Who’s Who

Council
President .............................................. Kerry Mothersill
President-Elect ....................................... Reagan Gale
Past-President ................................. Kevin Alderson
Treasurer ........................................ Greg Schoepp
Members-at-Large ............................. Farrel Greenspan
.......................................................... Kathleen Kelava
.......................................................... Michael King
Public Members ................................. Elaine Andrews
.......................................................... Gene Marie Shematek
.......................................................... Garrett Tomlinson

Committee Chairs
Credentials Evaluation Sub-Committee .......... Ali AL-Asadi
Oral Examinations Committee .................. Erik Wikman
Practice Advisory Committee ................. Vacant
Registration Advisory Committee ............. Christina Rinaldi
Registration Approvals Sub-Committee ......... Jill Turner
Substantial Equivalency Sub-Committee ...... Ali AL-Asadi

College Staff
Registrar & CEO .................................. Richard Spelliscy
Deputy Registrar and Complaints Director ........ Troy Janzen
Assistant Deputy Registrar and
Director of Professional Guidance ............... Deena Martin
Finance Director .................................. Wendy El-Issa
Complaints Coordinator and Hearings Director .... Lindsey Bowers
Executive Coordinator ........................... Kathy Semchuk
Registration Coordinator ....................... Ingrid Thompson
Credentials Evaluation Coordinator ........... Kymberly Wahoff
Registration Assistant and
Examinations Coordinator ....................... Sheri Price
Administration Generalist ..................... Kate Sheridan
.......................................................... Erica Pang
.......................................................... Charmaine Thomsen
Communications Coordinator ........................ Melanie Barclay
Receptionist/Office Assistant .................... Renetta Geisler

Supervision Consultants
Supervision consultants are available to advise provisional psychologists and supervisors. They also assist in the resolution of conflicts between provisional psychologists and supervisors.

Jon Amundson
403-289-2511
aapsych@telus.net

Walter Goos
780-986-7592
waltergoos@shaw.ca

Continuing Competence Consultants
Consultants are available to provide advice and guidance to members who wish to participate voluntarily in the Continuing Competence Program. The consultants are also available in special circumstances, for example, when a member does not have access to other regulated members who are able to review their plan. Such circumstances would occur on a very limited basis, as psychologists are encouraged to develop a network of professional peers.

Dennis Brown
780-441-9844
brown.dennis002@gmail.com

Bonnie Rude-Weisman
403-526-8116
brudeweisman@shaw.ca
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Registrar’s Letter

The College of Alberta Psychologists (the “College”) has been exceptionally busy and productive this past spring and summer. One outcome has been the successful Annual Meeting and Professional Development Day. For a second consecutive year this event was the product of a collaborative effort with the Psychologists’ Association of Alberta. Much appreciation and credit goes to the joint planning team.

Survey feedback notes that the vast majority of attendees found the speakers knowledgeable, informative and relevant. The opportunity to return and renew collegial connections was also highlighted by many attendees. Noteworthy was the diversity of opinions on what was the most valuable aspect of the event, suggesting it was broadly appealing. The College also received specific feedback that will be incorporated to make our 2020 professional development day in Calgary even more rewarding.

This issue of The CAP Monitor features a number of articles from the professional development day speakers. These include: The Weight of the World: When the Personal Inspires the Professional (Dr. Angela Grace), Reflections on the Historical Context of the HPA Amendment (Dr. Karen Dushinski) and Professional Psychology in Alberta: The 2019 Survey of Alberta Psychologists (Ms. Michaela Patton). The College is exploring a variety of ways to expand the reach of future Annual Meeting and Professional Development Days. The College appreciates all of the speakers who donated both their expertise and their time.

College Council has also been hard at work. At their September 20, 2019 meeting, the College’s revised Standards of Practice received final approval. They take effect October 1, 2019 and can be accessed on the College’s website at www.cap.ab.ca under Regulatory Information. Of particular significance is the standard that recognizes the Truth and Reconciliation Commissioner’s Calls to Action and the prohibition of conversion therapies. These standards recognize recent enhancements to the Canadian Code of Ethics for Psychologists (2017) that both communicate and promote the protection of peoples.

A continuing competence standard is also an additional new standard of significance. It is designed to support the development and implementation of the mandatory Continuing Competence Program for all members. This program will be introduced in 2020. A number of professional practice guidelines also received final Council approval following consideration of member feedback.

University program approval, as opposed to conducting a course-by-course analysis of individual applicants, is a major step forward in redesigning the College’s registration process. It is anticipated that the majority of graduate programs in psychology will receive approval within the current calendar year. A special thank you to members of the University Program Approval Committee (UPAC) chaired by Dr. Lori Rossi.
A second tangible registration review outcome was the September 2019 launch of the Law and Ethics in Alberta Psychology (LEAP) Examination. The launch met with only minor challenges. Survey feedback from those who have taken the LEAP Examination has been overwhelmingly positive. Oral examiner appreciation events are planned for Edmonton and Calgary to recognize their past contributions. A special thank you to Assistant Deputy Registrar and Director of Professional Guidance, Deena Martin, who led the LEAP Implementation Group.

College staff continue to finalize mandatory Bill 21, An Act to Protect Patients (from sexual abuse and sexual misconduct) educational initiatives. Additional training for Bill 11, the Fair Registration Practices Act (2019) will take place once the supporting regulations are passed. This latter Act establishes both procedures and deadlines for timely registration decisions.

College staff continue to see a significant increase in the number of public and member contacts. Led by Dr. Troy Janzen, the Complaints Department continues to engage in collaborative resolution of complaints and concerns when appropriate and feasible. A rapid rise in professional guidance inquiries suggest that members are increasingly aware of the complexity underlying many practice issues. The College routinely reviews concerns, complaints and member inquiries to identify areas for practice guidance/educational initiatives. All professional guidance inquiries receive a quarterly assurance survey. A similar feedback process is available for those who make and receive complaints.

The College continues to engage with a variety of stakeholders to ensure psychologists are able to practice to their full scope. The Registrar is participating on the Alberta Federation of Regulated Health Professions, the Palliative Care Competency Committee and the Provincial Psychology Professional Practice Council. The Registrar also represents the College on the Minister’s Disability Advisory Committee. The final Town Hall meeting for 2019 is scheduled for Grande Prairie on November 13, 2019.

I would also like to express, on behalf of College Council and Staff, a special thank you to outgoing Council Past-President Paul Jerry. He has served for many years in multiple roles. Paul will be truly missed. A special welcome back to Dr. Michael King as the recently elected Council member. Dr. King has previously served on a variety of Council committees as well as Council, including the role of President.

Please contact the College if you have any questions. I hope you enjoy this issue of The CAP Monitor.

Richard J. Spelliscy, PhD, RPsych
Registrar & CEO
President’s Letter

Congratulations to the staff of the College of Alberta Psychologists (CAP) and the Psychologists’ Association of Alberta (PAA) for collaboratively organizing and delivering a very successful Professional Development Day in Edmonton on September 21, 2019. Thank you to the excellent speakers and poster presenters and a special thanks to the psychologists, students and guests who attended and created an atmosphere of professional commitment, collegiality and cohesiveness. I am already looking forward to the September 2020 event in Calgary.

As I briefly outlined during the CAP Annual Meeting, your College, in addition to its regular duties, has been extremely productive over the past year with the development of

- The online Law and Ethics for Alberta Psychologists Examination (LEAP), which will facilitate applicant’s learning and examination
- The Complaint Assistance Resources and Engagement (CARE), to provide support as needed for psychologists who have received complaints
- Eight new/updated Guidelines, with five (5) more planned for the coming year
- Agreements with Alberta professional psychology programs to facilitate the academic qualification process for applicants, and
- Updating our Standards of Practice to be consistent with Bill 21 concerning sexual boundary violations

Among psychology regulatory organizations in Canada, CAP is unarguably a leader. Over the course of the year ahead, I would like to support the addition of guidance materials on psychological consultation and the identification of and safe responding to Domestic Violence (Intimate Partner Violence (IPV), Child Exposure to IPV and Child Abuse). Future endeavours may also include the promotion of evidence-based review documents on psychological practice and the facilitation of cross provincial border services in specific defined areas.

I value and appreciate the opportunity to work with the highly skilled and knowledgeable members of the CAP Council. I would like to thank outgoing Past-President Paul Jerry for his many years of sage service as well as Kevin Alderson, Farrel Greenspan and Kathleen Kelava for continuing their contributions. Congratulations to Reagan Gale and Greg Schoepp on their willingness to further serve the College as President-Elect and Treasurer, respectively. Welcome to Michael King who has been on Council in the past and has generously joined us again. A special thanks goes to the Council’s dedicated public members, Elaine Andrews, Gene Marie Shematek and Garrett Tomlinson, who bring a wealth of experience in areas outside of psychology, ask excellent questions that the rest of us haven’t thought of and provide highly valued and sound advice.
The roles and responsibilities of CAP are established and to a large extent prescribed in the *Health Professions Act*, as well as the *Psychologists Profession Regulation*, and are focused on serving and protecting Albertans. Our College wants the same thing as we do – the provision of the best services possible for recipients. To make this happen, the 14 College staff members are joined by over 100 of our psychologist peer volunteers in carrying out the requirements of the Act/Regulation and in supporting the profession to do its best. Although advocacy is not on the to-do list of the College, from my perspective, in one respect, it is. Advocacy is not the job of someone else, but is best enacted on a daily basis by each of us providing optimal evidence-based services to our clients, students, organizations and the wider community. CAP provides resources and guidance that assist in reaching that goal in a professional and ethical manner.

Kerry Mothersill, PhD, RPsych  
President
CAP Council Updates

The College says goodbye to Paul Jerry. Paul made significant and valuable contributions during his time on Council. He will be missed.

Council ratified that Kerry Mothersill moves to the position of President, Reagan Gale to the position of President-Elect and Kevin Alderson to the position of Past-President.

We welcome Greg Schoepp as the College’s new Treasurer.

Michael King has practiced Psychology in Alberta for over 40 years. After completing his Clinical doctorate at McGill, he worked at University Hospital, Edmonton, and subsequently at Calgary General Hospital and Foothills Hospital where he worked in both clinical and management positions. From 2010 to 2017, he had the good fortune to work in the Brain Injury Program at Tripler Army Medical Center in Honolulu, HI. He is Board-certified in both Clinical Psychology and Clinical Neuropsychology by the American Board of Professional Psychology. He has had the opportunity to serve the Psychology community in several board and committee capacities, including as President of the Psychologists’ Association of Alberta, the College of Alberta Psychologists, and the Canadian Register of Health Service Providers in Psychology. He has also served on the Board of the Canadian Psychological Association.

CAP & PAA Town Hall Meetings

The Chief Executive Officers from the College of Alberta Psychologists (CAP) and the Psychologists’ Association of Alberta (PAA) would like to invite members to open forums on pertinent issues related to psychology in Alberta.

These meetings are part of an ongoing effort to connect in person with valued psychologists across the province. Specifically, these meetings provide great opportunities for members to learn more about psychology-focused provincial initiatives from both the regulatory body and the professional organization. There is also an opportunity to for members to raise questions and/or provide feedback.

Look out for an email invitation from CAP for more details about the next town hall meeting in your area.

- **Red Deer** - 20 February 2020
- **Calgary** - 21 February 2020
- **Edmonton** - 28 February 2020
- **Fort McMurray** - 8 April 2020
- **Medicine Hat** - 17 June 2020
- **Lethbridge** - 18 June 2020
Practice Guideline Audit Update and Member Consultation Summary

Summer 2019
By Deena Martin, Director of Professional Guidance

Our Practice Advisory Committee (PAC) continues to make progress on the 2-year audit of all practice guidelines and alerts. Since fall of 2018, the committee and College Council has approved and disseminated 13 (new and/or revised) guidelines, with 4 more planned in the upcoming year. This has been a significant accomplishment and the College would like to extend a note of appreciation to Dr. Christoph Wuerscher, Chair, and all the committee members who carefully stewarded this process. Several new members have joined the Practice Advisory Committee and will continue to implement the audit process into 2019-2020.

In the summer of 2019, three practice guidelines were distributed to members for consideration and feedback. Overall, the College received 280 surveys along with a handful of phone calls.

<table>
<thead>
<tr>
<th>Title of Practice Guideline</th>
<th>Number of Responses</th>
<th>Guideline is Very Helpful/ Helpful</th>
<th>Guideline is Consistent with other Regulator Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees and Related Financial Information for Psychologists</td>
<td>78</td>
<td>97.41%</td>
<td>94.73%</td>
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<tr>
<td>Medications and Psychologists</td>
<td>129</td>
<td>96.10%</td>
<td>91.47%</td>
</tr>
<tr>
<td>Professional Communications</td>
<td>71</td>
<td>94.36%</td>
<td>95.99%</td>
</tr>
</tbody>
</table>

Open-ended comments were also solicited on the practice guidelines. Consistent with feedback from the previous year, the comments were considerably positive and supportive of the efforts to create meaningful practice resources. Here are a handful of the comments provided by members:

**Fees and Related Financial Information for Psychologists**
- These practice guidelines are particularly important for provisionally registered and supervising psychologists.
- I found all information in this guideline to be helpful. It is clearly written and outlines key topics.
- Very useful rendition of fiduciary rights and obligations, even for those working within in-house settings.

**Medications and Psychologists**
- The wording and general overview of medications within psychological practice is appropriate and necessary. The regulation written encompassed this well and provided ample details to assist with how to discuss same with clients.
- Fulsome, and with adequate ethical focus.
- This brief article outlines the boundaries and provides insight to relative circumstance.
- There is enough for a psychologist as well as a member of the public to understand the role of a psychologist in medication administration.
- Consultative practice with psychiatrists is an important aspect of continuity of care and I am happy to see this addressed.
Professional Communications

- I believe it will lead to less debate (by clarifying the previously grey areas) resulting in more consistency.
- These guidelines, in my opinion, provide needed clarity that the style of previous guidelines did not offer.
- Very much help as teaching aids to interns.
- Good attention to details and helps guide the actions of psychologists.
- I liked the specific examples, very helpful.

Once again, the College would like to extend appreciation to those who took the time to offer feedback on these practice guidelines. Practice guidelines serve an important public protection role by guiding the profession. They are consistent with the College’s preference for proactive and preventative as opposed to reactive professional conduct practices.

Deena Martin, PhD (in Special Education), RPsych, is the Director of Professional Guidance for the College of Alberta Psychologists. Since the early 2000s, Deena’s career has focused on the professional development of those in the helping professions. Her teaching portfolio includes undergraduate and graduate coursework in: professional ethics and law, counselling, leadership, research methods, and statistics. As well, she brings national and international insight into policies and practices informing psychology and regulatory bodies.

HPA Amendment: Mandatory Self-Reporting Requirements

Recent amendments to the Health Professions Act (Section 127.1) require all regulated members to report to the Registrar of the College as soon as reasonably possible all:

- Findings of unprofessional conduct from other regulatory bodies the psychologist may be a regulated member of (including those outside of Alberta)
- Any finding of professional negligence made against the psychologist
- Any charge or conviction under the Criminal Code of Canada

This amendment is designed to ensure that in between registration cycles the College is fully informed of any criminal, regulatory and/or civil actions a regulated member is subject to.

If you have questions, please contact registration@cap.ab.ca.
The EPPP Part 1 & 2: CAP Update

Introduction

The EPPP is the foundational knowledge examination that is currently in use by the vast majority of psychological licensing jurisdictions across North America. It is developed and administered by the Association of State and Provincial Psychology Boards (ASPPB). It is designed to assess the minimal important knowledge in the field of psychology required to practice. ASPPB has now developed a second exam, a skill-based examination to assess foundational knowledge called the EPPP-2. This examination is consistent with the current trend in regulatory environments that highlight competency rather than strictly academic credentials.

With the January 2020 implementation of the EPPP-2 in some North American jurisdictions, the College of Alberta Psychologists (CAP) has received an increasing number of member inquiries regarding the new examination. In Alberta, a multivariable assessment of applicants to the profession is undertaken that includes:

1. an examination of credentials (including at minimum an acceptable graduate degree in psychology including a graduate course in ethical practice);
2. criminal and vulnerable sector background checks;
3. completion of the Law and Ethics for Alberta Psychologists (LEAP) Examination;
4. successful completion of the EPPP-1;
5. 1600 hours of evaluated supervised practice; and
6. three professional references.

It is the culmination of these individual methods that enhances the public’s confidence in the entry to practice requirements for the regulated profession of psychology in Alberta.

EPPP-1: (Part 1-Knowledge)

Given the variety of pathways to psychology the examination is a knowledge-based quality assurance measure for promoting public protection. Content covered in the EPPP-1 includes psychological ethics, theory/interventions, knowledge in the areas of cognition, affect, biological bases of behaviour, human development, assessment, and research.

EPPP-1: Domains and Weights

1. Biological Bases of Behaviour (10%)
2. Cognitive-Affective Bases of Behaviour (13%)
3. Social and Cultural Bases of Behaviour (11%)
4. Growth and Lifespan Development (12%)
5. Assessment and Diagnosis (16%)
6. Treatment, Intervention, Prevention, and Supervision (15%)
7. Research Methods and Statistics (7%)
8. Ethical/Legal/Professional Issues (16%)

EPPP-2 (Part 2–Skills)

The EPPP-2 is designed to evaluate the application of foundational psychological knowledge. It includes questions about common real-world situations psychologists face. It is a skills-based examination that addresses what a psychologist should do given a set of facts. It is an innovative effort to provide a universal baseline of basic psychological skills across jurisdictions.

EPPP-2: Domains and Weights

1. Scientific Orientation (6%)
2. Assessment and Intervention (33%)
3. Relational Competence (16%)
4. Professionalism (11%)
5. Ethical Practice (17%)
6. Collaboration, Consultation, Supervision (17%)

Like the EPPP-1, the EPPP-2 is one quality assurance measure designed to proactively protect the public ensuring a minimum level of skill is obtained prior to undertaking independent practice.

Continue to the next page for the FAQs
When will the EPPP-2 be implemented?

CAP has not established a definite timeframe for implementing the EPPP-2. It is anticipated that 10 North American jurisdictions will be moving forward in January 2020 and they have been identified as “early adopters”. As the addition of this examination, in and of itself, is not deemed imminently critical to protecting the public interest the College has decided to evaluate the experiences of the early adoption jurisdictions prior to establishing a firm implementation timeline. Any timeline will likely give existing provisional psychologists ample lead time to complete their requirements without having to undertake the EPPP-2. It is highly unlikely that the EPPP-2 will be implemented prior to 2021.

Will I have to take the EPPP-2 if I am already fully registered?

No. While this is perceived to be a jurisdictional decision the EPPP-2 is designed for those seeking initial licensure. This is similar to the EPPP.

What will the EPPP-2 look like?

The EPPP-2 is a computer-based examination employing similar technology to that of the EPPP. However, the EPPP-2 will contain scenarios many with multiple questions and answers. Some animation is employed. Multiple choice, matching and sorting questions are included.

How long is the EPPP-2?

The EPPP-2 is designed to be completed within 4 hours (with an extra 15 minutes to get acquainted with the exam). This is the same amount of time that is allowed for the EPPP. Provided that acceptable supporting professional documentation is provided, examination accommodations may be considered by the Registrar on an individual basis.

What is the passing score of the EPPP-2?

The passing score is 500. This is the same as the EPPP.

Can I take the EPPP-2 without completion of the EPPP?

No. You must take them in sequence. Successful completion of the EPPP-2 is prerequisite to taking the EPPP-2.

How are the results of the EPPP-2 provided?

Similar to the EPPP unofficial results are provided at the time of completion. This will be followed by official correspondence from the College. The correspondence will follow the updating of the provisional’s College file.

What will be the cost of the EPPP-2?

The current cost of the EPPP is $600.00 USD. The EPPP-2 is anticipated to cost the same. Prior to the adoption of the EPPP-2, the College will undertake a review of all fees to ensure that they are in keeping with national standards.

What if I wish to apply to a jurisdiction that has adopted the EPPP-2?

It will be up to each jurisdiction to determine if mobility applicants will be required to take the EPPP-2. However, national mobility legislation may override jurisdictional autonomy.

How does the College know if the EPPP-2 is a valid examination?

The accepted validity for licensure exams is content validity. The EPPP-2 is derived from a job task analysis. The most recent job task analysis conducted by the ASPPB was in 2016.

Where do I obtain additional information?

You may obtain additional information by contacting the ASPPB or visiting their website at asppb.net.
On September 03rd 2019, the College implemented the Law and Ethics for Alberta Psychologists Examination (LEAP). The examination consists of two parts: a self-study guide and an online examination. The self-study guide is designed to support members in identifying, locating, and reviewing regulatory resources. The 50 multiple-choice online examination questions are designed so members can apply jurisprudence and ethical concepts to carefully crafted mini scenarios. (Please see the CAP website of the Summer 2019 CAP Monitor for more information about the LEAP Examination).

Forty (40) examinations were completed during the first month of implementation (with 12 examinations submitted in the first week). To date, there has been a 100% successful completion (no unsuccessful attempts) with scores ranging from 80% (minimal pass) to 98%. The average score was 92.6%. The average examination completion time of 57 minutes (measured by how much time the user spent logged into the software answering questions). It is well recognized that scores are typically higher when test takers have access to examination resources.

All examination participants were offered the opportunity to provide feedback on their experiences. The feedback was solicited using a 16-question survey monkey which includes a variety of open and closed ended questions.

Overall, the feedback was remarkably positive. One hundred percent (100%) of respondents indicated their experiences with the LEAP were positive/very positive with 95% indicating their participation in the LEAP self-study and examination led to enhancements in their own practice. In terms of preparing for the examination, 95.2% of respondents reported individually completing the LEAP Self-Study Guide prior to taking the examination while 57.14% of examinees also reported finding answers as they went along. Fifty-two percent (52%) of the respondents indicated they spent between 10 and 40 hours reviewing the study materials prior to undertaking the examination.

The following is a sample of the comments provided by the respondents.

- As one who studied to complete the oral exam, I found the self-study material was much more comprehensive in assisting my understanding the CAP structure, importance of the update documents on the CAP website, and the application of ethical dilemmas in practice. I am very happy I chose to wait for LEAP as it has enhanced my learning and has greatly informed my practice. Thank You.

- I found the study guide very helpful. The questions at the end of each section helped to clarify what I knew and didn’t know.

- Excellent process. Well organized and efficient. Very clear and concise which is extremely helpful for busy professionals.

- I believe this process helped me to narrow down the most important ethical concepts that we need to start our practice. I liked that the study guide consolidated all the key information for us as it has enhanced my knowledge of the broader concepts that are important as I begin my career.

- I love that I was able to pay for the exam online and had immediate access to it. I love that I was able to take the exam from my home/work. This saved me a lot of travel time and expense. What a progressive way to address this area of registration.

Congratulations to those who have undertaken the examination so early in its release. As well, a note of appreciation to those who took time to offer feedback – this allowed the College to make small improvements quickly. As well, initial member feedback was integrated into the information sessions benefitting those looking to participate in the LEAP in the near future.
LEAP Information Session: The Highlights

By Deena Martin, Director of Professional Guidance

This fall, the College offered three face to face member engagement opportunities addressing the transition from the Oral Examination to the Law and Ethics for Alberta Psychologists Examination (LEAP).

Two information sessions were offered (Edmonton and Calgary) to over 55 members of our profession (including but not limited to provisionals, supervisors, and faculty). During the hourlong information session, Drs. Spelliscy and Martin addressed questions, reviewed the LEAP Examination resources available to support members in their preparation, and shared feedback provided by members who have successfully completed the examination.

Feedback on the LEAP information sessions was solicited through a 12-question survey. The response rate was 35% and overall, the feedback was remarkably positive. Ninety-five percent (95%) of respondents indicated they agreed/strongly agreed the LEAP information session was of professional value. Following are some of the respondent answers to the question “what was most valuable about the information session?": “Learning about how it was written and its intent has made this exam a valuable item in my learning and in my career rather than an exam to pass to check the boxes.”, “All the information needed was presented in a concise and logical way.”, and “Being walked through the process. I feel like I have a solid understanding of how to prepare, what to do, etc.”.

The College also hosted an information table at the annual professional development day in September where members were able to review print copies of the LEAP Examination documents and engage with College staff with their questions. College staff received several positive comments from members and it was great to hear fully registered members expressing interest in the LEAP Examination resources. Some members shared their interest in taking the examination as a possible continuing education activity.

Interested members who were not able to attend the information session and/or who have additional questions are welcome to visit the CAP member portal LEAP page and ‘submit a question’. Alternatively, members may also directly contact Deena Martin, Director of Professional Guidance (d.martin@cap.ab.ca or 780-424-5070/ toll free1-800-659-0857 ext 306).
Professional Psychology in Alberta:
The 2019 Survey of Alberta Psychologists

by Michaela Patton, BS & Keith Dobson, RPych, PhD
Department of Psychology, University of Calgary

This article presents the sixth survey sponsored by the Psychologists’ Association of Alberta (PAA) and facilitated by the College of Alberta Psychologists (CAP). Like previous surveys, this survey was conducted with the intention to gain a better understanding of the issues faced by Alberta psychologists, and to identify where and how psychologists spend most of their time. The results are also used to assist with PAA advocacy. The survey was administered online, and an invitation to complete the survey was emailed on March 7, 2019 to all members of CAP. Of the 3,662 potential respondents, 1,184 (32%) completed the survey. This is lower than the rates in 2016 (34%) and 2013 (43%), but higher than those in 2010 (18%) and 2007 (20%), which used a pencil-and-paper/mail-in format.

The current sample was considered representative of the psychologists registered with CAP. According to information provided by CAP, 79% of registered and provisional psychologists in Alberta are female. Data also showed that 26% of psychologists held a doctoral degree, compared to 35% of the current survey respondents. On average, respondents indicated they had 12.6 years of practice as a psychologist in any jurisdiction.

Respondents reported on the university from which they obtained their graduate degree, with 73% having attended a university in Canada. Amongst those who obtained their degree in Canada, 68% attended a university in Alberta. Twenty-two percent of respondents attended a university in the United States, with 59% having attended an American-based university, in which 59.1% attended a Canadian satellite campus and 17% completed online graduate degree programs. Finally, 12% of total respondents attended a university outside of North America, with representation from Europe (0.9%), the United Kingdom (0.5%), Asia (0.5%), Africa (0.3%), Australia (0.2%), and New Zealand (0.2%).

Practice settings and areas of practice

Respondents were asked to indicate the various settings in which they worked, what clients they worked with and the geographical location of their work settings. The most common work setting was private practice (41%), followed by schools (13%), hospitals (10%), community mental health clinics (10%), non-profit organizations (9%) and post-secondary institutions (7%). Of the respondents, 9% reported the rest of the settings (primary health care, corrections, government and business/corporate settings) as their primary work setting, while a number of respondents reported that they worked in an “other” setting (2%).

Respondents reported on the percentage of time spent in a given specialty. Because it is common for psychologists to spend time in multiple specialties, percentages in each specialty were summed to account for all the time spent in each specialty. The dominant specialty area was counseling psychology (37%), followed by clinical psychology (27%) and school psychology (13%). The remaining psychology specialties (health, neuropsychology, industrial/organizational, forensic, research, teaching, management/administration and rehabilitation) each accounted for less than 5%. In addition, 10% of psychologists (11% of males; 9% of females) considered their position to be supervisory or managerial. The percentage of psychologists in managerial positions has seen slight fluctuations over the years (i.e., 10% in 2007, 7% in 2010, 13% in 2013 and 13% in 2016), with a recent drop. Twenty percent of respondents indicated their training exceeded the demands for their career, 49% said they felt their training was sufficient for their career and 27% indicated training gaps or a need for upgrading.

Adults were the most common client group (52.6%), followed by adolescents (16.3%), children (15.3%) and families and couples (7.3%). The other client groups consisted of older adults, groups/organizations and “other” (e.g., currently doing only research or teaching, but not seeing clients), although each of these groups accounted for only 8.5% of the psychologists’ time.
Urban settings were the predominant geographical locations of respondents: 42% practiced in the greater Calgary area, 33% in the greater Edmonton area and approximately 6% of psychologists practiced in either the greater Red Deer or Lethbridge areas. Other reported settings included northwest Alberta (4%), central Alberta (3%), northeast Alberta (1%), southern Alberta (1%) and Medicine Hat (1%). Approximately 2% of Alberta psychologists practiced in the rest of Canada and 1% practiced internationally.

**Work capacity**

Psychologists reported working an average of 36.5 hours per week, which remains consistent with the average of 37 hours per week reported in 2016. Master’s level psychologists reported working 35.4 hours per week, whereas psychologists with a PsyD reported working 33.7 hours and psychologists with a PhD reported working an average of 38.8 hours per week. Females reported working 1.9 hours less per week than males. A significant difference was reported within different specialty areas (see Figure 1). Psychologists who worked in research reported the longest work week (46 hours/week) whereas those who worked in counselling and business/administration worked fewer hours (32 hours/week). There was also a significant difference between different work settings (see Figure 2). Psychologists who worked in community mental health worked the most hours/week (42) whereas those who worked in schools reported the fewest (32 hours/week).

Respondents rated their satisfaction with the number of hours they worked, and whether they would like to work more or less. Within the overall sample, 18% of respondents reported they would like to work less, 6% reported they would like to work more and 28% of respondents reported they would like to work about the same number of hours they are currently working. Of note, 48% of the overall sample did not respond to this item. In comparing males to females in workload satisfaction, 32% of males said they would like to work less, compared to 36% of the females. Eleven percent of female psychologists would have preferred more work, compared to 1% of male psychologists. Of the psychologists who indicated they would prefer more work, males said they would prefer to work 10 more hours per week, whereas females wanted 12 more hours per week.

Rural private practitioners were compared to urban private practitioners (i.e., psychologists who spent more than 50% of their time in the greater Calgary, Edmonton, Red Deer or Lethbridge areas) with respect to their workload satisfaction. Fifty-four percent of urban practitioners indicated they would like to work the same number of hours per week, compared to 55% of rural practitioners. Thirty-five percent of urban practitioners wanted to work fewer hours, whereas 34% of

![Figure 1. Mean weekly working hours in different specialty areas](image-url)
rural practitioners would prefer to work less. Finally, 11% of rural practitioners would prefer more work, compared to 11% of urban practitioners.

**Income issues**

Psychologists reported personal net taxable incomes ranging from $5,227 to $450,000, with an average of $90,419 (CAD). In 2016, the average reported personal net taxable income was $92,329. The 2016 amount represented a 3% (or $2,317) increase since the 2013 survey. The 2019 amount represented a 2% decrease since the 2016 survey.

Income was earned primarily through salary (51%), direct fee for service (30%), contract work (16%) and other sources (4%) such as pension and employment insurance. The percentages are similar to those from the 2016 survey. For private practice, the average reported hourly fees were: $184 per hour for individual therapy/assessment (ranging from $40 to $400), $189 per hour for couples/family therapy/assessment (ranging from $5 to $320), $84 per hour per person for group therapy (ranging from $0 to $250), $293 per hour for custody and access/forensic assessment (ranging from $0 to $600), $323 per hour for expert witness testimony (ranging from $0 to $700), and $213 per hour for consultation/corporate services (ranging from $0 to $600). Psychologists reporting charging $0 for their services indicated that they offered these services pro bono. As of January 2018, the Psychologists’ Association of Alberta (PAA) recommended $200/hour for individual therapy/assessment, $200/hour for couple/family therapy/assessment, $60/hour (per person) for group therapy, $300/hour for custody/access and legal/forensic assessment, $1200/half day for expert witness testimony, $2400/day for expert witness testimony, $900/half day for consultation/corporate services, and $1800/day for consultation/corporation services.

**Gender differences in income**

As in previous surveys, a large difference in income was observed between genders. Men reported a mean income of $109,724, whereas women reported a mean income of $84,777. The difference ($24,947) was significant even after controlling for how many hours were worked per week (men reported working more than women) and for years of practice (men reported having practiced longer than women).

Personal annual income differed significantly as a function of gender as well as education level, even after controlling for number of hours worked per week and years of practice (see Figure 3). Doctoral-level male psychologists reported an average net income of $119,019, whereas doctoral-level females reported an average income of $101,200. Master’s level male and female psychologists reported net mean incomes of $89,822 and $80,664 respectively. The difference in annual taxable income between male and female doctoral-level psychologists has decreased by $11,775 since 2016 and the disparity between male and female master’s level psychologists decreased by $11,306.
A majority of psychologists (68.7%) reported that their graduate training program had prepared them for the demands of their career. Of the other psychologists, 2% reported their training was inadequate, 25% reported their training had gaps or needed upgrading, 16% reported their training was more than what they needed for their career and 4% reported their training far exceeded the demands of their career. For those respondents who had a doctoral degree, 22% reported their training was inadequate or needed upgrading, 52% reported their training was about what they needed for their career, 24% reported their training was more than needed or far exceeded the demands of their career. For master’s level psychologists, 30% reported inadequate training or a need to upgrade their training, 50% reported training that met their needs, 19% reported their training was more than needed or far exceeded the demands of their career (see Figure 4).

In terms of overall career satisfaction, 0.5% of psychologists reported being not at all satisfied, 4% reported being somewhat satisfied, 9% reported being moderately satisfied, 39% reported being mostly satisfied and 35% reported being completely satisfied. A comparable percentage of doctoral level (79%) and master’s level (75%) psychologists reported they were mostly or completely satisfied with their career.

Conclusions

The 2019 survey of CAP members revealed important information regarding psychologists’ specialties, work settings and geographical locations. Similar to previous years, Alberta psychologists practiced primarily in urban settings, most often in private practice, were mostly and increasingly female (see Figure 6), and predominately held a master’s degree. Similar to previous surveys, the 2019 survey showed an income disparity between men and women, regardless of the years in practice or the number of hours worked. The gender income disparity was smaller at both the doctoral and master’s levels compared to the disparity shown in the 2016 survey data. Most psychologists reported they were satisfied with how much they worked and were satisfied with their career choice. The response rate to the 2019 survey was lower than that of the 2016 survey, but the results were generally consistent with past survey data. This survey helped to provide a better understanding of the status of the profession of psychology in Alberta. With six surveys completed over the course of the past 14 years, future research will examine longitudinal trends in the field. These data will provide insight into the likely future of professional psychology in Alberta.

Michaela Patton is an Oklahoma State University graduate passionate about pediatric psychology research. Particularly interested in pain, sleep, trauma and resilience, and how they relate to health-related quality of life. Currently a first year Clinical Psychology student at the University of Calgary under the supervision of Dr. Fiona Schulte, studying late-effects of treatment in long-term survivors of childhood cancer.
Figure 4. Percentage of psychologists reported whether training met career demands.

Figure 5. Reported satisfaction (%) amongst different specialty areas.

Figure 6. Percentage of male and female psychologists as a function of survey year.
CAP AM & PAA AGM and Professional Development Day 2019 Highlights

On September 21st, 2019, 260+ regulated members, researchers, students, allied health professionals, and invited guests gathered at the Edmonton Convention Centre to network and participate in sessions addressing Leadership in Psychology & Psychologists as Leaders. Local, provincial, and national leaders shared their research and insight on a variety of topics bringing invaluable awareness to contemporary issues facing practicing psychologists.

Like last year, this event was co-hosted by the College of Alberta Psychologists (CAP) and Psychologists’ Association of Alberta (PAA) and involved access to current practitioner research, invaluable networking opportunities, promotion of books authored by local psychologists, and much more. Notably, Leann Wagner, Assistant Deputy Minister (Health) offered greetings on behalf of the Alberta Government followed by a land acknowledgment and prayer by Elder Florence Large.

Keynote speaker Dr. Andrea Piotrowski addressed contemporary leadership research findings and inspired members to reflect on their own leadership styles and ways they might further their positive impact in their workplaces and communities. In the afternoon, sessions included: Where’s the Party? Navigating Through the Requirements of Third-Party Work (Drs. Matazow, Rose, & Janzen), Psychologists Leading Social Change (Green & Malacad), Boundaries and Bill 21: Implications for Practice Every Psychologist Should Know (Drs. Dushinski & Martin), and Remembering the Pain of Childhood (Dr. Noel).

Returning together as a large group, attendees had the opportunity to hear from four Enlightening Speakers using an informative, concise, fast paced, and energizing format. In order of presenters: The Weight of the World (Dr. Angela Grace); Safeguarding Generations (Dr. Gina Wong), Who Are We (Michaela Patton), and Psychology in Elected Roles (Shelagh Dunn). The day wrapped up with members attending the wine and cheese reception.

Similar to last year, PAA hosted the following research poster presenters: Heather MacDonald, Janine Nelson, Domenique Gadstsen, Tasmia Hai, Terilyn Pott, Gabrielle Pelletier, Sarah van Kuppeveld, Vicki Hebert, Kirsty Keys, Cassandra Pirraglia, Kirsten Nepripy, Veronica Kube, and Devon Chazan.

This year, CAP set up an information table on the newly implemented Law and Ethics for Alberta Psychologists (LEAP) Examination. Members were able to ask questions and review LEAP resources associated with the transition from an oral to written online jurisprudence and ethics examination.

Feedback on the event was solicited using an online survey. The response rate was approximately 35% with members providing both ratings and qualitative comments. Overall, members responded positively to the CAP and PAA annual meetings, official welcome, enlightening speakers, and research posters. In regard to speakers, members endorsed items indicating they found our speakers informative, relevant, and knowledgeable. Administrative aspects of the event (i.e., advertising, registration fees, event space and catering) also received high ratings (85%+) of satisfaction.
Following are a few of the affirming comments offered by our members: “The speakers were stellar and have inspired me to take more of a leadership role in psychology and my community.”, “It was helpful to hear about changes to the Standards of Practice, and to have a chance to meet committee members for PAA and CAP”, and “Very educational and informative around topical/current issues that psychologists deal with on a daily basis in AB and should be aware of!”

Our members also offered constructive criticism and valuable feedback for further event planning consideration. To summarize, some members still felt the day was ‘rushed’ and requested reconsideration of the focus and/or amount of time spent on the annual meetings. Several suggestions were made to expand the professional development day into two days in order to allow for more engagement and questions/answers.

Lastly, the success of hosting an event like this extends beyond the planning team and we would like to extend our appreciation to leadership and staff from CAP and PAA for their efforts in ensuring the day unfolded smoothly. And finally, we thank each member who joined us in our collective efforts to promote effective leadership practices in psychology; together we make a difference in the mental wellness of Albertans.
Recently, I presented on the “Psychology of Effective Leadership” to the College of Medicine at the University of Manitoba. A physician in the audience was interested in ways that the College can integrate leadership training into the current medical school curriculum. He mentioned that changes to the CanMEDS (a framework developed by the Royal College of Physicians and Surgeons in Canada; Frank, Snell, & Sherbino, 2015) now require leadership as a core competency.

Five of the six roles of the ‘Medical Expert’ include Health Advocate, Scholar, Professional, Communicator, and Collaborator. In 2015, the sixth role changed from ‘Manager’ to ‘Leader.’ This physician’s next question was, “CanMEDS tells physicians that they are leaders so now, how do we train them to be leaders?” This comment made me reflect on the current training of medical students and what components of their curriculum prepared them for leadership positions. Do physicians learn the skills to become leaders or are they considered leaders because of their title or because CanMEDS tells them they are?

Within the healthcare system, it is not uncommon for physicians and nurses to be hired in key administrative positions and in management. My hope is that by the end of this article, I will have convinced you that psychologists are trained to be leaders. There are numerous models that focus on leadership competencies within the healthcare system, so it is presumed that effective leaders would meet most of these competencies. To illustrate, the components of the Healthcare Leadership Alliance Model (Stefl, 2008) include: communication and relationship management; leadership; professionalism; knowledge of the healthcare environment; and business skills and knowledge. Compare these competencies with the accreditation standards set by the Canadian Psychological Association (CPA; CPA, 2011): interpersonal relationships; assessment and evaluation; intervention and consultation; supervision; ethics and standards; and research. In conjunction with practica and residency experiences within healthcare systems, these accreditation standards overlap with the domains of the Healthcare Leadership Alliance Model, providing further support that graduate psychology training prepares students for leadership positions. Although ‘business skills and knowledge’ might be considered a limitation in psychology training, skills developed in research, assessment, and evaluation are competencies that can be translated to the business side of leadership roles.

Consider which other profession studies the thoughts and behaviours of individuals. Which other profession has the...

By Andrea Piotrowski, PhD, RPsych
scientific knowledge and skills with which to understand why people behave in certain ways, how to increase or decrease certain behaviours, how to engage individuals, and how to evaluate the efficacy and effectiveness of various programs? Graduate school provides education and training in psychological concepts, theories, and evidence-based techniques that promote change. Psychologists recognize that change is difficult for people, but they also know how to frame (or reframe) a message to achieve greater acceptance or buy-in. The training received in graduate psychology can be easily translated into leadership roles with responsibilities to teams, program development, and program evaluation.

Recent surveys from both the American Psychological Association (APA) and CPA found that professional psychologists are reporting that they are spending more time in administrative and managerial activities within their clinical practices (APA Center for Workforce Studies, March, 2016; Votta-Bleeker, Tiessen, & Murdoch, 2016). Given that psychologists develop the foundational skills of effective leadership in their training and are gaining more practical experiences in leadership activities within the workplace, why is it that few psychologists apply for key leadership positions outside of departments of psychology?

I propose three main reasons (Piotrowski, 2018): (1) Obtaining a graduate degree in psychology is a lengthy process, which in most cases, includes residency, supervision, examinations for registration, and many hours of clinical experience and research. Psychologists might consider the time put in for this specialized training a ‘waste’ if they forgo clinical work and move straight into leadership roles. What many psychologists overlook is that key components of psychological practice and case conceptualization – assessment, diagnosis, and treatment are effective tools to use in solving the very problems often encountered in leadership roles; (2) The Code of Ethics and, more specifically, the need to work within one’s scope of practice, is drilled into the minds of psychologists which may raise concerns for some (e.g., “Am I still working within my scope of practice in a leadership role if I did not attend business school?”). Despite less experience with managing budgets, strategic plans, and human resource policies, psychologists have the skills with which to maintain leadership roles and work with other professions who have expertise in these areas; and (3) The strong leadership skills psychologists already have are often not recognized by administration within academic and healthcare settings. In a healthcare system, where physicians and nurses are the expected leaders, psychologists can often be overlooked. Moreover, there tends to be a level of humility that results in a hesitancy of psychologists to promote the profession (Drapeau, Holmqvist, & Piotrowski, 2016).

In the ever changing world of academia and healthcare, it is time for psychologists to realize that they have the foundational training for effective leadership. It is time to convince graduate students that they are primed to be leaders. It is time for administrators to recognize the leadership skills of psychologists and place them in key leadership positions. The physician at my presentation was searching for ways to better integrate leadership skills within the medical school curriculum because “CanMEDS tells physicians they are leaders.” I assert that, as psychologists, you have the foundational skills and the necessary training to lead, so you are already leaders.

Dr. Andrea Piotrowski is a clinical psychologist with the Clinical Health Psychology Program, Director of the Adult Assessment Team, and an Assistant Professor in the Max Rady College of Medicine at the University of Manitoba in Winnipeg, Manitoba. She supervises residents and early career psychologists and teaches students in medicine. Dr. Piotrowski received her Master’s degree in experimental psychology and PhD in clinical psychology from the University of Manitoba. She completed her residency in neuropsychology at Yale University. Dr. Piotrowski also sees clients in private practice.
I don’t know how many psychologists think of themselves as leaders. I had certainly never tried on this word before being asked to give a talk about leadership at the CAP/PAA Conference this fall.

I think I was asked to share that experience because two years ago, I decided to run for public office as a school board trustee. Thinking about an election is an incredibly daunting process – you really have to put yourself out there, knock on doors and ask people for support. It seemed very different from my day job as a counselling psychologist.

It wasn’t until I actually started knocking on doors, that I realized it’s as simple as having one-on-one conversations with people about something meaningful: their schools, their children and our public education system. Once I started, it didn’t feel all that different from my work as a psychologist, which had already prepared me to connect with people and talk about issues they care about.

I also realized that I decided to run for exactly the same reasons I had decided to become a psychologist: to help people and to try to make the world a little bit better.

But it wasn’t until after the election when I really started to settle into my role as a trustee, that I started to realize just how much my training as a psychologist had helped to prepare me for the role of a public policy-maker. My heart was definitely in it but I also found that my training in psychology was invaluable for the discussions and decisions of policy-makers. On the school board, we discuss things such as nutrition programs, vaping and numeracy interventions. And it’s quite helpful to have had the training in science that psychology gave me.

That’s because psychologists take classes in research methods so we know what good research looks like, but we also take classes in program evaluation, and we’re trained in selecting interventions and making recommendations that are evidence-based, so we can apply this research to the real world. I think I was so used to doing this that I didn’t realize it was a leadership skill. And it’s a skill all psychologists have learned through our work and our training. I wonder how many of us overlook this when we consider whether or not we are leaders?

These skills helped when I tabled my first motion as a trustee to advocate to the government of Alberta for better mental health supports in schools. This motion and the work that followed is work I have my heart invested in because I’ve seen how the right mental health support at the right time can make all the difference for a young person who is struggling. But my training in research also helps when putting advocacy arguments together. Now, when I talk to people about the importance of providing mental health supports to young people in schools, I can talk about the over 20% estimated prevalence of mental illness in young people and the large gap in service to young people in Alberta who don’t receive the mental health supports they need. This helps when talking about how the best supports need to be free and easily accessible.

My counselling training also helps me listen to the parents and students who tell me that we need to do better at providing mental health supports that don’t require a crisis to access. I can listen to principals tell me what an impossible decision it is to have to decide between hiring a mental health professional and keeping class sizes small. When you can listen, it helps to tell a story and convince others to see a bigger picture. I think it helped when bringing this advocacy to the Alberta School Board Association, where 98% of Alberta school boards voted in favour of a public policy position calling for increased collaboration and funding for regulated mental health professionals in schools.

I hadn’t thought of this moment as leadership, it just seemed like doing my job. But when you stop to think about it, leadership is something psychologists already know how to do. We can see how systems relate to individual actions, we can draw on the research and ask important questions about evidence-based decision-making and we can easily connect with people and talk about what really matters.

I think we have the hearts for leadership, and we know the science. I’d like to suggest we start thinking of ourselves as leaders.

Shelagh Dunn is a counselling psychologist in private practice and a founding partner of Red Tree Psychology in Edmonton, Alberta. She enjoys working with adults suffering from depression, and continuing to learn and improve through professional development. In her other job, she also currently holds public office as the Vice-Chair of the Edmonton Public School Board.
Check In...

Click for Member Portal

Email addresses are mandatory for all members of the College. It is crucial that we have your current email address as all information from the College is sent out via email.

CAP Announcements/Reminders

- Standards of Practice were updated and made public in mid October. Please familiarize yourself with the changes.
- Practice Permit Renewal is just around the corner. Please watch your email for upcoming details about the 2020-2021 registration process and fees.

If you need any assistance please contact the College at psych@cap.ab.ca.

Feedback

We want to hear from you! Let us know what you thought of this issue in this short feedback survey: [https://www.surveymonkey.com/r/CAPMonitor60](https://www.surveymonkey.com/r/CAPMonitor60).
Reflections on the Historical Context of the HPA Amendment
(Formerly known as Bill 21)

By Karen Dushinski, PhD, RPsych

As a psychologist who has worked in the area of sexual violence for almost 20 years, I have heard of examples of sexual boundary violations and sexually inappropriate behaviours by healthcare professionals toward their clients/patients. The impact of these types of boundary violations can be devastating for individuals who have given their trust to healthcare professionals and who hold inherently unequal power within these relationships. Sexual violence laws in Canada have evolved significantly over the past 30 to 40 years, to be more sensitive to the needs of survivors and to be more understanding regarding the impact of trauma. Some examples include: the R. vs. Mills decision (the protection of client notes); the inclusion of the need for consent for sexual activity within marriage; protection of the survivor’s name from publication; raising the age of consent from 14 to 16; and the “no means no” decision defining consent as an active and ongoing process.

With the recent amendments to the Health Professions Act (HPA) as outlined in Bill 21 – An Act to Protect Patients, the College of Alberta Psychologists and other professional colleges have implemented changes that demonstrate an increased sensitivity to the impact of sexual violations and the experience of survivors. The HPA amendment standardizes the response that Colleges governed by the HPA are required to implement when clients/patients report sexual boundary violations by their healthcare providers. As Janzen (2019) commented in the recent spring edition of The CAP Monitor, the changes dictated by Bill 21 need to be considered in the current social context surrounding sexual violence. Changes include the evolution of societal values as evident in the #metoo movement, the influence of social media and the increased knowledge and sensitivity in healthcare fields about the prevalence and impact of sexual trauma. One could argue that these changes are long overdue. In the past, consensus was lacking between disciplines regarding the processes followed when complaints arose. And these processes were rarely as transparent or unbiased as the public deserved. In fact, Dimen (2011) stated that at one time, talking about sexual boundary violations could be more harshly punished than committing a sexual boundary violation. The HPA amendment provides consistent definitions and also dictates processes that protect clients/patients should they come forward with sexual boundary complaints.

In addition to having clear definitions in place regarding sexual boundaries violations, researchers in this area have suggested that considerations be given to assist in the prevention of these types of violations. Gabbard (1996) offered: clearly defining professional boundaries in the informed consent process; having self-reflective practice and trusted colleagues for consultation; having good structures in place for communication with clients; and having scripts for addressing clients that push boundaries. Gabbard (1996) continued:

One of the advantages of establishing professional boundaries as part of the therapeutic frame is that those boundaries give us guideposts with which to assess our countertransference. If we find ourselves consistently deviating from the usual boundaries we establish in a therapeutic relationship, we should begin a process of careful self-scrutiny and consult with a colleague to help us determine whether the rationale for the departure is based on sound clinical reasoning or countertransference.

Many researchers have focused on possible red flags that highlight potential risk factors for clinicians. Koocher and Keith-Spiegel (2008) identified several potential areas of concern: later appointment times; private practice; middle aged males often with marital problems or divorce; burnout and self-care issues; paying special attention to grooming before seeing certain clients; thinking of the person outside of session; and previous flirtatious behaviour. Other considerations include clinicians who minimize the impact of the power imbalance, are in significant life crises, view the client as “special,” or may not seek supervision. We may be tempted to “other” individuals that violate sexual boundaries as a way of creating distance and feeling less susceptible to these sorts of violations. Gabbard (1996), however, reminds us that the majority of offending professionals are more similar to us than different, thereby strengthening the argument that we all need to reflect on our own choices regarding boundaries with clients.

In discussions about possible sexual boundary violations, there appears to be a greater risk of boundary violations by clinicians with histories of sexual trauma. More recent
research has explored childhood adversity and insecure attachment styles as also increasing risk of boundary violations by professionals (MacDonald et. al., 2015). Clients with histories of child sexual abuse are also at greater risk for experiencing further sexual boundary violations by clinicians. Special attention needs to be paid to self-care and the impact of past trauma for both clients and clinicians within the therapeutic process so that boundaries are clearly defined and maintained.

Jain and Roberts (2009) have also acknowledged another important area of consideration regarding the roles of professors and clinical supervisors. Within an academic setting, a number of roles overlap, such as teacher, administrator, researcher and research assistant, student or supervisee. Despite the changing roles that can happen over time in an academic setting, it is also incredibly important to acknowledge the inherent power imbalances that exist in these relationships. Glaser and Thorpe (1986) surveyed the female members of the APA Division 12 (Clinical) and found that 17% reported that they had had “sexual relationships” with at least one of their psychology educators. Institutional policies should clearly define expectations for boundaries between students and their instructors. Jain and Roberts (2009) stated “the basis of professionalism is responsibility for and toward others, including patients and colleagues” (p. 301).

With the full enactment of Bill 21 in March of 2019, the legislated amended complaints process is yet to be tested through the College of Alberta Psychologists. What is evident regarding the HPA amendment, is that clarifying definitions of sexual boundary violations, as well as the disciplinary process that will unfold in response to complaints of this nature, is vital to ensure the public’s confidence is maintained. Ongoing training regarding ethical and legal standards, as well as discussions about potential risk factors for these types of boundary violations, help to support the aspirational aim of Bill 21, which is ongoing safety and respect for the dignity of our clients.

Karen Dushinski graduated from the University of Alberta with a Doctorate in Counselling Psychology in 2006. She has worked at the Sexual Assault Centre of Edmonton (SACE) since 1999 as an Adult Therapist, Child and Adolescent Therapist and currently, the Director of Clinical Services. Karen has a passion for working with individuals that have experienced marginalization. In the past this included volunteer counselling at the Pride Centre of Edmonton, and in-house counselling with E4C-Crossroads. Karen has also been a Supervisor and Consultant with the Institute for Sexual Minority Studies and Services and iHuman Youth Society. In her role in capacity building, Karen has provided training for SACE volunteers, community agencies, Edmonton Police and University of Alberta students (Medical, Dental and Counselling Psychology) regarding the impact of sexual violence on individuals.
I had the honour of being invited to present as an Enlightened Speaker at this year’s joint CAP/PAA Conference. My first thought was, “Why me?” My second thought was, “Why NOT me?” As I reflected on what I might share from my journey, it was apparent that I needed to speak to how the personal can inspire the professional. As you read these stories, I hope they will inspire you to reflect on your own journey, asking yourself: “How did I get here? How did I become a psychologist? What is my purpose?” and, more importantly, “How can I effectively use my personal experiences to enhance my profession?”

If I begin at the beginning, my passion for the fields of counselling psychology, teaching, supervision and advocacy work began long before I knew it began. When I was 12, my favourite teacher stopped me in the stairwell at my junior high school and said, “Angela, you look great. Have you lost weight?” That was a critical moment where everything changed. Up until that moment, I hadn’t realized my weight was an issue. After that moment, my entire world centered around weight. I started dieting and obsessively exercising, and subsequently developed anorexia.

I spent my junior high, high school and college years counting more calories than I did studying. At 18, I read a magazine article about anorexia and thought, “That’s me.” I bravely took the article to my doctor, who referred me to a psychiatrist. His words were, “You can’t have anorexia, you’re not thin enough. Here’s some Prozac.” That was my first experience of being misdiagnosed and mistreated. I didn’t know how these experiences would shape my future career. I thought I just had to survive them.

My initial treatment was well-intended support groups designed by women who had recovered from eating disorders, the occasional psychologist who really had no idea what they were doing and just told me to eat a sandwich and the occasional doctor who said, “Huh. Your cholesterol is really low.” They were kind, but in retrospect, did not have proper training to address the complexity of...
anorexia. These critical experiences informed my desire to pursue education and training in best practices in the treatment of eating disorders.

I didn’t plan on becoming a psychologist. I initially trained as a high school English/Drama teacher. My first job was as a Grade One teacher, and I was thrilled. However, I soon realized that my teacher training had focused so much on teaching and assessing subjects, I really didn’t know how to address the socio-emotional issues of little humans. I knew I needed more professional development, but where?

One day, another critical incident occurred that, yet again, changed the course of my career. There was something off with my little Grade One girls and I couldn’t figure it out. I caught one of them throwing out her lunch. When I asked her about it, she replied, “We started a diet club to be like our moms.” They were throwing their lunches out behind my back and running laps around the playground at recess to try to lose weight! I was stunned. There was NOTHING in my teacher training that led me to address this issue. I knew in that moment I had to do something about it. I truly wanted to prevent other people from experiencing the unnecessary pain of eating disorders and body image issues, so I sought to get my Master’s degree in counselling so I could address these issues in school-age children.

Despite my dedication to my aspirations of preventing and treating eating disorders in graduate school, my ideas were not always well met. Professors told me that eating disorders amongst teenage girls were “old news” and over-done, so I focused my Master’s research on male body image. A practicum supervisor told me I was better suited to being a teacher than a psychologist, and according to them, I would be a psychologist “when pigs fly.” I was discouraged, but knew I needed to continue. When I decided to even further my passions by obtaining a PhD, I was met with, “Why would you get a PhD? You might as well write books about magic like JK Rowling. She made a million, and no one is going to read what you write.” Those adverse experiences taught me that opposition does not keep you from your destiny. Negative supervision experiences taught me to investigate best practices in supervision and create a supervision group based on the needs of the supervisees. Sometimes you learn best from your anti-mentors!

One night during my PhD studies, I woke up with extreme pain in my abdomen. My husband took me to emergency, where I was met by a charge nurse saying “Female, fat and forty. It’s probably her gall bladder.” This experience led me to study the impact of weight bias and stigma on eating disorders and body image. It also led me to do advocacy work and create a webinar about weight-related issues with Alberta Health Services.

Another bizarre experience was on my way to speak about Healthy Body Image at the National Eating Disorder Information Centre conference in Toronto. I had picked up an $8.00 bag of organic fruit & nuts for breakfast and was eating it on my walk to the conference. A homeless man held out his hat for change, and when I declined, he pointed at my outrageously expensive trail mix and said, “Junk food is bad for you.” I was food shamed by a man with no food! This experience led down yet another path of study – food shaming, food inequity and a cultural obsession with food policing.

Throughout all these experiences, I kept my faith that my aspirations were important no matter what anyone else said. After all, if these things were happening to me, they must also be happening to other people, and someone needed to do something. I learned that as a psychologist, I have the training and skills to be the someone that does something. I have obtained a PhD in my areas of passion. I was able to use these experiences as a teacher, along with my graduate training as a psychologist, to help design and teach a university course for pre-service teachers on best practices in school health and wellness, as well as help to design the new Alberta Education Wellness Curriculum. I was the only person to stand up and say, “If this new curriculum focuses only on nutrition and exercise as the primary health behaviours, then this curriculum has an eating disorder.” I know in my bones the importance of social justice and speaking out against inequities, and am engaged in media awareness of eating disorders, weight-related advocacy and promotion of psychology.

However, in all my training and advocacy work something was missing for me personally. I longed to do something creative. For the past three years, I have coordinated Eating Disorders Awareness Week with a team of volunteers in Calgary. Last year, I created and produced Evening of Hope, a celebration of hope and healing for eating disorders and body image issues through art, music, song and dance. It was an amazing event where I was able to use my creativity and training to inspire hope. However, the day before Eating Disorders Awareness Week was about to begin, a colleague said to me, “Angela, you look great! Have you lost weight?” This absolutely stopped me in my tracks, as those were the very words that triggered my own eating disorder. Here I was, 33 years later, after nearly 20 years of studying best practices in eating disorder prevention and treatment, with the importance of this work coming full circle.
These experiences taught me that the personal can become professional through reflecting on your own critical incidents that impact you personally, healing your own sacred wounds, maintaining a strong focus on your inspired goals, seeking best practices in education and research and being courageous to step out in front as a leader and advocate. I learned to dig deep, be authentic, be a critical thinker and utilize my strengths and personal beliefs to create a mission statement and career that are true to who I am. I am currently designing a PAA workshop on how psychologists can address clients’ weight-related issues in clinical practice, which will be offered next spring.

I hope these stories inspire you to reflect on your journey, to identify how your own personal experiences have inspired your approach to this profession and to help move our profession of psychology forward through best practices and emerging leadership.

Dr. Angela Grace, PhD, is a registered psychologist in Calgary. She is passionate about the prevention and treatment of eating disorders and body image issues, and about holistic and body-centered approaches to counselling in girls and women. She has a private counselling practice, provides supervision to provisional psychologists, teaches pre-service teachers and Master’s-level counselling students and engages in social advocacy. She helps to coordinate Eating Disorders Awareness Week in Calgary. Along with her professional life, she enjoys dance, singing, theatre, making pottery and being in nature with her family and rescue pit bull.
References

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