

The CAP Monitor

Winter 2006 - Issue 23

College of Alberta Psychologists

Regulation and Advocacy - Who Does What?

Although the College of Alberta Psychologists (CAP) and the Psychologists' Association of Alberta (PAA) have been separate entities since the spring of 1996, registrants are sometimes uncertain about who does what. In a nutshell, the mission of the PAA is "To enhance and promote the profession of psychology," whereas the mandate of the College is "To protect the public and guide the interests of psychology."

The PAA, therefore, deals with matters such as professional advocacy, participation in the referral service and promoting the professional interests of psychologists.

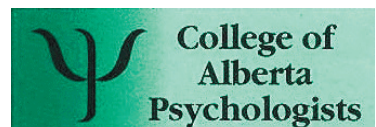
The College's regulatory responsibilities include:

- establishing the entrance requirements for the profession, including academic preparation, supervised hours and examinations,
- registration and licensing of psychologists in the province of Alberta,
- maintaining a register of regulated psychologists,
- administering the *Health Professions Act*, and the *Psychologists' Profession Regulation*, which governs the profession of psychology in the province,
- developing, administering and enforcing the bylaws, policies and procedures necessary to fulfill the requirements of governing legislation
- administering the Code of Ethics and Standards of Practice for the profession,
- developing professional practice guidelines,
- developing, implementing and monitoring a Continuing Competence Model for the profession,
- investigating and adjudicating complaints from clients and practitioners,
- discussing/liasing with government regarding the *Health Professions Act* and other legislation,
- liaising with other psychology regulating bodies, and
- liaising with other professional regulating bodies.

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To serve the interests of the public and guide the Profession of Psychology.



The Top Ten Causes of Unprofessional Conduct

by James Casey, Q.C. Field LLP

Based on my experience over the years with hundreds of unprofessional conduct cases in a broad range of professions, the following is my unscientific list of the top ten causes of unprofessional conduct. In no particular order:

1. Failure to maintain currency of professional knowledge and competence:

- Professions and the health care system evolve. Professionals must keep pace with the change.
- There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence.
- “That’s how we did it when I was trained 20 years ago”, is not a valid defence.
- *What you can do:*
 - Maintaining competence on an ongoing basis is a central tenet of professionalism.
 - Maintain a current knowledge base.
 - Continuing Competence Programs are ideal tools. Use them.
 - Take advantage of continuing education opportunities.
 - Be familiar with your employer’s policies and procedures.
 - Understand the standards of practice for your profession.
 - Be active in professional organizations; read professional publications.

2. Failure to seek assistance or make appropriate referrals.

- Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.
- *What you can do:*
 - Recognize that we all have limitations.
 - Realize that seeking assistance is not

a form of weakness; it is a sign of professional strength.

- Where necessary seek assistance from trusted colleagues or from your supervisor. Don’t be afraid to ask a colleague for a second opinion. Where appropriate, refer the patient to someone with the necessary skills.

3. Difficulties in a professional’s personal life affect their work-life.

- We rarely have “water-tight compartments” in our lives. Our work can affect our personal and home-life and difficulties in our personal and home-life can negatively affect our work.
- Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression.
- It is common for serious personal difficulties being experienced by a professional to “spill-over” into the workplace giving rise to a risk of unprofessional conduct.

- *What you can do:*
 - If you are experiencing serious difficulties in your personal or home-life, then realize the potential for the “spill-over effect.”
 - Also realize that you might not be the most objective person with respect to whether your work is being adversely affected.
 - If you are having difficulties coping with problems in your personal life and there begins to be a “spill-over” to work, then get help. Seek out family, friends, trusted colleagues. Consider taking some time off work. Consider counselling through Employee Assistance Programs.

4. Alcohol and drug addictions

- Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

- *What you can do:*
 - Keep yourself well.
 - Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
 - Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
 - Get help. Seek counselling. Contact Employee Assistance programs.
 - There are addiction recovery programs in Alberta specially designed for health care professionals.

5. Poor communication

- Many unprofessional conduct complaints are caused by poor communication between the professional and the patient or between a professional and their colleagues.

“All professionals make mistakes. However, we need to ensure we learn from our mistakes.”

- *What you can do:*
 - Appreciate that part of being a true professional is being a good communicator.
 - Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
 - Realize that effective communication is at the heart of the “informed consent” process.
 - Consider how your remarks are perceived by others. Avoid cavalier or “smart-aleck” comments in the presence of patients. These types of comments tend to startle and alarm patients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the

Top Ten Causes of Unprofessional Conduct cont'd

presence of patients. “Don’t wash your dirty laundry in public.”

- o You care about your patients. Do your patients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanour but demonstrate to your patients that you do care. How would you want to be treated if the situation was reversed and you were the patient? What would you expect if the patient was one of your family members? Very few patients file unprofessional conduct complaints about health professionals who they perceived to be caring. Patients who leave a health care facility feeling, “No one cared about me”, are more likely to file complaints.

6. Failure to appropriately address patient concerns.

- A patient or a family member with a concern about a patient’s care or a professional’s conduct will typically first approach the professional or a manager about their concerns. Many unprofessional conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.
- *What you can do:*
 - o Take all concerns and complaints seriously. “Actively listen” to the person making the complaint.
 - o Be careful of labelling a patient as a “whiner” or a “complainer”. Patients, and their families, can often be difficult and sometimes unreasonable. However we must remember that the patient and their family are often under significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.
 - o Understand the power of the “15 second apology” acknowledging the

feelings of the person complaining. Example: “I am so sorry that all of this has resulted in you being distressed about your daughter’s care. I will advise my manager of your concerns.” You can often effectively address a person’s concerns without getting into a long debate about who was wrong or right.

- o Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

7. Environmental Factors

- Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.
- *What you can do:*
 - o Remember that regardless of the environment, it is the professional’s personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defence of “that’s how we all do it at work” is unlikely to be successful.
 - o If you have concerns about the environment’s effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

8. Personality conflicts escalate to unprofessional conduct.

- It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a patient. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.
- *What you can do:*
 - o Understand that there will always be colleagues, supervisors, and patients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanour and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
 - o If you are experiencing a personality conflict with a colleague, deal with the issue privately and not in the presence of patients.
 - o If there is a serious personality conflict with a patient, consider arranging for the patient’s care to be provided by a different person. If you have been assigned to provide exclusive care to the patient, then you should obtain the patient’s consent to the transfer.

9. Complacency about professional standards

- Some professionals with a great deal of experience become complacent about professional standards and begin to develop “sloppy” practices.
- *What you can do:*
 - o Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to a new graduate as a professional

with 30 years experience.

- o Regularly work on refreshing your understanding of professional standards.
- o Don't count on your experience and seniority to help you get away with sloppy practices.

10. Professional Documentation

- A failure to adequately chart or document causes significant problems for professionals.
- If you have acted professionally and appropriately, then proper documentation will be your best defence.
- Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If a case comes down to, "He said, she said," then you are at risk. Appropriate documentation can objectively demonstrate what really happened.
- *What you can do:*
 - o Follow professional charting and documentation practices.
 - o Understand and follow your employer's documentation practices with respect to critical incidents, patient complaints, etc.
 - o Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialled, write in ink, use uniform terminology and correct errors in documentation openly and honestly.
 - o When you know that concerns are being raised by a patient or family member, ensure that every step you take is adequately documented.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as "true professionals".

This article was reprinted with permission from Field Law's Professional Regulatory Group.

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Survey of Provisional Psychologists and Supervisors

The Registration Advisory Committee invites all provisional psychologists and supervisors to complete an online survey regarding your experience with supervision.

This survey is available on the CAP website www.cap.ab.ca

Your feedback is greatly valued

News & Announcements

Committee News

Thanks!

Each of our volunteers is very much appreciated; in fact, the work of the College could not continue without their active participation.

Credentials Evaluation Sub-Committee

Welcome to new member Angela Bardick.

Oral Examinations Committee

Welcome to new member Dawn McBride; re-appointed members Simon Sheh, Gregor Jason, Teresita Jose, Brenda Mann and Victor Grossi.

Thanks to members Dorothy Constable, Susan Baerg, Philip Eaton, Gloria Rodberg and Marilyn Samuels who have completed their terms and are stepping down from the committee.

Registration Approvals Sub-Committee

Welcome to new member Aaron Block.

Practice Advisory Committee

Jana Hyer Davies and Montry Nelson were re-appointed.

Roster of Members Hearing Tribunals / Complaint Review Committee

Thank you to Ali Al-Asadi and Kerry Bernes who have completed their terms. Re-appointed: Howard Saslove.

Volunteers Needed!

The College of Alberta Psychologists relies on member volunteers to effectively fulfill its mandate as a regulatory body. Volunteer service is appreciated, and the organization and membership rely on those who volunteer.

If you wish to be considered by Council for service on a College Committee, please complete the Application for Committee Service form provided on the website under Registrants. Completed applications can be directed to the Registrar at the CAP office. *All committee appointments will be made by Council.*

Members who volunteer for committee service are required to contribute to at least 50% of the meetings or panel sittings.

Credentials Evaluation Committee - Calgary

The Committee reviews the applications for evaluation of academic credentials of psychologists and other categories of registrants. The Committee determines if the candidate's qualifications meet the standards established in legislation, regulation and policy.

Oral Examinations Committee

Oral examiners conduct the oral examination of candidates for registration as psychologists. The oral examination is a formal process conducted by a panel of psychologists to assess whether candidates demonstrates a minimum standard of competence for independent practice and a minimum standard of knowledge and judgment in matters of jurisprudence and ethics.

Adopting Revised Versions of Psychological Tests

by Michael C. King¹, Ph.D., R. Psych.

The practice of psychology is not typically equipment-intensive. However, many psychologists rely extensively on psychological tests and their related paraphernalia in their everyday practice. As do many other things in our world, psychological tests sometimes become outdated and in need of revision or obsolete and in need of replacement. Psychological tests undergo revision or replacement for several reasons (Adams, 2000, Silverstein & Nelson, 2000). Some require revision when the trait or ability they purport to measure has changed, for example in the case of the cohort changes in intelligence over time known as the Flynn Effect (Flynn, 1984, 1999). These changes required evolution from the original Wechsler-Bellevue Scale of Intelligence to, currently, the Wechsler Intelligence Scale - III (Wechsler, 1997a). Other tests require revising or updating as the cognitive science underlying them advances (for example, from the original Wechsler Memory Scale to the current Wechsler Memory Scale-III [Wechsler, 1997b], and the California Verbal Learning Test-II [Delis, et al., 1999]). Still other instruments require revision to address problems with the original test construction and norming, the “aging” of test content, and to reflect advances in measurement and statistical analyses of their data (for example, the Minnesota Multiphasic Personality Inventory [Butcher, 2000]). A recent, novel impetus for test amendment is international changes in privacy legislation that have led test publishers to take more care in separating test content from response forms or answer sheets to better preserve test content from inappropriate disclosure.

While these matters may primarily occupy test publishers and researchers, a practical question concerns what the professional and ethical obligations of the psychologist-practitioner are with respect to the use of new or amended psychological tests.

In reviewing the applicable standards for psychologists in this area, one finds that the Standards of Practice of the College (CAP, 2006) do not specifically address the issue of when a psychologist should adopt a new

or revised version of a test instrument. However, Section 6 of the Standards deals with the requirement to use “reasonable or generally accepted psychological theory and knowledge” in practice:

Psychologists shall provide psychological services that are based upon the needs and relevant characteristics of the client, and shall either

- a) employ reasonable or generally accepted psychological theory and knowledge, empirical data, or best practice documents in psychology, or
- b) inform their clients of the innovative nature of the service (they are providing).

Although this standard was devised to address issues of evidence-based therapeutic methods, the caution applies equally to the provision of assessment services using outdated or obsolete test instruments. Where psychological theory, data, or methods have pushed tests past their best-before dates, psychologists should adopt the new instruments in the service of client care or show cause why they have not done so.

The Canadian Code of Ethics for Psychologists (CPA, 2000) is likewise silent on the specific issue of using revised versions of psychological tests. Again, however, the Code indirectly confronts this matter at Standard II.21: “(Psychologists should) strive to provide... the best possible service for those needing and seeking psychological service.” “Best possible service” means using the most advanced technical and scientific evidence in the domain where the service is provided. In the case of assessment services, this standard appears to require adoption of the new versions of test instruments when it is clear that those new instruments represent an advance over their predecessors. Again, at Standard II.13: “(Psychologists should) assess individuals, families, groups, and communities involved in their activities adequately enough to ensure that they will be able to discern what will benefit and not harm the persons involved.” Adequate assessment of this sort requires assessment with the best instruments available.

The recently-revised Code of Ethics

of the American Psychological Association (APA, 2002) explicitly deals with the issue of use of outdated tests. At 9.08, The Code counsels that:

- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
- (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

Justifications for Continuing to Use Earlier Versions of Revised/Updated Tests

Existing practice standards and ethical considerations challenge psychologists to keep their practice current with the best available instruments and methods. This ordinarily means adopting new test instruments when the consensus of scientific and clinical opinion is that those instruments represent an improvement in quality over their predecessors. However, there are some circumstances where continued use of earlier versions of psychological tests may be justified. For example, a research project instituted with a particular set of psychological tests instruments may extend over a sufficiently lengthy period that some of the instruments chosen may undergo revision before completion of the project. In such a case, the ability to make comparisons with previously collected data requires that the same instruments be used for repeated assessment as were used initially. Even in this case, however, psychologists need to be cautious in drawing *clinical* inferences about their subjects based on data from the earlier version of the test.

Second, tests may be applied to populations (for example, distinct cultural, language, or age groups) for which appropriate normative data may not yet have been acquired in the test revision process. In such cases, it might be appropriate to consider using previous test versions or norms, with the appropriate cautions, until more appropriate data are available.

Another possible justification for continued

use of an earlier version of a newly-revised test instrument is that the scientific and clinical communities have not yet reached consensus on whether the revised instrument has improved on its predecessor. Revising and revalidating a psychological test are complex, intricate, costly, time-consuming propositions. Although highly-skilled, well-intentioned professionals devote much time, energy, and attention to these tasks, the degree of their success (or otherwise) is sometimes only apparent after the instrument has been out on the road for a while. Anyone who doubts this proposition need only reflect on the follies that have occasionally accompanied the introduction of successive generations of Microsoft's Windows operating system.

Some inadequate justifications for continuing to use outdated or obsolete test instruments

- I've still got hundreds of test forms from the old version in my office.
- I'm just more comfortable with the old version.
- The new version is too expensive.
- I don't have time to learn how to use / interpret the new version.
- I refuse to pay (a test publisher) all this money every time they feel like changing one of their tests and putting it in a new carrying case.

Computerized Psychological Testing

Although the issue is beyond the scope of this article, psychologists should also carefully consider how they use computerized interpretive reports of psychological testing in their practices. More psychological tests are being developed or adapted for computerized administration and scoring. Interpretive software programs are also increasingly available to assist with the integration of data from those tests. The current consensus in the scientific and professional community on the issue of computerized interpretation of tests is that such reports may be useful ad-

juncts to the psychological assessment of an individual but that they cannot stand alone as psychological assessments. (Butcher, et al., 2000) Psychologists - and other health care providers - who use such reports in that naïve, unsophisticated way may expose their clients/patients to risk of harm as a result.

Summary

Consistent with the requirement for psychologists to provide the best possible services and to employ the best available practices in their work with clients, psychologists should adopt new versions of psychological test instruments that they use in their practice when it is clear that the new instrument represents a substantial advance in reliability, validity, or utility over its predecessor. It is incumbent on psychologists who continue to use earlier versions of revised or updated psychological test instruments to provide scientifically and clinically appropriate justification for their actions. Needless to say (one hopes), psychologists who employ new or newly-revised psychological test instruments in their practice are responsible for ensuring that they are competent in administration, scoring, and interpretation of the new instruments before they introduce them in their practice.

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The opinions expressed are the author's, and do not necessarily reflect the views of the College of Alberta Psychologists. I thank Carole Sinclair for her assistance in alerting me to Standards in this area and her valuable comments on the initial draft of the article.

Calendar

Calendar of Events

Council Meetings

May 27, 2006
July 15, 2006
September 16, 2006
November 18, 2006

The most recently approved minutes can be found on the CAP website.

CAP Annual Meeting and Professional Development Day

September 16, 2006

Mark your calendars as CAP recognizes 10 years of regulation as a College!

Credentials Evaluation Sub-Committee Meetings

<i>Meeting Date</i>	<i>Deadline for Application</i>
April 20, 2006	March 24, 2006
May 26, 2006	May 12, 2006
September 8, 2006	August 25, 2006
November 10, 2006	October 27, 2006

Oral Examinations

<i>Dates</i>	<i>Deadline for Application</i>
April 24 - 28, 2006	February 27, 2006
June 19 - 23, 2006	April 24, 2006
October 23 - 27, 2006	August 28, 2006

Registration Approvals Sub-Committee Meetings

<i>Meeting Date</i>	<i>Deadline for Submissions</i>
April 24, 2006	April 10, 2006
May 25, 2006	May 11, 2006
June 28, 2006	June 14, 2006
August 28, 2006	August 14, 2006
September 25, 2006	September 13, 2006
October 30, 2006	October 16, 2006
November 20, 2006	November 6, 2006
December 13, 2006	December 6, 2006

CAP Professional Development Day

10 Year Anniversary of the College

In conjunction with the College's Annual Meeting in Calgary on Saturday, September 16, 2006, several professional development sessions are offered:

- Privacy Legislation in Alberta
- Hot Issues in Professional Conduct and Complaints
- Boundary / Role Conflict
- Supervision
- Continuing Competence Program

All attendees are also invited to attend a Wine & Cheese Reception in honor of the many volunteers who work diligently throughout the year to carry out the mandate of the College.

Registration forms will be available in early summer. Breakfast and lunch are included in the registration fee (\$25.00).

Please see the insert in this issue of The CAP Monitor for more details!

Program will run from
8:30 a.m. - 6:30 p.m.

News & Announcements

Legislation, Standards & Guidelines

Professional Guidelines for Psychologists: Supervisors and Registered Provisional Psychologists

The Council has approved a new guideline for supervisors and registered provisional psychologists, which is available through the college office or at www.cap.ab.ca.

The guideline addresses issues of ethics and practice that may arise in the context of supervision and the supervisory relationship. The guideline highlights the following aspects of supervision:

1. Objectives of supervision of registered provisional psychologists.
2. The supervisor-supervisee relationship.
3. Characteristics of a competent supervisor.
4. Characteristics of a responsible supervisee.

All supervisors and registered provisional psychologists are encouraged to review this new guideline.

Update on the Health Professions Act

On January 15, 2006, the College of Alberta Psychologists was proclaimed in force under the Health Professions Act. This provincial legislation now governs the activities and functions of the College.

Members who have not yet received an information package on the Health Professions Act should contact the College office.

Information about the Health Professions Act is available on the redesigned College website at www.cap.ab.ca.

Supervision of Provisional Psychologists: Requirements and Standards

In response to a recommendation from the Registration Advisory Committee, the Council has approved the following change to the requirements for registration of provisional psychologists: "*A minimum of 400 hours out of the total of 1600 hours of supervised practice must be dedicated to the professional activity of interventions.*"

This change will help supervisors to evaluate their provisionals in the core competency area of interventions, as stipulated by the Mutual Recognition Agreement (MRA).

The Council has also approved the following amendment to the "Standards for Supervision of Provisional Psychologists":

15. *An ongoing record of supervision will be maintained that details the types of activities in which the supervisee is engaged and any issues relevant to the supervisee's competence. Both the supervisor and supervisee will sign the record after every 30 hours of practice and each keep a copy.*

The Registration Approvals Sub-Committee receives numerous queries regarding the record of supervision. The amendment to the Standards for Supervision was made to clarify what the record of supervision should contain, and whose responsibility it is to maintain the record.

Examination Results

Examination for Professional Practice of Psychology

A total of 50 candidates wrote the EPPP examinations between October 1, 2005 and February 28, 2006.

Pass 35 (70%) Fail 15 (30%)

Oral Examinations

A total of 67 candidates undertook the oral examination between October 1, 2005 and February 28, 2006.

Pass 62 (93%) Fail 5 (7%)

Resources

Resources

CAP Publications

Available on a cost-recovery basis from the College office:

- a) Copies of CAP professional guidelines for psychologists (individually or as a package)
 - Addressing Recovered Memories
 - Advertising and Other Public Communication
 - The Use of Aversive Techniques in Behaviour Management
 - Child Custody Assessment
 - The Control and Use of Tests by Psychologists
 - Non-Discriminatory Practice
 - Release of Confidential Information
 - Service Fees for the Provision of Copies of Client Files
 - Psychological Evaluations for Child Protection Decisions
 - Limits to Confidentiality and Consent for Services: Special Issues in Working with Minors and Dependent Adults
 - Dual Roles: Guidelines for Conducting Assessments and Providing Therapy with the Same Client
 - Supervisors and Registered Provisional Psychologists *NEW*
- b) “Status of Regulatory Documents in the Regulation of the Psychology Profession in Alberta”
- c) “Receiving Services from a Registered Psychologist...” (brochure)

Websites

The College’s website at www.cap.ab.ca serves two purposes: communication with the public and communication with College members. The website is updated regularly and is a good source of information for everyone.

Other useful websites for CAP members:

- Health Professions Act, www.gov.ab.ca/qp
- Psychologists’ Association of Alberta, www.psychologistsassociation.ab.ca
- Canadian Psychological Association, www.cpa.ca
- Association of State and Provincial Psychology Boards, www.asppb.org

Supervision Consultants

Jon Amundson and Walter Goos, Supervision Consultants for the College, provide consultation to provisional psychologists and supervisors, and assist in the resolution of conflicts between provisional psychologists and supervisors.

Contact information:

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1614 – 8th Avenue NW
Calgary, AB T2N 1C2
Phone: (403) 289-2511
E-mail: amundsoj@shaw.ca

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Phone: (780) 986-7592
E-mail: waltergoos@shaw.ca

College of Alberta Psychologists Council, 2005-06

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Horst Mueller

Past President

Vacant

President-Elect

Bonnie Rude-Weisman

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Barry Ashton

Wayne Wright

Treasurer

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Dennis Brown

Wendy Hawkins

Teresita Jose

Michael King

Terry Wilton

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Registrar

Alexandra Kinkaide

Complaints Director

Eileen Baril

Coordinator, Administration and Finance

Wendy El-Issa

Executive Assistant

Gail Leicht

Credentials Evaluation and Examinations Coordinator

Shenade Johnson

Registration Coordinator

Leanne Vanderhelm

Assistant to the Complaints Director

Kathy Semchuk

Receptionist / Office Assistant

Cheryl Ferguson

College Committees

Credentials Evaluation Sub-Committee

Walter Goos, Chair

Registration Approvals Sub-Committee

Roy Frenzel, Chair

Registration Advisory Committee

Jean Pettifor, Chair

Practice Advisory Committee

Paul Jerry, Chair

Oral Examinations Committee

Lee Handy, Chair

Register Updates

Updates to the Register

New Members

Congratulations and welcome to the 41 new Registered Psychologists who have been added to the Register between October 1, 2005 and February 28, 2006.

Richard Alarie
Shannon Bannerman
Tana Bates
Aaron Block
Diana Bockus
Theo A. De Gagne
Natasha Dean
Michael Elterman
Denise Fillion
Danielle Forth
Darlene Foucault
Diane Fox
Jennifer Gauthier
Norman David Giesbrecht
Craig Richard Gnauck
Elayne Harris Lorenz
Myrtle Headley
Julie Henkelman
Jay Hetherington
Sara Kapler
Jaana Koponen
Lynne Kostiuik
Lesley Lacny
Lisa Lazenby
Philomena Lushington
Liane T. MacDonald
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Karen Massey
Kathy Offet-Gartner
Victoria Plouffe
Donna-Lynn Poirier
Sharon Poole
Melanie Reed-Zukowski
Kristopher Rose
Caroline Schnitzler
Andrew R. Smith
Liza Stelmach
Michael Stolte
Marinda Venter
Ramona Woodford
Susan J. Young

Deaths

The College has learned, with regret, of the deaths of Georgina Adamson and Christopher Jamieson and sends sincere condolences to their family, friends and professional colleagues.

Changing your address?

Please notify the College promptly in writing of changes in your address, phone/fax numbers or e-mail address.

A change of address form is provided on the College website.

Contact us at
2100 Sun Life Place
10123 – 99 Street
Edmonton AB T5J 3H1

Phone: (780) 424-5070
1-800-659-0857 (in Alberta)
Fax: (780) 420-1241

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