem and ego, admitting that I was one of them. I shielded myself internally from the truth of that admission, convincing myself that I was still somehow better than them... even though, truthfully, I felt inferior. Feeling inferior in a group of people that I already judged as inferior: it’s quite a humbling experience.

So here I sit, with a brand new group of fresh faces. Despite having personal insight into what some of them may be experiencing, I still feel grateful. Why? Because both personally and professionally I feel something for them, which they likely aren’t yet experiencing for themselves: hope. I’ve been there. I know there’s a way out, and I look forward to sharing that way out with every client that walks through these doors.

But on top of that, I know that this place offers something really unique clinically. Research has been telling us practitioners (for a couple of decades now) that we need to reevaluate the way we are working with women in clinical settings. It’s no longer a ‘one-size-fits-all’ when it comes to treating addiction, and the literature has been telling us to adapt to the individual barriers that women, as a population, face.

I’m still surprised at the multitude of inquiries I get around the importance of gender-specific treatment options. Perhaps that surprise is a product of my own gender bias. Yet from the time I was in elementary school, I was keenly aware of gender differences and gender inequality. It seemed common sense to me: males and females are fundamentally different. Now, we could go into a lengthy conversation about the etiology of those differences, whether they are a result of nature or nurture – gender socializing, or physiological differences in biological makeup. I think most of you who are reading this are largely aware that both nature and nurture contribute to the phenomenological differences in male and female experiences, not to mention the experiences of addiction as a whole. But let’s name some of them anyway.

Physiological Differences

Women metabolize substances differently. Compared to men, they weigh less, contain more water, and store more fatty tissue throughout their body (Becker, 2008). This means that chemicals are broken down and stored in a different way. With alcohol, for example, women have lower levels of two enzymes: alcohol dehydrogenase and aldehyde dehydrogenase, which break alcohol down in the stomach and liver. Subsequently women absorb more alcohol into the bloodstream, which could account for why women experience comparable medical consequences to men who have been drinking far more alcohol and for a longer period of time.

Biologically, women are different from men in ways that directly influence the etiology of addiction and relapse. There are a number of dramatic hormonal shifts that take place in women's lives, such as puberty and menopause, not to mention the menstruation cycle that takes place in between, and repeats approximately every 28 days. Pregnancy also involves surges of hormones that dramatically impact the woman experiencing them. These hormones are commonly known to influence mood, behavior, and decision-making, and are less commonly known to have a direct impact on craving and potential for relapse.

It's also well-established that women experience sexuality and sex-related trauma differently than men. Women are more susceptible to victimization, and often report beginning substance use as the result of a traumatic life event. These events include abuse, sudden loss of a loved one, dramatic changes in life circumstances, and dysfunction in early childhood. Women are more likely to be drawn into substance abuse by a using partner, or to use as a result of growing up in an environment where addiction was normalized.

Psychosocial Differences

There are also a number of psychological and social factors that create unique treatment concerns and barriers to receiving treatment. Many women, for instance, identify themselves as the primary caregiver in parent-child relationships, and find it difficult to coordinate child-care so that they may seek services related to addiction and mental health. Studies have shown that women are more likely to seek treatment in outpatient settings, and are more likely to continue treatment longer if their children are on site.

Women are more likely than men to have poor self-concepts and high rates of mental health problems. This suggests that different programming may be needed in order to address women's specific psychosocial needs. For instance, program content may focus more on mental health issues, and issues such as body image and how it influences rates of relapse could be topics of conversation. Further, women also report being drawn into substance abuse by partners, or state that being raised in an environment of heavy substance use has contributed to their patterns of use. A potential implication is that treatment for women may concentrate on the roles of relationships in addiction and how to set healthy boundaries.

Interactive Differences

There are also a number of phenomenological differences between men and women that can be attributed to the interaction between physiological, sociological, and psychological contributors. Sex-related behaviors, for example, seem to be influenced by a number of factors to lead to differentiations in experience. Women, for example, are more likely to exchange money for sex or drugs, and have difficulty negotiating condom use with their partners. They are also more likely to report being the victims of abuse and sex-related

trauma. This can be significant in the context of addiction and mental health services, as these topics can be difficult to discuss and process in gender-mixed treatment settings, however many women describe feeling as though these issues require addressing if they are to have any success in maintaining recovery.

Implications

With these seemingly obvious variations in gender-based characteristics, it's not surprising to learn that men and women experience addiction differently, and further, experience variations in medical and social consequences, motivations for treatment, and treatment outcomes. Understanding that there are differences does not diminish the necessity for services already being provided. It strictly reinforces the demand for a larger variety of services that attends to women's individualized needs. Based on the information presented above, we as an industry need to integrate the following into addictions and mental health services for women:

- Child care
- Prenatal care
- Women-only admissions
- Supplemental services and workshops that address women-focused topics
- Mental health programming
- Comprehensive programming

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NEWS FROM THE DISASTER RESPONSE NETWORK

by Dr. Judy Moench, PAA DRN Coordinator

We are pleased to report that the PAA DRN has received 20 calls since last year when the PAA activated their Disaster Response Network (DRN), in response to the Alberta wildfires. Our PAA DRN volunteer team has served 23 Albertans via pro-bono trauma services. We would like to share some of the stories that highlight the impact that this service has had on our community (all identifying information has been removed).

A Couple's Story....

May 3 and May 7 are two dates that will stand out in my mind forever. On May 3, I drove out of the forest fire in Fort McMurray along with thousands of other evacuees and spent 10 hours progressing one to three feet at a time on the crowded highway 63, heading south away from the fire.

I had not been able to sleep much; maybe two to three hours a night since leaving Fort McMurray. After lunch on May 7, while my partner and I were driving in our separate cars, I fell asleep and drove into a ditch and hit an approach. My partner saw the accident

happen in her rear view mirror. Miraculously, I only fractured two vertebrae, I “exploded” another one, broke three ribs, my sternum and my right forearm in eight places.

The next few weeks were spent in hospital until we moved to our evacuee home in Edmonton with our very kind host family. During this time, my partner tried very hard to get us financial help of some sort since we were both not working and were still paying full rent in Fort McMurray, having not received any break from our landlord, like every other renter in the city. Repeated attempts left us falling through the cracks.

A few days after the fire and accident, my partner knew that we were both going to need help for the emotional and psychological issues regarding the fire and accident. We faced a “double whammy”. A phone call to a friend in Vancouver led us to make a call to a Psychologist in Edmonton. My partner saw the therapist first and I met with her after I left the hospital. She offered us EMDR therapy, pro-bono. And thank goodness she did. With the therapist's



respectful and professional help, in a few individual sessions and a couple of together sessions with my partner, I quickly moved through the aftershock of the two events and learned effective tools to deal with my life from then on.

Without the therapist's help with EMDR therapy and her very kind and generous pro-bono offer, I shudder to think how I would be coping otherwise. Not having to worry about where I'd find the finances for therapy helped lessen an already very stressful situation. I am thankful for all of the help the therapist gave me. I will always be grateful.

A Partner's Story:

Last May, while fleeing from the Fort McMurray wildfires, my partner was in a serious car accident. I was driving ahead of her, in my own car, and I saw everything happen in my rear view mirror as her car rolled three times end to end. She broke 15 bones including vertebrae, ribs, arm, sternum and more. The accident scene was very traumatic for me as I felt helpless while watching my partner trapped in her car in excruciating pain. I thought she was going to die.

Between the wildfires and the accident, I was totally overwhelmed and found it difficult to accomplish the simplest tasks. I knew I needed help and a friend suggested I try EMDR with a psychologist she recommended. I did not know anything about this therapy and have never believed in long-talking sessions with a psychologist. But I trusted my friend and decided to go ahead.

My first session had the effect of lowering the intensity level of my trauma and I felt good chemistry with the therapist. I continued and eventually my partner went to see her as well. We had sessions individually as well as together and the therapist was willing to do this work pro bono. I was amazed and so thankful for such a generous gesture.

EMDR was a huge gift in so many ways. It worked fast (4-5 sessions), gave me tools and had the overall effect of bringing me back to a serene place where I could function more 'normally'. Nothing in our lives was normal then but with EMDR we were able to start feeling a sense of hope for the future.



Today, we still use the tools we received, my partner is still healing and life is good. I will forever be appreciative for the psychologist and the pro bono work she offered us. During the wildfires of Fort McMurray, many professionals did pro bono work for total strangers. It confirmed for me that people are fundamentally good, generous and kind.

DRN Team Member Story:

Being a member of the DRN was a really great experience. I had the opportunity to step forward along with so many others in the community and help people during a time that was so unsettling and traumatic for them. To offer assistance in a way that ensures that the psychological needs of those who were displaced are taken care of while others in the Edmonton area are focusing on taking care of their physical needs really showed me that as a larger community we can all really pull together in a time of crisis. The collaborative effort put forth by the DRN team made me really proud to be a part of it and it was so satisfying to be able to apply our special skill sets for a really good cause.

As the PAA DRN Coordinator, I am grateful for our team of volunteers and proud of Alberta psychology. ***Together, we are making a difference.***

Note: If you are interested in joining our DRN, please contact the PAA at paa@paa-ab.ca. We would be happy to hear from you!



PAA AWARDS *Enhance happiness...Nominate!*

by Lynda Phillips, Ph.D., R. Psych (PAA Awards Adjudicating Committee Member)



The excellent article by Dr. Kerry Mothersill - "Nominating is Good For You" - in the December 2016 issue of *Psymposium* stated "nominating a peer is a form of giving thanks to an individual for the contributions that s/he made to the profession." Receiving an award is a very good thing. Kerry reminded us that giving is also a very good thing. It enhances happiness. So, enhance your happiness and next PAA award cycle, nominate that peer of yours whose contribution deserves to be recognized!

Soon, we learn who received the 2017 PAA Awards in the following categories:

Lifetime Achievement and Excellence Awards

Psychologist of the Year Award: - To celebrate excellent work conducted in the field of psychology over the previous two year period in any of the following categories – advocacy, clinical/counseling, school/educational, developmental, social, industrial/organization or research. ***The last recipient was Dr. Michael Zwiers.***

Jean & Dick Pettifor Memorial Award: - to celebrate a long-time significant contribution to Psychology within Alberta or in the broader national or international domain. ***The last recipient was Dr. Keith Dobson.***

Juanita Chambers Excellence in Community Service Award: - for a psychologist or non-psychologist for meaningfully advancing psychological health, well being and quality of life through service to the community. ***The last recipient was The Honorable Marguerite Trussler.***

John G. Paterson Media Award: - for exceptional contribution, by a psychologist or non-psychologist in the past two years to providing psychological knowledge to the public through the media. ***The last recipient was Dr. Brent Macdonald.***

Excellence in Clinical Supervision Award: - to acknowledge a registered psychologist whose contribution as a supervisor, in the previous two-year period, was considered exemplary. ***The last recipient was Dr. Jim Eliuk.***

Excellence in Teaching Award: - for a psychologist or non-psychologist who demonstrates outstanding teaching of psychology in an Alberta Government approved institution for post-secondary education. ***The last recipient was Dr. Paul Jerry.***

Research Awards

Undergraduate Thesis Research Award: - \$150 to the winner of students who submit a 3 page, or less, summary of an undergraduate thesis defended within the past two years. ***The last recipient was Tanya Beran.***

Masters' Thesis Research Award: - \$300 to the winner of students who submit a 5 page, or less, summary of a Master's thesis completed and defended during the past year. ***The last recipient was Ms. Lauren Haubert.***

Doctoral Dissertation Research Award: - \$300 to the winner of students who submit a 5 page, or less, summary of dissertation research completed and defended during the past year. *The last recipient was Dr. Emma Climie.*

Other Awards

Behavioural Science Award: - to the winners, based on the judging committee at the youth science fairs, of the best project focusing on the study of behavior, emotion or cognition at the Calgary Youth Science Fair, the Edmonton Regional Science Fair and the Central Alberta Science Fair in Red Deer. *The last recipients were Dawn Abraham (Edmonton), Rachel Land & Ryan Walker (Red Deer), Vaikunth Cheruvu (Calgary).* No call for nomination necessary.

Psychologically Healthy Workplace Initiative Award: - to Alberta organizations that are committed to creating a positive work environment by fostering employee health, well-being and engagement. *The last recipients were Concordia University of Edmonton (medium employer) and Red Deer Primary Care Network (not-for-profit, small employer).* To nominate contact Mr. Don Beeken - donbeeken@shaw.ca.

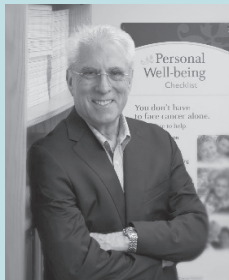
Awards are given every two years and presented at the PAA banquet. However, submissions can be made at any time.

Enhance your happiness...Nominate!

For more information and to make nominations please go to
http://www.psychologistsassociation.ab.ca/site/paa_awards

OUTSTANDING ACHIEVEMENTS

PAA is happy to share the success of 2 Alberta Psychologists who have received 2 different awards recently. We offer both Dr. Bultz & Dr. Kolb our sincere congratulations on their achievements.



Dr. Barry Bultz, Director of Psychosocial Services at the Tom Baker Cancer Centre, was recently awarded the Alberta Order of Excellence. An interview with Dr. Bultz can be found online of the Alberta Health Services website:
<http://www.albertahealthservices.ca/news/Page13443.aspx>

More information on this prestigious award can be found on The Alberta Order of Excellence website: <https://www.lieutenantgovernor.ab.ca/aoe/index.html>



Dr. Bryan Kolb, a prominent Canadian Neuropsychologist and an associate of the University Of Lethbridge Faculty Of Arts & Science was appointed the Order of Canada by Governor General David Johnston on December 30, 2016. He will be presented with his award this year. An interview with Bryan Kolb can be found online on the University of Lethbridge website:
<https://www.uleth.ca/unews/article/dr-bryan-kolb-appointed-officer-order-canada#.WHfnh1MrKpp>

More information on the Order of Canada can be found on the Governor General website: <https://www.gg.ca/document.aspx?id=14940&lan=eng>

Do you know of other Alberta Psychologists who have received any Awards for outstanding achievements? Please share those awards with PAA at paa@paa-ab.ca so that we can include those achievements in Psymposium.

WHY SHOULD I ATTEND THE PAA FORUM?

by Vanessa Foley, PAA Forum Committee Member



As agents of change within our community, our members are accustomed to balancing the benefits and detriments in decision-making. We understand that the decision to attend the PAA Forum is no different. To help you make an informed decision, we've weighed the options for you. There are many reasons for our members to attend the PAA conference this year.

Here are just a few:

1

We have a phenomenal key speaker, Scott Miller. Scott is world renowned for his work in results based counselling practice. We believe that this will be the future of psychology in Alberta and as such we want to ensure that you are prepared.

2

Your colleagues and peers are amazing. One glance at our PAA psychologists in the media section will highlight all the work that we as a professional group continue to accomplish each day. Through connections, old and new, we will be stronger together.

3

You deserve a break. Although learning new skills may seem challenging at times, we are confident that you are up to the task. Let's take a self-care day that is focused on social supports, rekindling past peer relationships, and facilitating new peer groups.

4

We need you. We believe we've organized and planned an amazing day for our members. However, we need your experiences, thoughts, and knowledge to make the day truly successful. We are privileged to work in a profession that is as diverse as ours and we want to ensure that all our members have the opportunity to share their passion. We want the opportunity to share our appreciation for all you do each and every day.

Now that you've seen all the reasons to attend this year's PAA conference, let's look at the barriers to attending:

1

You're too busy. See reason to attend One to Four above. Still not convinced? Read reason to attend number Three, again.

2

You're not sure who else will attend. See reasons to attend Two and Four, we have amazing people coming. You should be one of them.

3

You're still uncertain as to what you may gain from attending or you are worried that the content presented is not applicable to your work. We can all agree that change is sometimes difficult. However, the PAA strongly believes that Dr. Scott Miller's information is essential to future practices. We know that you have a lot to add to this content area and we look forward to giving you a truly awesome venue in which you can accomplish this. Whether you agree, or disagree, with this ascertain, we want to know. Please join us for an evening of engaging conversation and enlightening experiences.

Still not convinced? Here's why others have registered...

“My reasons for attending PAA Connects 2017 involve the stated themes of learning, connection, and renewal. As reflected in the title of PAA Connects, our profession itself is one of change, and in my experiences, the life of our careers in the psychology profession is also one of change: we add and take away aspects of our work as we gain experience in our chosen roles within psychology. Having taken on the aspect of supervision I've welcomed the opportunity to enhance my skills as a supervisor, and I look forward to listening to Dr. Miller's presentation regarding our Era of Accountability-I'm sure it will spur lively discussion with my supervisees. In addition to learning, connection, and networking with others can also lead to renewal, and as a clinician from a smaller town I enjoy meeting colleagues and view it as an opportunity to build networks that can enhance my ability to assist clients.”

Dawn M. Chalas- Registered Psychologist

“As a recently licensed Provisional Psychologist, I am continually reminded that professional development is a life-long endeavor. APP Connects 2017 is a prime opportunity to learn from leaders in their respective areas of expertise, increase my professional competency, and discover new interests. I also look forward to connecting with friends and colleagues who experience struggles and satisfactions similar to my own. Doing so invariably helps me recalibrate my professional and personal goals.”

Sheila M. Hudson- Registered Provisional Psychologist

“As a counselling psychology student completing my practicum and a student member of PAA, I am excited to attend the upcoming PAA Connects 2017 forum. I was introduced to information from the Dr. Miller as part of the curriculum materials in my degree program and hope to learn more about his work at the forum. I am also curious about work going on locally and how to make a positive contribution in our community. Having the opportunity to meet other professionals in the field is an added bonus in making connections. I look forward to learning from others' knowledge and experience of how to best serve our clientele. As a distance learning student working and completing my master's degree, I have had fewer opportunities for networking. Attending the forum gives me the chance to keep up-to-date with current trends, meet other psychologists with similar interests, and participate in conversations that expand my knowledge base into new areas.”

Tracy Nyhus- Psychology Practicum Student

Now that we've reviewed all the reasons for you to attend and removed any hesitations that you may have had, welcome. Welcome to one of the most informative and connected days of your year. We are excited to share our passion for Scott Miller's work and the accomplishments of our association's members.

PAA CONNECTS 2017

Thursday 25 May 2017

6:00 p.m – 9:00 p.m

Welcome to the Profession & Awards Banquet
Fort Edmonton Park

Friday 26 May 2017

8:00 a.m – 4:30 p.m.

Our Biennial Forum for Learning,
Connection, & Renewal
Fort Edmonton Park



Dr. Scott Milller

2017 Theme -- Past, Present & Future → A Profession of Change

Feeling tired, overwhelmed, or overworked as a clinician? Are paperwork, oversight, & regulatory requirements putting the squeeze on precious clinical resources? Do you have to work harder, see more clients, & spend more time at the office just to maintain last year's standard of living? In this Keynote, Scott D. Miller, PhD, the founder of the International Center for Clinical Excellence, will present steps for revitalizing the practice of therapy as outlined in his latest book, *The Heroic Client: A Revolutionary Way to Improve Effectiveness through Client-Directed, Outcome-Informed Clinical Work* (Jossey Bass, 2004).

Amidst dramatic changes in the field of therapy due to government cutbacks, managed care, the depersonalizing of clients through diagnostic labels, & the increasing reliance on medication, Miller advocates for nothing less than a revolution in the way therapists think about, organize, conduct, evaluate & fund clinical practice.

Data from 40 years of outcome research underpin Miller's premise that treatment should be organized around clients' resources, perceptions, experiences & preferences regarding the care they receive. Participants will not only learn how to identify client resources & preferences but also a simple, valid & reliable method for using client feedback to tailor treatment to the individual consumer for maximum effect. Research conducted at multiple sites shows that the approach leads to dramatic improvements in retention & outcome of treatment services while simultaneously decreasing burdensome paperwork & needless micromanagement of clinicians.



Blatchford Hangar – Ft Edmonton Park

Day at a Glance

Kick off Your Day

8:00 **PAA AGM** & Complimentary breakfast

Become Informed

9:00 Opening Welcome

9:30 **Dr. Scott Miller** Keynote presentation

"The Future of the Field: Surviving & Thriving in the Era of Accountability"

Become Engaged

11:00 **Dr. Scott Miller** facilitates a brief workshop

"Outcome- informed Psychology"

Become Connected

12:30 Networking Lunch (included) with colleagues within the historical wonder of Fort Edmonton Park with Poster Sessions & information booths

Become Enlightened

1:30 En-Lightening Speakers

A series of quick, thought provoking, personal & professional stories from exemplars in Alberta psychology



Dr. Karen Dushinski

Dr. Jackie Linder

Dr. Sophie Yohani

Dr. Lynne Kostiuk

Dr. Arlin Pachet

Become Rejuvenated

3:00 Discussion Pub

An intimate opportunity to interact with presenters & peers with afternoon refreshments,

4:00 Prizes

Door prizes, Poster Awards, & a fond farewell.

Thank you to our PAA Connects 2017 Emerald Sponsor!



PAA Connects 2017 Sponsorships are still available!

Follow us on social media
#PAAConnects2017

FORUM TIPS: MAKING THE MOST OF YOUR PAA CONNECTS 2017 EXPERIENCE

by Tamara Lane, (M.C.) Registered Provisional Psychologist

Psych yourself In!

Whether it's your introverted nature or your fear of shaking all those germmy hands that has you dreading networking, going in with the right mindset is key. Rather than psyching yourself out, psych yourself in by keeping focused on the benefits of expanding your circle of colleagues. Face-to-face interaction provides opportunity for in-depth sharing of knowledge & interactions, without the limitations of technology. Expanding your network of like-minded individuals is not just a recommendation, it is essential for your career.

Plan Your Networking Priorities

As there are many attendees you may want to meet, make a list of those individuals you would like to connect with & set your priorities. For those individuals at the top of your list, review their recent work & jot down some questions for further discussion. Consider pre-introducing yourself via email, letting them know you are interested in their work & you are looking forward to speaking more in-depth with them about it at the upcoming Forum.

Prepare for Small Talk

Asking thoughtful questions that allow you to start off the conversation & listen intently can help you lead the conversation & learn a lot about your colleagues. Having conversation starters ready in the forefront of your mind can help kick things off such as "What technique/resource are you really excited about right now?" or "Which speaker are you most excited to see?"

Manage Your Connections

As Knight (2015) explains, it is important to foster the connections you have already made at Forums, but don't spend all of your time with people you know as this is a good time to expand your professional circle. Having your colleagues introduce you to individuals you would like to connect with is a good way to expand your circle. However, ensure to include them in your plans throughout the Forum as well to solidify your current professional relationships.

Dive in & Soak it up

Forums provide a wealth of learning opportunities for you to expand on your skills, explore new techniques, gather resources, & keep informed about the latest research & innovations in the field. Attend as many sessions as you can, engage with your colleagues, & pay attention to the abundance of knowledge being shared. Asking questions, jotting down notes, & making connections so you can follow up after the Forum will increase your knowledge & your network of experts in your field.

References:

Knight, R. (2015). How to Get the Most Out of a Conference. Harvard Business Review. Retrieved from <https://hbr.org/2015/07/how-to-get-the-most-out-of-a-conference>



PAA OR CAP: Who do I call first?

When I call?	PAA Practice Advisor Program	CAP Professional Guidance Service
What can I expect?	Free, confidential advice regarding professional practice and/or ethical issues	Peer consultation, referrals and regulatory resources
What is the issue?	Specific clinical/practice guidance	Broad regulatory framework guidance
What can be addressed?	Issues surrounding ethics, clinical and professional practice are most common within a specific area of practice.	Issues surrounding Legislation, Bylaws, Code of Ethics, Standards of Practice, Practice Guidelines and Practice Alerts.
Who is eligible for this service?	PAA full members can access practice advisors.	All regulated members can access CAP professional guidance (registered & provisional psychologists) as well as the public.
Who do I call first?	Call CAP to get regulatory information	Call CAP to get regulatory information
How do I access service?	Members can phone or email.	Members may call, email, use the website, or have in person meetings.
What is the process?	Upon verification of membership, individual is provided with a name and phone number for a practice advisor within a specific area of practice. Advisors are selected based on numerous criteria: location, availability, and issue.	Prefer inquiries in written form via email, allows time to research, then ask follow-up questions and provide resources. A survey is requested to improve service delivery.
How is the service delivered?	Over the phone	Over the phone, in an email, or in person
I am a registered provisional psychologist	Contact PAA for a list of supervisors when seeking a supervisor.	After guidance questions are brought to and addressed by your supervisor contact CAP for additional regulatory guidance and/or referral to a supervision consultant.

Who is responsible?

Which sentence best describes the role of a college (CAP) versus the role of a professional association (PAA)?

- The college serves the public interest and professional associations serve the interests of the profession.*
- The college and professional associations both serve the public interest.*
- The college and professional associations both serve the interests of the profession.*
- The professional associations direct the operations of the college.*

PRESS RELEASE

PAA congratulates Manulife for recognizing the importance of mental health benefits!

Manulife Employees in Canada Receive \$10,000 Per Year in Mental Health Benefits

Waterloo – Under its redesigned benefits plan, Manulife employees will now receive a mental health support benefit up to \$10,000 per person per year, including family members. These benefits are fully paid by Manulife. This amount represents among the highest mental health benefits offered by Canadian employers. The new plan became available on January 1, 2017.

According to the Canadian Mental Health Association, an estimated one in five Canadians will experience a mental illness in their lifetime. Mental health claims represent 35 per cent of all short-term disability claims and 44 per cent of all long-term disability claims for Manulife employees.

“By enhancing benefits that support the health and wealth of our employees and their families, we are investing in our greatest resource – our people,” said Stephani Kingsmill, Executive Vice President, Human Resources, Manulife. “We now know that early detection of mental health issues and minimizing the impact through treatment can make a big difference in a person’s life.”

Mental health benefits increased by 10 times previous amount

Under the previous benefits plan, employees could claim up to \$1,000 per year depending on the level of benefits they chose for any combination of professional services provided by licensed practitioners, including mental health.

Manulife conducted a comprehensive review of its employee benefits program using competitive benchmarking, a best practice analysis and employee focus groups. Through that review process, it became evident it was important to Manulife employees to receive increased mental health support.

“The costs of seeing a mental health professional can prevent people from seeking support,” said Kingsmill. “With these enhanced benefits, we’ve removed the financial barrier for our employees to access long-term mental health support when and how they need it.”

In order to meet this need, Manulife separated the benefit for mental health practitioners from other practitioners such as physiotherapists. This provided greater flexibility within the new benefits plan, which was designed to provide employees with more options and choices.

“Addressing mental health in the workplace is vital, because most Canadian adults spend more time at work than they do anywhere else,” said Louise Bradley, President and CEO of the Mental Health Commission of Canada. “Manulife has taken important, progressive action that demonstrates clear leadership when it comes to prioritizing employees’ health and wellness. I would encourage all employers to aspire to this kind of forward-thinking.”

Improved treatment of mental health could boost Canadian economy

The Conference Board of Canada¹ estimates that improved treatment of depression among employed Canadians could potentially boost Canada’s economy by up to \$32.3 billion a year, while improved treatment of anxiety could boost the economy by up to \$17.3 billion a year. More can be done to ensure that Canadians are supported by

effective workplace policies, programs, and benefits that foster good mental health and address mental illness when it is present.

In 2012, 122,900 finance, insurance and real estate professionals required mental health care. Nearly 18 per cent of them had unmet mental health needs¹. Based on Statistics Canada 2011 Census data, nearly five per cent of Canada's workforce (age 15 years and older) worked in financial services and insurance².

In 2016, Manulife received silver certifications for Mental Health in the Workplace and Healthy Workplace from Excellence Canada.

“We are so very proud to bestow Canada Awards for Excellence to Manulife for its remarkable progress towards providing exemplary mental health services and practices in the workplace that support employee health”, says Allan Ebedes, CEO and President, Excellence Canada. “Manulife is a Canadian role model of excellence for taking actions to ensure a healthy workplace for its employees including one that is psychologically healthy and safe. The Mental Health at Work ®award recognizes organizations for outstanding performance in promoting, achieving and maintaining psychological health and safety in the workplace. We applaud Manulife for its leadership role in not only ‘walking the talk’ for mental health in the workplace, but for continuously looking for new ways to help other organizations create and foster a psychologically healthy and safe workplace.”

For more on Manulife's mental health initiatives and partnerships, visit manulife.ca/mentalhealth

About Manulife

Manulife Financial Corporation is a leading international financial services group that helps people achieve their dreams and aspirations by putting customers' needs first and providing the right advice and solutions. We operate as John Hancock in the United States and Manulife elsewhere. We provide financial advice, insurance, as well as wealth and asset management solutions for individuals, groups and institutions. At the end of 2015, we had approximately 34,000 employees, 63,000 agents, and thousands of distribution partners, serving 20 million customers. At the end of September 2016, we had \$966 billion (US\$736 billion) in assets under management and administration, and in the previous 12 months we made more than \$24.4 billion in benefits, interest and other payments to our customers. Our principal operations are in Asia, Canada and the United States where we have served customers for more than 100 years. With our global headquarters in Toronto, Canada, we trade as 'MFC' on the Toronto, New York, and the Philippine stock exchanges and under '945' in Hong Kong. Follow Manulife on Twitter @ManulifeNews or visit www.manulife.com or www.johnhancock.com.

¹ Healthy Brains at Work. September 2016

² Statistics Canada, National Household Survey, 2011



MEDIA CONTACT:

Brooke Tucker-Reid
Manulife 647-528-9601
Brooke_Tucker-Reid@manulife.com

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

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

Date: Friday 26 May 2017
8:00 a.m. – 9:00 p.m.
(Hot Breakfast at 7:30 a.m.)

Place: Fort Edmonton Park – Blatchford Hangar
7000 143 Street
Edmonton, AB T6H 4P3

The agenda will include a motion to approve a Special Resolution to amend the PAA Bylaws as follows:
(Changes are identified in **bold** and strikeout)

10.0 BOARD TERMS OF REFERENCE

10.1 Powers and Duties

10.1.5 b) delegate signing authority to designated board members and the Executive Director

bc) delegate limited powers to committees and task forces through Board approved Committee and Task Force Terms of reference

Rationale:

Our Policy Manual does not specify credit restrictions or borrowing power. Ideally, these are specified in policy and then in the bylaws.

12.0 THE EXECUTIVE DIRECTOR

12.5 All employees of the association report to the Executive Director

Rationale:

It is common for organizations to have policy governing the Board – Executive Director Relationship as it relates to the board, to the executive director, and to the staff. This addition to current policy will serve to enhance clarity of roles in current, and future, relations between the board and the association.

12.6 The Executive Director will act as one of the signing authorities for all PAA banking and will be the sole signing authority for any PAA credit cards, leases, & investments.

12.7 The Executive Director and the Treasurer will act as the two required signing authorities for any mortgages and lines of credit

Rationale:

Our Policy Manual does not specify credit restrictions or borrowing power. Ideally, these are specified in policy and then in the bylaws.

PSYCHOLOGY & MEDIA

PAA is committed to providing its members with great resources.
Public education is a cornerstone of a psychologically healthy province.

The fact sheets below are available to members working with the media.

- American Election Results
- Cyberbullying
- Effective Advocacy within Primary Health Care Systems
- Hate Crimes
- Key Tips for Psychologists Working in the Media
- Post-Partum Depression
- Prevention & Fiscal Wisdom
- Psychological Benefits of Volunteerism
- Psychology - A Regulated Profession
- PTSD and Trauma
- Stress and Resilience



- systems
- 

Have suggestions for fact sheet topics? Please e-mail brittany@paa-ab.ca.

EARLY MEMBERSHIP RENEWAL DRAW

PAA CONGRATULATES
Melodie Sanford & Lisa Little
as winners of the 2017-2018 Early Membership Renewal draw.

as winners of the 2017-2018 Early Membership Renewal draw.

All winners of the 2017-2018 Early Membership Renewal Draw will receive a **\$75.00 credit** towards any PAA Continuing Education Event in the 2017-2018 Membership year.

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† IN MEMORIAM †

It is with regret that we acknowledge the passing of
Dr. Barry Hollowell, who passed away in August, 2016.

It is also with regret that we acknowledge the passing of *Donna Gould*, who passed away in September, 2016.

Notices of condolence for colleagues can be shared with the PAA at paa@paa-ab.ca



WELCOME TO NEW PAA MEMBERS

(October 12 2016 – February 23 2017)

Achtnig, Joyce (Full with Referral)
Alderson, Kevin (Full with Referral)
Ansion, Mariel (Full)
Archibald, Carolynn (Full)
Astels, Sharla (Provisional)
Bale, Carol (Provisional)
Barrie, Dennis (Provisional)
Berlanda, Laura (Student)
Bos, Wendy (Student)
Brinker, Jaylene (Provisional)
Brown Sparks, Austin (Provisional)
Caldwell, Alanna (Provisional)
Caraba, Amber (Provisional)
Casella, Bonnie (Provisional)
Chaulk, Wanda (Provisional)
Copeland, K. Janine (Provisional)
Davis, Amy (Provisional)
DeCarlo, Correne (Provisional)
Donovan, Mark (Full)
Eleftheriou, Silvia (Provisional)
Elliott, Ainsley (Full)
Emery, Angelika (Provisional)
Emery, Michael (Student)
Farrell, Maria Catherine (Student)
Flanigan, Laura (Student)
Fortinski, Jenna (Provisional)
Franke, Jennifer (Student)
Galizia, Marcella (Provisional)
Garside, Kaylee (Provisional)

Gesshe, Shannon (Student)
Goldstein, Jordana (Student)
Haji, Shezlina (Provisional)
Hill, Rosalynde (Lynde) (Full)
Hogan, Samantha (Provisional)
Hook, Tarah (Full with Referral)
Hornjatkevyc, Nina (Full)
Huckstep, Whitney (Provisional)
Hudson, Sheila (Provisional)
Jefferson, Morgan (Student)
Kabis Plante, Audrey (Provisional)
Keefe, Heidi (Provisional)
Keown, Carrie (Provisional)
Kerr, Danni (Provisional)
Kirkpatrick, Karen (Provisional)
Knight, Christine (Full)
Landry, Kristi (Provisional)
Lynch, Danyelle (Provisional)
MacDonald, Katherine (Provisional)
Marsh, Melanie (Provisional)
Martynuck, Craig (Provisional)
McGivern, Sarah (Full with Referral)
McIntee-Leinweber, Jennifer (Provisional)
McIsaac, Lisa (Full)
Miller, Sherise (Full)
Muitty, Sunddip (Provisional)
Muitty-Mehra, Toresa (Provisional)
Parackel, Jayanthi (Provisional)
Pettigrew, Ashley (Provisional)

Petzanova, Iordanka (Full)
Pradinuk, Hilary (Student)
Price, Margaret (Full)
Pynoo, Emily (Student)
Radil, Amanda (Provisional)
Robinson, Kathleen (Full)
Russell, Julia (Provisional)
Ruud, Ashley (Provisional)
Scaife, Katrina (Student)
Schneider, Caitlin (Full)
Shannon, Candice (Full)
Sharma, Neha (Provisional)
Sherback, Megan (Full)
Shirley, Derrick (Provisional)
Shivji, Sohel (Provisional)
Smith, Jeffrey (Provisional)
Spackman, Danielle (Student)
Spielman, Michelle (Provisional)
Stapleton, Jaclyn (Psychological Asst.)
Thompson, Jillian (Provisional)
Thrall, Andrea (Full)
Tripp, Taralyne (Provisional)
Virtanen, Crystal (Provisional)
Warner, Lauren (Student)
Wegenast, Roxanna (Student)
Weiss, Rachael (Provisional)
Whelen, Heather (Student)
Wyatt, Kristy (Student)

JOIN US FOR A TOWN HALL MEETING

7:00 PM 09 MAY 2017 RED DEER ALBERTA

The College of Alberta Psychologists and the Psychologists' Association of Alberta will be hosting Town Hall Meetings throughout the province as an informal way to engage our members and discuss issues, plans, & controversies. Join us for light refreshments and a brief presentation update from both CAP & PAA followed by an informal Q&A time for you to present ideas, voice opinions, & ask questions.

All registered & provisionally registered psychologists & psychology students are welcome.

Please RSVP by 25 April to Rose at rose@paa-ab.ca and by 15 May 2017 for the Calgary meeting. *We look forward to seeing you there!*

UPCOMING TOWN HALL MEETINGS

Calgary – Spring 2017, Fort McMurray, & Grande Prairie – Fall 2017, Edmonton & Calgary – Winter 2018, Lethbridge, Medicine Hat, & Red Deer – Fall 2018.

If you would like to host, please contact us to set up the date and location.

ALBERTA PSYCHOLOGY IN THE MEDIA

Psychology in the Media generated through the PAA office:

November 2016 – January 2017

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
November 2016	Dr. Judi Malone	The Free Press newspaper	Barriers to Christmas volunteering for Morinville youth
December 2016	Dr. Stephen Carter	Alberta Primetime	Divorce Week - Helping children deal with divorce
	Dr. Judi Malone & Mr. Marc Moebis	Global News	After 3 suicides in 18 months, Alberta paramedics and psychologists team up for new registry
January 2017	Dr. Judi Malone	Edmonton Journal	Child advocate should look out for people up to 24 years old, committee hears

Psychology in the Media not generated through the PAA office:

November 2016 – January 2017

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
November 2016	Dr. Linda Hancock	Indian Head Wolseley News – All Psyched Up (regular column)	Thank them for their service
	Dr. Ganz Ferrance	CTV Morning News Edmonton	Talking to your kids about the American election
	Dr. Ganz Ferrance	Alberta Primetime	<ul style="list-style-type: none"> - Changing perceptions around fidgeting - Seniors feeling lonely and isolated - Would you let a 6 year-old walk to school alone? - Canadian children lacking psychical activity
	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	<ul style="list-style-type: none"> - Holiday Giving - I'm fine, but they need help
	Dr. Ganz Ferrance	CTV News Edmonton	Dr. Ferrance and the response to the US election
December 2016	Dr. Linda Hancock	The Medicine Hat News – All Psyched Up (regular column)	Christmas Music
	Dr. Ganz Ferrance	CTV News Edmonton	<ul style="list-style-type: none"> - Dr. Ganz Ferrance and holiday stress - Managing expectations for the holidays with kids - Sticking to your resolution
	Dr. Ganz Ferrance	Alberta Primetime	<ul style="list-style-type: none"> - Tips for surviving the holiday season - Is hyper-clean harmful for children's health?

Continued next page...

ALBERTA PSYCHOLOGY IN THE MEDIA (con't)

DATE	PSYCHOLOGIST	MEDIA OUTLET	TOPIC
December 2016 (con't)	Dr. Janet Miller Dr. Ganz Ferrance	Alberta Primetime - Lifestyle news	- Challenges faced by marginalized Albertans - Is spreading good cheer wearing you out?
	Dr. Brent Macdonald Dr. Ganz Ferrance	Alberta Primetime	- Tips for surviving the holiday season - Is hyper-clean harmful for children's health?
	Dr. Ganz Ferrance	CBC News radio	It's pretty much sheer dread: why some people hate Christmas music
	Dr. Ganz Ferrance	CTV News	Tense parental relationship outline in court documents
	Dr. Ganz Ferrance	630 CHED radio (afternoon show)	Managing kid's expectations at Christmas
	Dr. Ganz Ferrance	Alberta@noon radio show	Realistic resolutions and goals with call in from listeners
January 2017	Mr. Cory Hrushka	CBC Radio Active	How to leave 2016 behind and move in 2017
	Dr. Ganz Ferrance	Metro News – Edmonton	Mental health coverage boost 'big news': Psychologist".
	Dr. Ganz Ferrance	CTV News Edmonton	- Blue Monday - Mental Health Issues
	Dr. Susan MacDonald	Alberta Primetime - Lifestyle & Parenting	- Should parents argue in front of their children? - Introverted behaviours in children
	Ms Sharon Smith Ms. Brandi Smith	Global News	Put Your Money Where Your Mouth Is campaign
	Dr. Ganz Ferrance	CTV News	Bell Let's Talk: Taking on the Stigma
	Ms. Carolyn Lord	CBC News	No warning signs for Edmonton teen's suicide, says family
	Ms. Carolyn Lord	CBC Listen Radio	Chloe Dizon says she had no idea what her brother was about to do
	Dr. Brent MacDonald Dr. Ganz Ferrance	Alberta Primetime	- The signs of postpartum depression - Screen time and a child's mental health
	Mr. Cory Hrushka	Global News Morning	Coping with tragedy both at home and abroad and talking to your kids about it
	Dr. Brent MacDonald	Global News Calgary	How to cope with tragedy: the importance of finding a silver lining

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.

November 2016 – January 2017

DATE	PSYCHOLOGIST	VENUE
November 2016	North Land Family Counselling Group	Hosted a Community Open House as a thank you to community members and city officials for their support during the development and construction phases of their new offices. PAA displays were set-up in the waiting and reception areas. Brochures outlining the range of psychological services offered were also made available.
	Ms. Hilda Huj	Attended PAA's exhibit display booth at Love You Forever. A boot camp and information fair for parents and caregivers for adults living with mental illness at Our Parents Home Conference Centre in Edmonton.
	Ms. Amy Cardinal	Presentation on how psychology helps to the Womans Active and Living Conference held at the Africa Centre in Edmonton.

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

November 2016 – January 2017

DATE	PSYCHOLOGIST	VENUE
November 2016	Mr. Hein Swanepoel	Presentation on embracing stress at the Calgary Catholic School District Fall Leadership Council.
	Mr. Hein Swanepoel	Presentation on practice strategies for managing workplace stress at the Professional Development Session at Our Lady of Lourdes School in Calgary.
December 2016	Dr. Susan MacDonald	Presentation on professional practice in psychology to an audience of only high school age females at the Junior Achievement Southern Alberta - World of Choices at Mount Royal University, Calgary.

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.

PAA CONTINUING EDUCATION ACTIVITIES

WINTER 2016 - 2017



“Between Emergencies – A look at mental health in EMS”

Alberta Paramedics Association
(56 Participants)

18 November 2016 in Edmonton, AB



“Trauma & PTSD in First Responder Populations”

Dr. Megan McElheran
(45 Participants)

18 November 2016 in Edmonton, AB



“Capacity Assessments for Medically Assisted Dying”

Lily Nguyen, Associate, Field Law
Dr. Arlin Pachet, Clinical Neuropsychologist
Dr. James Silvius, MD, Alberta Health Services
Dr. Richard Spelliscy, CAP
Dr. Judi Malone, PAA CEO
(20 participants)

26 January 2017 in Edmonton, AB



“Prepping for your Oral Exam in Professional Psychology”

Dr. Jim Eliuk
(10 Participants)

17 February 2017 in Edmonton, AB

UPCOMING WORKSHOPS



“Assessment of Children’s Behavioural, Clinical, and Social Functioning”

Presented by Dr. Jerome Sattler

9:00 a.m. – 4:30 p.m.

28 April 2017 – Coast Plaza Hotel & Conference Centre, Calgary, AB

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum?type=event&id=38



“Starting & Operating an Independent Professional Practice in Psychology”

Presented by Dr. Stephen Carter

9:00 a.m. – 4:30 p.m.

12 May 2017 – Edmonton, AB, Venue TBD

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum?type=event&id=47



PAA Connects 2017: “Our Forum for Learning, Connection & Renewal”

AGM Breakfast

Featuring Dr. Scott Miller

26 May 2017 – Fort Edmonton Park, Edmonton, AB

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum?type=event&id=39



“Prepping for your Oral Exam in Professional Psychology”

Presented by Dr. Jim Eliuk

1:00 p.m. – 4:00 p.m.

Friday 16 June 2017 – Calgary, AB, Venue TBD

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum?type=event&id=46



“Geropsychology Research and Practice: Helping our Clients, Helping Ourselves”

Presented by Dr. Candace Konnert

9:00 a.m. – 4:30 p.m.

29 September 2017 – Calgary, AB, Venue TBD

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum?type=event&id=44

Details of all our upcoming workshops are available on our website under “Continuing Education”:

http://www.psychologistsassociation.ab.ca/site/paa_workshops_forum

Thank you for supporting your professional association!

MEMBER RESOURCES

Did you know there is a wealth of resources & information available exclusively to PAA members? Login to the Members Only area of the PAA website to access some of these great resources available to you:

Addiction & Mental Health Mobile Application Directory

An extensive list of mobile resources dealing with mental health & addiction-related issues.

Alberta Human Services Provider Information

Information on how to apply to be on one or more province wide Pre-Qualified Resource (PQR) lists for Human Services, descriptions of service categories, & examples of services.

Psychological Services Funds

Information, application forms & donation forms for the PAA Psychological Services Funds

Alberta Health Practice ID Numbers

Information & applications to get practice identification numbers

Podcasts

Free Podcasts on current topics of interest. To listen to the podcasts, login to the Members only area of the website for the direct link.

Psychologically Healthy Workplace PowerPoint Presentation

PAA Members have access to a free presentation on psychologically healthy workplaces to help them promote psychological health in the workplace.

Member Benefits for Goods & Services

PAA Members received preferred rates for insurance, car rentals, hotels & other goods & services. Access the list of current benefits & get your discount codes.

Psymposium

Read our current & back issues of our newsletter, *Psymposium*.

Medavie Blue Cross & IFHP Information

Information for health care providers working with Veterans Affairs Canada, the Canadian Armed Forces & the Royal Canadian Mounted Police is available. In addition, information about the Interim Federal Health Program (IFHP) can be found in the members' only area, including information on how to become a provider.

Doctoral Standard Information

Learn more about the Doctoral Standard including advocacy efforts, history, & frequently asked questions.

Marketing Your Practice Information

Learn more about how to market your practice effectively

PAA Information & Reports

Other information including the survey results from the latest PAA member benefits survey, AGM Minutes, annual reports, & Bylaws.

CALENDAR OF EVENTS

April 28, 2017 – Assessment of Children's Behavioral, Clinical & Social Functioning

Presented by Dr. Jerome M. Stattler

Location: Calgary, AB

Sponsored by: The Psychologists' Association of Alberta

May 09, 2017 – Town Hall Meeting

Location: Red Deer, AB

Sponsored by: The College of Alberta Psychologists' and the Psychologists' Association of Alberta

May 12, 2017 – Starting & Operating an Independent Professional Practice in Psychology

Presented by Dr. Stephen Carter

Location: Edmonton, AB

Sponsored by: The Psychologists' Association of Alberta

May 25, 2017 – PAA Awards & Welcome to the Profession Banquet

Location: Fort Edmonton Park, Edmonton, AB

Sponsored by: The Psychologists' Association of Alberta

May 26, 2017 – PAA Connect 2017: Our Forum for Learning, Connection & Renewal

Featuring Dr. Scott Miller

Location: Fort Edmonton Park, Edmonton AB

Sponsored by: The Psychologists' Association of Alberta

June 16, 2017 – Prepping for your Oral Exam in Professional Psychology

Presented by Dr. Jim Eliuk

Location: Calgary, AB

Sponsored by: The Psychologists' Association of Alberta

More information and registration on all these workshops is available on the PAA Website:
https://www.psychologistsassociation.ab.ca/site/paa_workshops_forum

Please be sure to check the PAA website regularly for any newsletter updates and upcoming events.

Log onto the website www.psychologistsassociation.ab.ca and click on *Continuing Education/PAA Workshops or PAA Workshops/Non-PAA Training Events*.

UPCOMING MEETINGS & SOCIAL EVENTS

AGM MEETING

Friday 26 May 2017

Fort Edmonton Park

BOARD MEETING

Thursday 25 May 2017

****The PAA Board of Directors meets 4 times yearly, contact the office for an updated schedule**

Changing Your Address?

You can update your personal details directly through the Members Log In page on our website:

http://www.psychologistsassociation.ab.ca/site/member_profile

or complete your information below and return to PAA with your mailing label.

Name: _____
 Street: _____ City: _____
 Province: _____ Postal Code: _____
 Business Phone: _____ Fax: _____ Home Phone: _____
 Effective Date: _____

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



PSYCHOLOGISTS'
ASSOCIATION *of* ALBERTA

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PAA Connects 2017

Edmonton, Alberta
May 25th & 26th, 2017

Our Forum for Learning, Connection, and Renewal

Contact PAA:
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