

# BC PSYCHOLOGIST

WINTER 2012  
VOLUME 1 / ISSUE 1

**CRITICAL PSYCHOLOGY**  
The Beginning is in the End

From Artist to Psychologist  
**SHIFTING IDENTITIES**

**2011-2012**  
Board of Directors

A look at:  
**NEUROBIOLOGICAL  
TREATMENTS**

Gaining by Giving  
**COMMUNITY  
INVOLVEMENT**

**PRIVATE PRACTICE**  
What All Graduate Students  
Need to Know

*Starting & Winding Up a Career in Psychology*

**THE BEGINNING  
& THE END**

# BC PSYCHOLOGIST

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The British Columbia Psychological Association provides leadership for the advancement and promotion of the profession and science of psychology in the service of our membership and the people of British Columbia.

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# LETTERS FROM THE PRESIDENT

## DEAR FRIENDS AND COLLEAGUES,

I sincerely hope that you all have had a good Season's Holiday and that you will have a successful New Year both personally and professionally. Time always moves forward and our task of helping people achieve greater fulfilment in their lives also entails that we too make the best of the time we have this coming year to care for our clients, for each other, and for the future of our profession of Psychology.

Some decades ago, Paul Goodman talked about the importance of doing something useful in the world of work and, as Psychologists, there is no doubt that what we do is eminently useful. Indeed, we represent a premier profession and scientific discipline that has contributed greatly to the betterment of all. It is a pity that the talents and resources of many Psychologists are underutilized by both the public and private sectors. It has been my argument that, in the long run, Psychological Services by Psychologists are cost-effective because we employ efficient, evidence-based interventions that achieve salutary results with clients in significantly fewer sessions in these difficult economic times. Using less effective methods or even effective methods without sufficient competence, is not efficient but simply a waste of resources and a disservice to those who are most vulnerable and need our help the most.

Our practice and science of Psychology has always been in evolution and has been very robust in adapting to changing circumstances and political climates. Of course, we have some real challenges ahead to maintain our recognition with various government bodies and to preserve and widen our availability and value to the public. Among the public, Psychologists enjoy a very good reputation and are highly valued, but this recognition will not

be sufficient to maintain our role in the mental health field, in education and in the workplace. Many other professions and paraprofessionals are presuming to take on many of the roles, activities or interventions that traditionally have been the areas of competency best performed by Psychologists. We have no protection of our practice, only of our title. Resting on our past successes will not be enough and there is no doubt in my mind that we must also practice advocacy and obtain seats at the various tables of power where the decision makers sit and where the stakeholders hope to have their needs recognized. I assure you that this Board and I will work hard to advance recognition of the invaluable services we provide and must be allowed to provide to more of the citizens of B.C.

Permit me to end by sincerely expressing my gratitude to the membership for giving this new Board and myself the privilege to represent you and serve your interests. As your new President, I also want to thank you for the great honour to serve you and to contribute to the advancement of our profession in British Columbia. I also want to give full recognition to the time and energy given by our members who have served, and who currently are serving, on various BCPA committees and for the participation of new Board members to constitute a working Board of twelve. There is much to do and it is very helpful indeed to have a Board of twelve Psychologists, all of whom are congenial, bright and enthusiastic. With twelve of us to share the labours and with twelve of us to speak as one voice, we will honour this privilege to serve. To advocate for Psychological Services in BC ultimately serves the public interest, and that will be our aspiration and duty.

Regards,  
Ted Altar ■

**TED ALTAR, Ph.D., R.Psych.**

President of the BC Psychological Association

Contact for the Board of Directors: [board@psychologists.bc.ca](mailto:board@psychologists.bc.ca)

# LETTER FROM THE EXECUTIVE EDITOR

*“What the caterpillar calls  
the end, the rest of the world  
calls the butterfly” -Lao Tzu*

**I**n our Northern Hemisphere, winter marks a time of acknowledging and celebrating natural and timely changes. There is the return of light after the dark of winter, and with the calendar, there is the year-end and the onset of a new year. No matter what one's outlook or life course, these changes mark a time for resolutions, and a time when one's dreams and schemes are examined and envisioned carefully. The theme of the *BC Psychologist* Winter issue parallels this time of yearly self-inventory: starting or winding up a career in psychology.

It stands to reason that discussion of beginnings or endings inspires varied responses. There are responses that go to the heart of the matter: one's beliefs or convictions, and even one's fears about change. As well, there are the many 'to do' aspects involved when starting, changing or ending a psychology career. For example, how does one manage and ensure all ethical, professional, and personal obligations are met throughout and at both ends of a career in psychology? And, in the event that one is in private practice, how does one achieve balance between the responsibilities of clinical work and the tasks inherent in entrepreneurial ventures. Essentially, whether one is ending or starting a career in psychology, or reformulating a focus of practice, there are a number of personal and professional matters to deal with.

A starting point for change is consideration of one's beliefs and fears about change. Our personal worldviews and inspiration sources help steer us through change, whether it be with prayer or meditation, inspiring teachers or mentors, our Code of Conduct, business manuals, personal or professional experiences, and even personally significant gems found in text or film. Ideally, one's source of inspiration serves as an anchor and guides us through difficulties and the fearful 'what ifs' of change.

With this winter issue, contributors focus on varied aspects of beginnings and endings of psychology. Contributors, Anoosha Aghakhani and Tigerson Young focus on ways to build a psychology practice. Anoosha Aghakhani explained steps to consider when starting and operating a private practice. Tigerson Young describes practice-building opportunities inherent in volunteerism, and highlights the personal and professional rewards. Contributor, Richard Bradshaw speaks to gaps in graduate training programs, and outlines the need and applicability of professional development training in neurobiological and somatic aspects of our clients' health. Marilyn Chotem draws upon former personal and professional life-shaping events associated with her own endings and beginnings, and how these involved shifting identities. Mike Webster ponders the theme of this issue, stating that 'the end is in the beginning and there is a beginning in every end.' He describes his evolving stance throughout his years in the profession: from acceptance of the status quo to his awareness of the need for psychologists' greater advocacy for clients within their social-political context. Overall, contributors' accounts of personal and professional growth and changes are evident with their thoughtful discussions.

Combined, *BC Psychologist* contributors discussed many facets of starting or winding up a career in psychology ranging from personal inventory of one's professional identity, to the nuts and bolts task required when beginning or ending a career, and to lastly the appeals for change. In the course of reviewing contributors' articles and upon reflecting on this topic, I looked for resources and quotes to add to the mix. Of note, on the CPBC website, there is an invaluable document highlighting guidelines about professional wills and executors. On a more personal and inspirational note are two quotes that reflect the philosophical and pragmatic nature of this issue's theme. *“What the caterpillar calls the end, the rest of the world calls the butterfly”* (Lao Tzu), and *“Begin with the end in mind”* (Steven Covey)."

Regards,  
Joanne Tessier ■

## JOANNE TESSIER, Ph.D., R.PSYCH.

Executive Editor for the *BC Psychologist*

Joanne has a long-standing interest in reading and editing. Prior to relocating to British Columbia in 2008, she volunteered for the Psychologists' Association of Alberta as Editor-in-Chief of *Psymposium*. Joanne provides

psychological services for Vancouver Island clients at her Nanaimo private practice. For further information visit: [www.drteessierpsychology.com](http://www.drteessierpsychology.com).



# LETTER FROM THE EXECUTIVE DIRECTOR

*“Everyone here has the sense that right now is one of those moments when we are influencing the future.” -Steve Jobs*

**2012** is looking like a fantastic year and we are off to a great start. This year we have a new Board of Directors, who will chart a course with fresh energy and a renewed strategic plan. We will be moving to new offices in the first quarter of the year and forging ahead in our burgeoning relationships with other professionals in the British Columbia Healthcare landscape, as well as working with the various levels of government we have begun conversations with.

As you know, we had our Annual General Meeting on November 25th, 2011 when we announced the election and referendum results; all constitutional amendments were passed, which means that our new Board of Directors is composed of twelve members. Our new President of the Board is Dr Ted Altar; if you haven't already read his letter please find it on page 4. I must also note that although elected by acclamation, Robert Colby and Derek Swain decided to resign from the newly formed Board. Their vacated seats will be filled by appointment of the Board and will then face election in November 2012 as per the Constitution and Bylaws. Be sure to mark your calendars early so you don't miss the next Annual General Meeting scheduled for November 30th 2012.

This year we are hoping to make great headway in our efforts to reach out to the people of British Columbia, to teach them how important psychology is to their daily lives and to their overall well-being. We have a

number of plans and initiatives already in the works, but – as always – these plans need YOU.

Your participation and input into BCPA and our initiatives are what we depend upon and what will surely make us successful in the year ahead. There are numerous ways in which you can get involved and be a part of this organization. For some great ideas as to how you can get involved and do your part to raise the awareness of psychology and psychologists, please see the listing on page 12 or log on to our webpage and look at Advocacy or Public Education in the members only section. I am sure you will find opportunities that will be just the right fit.

February is PSYCHOLOGY MONTH and as such we have some exciting plans to celebrate and to get the word out that psychology is for everyone and ***“Psychologists: trained, professional, caring...”*** are here to help. Be sure to contact me to let me know how you too will be making a statement this month or what you would like to do to help us with our plans. I will be only too happy to support and promote your efforts and I look forward to hearing from you soon. Happy New Year BCPA Members!

At your Service,  
Rebecca Smith ■

**REBECCA SMITH**

Executive Director of BC Psychological Association

Contact: [exec@psychologists.bc.ca](mailto:exec@psychologists.bc.ca)

## NEWS

### **UPCOMING EVENTS: Ethics Salons**

Register:  
[www.psychologists.bc.ca](http://www.psychologists.bc.ca)

February 28th & March 27th, 2012  
Vancouver & Victoria

February 29th & March 28th, 2012  
Surrey

### **Psychology Month**

February 2012  
See pages 12-13 for details.

### **Health/Wellness Shows**

#### *Victoria Health Show*

January 28th-29th, 2012  
Victoria Conference Centre  
720 Douglas St., Victoria, BC

#### *Vancouver Wellness Show*

February 17th-19th, 2012  
Vancouver Convention Centre, East  
Building Exhibit Hall B & C  
999 Canada Place Vancouver BC

#### *Diversity Health Fair*

March 3rd, 2012  
Croatian Cultural Centre  
3250 Commercial Dr., Vancouver BC

### **Public Presentation**

#### *The Psychology of Passion*

Patrick Myers, Ph.D., R.Psych.  
7:00pm-8:30pm  
February 13th, 2012  
VPL Central Library  
350 West Georgia St.

### **Psychologically Health Workplace Awards Gala**

April 19th, 2012  
[www.phwa.ca](http://www.phwa.ca)

### **Workshops**

See pages 37-38 for workshop  
details and registration.

### **The Clinical Treatment of Adults with Anger Problems**

Dr. Deffenbacher  
March 16th, 2012

### **Neuropsychological Principles in Assessment & Treatment of ADHD & Other Child Psychopathologies**

James B. Hale, Ph.D., ABPdN  
April 27th, 2012

### **SUBMIT ARTICLES:**

Want to write for us? We are  
always looking for writers for the  
BC Psychologist or the BCPA blog.  
The theme for the upcoming Spring  
2012 issue is: First Nations. For  
further details contact us at:  
[info@psychologists.bc.ca](mailto:info@psychologists.bc.ca)

### **SOCIAL MEDIA:**

Join us online

[www.psychologists.bc.ca/blog](http://www.psychologists.bc.ca/blog)  
[www.youtube.com/bcpsychologists](http://www.youtube.com/bcpsychologists)  
[www.twitter.com/bcpsychologists](http://www.twitter.com/bcpsychologists)  
[www.facebook.com/bcpsychologists](http://www.facebook.com/bcpsychologists)

### **WE ARE MOVING:**

The BC Psychological Association  
will be moving to a new office in  
the spring. Further details will be  
coming soon.

### **CONTACT US:**

We will publish notices regarding  
retirement, awards, and deaths of  
members. If you want a notice to  
be included (100 words maximum)  
contact us at:  
[info@psychologists.bc.ca](mailto:info@psychologists.bc.ca)

# BOARD OF DIRECTORS

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This year a special resolution to increase the size of the Board of Directors from seven (7) to twelve (12) was passed at the November 25th, 2011 Annual General Meeting. Please note that although elected by acclamation, Robert Colby and Derek Swain decided to resign from the newly formed Board. Their vacated seats will be filled by appointment by the Board and will then face election in November 2012 as per the Constitution and Bylaws. The following candidates have been installed as the Board of Directors by acclamation:

## TED ALTAR, Ph.D., R.Psych. PRESIDENT

I work as a rural Psychologist in Terrace B.C. My work has been primarily with First Nations Peoples. I am a past member of the Native Psychologists' Association of Canada. The philosophical orientation that guides my practice is Existential, which affirms our freedom to make choices and define our lives. My choice now is to help represent the profession of psychology and its important contributions. Our great profession is being beleaguered by others who are presuming to do what Psychologist are best trained to do. It is vital that we advance our profile with local agencies, the Government and the citizens of B.C. It is essential that we lobby Government for recognition and involvement in the health care of our population.

## DON HUTCHEON, Ed.D., R.Psych. VICE PRESIDENT

I have most recently sat on the Prescription Privileges committee (2009-2011). Previously and prior to commencing BCPA Board membership I was a member of the BCPA Referral Subcommittee (2003-2004) and subsequently nominated to the Board, initially in the role of Vice President and subsequently as Treasurer of the organization (2005-2008). Currently, I look forward towards greater empowerment of psychologists in the following areas: developing a training curriculum for prescription privileges; assisting foreign psychologists currently awaiting professional equivalency status; increasing numbers of internships in the Province; and, investigating "third party" billing for psychologists.



## MARILYN CHOTEM, Ed.D., R.Psych.

### TREASURER

Marilyn is the Treasurer of the Board of the BC Psychological Association, and a former member of the MSP Taskforce Committee. She was the primary contributor to the proposal for Integrating Psychological Services into Primary Health Care with proposed funding from MSP. Her interest in being on the board is to increase accessibility of psychologists to the people who need psychological services most, yet lack the financial means to receive them, whether it is out-of-pocket or inadequate third party coverage. She has been doing psychotherapy in BC since 1978 in a variety of settings including addictions, child and youth mental health, adult mental health, adult eating disorders, EAP and private practice. She currently works half-time at VGH providing psychodiagnostic assessments and counseling to patients on a short-stay psychiatric ward. She also has a part-time private practice in West Vancouver working with individuals, couples and families with a variety of presenting concerns.

## ANNE DIETRICH, Ph.D., R.Psych.

### SECRETARY

Anne is the Secretary of the Board of the BC Psychological Association, a member of the BCPA Community Engagement Committee, and of the BCPA Task Force on Prescription Privileges for Psychologists. She is a regular contributor to the BCPA newsletter and has organized several large-scale trauma conferences in BC. Anne is a peer-reviewer for the Journal of Traumatic Stress and other trauma journals. She has been accepted as an expert witness in PTSD and in assessing risk of sexual violence in both BC and Washington State. Anne has worked with Corrections Canada, the Eating Disorders Program at St. Paul's Hospital, the Trauma Clinic at VGH, and with Outpatient Psychiatry at VGH. She currently has a private practice with offices in Richmond and downtown Vancouver with adults, couples and older teens. One of her goals includes fostering a cohesive and supportive network for psychologists in BC who may feel isolated in their work and those who want access to collegial resources to assist them with their responsibilities as effective psychologists. Fostering an environment where there are opportunities for education, instruction (e.g., via workshops and salons), collegial support, understanding and a non-punitive ambience may best assist psychologists to both (1) provide the most effective care for persons who are suffering from psychological disorders and (2) simultaneously maintain a healthy, balanced lifestyle.

## DOUGLAS CAVE, MSW, RSW, Ph.D., R.Psych., MA, AMP, MCFP. BOARD MEMBER

My MSW and PhD in Counselling Psychology were granted by UBC. My Post-Doctoral Master's Degree in Clinical Psychopharmacology is from New Mexico State University. I am an Assistant Professor and Lead Faculty for Behavioural Medicine in the Faculty of Medicine at UBC. My clinical work is at the Centre for Practitioner Renewal at Providence Health Care where I provide care to healthcare providers. Previously, I worked in the areas of addictions, sex-related and LGBT concerns, trauma among peacekeepers and forensics. Some of the things that are important to me regarding psychology in BC are: enhancing the relationship between medicine and psychology, developing healthy and resilience-enhancing workplaces, fostering an expansion of psychological services, and examining psychologists' ability to bill to MSP.

## TIGERSON YOUNG, Ph.D., R.Psych. BOARD MEMBER

Hi, my name is Tigerson. I am hoping to contribute my passion and commitment to serving you and to the success of our profession. As a person of colour, I am also interested in raising the diversity of our profession. For the past six years, I was a staff psychologist in a government setting. I was also a shop steward, advocating on behalf of 1300 members, including over 30 licensed psychologists. Currently, I am in a full-time private practice and I also teach part-time. I am actively involved with the BCPA and the Asian American Psychological Association.

## ATHOLL MALCOLM, Ph.D., R.Psych. BOARD MEMBER

This is an opportune moment to serve as a board member as I am in the process of handing over my neuropsychological responsibilities in the practice to a new member of our team. This will free time to investigate new and exciting approaches to therapy and to contribute to our discipline as a whole. Being located in Victoria allows relatively easy access to the government for the purposes of advancing our profile. Also, my last 25 years have allowed the development of relationships with Veterans Affairs Canada, locally and in Charlottetown, the RCMP, the Department of National Defence, and the Canadian Space Agency, which I hope will be useful. I believe in the importance of Provincial and National organizations in promoting our discipline, and as we move forward it will be essential to have a common national, even international, purpose. In contrast to the Association, the role of the College as it has developed over the years is more to work with Government in creating regulations that best serve and protect the public. While this is important, I see the role of the Association as one more dedicated to serving psychologists. Thus, we need to continue striving for a greater membership. There is some frustration within our membership with the College, but we need to work cooperatively with its Board in order to prioritize mutual goals. A strong discipline serves both the public and our members.

## CINDY WEISBART, Psy.D., R.Psych.

### BOARD MEMBER

As a Director with the BCPA Board, Cindy is interested in working to ensure quality mental health treatment is available to all British Columbians. Currently she serves as a Registered Psychologist for Fraser Health Authority and holds positions at Delta Mental Health & Substance Use Services and Royal Columbian Hospital Psychiatry/Psychology Department. In her two positions, she provides direct clinical care, consultation on complex clinical issues, and supervision of Psychiatry Residents as well as practicum students. Cindy has served for the past year on the BCPA Task Force on Prescription Privileges for Psychologists and she is committed to providing respectful, collegial service to the Board and members of BCPA.

## J. LYNNE MANN, MA, R.Psych.

### BOARD MEMBER

A new landscape awaits psychology in British Columbia as primary care practitioners in the public sector. If we are capable of collaborating about treatment, policy and operations planning, then it will be our time to take our place within public mental health treatment. As primary care practitioners, we can help. If we fail to collaboratively engage at this point, we cannot fault others. I will direct my efforts to the establishment of a division of collaborative mental health practice within BCPA. I have thirty years of public and private service experience and I am a previous BCPA director.

## PATRICK MYERS, Ph.D., R.Psych.

### BOARD MEMBER

Psychology is my third career in life, which means that I have a wide variety of life experiences to draw on. I think these experiences and some out-of-the-box thinking would be useful in furthering the mandate of the BCPA. In particular, I am interested in developing stronger ties with industry, government, other health and wellness professions, and the general public in order to promote the role we as psychologists can play in the effective treatment and prevention of mental health issues. You can look me up on the BCPA website for more information on what I do as a psychologist.

# PSYCHO MON

## “PSYCHOLOGY IS FOR EVERYONE”

This is the message for the annual national campaign that takes place during February. Each year, BCPA makes an effort to increase its February activities and outreach initiatives. This year is no exception. We have a number of activities planned but we cannot be everywhere and your help, as members of BCPA and as Registered Psychologists can only increase our reach and the public perception that Psychologists are “**trained, professional, caring...**” So, it is with this in mind, and the bigger goal of expanding British Columbians awareness that Psychologists are everywhere in the province and psychology plays a part in every aspect of their lives that I ask you to review the list of our activities; see where you can volunteer to help; or come up with ideas or activities of your own to engage in. Contact me to talk about what you would like to do so that we can support and promote your efforts – I am really looking forward to hearing from you soon; after all, February is our month to shine!

- Pre-movie advertising to be shown in 26 theatres in Vancouver and Victoria for the month of February. These same adverts will be available on the BCPA YouTube Channel and will be shared through other forms of social media.
- Posters and brochures are mailed out to over 600 strategic partners to be displayed for the month of February. These partners include:
  - Hospitals and health centres
  - The health authorities
  - Medical testing labs and clinics
  - Secondary schools
  - Universities and Colleges
  - Public libraries
  - Victims services branches
  - Neighbourhood houses and community centres
- Public Libraries in Victoria and Vancouver have agreed to promote Psychology for us with displays of books about psychology and those written by our members as well as offering other informative materials to the public.
- We have written articles about Psychology month and will be uploading to our website blog throughout the month.

A R Y I S

# PSYCHOLOGY MONTH

- We are exhibiting at three tradeshow during the month:
  - the Victoria Health Show,
  - the Diversity Health Show
  - the Vancouver Wellness Show
- We are offering our members significant discounts for advertising and promoting (on our website and through our email advertising program) their public events and workshops during the month of February
- We will be issuing several press releases on Psychology topics during the month of February
- Psychologists will be presenting information booths at Vancouver General Hospital and G.F Strong promoting the work of Psychologists in the hospital setting.
- We will be tweeting about all these initiatives through our twitter page and updating on these and other activities through our face book page.
- We are offering the public and various organizations free presentations from a Registered Psychologist to their groups on a variety of topics.
  - February 13th Dr Patrick Myers will be presenting a free public lecture “The Psychology of Passion” at the Vancouver Public Library

Here are some ideas that you might want to consider when deciding how you will mark Psychology month 2012:

- Write a letter to the editor of your local paper about psychology, or an article that pertains to mental healthcare in BC
- Offer to present a public lecture at your local library or service club
- Put up posters in your community or at your place of employment(contact BCPA offices for posters)
- Volunteer to staff the BCPA exhibition booth at one of the public information fairs
- Write a blog entry for the BCPA Website
- Forward, re-tweet or comment on BCPA social media campaign efforts (Facebook; linkedIn; Twitter; YouTube)

I look forward to hearing from you soon, and to learning about the results and feedback from our collective efforts!

Sincerely,  
Rebecca Smith ■

# ***A WORD TO NEW PSYCHOLOGISTS ON LEVELS OF INTERVENTION:***

***DON'T FORGET NEUROBIOLOGICAL TREATMENTS IN YOUR  
TRAINING & PRACTICE***

**RICK BRADSHAW, Ph.D., R. Psych.**

Dr. Bradshaw is currently full time Clinical Manager in The Swingle Clinic in Vancouver (psychoneurophysiologists). Over the last 17 years, he has taught graduate students in Counselling Psychology at three institutions in the BC lower mainland. Dr. Bradshaw was Senior Psychologist & Director of Training for Counselling Services at Simon Fraser University for 10 years.





A very wise professor in my PhD program at Michigan State University shared a model in which he details levels of intervention. He developed this model as a guideline for counselling psychologists and graduate trainees. I found this model invaluable, as have my students and trainees. This model is based on the premise that a practitioner should be able to deliver at least one treatment at each level of intervention:

- (a) Cognitive;
- (b) Affective;
- (c) Behavioural;
- (d) Somatic/Neurobiological;
- (e) Relational/Social; and
- (f) Existential/Spiritual/Meaning-based.

To date, most graduate programs include a number of these ‘intervention levels.’ Graduate programs typically provide students with training in the major cognitive approaches, including Rational-Emotive Behaviour Therapy (REBT), Cognitive-Behavioural Therapy (CBT) and brief Solution-Focused treatments. Likewise, students are taught several affect-focused approaches such as Gestalt, Humanistic-Existential, and Relational Psychoanalytic treatments. Behavioural approaches, first taught during the undergraduate studies (e.g., Applied Behavioural Analysis), are expanded upon in graduate studies. For the most part, at least one Existential approach is taught in graduate programs (Logotherapy, Narrative Therapy, or Existential Analysis). Lastly, there is almost always a course taught on some form of relational therapy (Structural or Strategic Family Therapy, Multi-Systemic Family Therapy, or Emotion-Focused Couples Therapy).

Unfortunately, the missing piece in graduate programs is training in the neurobiological and somatic approaches. Other than an undergrad course in Brain & Behaviour, and perhaps an introductory graduate class in Neuropsychological Assessment (neither of which are particularly helpful for treatment), most students leave their graduate programs with no training to deliver therapies at this level of intervention. This is sad. In course of my 33-year career, I have observed that if a clinician intervenes at the level of ‘somatic’ intervention, significant, timely and positive changes are possible in all areas of client functioning: affect, cognition, behaviour, and relationships. Essentially, these treatments can be a highly effective and efficient means of shifting clients out of states in which they are overwhelmed, and in some cases suicidal.

### **Selected Treatments at the Somatic/ Neurobiological Level of Intervention**

There are number of somatic/neurobiological approaches; with some of the more commonly-utilized approaches, I primarily discuss how

one might access the training and resources. As the neurotherapy and Observed& Experiential Integration (OEI) models are less familiar to psychologists, especially new graduates, I explain concepts. As well, I direct interested persons to available training resources.

- (a) Neurotherapy;
- (b) Somatic Experiencing;
- (c) Acupressure/Acupuncture;
- (d) Psychomotor Psychotherapy;
- (e) Observed & Experiential Integration (OEI); and
- (f) Eye Movement Desensitization & Reprocessing (EMDR).

First, for those who fear venturing beyond the “evidence-based” treatment standard of CBT and for those seeking a better understanding of ‘somatic’ models, I highly recommend reading the following: a *BC Psychologist* article on misconceptions and fallacies of the whole so-called “evidence-based practice” (Carr, 2010), and a superb chapter on rationales for therapies “beyond talk therapy” (van der Kolk, 2002).

EMDR (Shapiro, 2001) is an excellent trauma therapy. Its efficacy is documented in over 200 journal articles, including over 20 controlled trials (most are listed on [www.emdr.com](http://www.emdr.com)). There is EMDR training readily available in BC and beyond, so I will not speak further on EMDR at this juncture. Supervised training and practice are also available in Sensorimotor Psychotherapy (Fisher & Ogden, 2009; Ogden, Minton, & Pain, 2006; Ogden, Pain, & Fisher, 2006) and Somatic Experiencing (Levine, 1997). These models are considered recent formulations of Eugene Gendlin’s focusing techniques (Gendlin, 1984). Likewise, training is readily available in Acupressure approaches such as Emotional Freedom Techniques (EFT). These are offered through a videotape series by Gary Craig ([www.emofree.com](http://www.emofree.com)), a CD by Dr. David Feinstein at [www.process-healing.com](http://www.process-healing.com); [www.energypsychologyinteractive.com](http://www.energypsychologyinteractive.com), or a research-based web-site hosted by Dr. Joaquin Andrade ([www.bsma-int.com](http://www.bsma-int.com)).

## Neurotherapy

At first glance, the thought of learning and performing electroencephalographic biofeedback can be a bit daunting, even to graduate students with extra courses in neuropsychological assessment. However, it provides another option, especially when you think about clients with sleep difficulties, mild traumatic brain injuries, ADD, PTSD, depression, anxiety, and epilepsy that aren't responding well to other regimens in your tool bag and that don't want to take psychotropic medications. What are your options? At this point, neurotherapy (including neurofeedback and braindriving) looks quite promising.

Many counsellors and psychologists assume that they have to go back to school and major in neuroscience to add neurotherapy to their practices. In fact, there are a number of excellent training programs (online, or short intensive on-site seminars) with online and on-site supervision options to follow. The equipment is getting surprisingly affordable for individual private practitioners and small practice groups. In addition, some training sites will have the option of having equipment on-site in your office, but delivered and supervised online via experienced neurotherapists and technicians. In this way, you can extend the range of treatment options available to clients in your practice or agency. This treatment is especially effective for those tough Complex PTSD cases involving alexithymia (Frewen, Dozois, Neufeld, & Lanius, 2008) and for somatoform dissociation (Nijenhuis, 2004). Essentially, these concerns can be addressed at an entirely different level.

Neurotherapy is based on the premise that ratios of amplitudes in selected frequency bandwidths are associated with common problems such as addiction, affect dysregulation, low distress tolerance, rumination and worry, and depression. Symptom relief occurs because these brainwave frequencies are shifted in response to tiny flashing lights, animations, DVDs, and sounds. Permanent, positive changes can result from

combinations of neurotherapy and psychotherapy. For further information about this model, a good place to start are fascinating introductory articles (Demos, 2005; Swingle, 2008). Explanations of how to perform symptom-related assessments are detailed in Swingle (2009). Additionally, a training seminar for counsellors and psychologists is scheduled for March 2012; interested persons are invited to visit [www.swingleandassociates.com](http://www.swingleandassociates.com) for details.

## Observed & Experiential Integration (OEI)

Many readers may be unfamiliar with this relatively new approach to trauma therapy. The treatment was originated by a Vancouver marriage & family therapist (Audrey Cook), and was co-developed with a registered psychologist in Vancouver (Rick Bradshaw). Five sets of techniques have been developed and discovered since 1994-95. A 68-page article in APA's Journal of Psychotherapy Integration includes reviews of the development, theoretical bases, and likely neurobiological mechanisms for this series of treatment techniques (Bradshaw, Cook, & McDonald, 2011).

One highlight of OEI is that the techniques can address all three levels of human response as outlined by Porges (2001, 2007): (a) social connection (i.e., ventral vagal, brake on), (b) fight or flight (ventral vagal, brake off), and (c) freeze (dorsal vagal). The social connection level is addressed in OEI through neuro-activation with micro-attunement (NAMA). In terms of the fight, flight and freeze level of human response, OEI techniques serve to dissipate panic and distress symptoms. Dissociative artifacts are addressed and resolved quickly with other procedures. A key upside of OEI is that many of these techniques can be taught to clients so they can manage their own self-regulation.

OEI has been used with adults and children as young as two years old, as well as with couples, families, and groups. It has been utilized for treatment of dissociative disorders, eating

disorders, substance use disorders, and anxiety disorders (particularly PTSD and Complex PTSD). Most of the techniques can be easily integrated with other approaches, including expressive therapies, somatic approaches, neurotherapy, and behavioural therapies. Training opportunities are available locally. The next one in Vancouver is scheduled for April 2012 (see [www.sightpsychology.com](http://www.sightpsychology.com)).

## Summary

In conclusion, there is great value in obtaining training and supervision in psychological interventions at each of six levels. Five of these are commonly addressed in graduate programs in Counselling and Clinical Psychology. The sixth, the Somatic & Neurobiological level of intervention, requires that new psychologists seek specialized seminars and supervision beyond their graduate programs. There are many benefits to inclusion of these techniques, especially when applied with multimodal clinical regimens.

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# CLINICALQ AND BRAINDRIVING WORKSHOP

## Fundamental Neurotherapy for Professionals



**March 23 – 25, 2012 in Vancouver Canada**

**Paul G. Swingle, Ph.D., R. Psych.**

*Author of "Biofeedback for the Brain" and "Basic Neurotherapy: The Clinician's Guide"*

The workshop introduces the ClinicalQ and Braindryvr methods. Each topic is designed to help professionals learn what has been shown to work from experience and research. Participants learn how to record the ClinicalQ and to interpret the results. Methods for probing the client based on comparisons with the ClinicalQ clinical data base are reviewed and many cases are studied to help participants learn how to capably use this remarkably efficient intake procedure. The details associated with selecting appropriate unconditioned stimuli for braindriving are reviewed and the methods for administering basic Braindryvr protocols are shown. Unique concerns regarding treating clients with severe emotional trauma, chronic depression and those who are heavily medicated are reviewed. Conditions that require full QEEG will be identified as will conditions in which the more aggressive treatments are contraindicated.

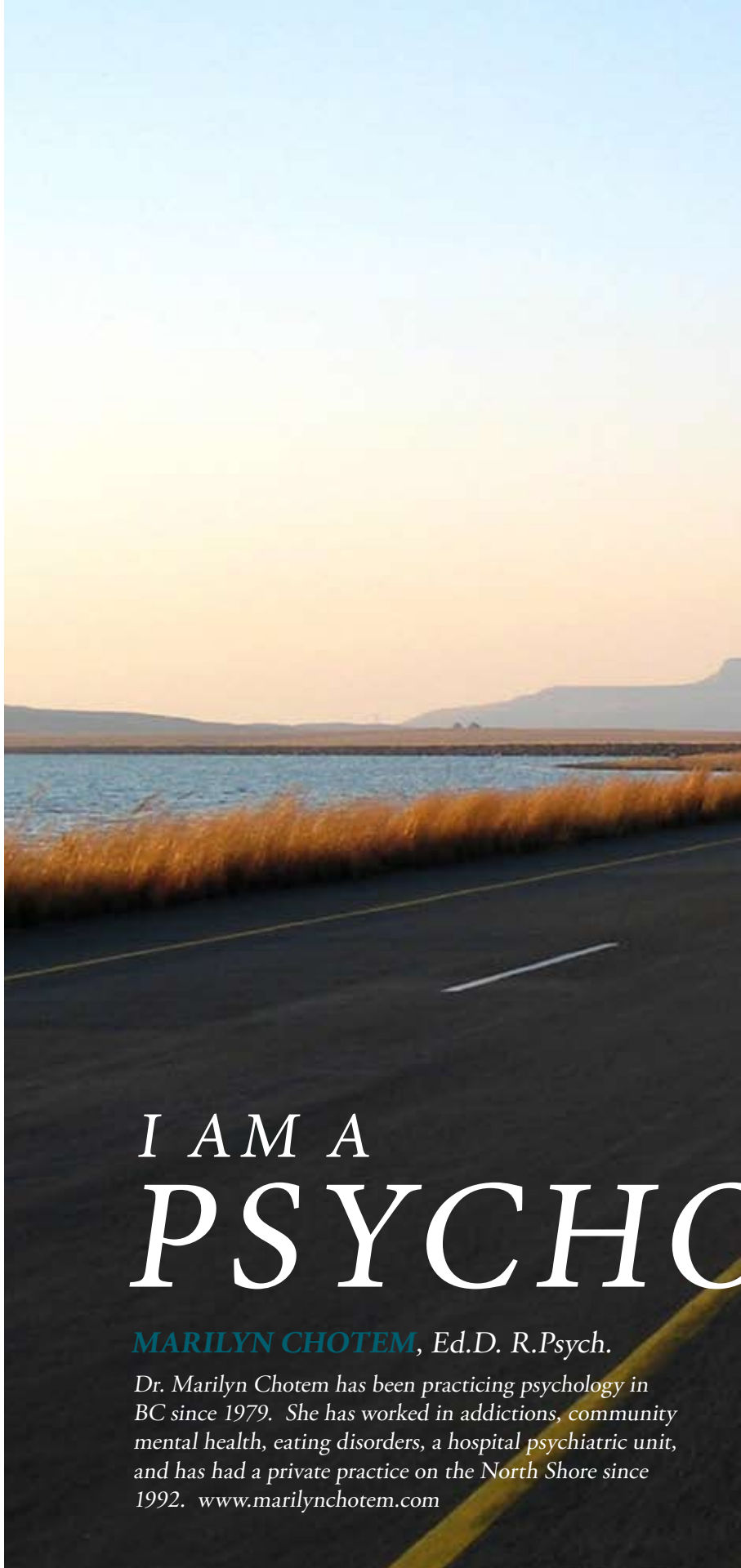
*"I have got to say that the ClinicalQ is really amazing. I thank Dr. Paul Swingle for this. I have seen amazing changes in one of my students after doing only a few neurofeedback sessions that were done after doing a ClinicalQ." M. Caplan, LH*

For more information, visit [www.swingleandassociates.com](http://www.swingleandassociates.com) or email Rita [rita@swingleandassociates.com](mailto:rita@swingleandassociates.com)



**I** didn't start out as a psychologist. My first degree was in Design. After three years of doing costumes for a theatre company at \$5/week plus room and board (circa 1973), I began to question the 'ongoingness' of this career path. The creative teamwork of theatre was stimulating and fun, and the setting idyllic: in the Napa Valley foothills where we had an outdoor swimming pool, organic orchard, and a vegetarian cook. However, despite these perks, this work did not fulfill my need for meaningfulness.

With the help of a career counselor, I explored alternatives that led to a life-changing switch to psychology and a move to Canada for graduate school. Shifting identities from artist to psychologist has been a long process, if not yet complete. My passion for art and design, and my love of color and form have never left. It was always my assumption that I would unleash my creative mind "when I retire". As retirement gets closer, and I realize that I enjoy the comforts that money provides, I am coming to terms with identifying more fully with being a psychologist, albeit with latent creative desires. I also realize that the divergent thinking I had developed as an artist is also what psychotherapy is all about, even if it lacks tangible color and form.

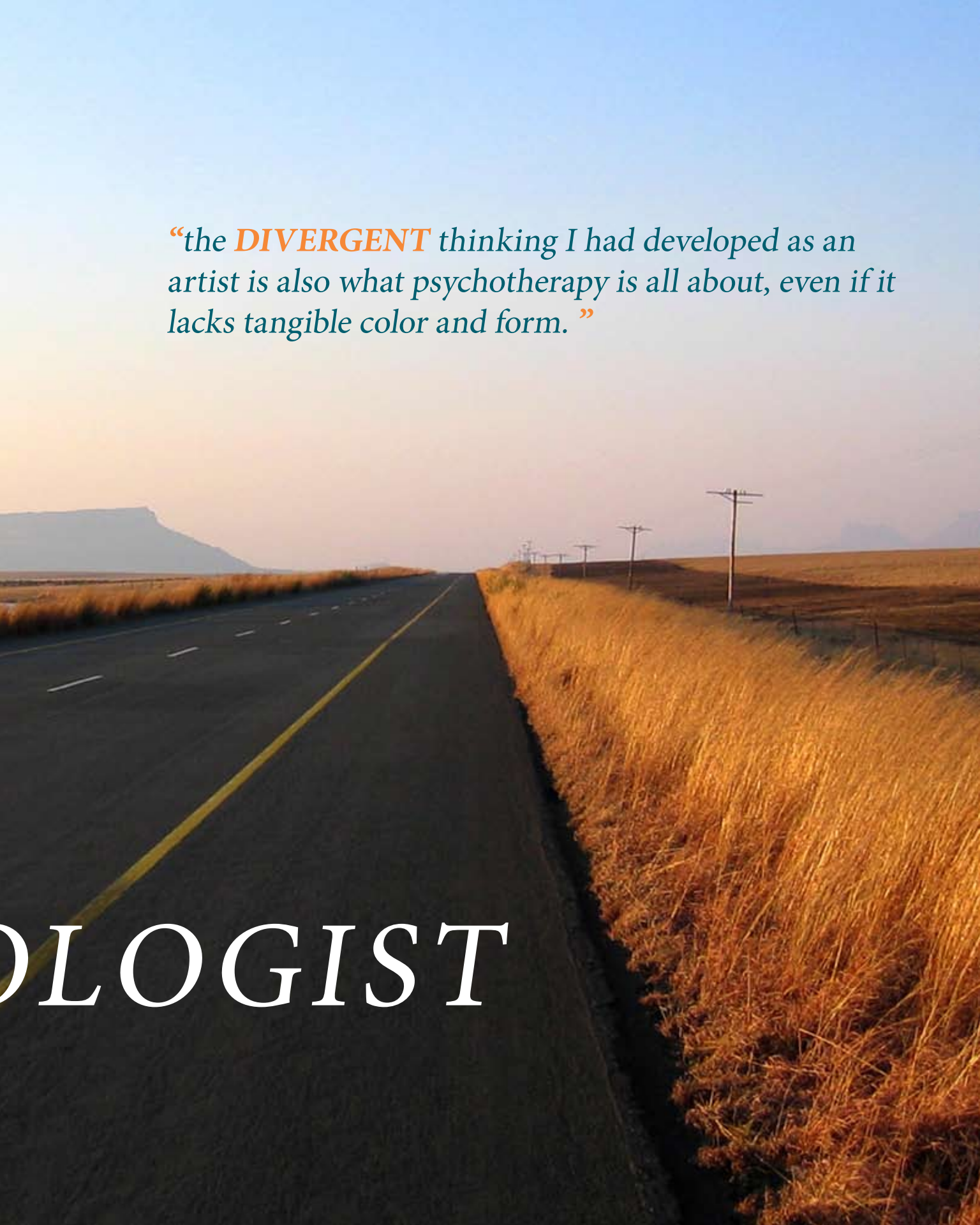


# I AM A PSYCHO

**MARILYN CHOTEM**, Ed.D. R.Psych.

*Dr. Marilyn Chotem has been practicing psychology in BC since 1979. She has worked in addictions, community mental health, eating disorders, a hospital psychiatric unit, and has had a private practice on the North Shore since 1992. [www.marilynchotem.com](http://www.marilynchotem.com)*





*“the **DIVERGENT** thinking I had developed as an artist is also what psychotherapy is all about, even if it lacks tangible color and form. ”*

**DLOGIST**

I remember my first BCPA AGM in 1979 in Victoria, BC. I was in awe of these articulate professionals, and felt like an outsider who might never fit in. The evolving identity as a psychologist started with my first job working in alcohol and drug rehabilitation. I enjoyed working in the alcohol and drug field for four years, but wanted to exercise my training in depth psychotherapy that early recovery work did not permit. Fortuitously, a friend was instrumental in landing my first job with community mental health services in rural BC in 1983. There I was able to do more depth psychotherapy with the non-chronic population. At that time, psychologists were still well represented in community mental health services.

Political changes dictated changes in publicly funded mental health services. In 1983, the Executive Director of Provincial Mental Health Services, who had an MSW, began the purposeful erosion of psychology in mental health. The tone of reasoning applied was: Why pay for a psychologist when a master's level candidate can do the job for less? Another dictum of mental health was, "use it or lose it." Essentially, this meant that if something in the budget did not get spent, it was lost from the budget the following fiscal year.

The shift from provincial mental health with a standardized system to regional health authorities in 2000 left psychological services further vulnerable to the biases of the individual administrations and to the internal politics of the various health authorities. Some health authorities maintained psychologist positions, while others whittled down the presence of psychology. Many positions were lost by attrition in mental health centres and hospitals where their positions were simply not filled and later eliminated, or they were replaced with master's level positions.

Over the last 30 years, psychologists have been largely marginalized from public health; many were driven to private practice by necessity. For the public, this has meant that accessibility to psychological services largely depends on financial means or third party coverage, which is often insufficient. A sad reality is that in a country that values universal health care, the people who need our services most are least likely to receive them.

The more recent Provincial move to a Collaborative Health Care model of service delivery is a breath of fresh air and cause for optimism. I look forward to the anticipated inclusion of psychologists in primary health care where the public can benefit from the rigorous training and standards of practice that psychologists have fulfilled and maintain.

My age would traditionally dictate the ending of a career; however, as one of many baby boomers, a "forever young" outlook and good health mean a longer anticipated lifespan. The continued desire for productivity and meaning, not to mention a desire to maintain a comfortable standard of living, means ongoing private practice beyond retirement from salaried employment. I have been fortunate to have had 22 years of full- and part-time work in mental health and hospital psychiatry, which I have enjoyed throughout. But, I do look forward to freeing up time for creative pursuits when part-time salaried employment ends in the not too distant future.

I am proud of our profession, as I hope we all are. I look forward to continued work for the profession and the public, especially as we move into the next era of healthcare. ■

# Life can be Challenging.

Getting help from a  
psychologist shouldn't be.

## Did you know?

- ✓ 1 in 5 Canadians will face a psychological disorder in a given year  
(Public Health Agency of Canada)
- ✓ Depression will be the second leading cause of disability, for all ages and both sexes by 2020  
(World Health Organization)
- ✓ Mental disorders account for more of the global burden of disease than all cancers combined  
(Mood Disorders Society of Canada)

The British Columbia Psychological Association provides a free, province wide referral service to help you locate qualified, registered psychologists in your community. To find a psychologist visit [www.psychologists.bc.ca](http://www.psychologists.bc.ca) or call 604-730-0522 or toll-free 1-800-730-0522.



British Columbia Psychological Association

[www.psychologists.bc.ca](http://www.psychologists.bc.ca)





# ***STARTING AND OPERATING A PRIVATE PRACTICE:***

*What All Graduate Students Need to Know*

**ANOOSHA AGHAKHANI, MSc., Ph.D. Candidate, RCC.**

Anoosha Aghakhani works in private practice in Coquitlam, BC, specializing in anxiety disorders and relationship transitions. She will be defending her doctoral dissertation in a few months at the University of Alberta, where she completed her doctoral training in counselling psychology.

**P**PRIVATE PRACTICE is a popular career option for many graduate students in psychology graduate programs. A recent survey examining counselling and clinical psychology graduate students' preferred practice settings revealed that 60% of survey respondents selected private practice in their top five practice settings (Cotton, 2011). Furthermore, 18% of these respondents selected private practice as their top career choice.

Despite the popularity of private practice as a career option, many graduate programs do not adequately prepare their students for this career path, notably regarding the business aspect of starting and operating a private practice (Hixson, 2004). Starting a private practice can feel like a daunting task, especially for recent graduates, who likely feel unprepared for this undertaking. While there is a lot to be said on how to start and operate a sustainable private practice, the following suggestions will help ensure you save your time, energy, and money:

### **01. Talk to clinicians in private practice.**

Before you start shopping for office furniture, take the time to speak with clinicians currently in private practice about the advantages and pitfalls of choosing this career path (it also goes without saying that you should be prepared to pay their full fee for their time). This small investment of your time and money could potentially save you tens of thousands of dollars, as well as a lot of time and tears, especially if you realize you do not want to pursue this career.

### **02. Create a vision for your practice.**

Do you want the West Edmonton Mall of private practices, hiring numerous associates and serving a wide variety of clients? Or would you prefer to work as a boutique practice – small and specialized? Write down what you want and do not want in your private practice. You need to know what you want your practice to look like before you can figure out how to accomplish it.

### **03. Resolve your money issues.**

Examine your family of origin beliefs about money: growing up, what did you learn about money? How did it affect you then? How does it affect you now? What is your current relationship with money? The answers to these questions will affect how you set your fees, what you will do when late cancellations or no shows occur, and whether or not you will offer a sliding scale. Resolve old money issues before you launch your practice; you will be glad you did.

### **04. Learn about the business side of running a practice.**

The majority of psychology graduate students lack the knowledge and experience of running a business. Take the time to develop the business skills you will need to succeed: for example, take a course in bookkeeping (or, at the very least, read some books), learn how to use accounting software, keep track of where your money goes, hire an accountant you can trust, and consider the benefits of incorporating your company.

### **05. Pick a specialty.**

Specializing is about choosing a population of people you enjoy working with and marketing to them so that you can enjoy more of these types of clients in your caseload. Specializing does not limit your practice; you are picking a specialty for marketing purposes. While you do not want to pick a specialty you have little to no experience with, you do want to choose a specialty that energizes and excites you. Also, you will be taken more seriously as an expert as opposed to being a generalist. However, make sure that you have first obtained the requisite training and experience to be deemed an expert among your peers and in a court of law.

### **06. Develop an online presence.**

In the age of technology, the majority of your clients will likely find you online. The most common way of developing an online presence is



by creating a website (or paying somebody to do it for you). You can also create a blog, a Facebook fan page, or utilize the services of an online therapist locator. Whichever medium you choose for your online presence, the content should be tasteful and professional.

### **07. Learn how to effectively market your services and do so consistently.**

Once you have chosen your specialty, it becomes much easier to market your services. Think about where your target client spends his or her time and other service professionals who work with your target client. For example, if you specialize in post-partum depression, you may want to market your services to family physicians or online support groups. Make sure you are devoting time every day (or, at the very least, every week) to marketing your practice to keep your caseload full.

### **08. Accept that the face of therapy is changing.**

Currently, most clinicians offer face-to-face therapy in their office. The popularity of technology, as well as the socio-cultural changes in the general population, will influence the medium in which therapy is provided. More and more clients will request online therapy (of course, clinicians will screen for appropriateness before conducting any type of online therapy). Texting appointment reminders to clients will become more popular. Clinicians will need to consider alternative mediums for offering therapy in order to remain competitive.

### **09. Be prepared for customers (and not patients or clients) to call you.**

The people who pay you for your services see themselves as customers – not patients or clients. They see the clinician as a service provider and will look for the one that best meets their needs. How will this affect your practice? They will look you up online and determine whether

you understand their pain (and not how many letters you have after your name). Beyond the internet, customers will be evaluating your customer service practices: how you dress for sessions and your punctuality will be important. You will be judged on how quickly you return telephone calls. Your billing practices will also be scrutinized. If you want to be competitive, be prepared to offer credit card payments.

### **10. Make time for self-care.**

Starting a private practice is demanding. Ensure you are taking good care of yourself by attending to your physical, emotional, mental, and spiritual needs on a regular basis. Maintain a gratitude journal and write about one thing you are grateful for on a daily basis and why you are grateful for it.

As a graduate student, you have spent years developing your clinical skills in order to serve the population(s) with which you work. If you are considering a career in private practice, be aware that you will need to learn new skills that are often not taught in graduate school. Take the time to invest in yourself and the skills you will need to start and operate a sustainable private practice. Finally, make sure that your actions conform to our College of Psychologists code of conduct, relevant legislation and any other relevant codes and professional advisory.

I wish you success in your private practice journey!

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# GAINING *By* GIVING: GETTING ONE'S NAME OUT

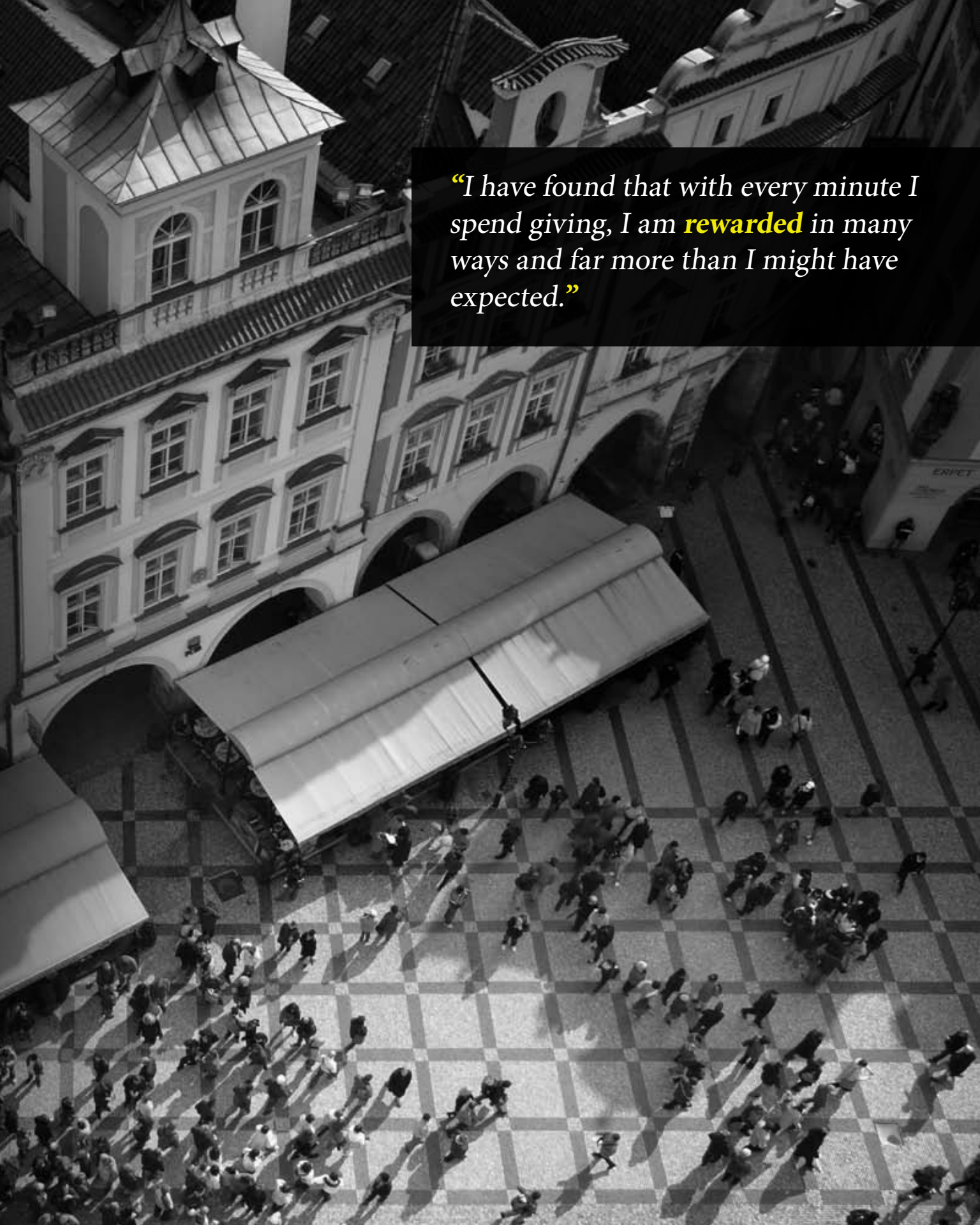
**A**s a 'newbie' in psychology, I often ponder ways in which I might get my name out into the community. Options such as placing an ad in the paper or on the television are out of my budget. Setting up a user-friendly website is also beyond my budget, as well as beyond my technical skill level. And, while I recognize that word of mouth exposure is a great way to build one's practice, it takes a lot of time-time that does not meet the immediacy of my bills. In short, I have found that I cannot wait for my next client to show up at my doorstep. Happily, I have found a paradoxical approach of giving instead of getting that works. Community service!

At first glance, community service might not appear to directly benefit me or pay my bills; however, it has provided interesting benefits. At the heart of it all is the knowledge that a seed has been planted and that my community now has a better understanding of 'what psychology is about and how it might serve them.'

Community service can come in different shapes and forms. One's interests and history influence how one chooses to serve community. For me, my interests have emerged in part because of my own cultural and linguistic history, and in part because of the needs of my community. Namely, mental health has such a stigma in my own ethnic community, that it is taboo to even discuss it, let alone admit to having mental health problems! For me, this very taboo-ness of mental health ignited my interest in promoting psychology, especially within my own community.

## **TIGERSON M. YOUNG, Ph.D., R. Psych.**

Dr. Young currently works in a private practice setting, mainly focusing on rehabilitative psychology. He also teaches a part-time online course for Thompson Rivers University. Dr. Young has worked in a provincial government setting and within non-profit community settings.

An aerial, high-angle photograph of a bustling city square. The ground is paved with a large-scale black and white checkered pattern. Numerous people are walking across the square, their shadows cast long and dark. On the left, a large, ornate building with multiple stories, arched windows, and a prominent copper-roofed tower stands. A long, white, tent-like structure is partially collapsed or being moved across the square. In the background, other historic buildings with arched walkways are visible. A dark rectangular box containing white text is positioned in the upper right quadrant of the image.

*"I have found that with every minute I spend giving, I am **rewarded** in many ways and far more than I might have expected."*

I also think ‘serendipity’ when I mull over unfolding community contribution opportunities. First, there was the ‘who you know’ connection: one of my former bosses happened to know a psychologist who had been doing a radio show at a local Chinese radio station. I was invited to be a guest on the show. Then, there was the ‘right timing’ connection: this radio psychologist host was relocating, and I was asked to take over the radio show.

Aside from the inherent community contributions of public media, hosting this radio show provides me with ongoing valuable experience, as well as an opportunity to talk about psychology on the show. It is hard to believe that I have done it for about a year now. Every month, I have two 30-minute slots to talk about psychology. Not a lot, I know. Yet, it has generated interest in the community: I often receive emails with inquiries and questions about psychology. While not every inquiry turns into a referral, there are rewards. It is rewarding to know that people listen to the program, and in doing so, are probably learning more about psychology. I also learn a great deal, especially when I invite other guests and psychologists to be on the show. For example, Mr. Dave MacDonald from Canadian Mental Health Association has joined us to talk about their community support programs; Dr. Daniel Bernstein from Kwantlen has explained his work on false memory; and Dr. Jennifer Alexander from Simon Fraser University has discussed her work on language and bilingualism. In terms of community contribution, an upside of these radio interviews is that while these experts may be well known to the mainstream community, they are definitely not as well known in various ethnic and cultural communities. Thus, this radio show provides a platform for less mainstream communities to learn more about relevant issues and services.

In addition to radio hosting, I serve in other capacities and for other communities. I sit on a cross-cultural mental health conference organizing committee; which mostly consists of staff from the Vancouver Coastal Health Authority. The Cross-Cultural Psychiatry program of UBC oversees

our committee as well as a number of community agencies, such as ISS of BC and SUCCESS. Our primary tasks involve organization of an annual conference with a topical focus on various cross-cultural and diversity mental health issues. While it takes time to sit in meetings and to organize the conference, this work, like my other community work, is very rewarding. I have had the opportunity to meet with folks from various organizations and agencies. Every year, we have about 200 attendants from all walks of life at our conference. Aside from the obvious altruistic rewards of any community service, I recognize that there have been the perk of getting my name out: some agencies involved in this conference have asked if they could add my name to their resources list.

My last, but not the least, community involvement is with our very own association. I am fortunate and privileged to have recently joined the Board of Directors of the BCPA. While I will have only a year with the Board, I believe that I can use this time to help build a better future for psychology. In particular, I hope to use this time to help promote the importance of psychology for various ethnic and cultural communities.

In closing, I would like to state my thoughts and beliefs about community service. It takes time to participate in community activities. Yet, I have found that with every minute I spend giving, I am rewarded in many ways and far more than I might have expected. True, such efforts do not directly turn into a pay cheque. However, when I am able to see, particularly my own community, that we are more receptive to psychological services, I am just happy that I am a part of that change. I am happy that I can do my part.

So, what is one of the best ways to promote our names in our respective communities? I would say...community service! ■



# Life can be Challenging.



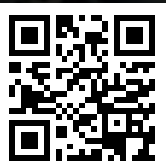
Getting help from a  
psychologist shouldn't be.

## Did you know?

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- ✓ Depression will be the second leading cause of disability, for all ages and both sexes by 2020  
(World Health Organization)
- ✓ Mental disorders account for more of the global burden of disease than all cancers combined  
(Mood Disorders Society of Canada)

February is Psychology Month. The British Columbia Psychological Association is committed to advancing psychology, the interests of Psychologists, and the psychological well-being of all British Columbians.

For more information visit: [www.psychologists.bc.ca](http://www.psychologists.bc.ca)



British Columbia Psychological Association

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A tall, dark silhouette of a lighthouse stands on the left side of the frame. The sky is a vibrant mix of orange, red, and purple, suggesting a sunset or sunrise. The lighthouse has a multi-tiered structure with a small lantern room at the top. In the background, to the left of the lighthouse, there are some smaller structures and antennas on a hill.

# *THE BEGINNING*

*“My work as a psychologist, over 35 years, has had and continues to have many beginnings and endings.”*



# BEGINNING IS THE END

**MIKE WEBSTER, Ph.D., R. Psych.**

*Dr. Webster has practiced as a police psychologist for over 35 years. He specializes in Crisis Management and works with law enforcement agencies both domestically and internationally. He has consulted on a number of high profile crises including Waco Texas, Jordan Montana, Lima Peru, and Gustafsen Lake British Columbia.*

**W**hen I first read the theme for this issue of the B.C. Psychologist I became somewhat disoriented. I'm not really sure if I'm "starting or winding up a career in psychology". My work as a psychologist, over 35 years, has had and continues to have many beginnings and endings. I have practiced Client Centred Therapy, Gestalt Therapy, Structural Family Therapy, Brief Solution Oriented Therapy, and Cognitive Behavioural Therapy. I have worked in family therapy clinics, a drug and alcohol clinic, a pain clinic, municipal health clinics, schools, prisons, and private practice. I think my thesis for this brief article is that there are no beginnings and no endings; the end is in the beginning and there is a beginning in every end. Here, let me show you...

As my long working relationship with what some might say was a “broken police force” appears to be ending I am beginning to adopt a new perspective in my work as a psychologist. I have come to believe that mainstream psychology’s methods, assumptions, and goals frequently maintain an unjust status quo. Moreover, I believe that a more critical perspective can assist psychologists who seek to help their clients and influence their profession, more so than abandoning it for methods better suited to the pursuit of transformative change. Now I ask you this, where would you most expect such a perspective, “starting or winding up a career in psychology”?

I find myself at this time in my career questioning the assumptions that underlay the research and practice of the profession. I would argue that I am able to serve my clients better by expanding my role to include identifying and confronting the organizational causes (e.g. toxic work environment, high levels of stress, a culture of fear) of their individual distress. I assure you that these are not new ideas that I am grappling with. There is a long and rich tradition asserting that psychology’s usual fare of research, teaching, consulting, and therapy does little more than reinforce societal institutions that harbour injustice and inequality (e.g. Fox & Prilleltensky, 1997; Hepburn, 2003; Sloan, 2000). Early on in my career I too was more tolerant of the status quo; now, the more critical my approach becomes the more disappointed I am with myself, and colleagues, working too comfortably within toxic organizations. Again, I ask you, am I at the end or the beginning?

As an example, and to be specific, the occupational health mandate (i.e., to heal and return workers to productivity) as applied to many organizations often overshadows employees’ concerns for values such as justice, equality, the universal rights of workers, and simple compassion. It is my impression that psychologists, even those in private practice, presumably free from the organization’s mandate, and despite their good intentions, are more often than not reinforcing the oppression of these values.

There will be those of you, my colleagues, in various

stages of “starting or winding up” your careers, who think I go too far. Many of you will remain content to draw a line between your practice as a psychologist and your politics. You will no doubt continue to follow the organization’s occupational health mandate and to adhere to the traditional assumptions, skills, and techniques you have learned, thinking that you are ameliorating your client’s complaints. Whereas, there will be those with a more critical perspective who will view your efforts as enabling the organization to continue oppressing its workers undisturbed. I imagine you will view my position, and that of like-minded colleagues, as irrelevant at best. The position I have adopted may even upset or annoy those of you who view yourselves as ethical, and even espouse the above noted values.

However, you needn’t lose any sleep over all of this as a read through the history of psychology shows the field to be highly resistant to transformative change. The cornerstones of the profession have sometimes been scratched, rarely cracked, and almost never replaced. The corporate culture of academia continues to parcel human knowledge into separate, discrete little packages that reinforce for psychologists and the general public what psychologists know and do. Those of you, who choose to ignore organizational and socio-political contexts, or perhaps feel out of place with them, will continue to play the game according to existing assumptions even if you do, as you say, cherish justice.

So, once again I ask you, am I at the end or the beginning of something?

#### References:

Fox, D.& Prilleltensky, I. (Eds.) (1997). *Critical Psychology: An Introduction*. London: Sage

Hepburn, A. (2003). *An Introduction to Critical Psychology*. London: Sage

Sloan, T. (Ed.). (2000). *Critical Psychology: Voices for Change*. Hampshire, England: MacMillan Press ■

# Life can be Challenging.



Getting help from a  
psychologist shouldn't be.

## Did you know?

- ✓ 1 in 5 Canadians will face a psychological disorder in a given year  
(Public Health Agency of Canada)
- ✓ Depression will be the second leading cause of disability, for all ages and both sexes by 2020  
(World Health Organization)
- ✓ Mental disorders account for more of the global burden of disease than all cancers combined  
(Mood Disorders Society of Canada)

February is Psychology Month. The British Columbia Psychological Association is committed to advancing psychology, the interests of Psychologists, and the psychological well-being of all British Columbians.

For more information visit: [www.psychologists.bc.ca](http://www.psychologists.bc.ca)



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# **Two-Day Clinical Hypnosis Training Workshop Saturday & Sunday February 18 & 19th 2012 - UBC Robson Square**

This workshop will provide the basic skills of clinical hypnosis, including demonstrations and practice sessions for those who wish to add hypnosis to their repertoire of therapeutic skills. Simultaneously, intermediate/advanced skills in hypnosis utilization will be provided to the experienced hypnotherapist in areas such as hypnosis for acute and chronic pain management, anger control, & challenging life transitions. Visualization techniques to enhance hypnosis, rapid induction techniques and integrating hypnosis into your medical & dental practice is also covered.

For more details visit:

**[www.hypnosis.bc.ca](http://www.hypnosis.bc.ca) or call 604 688 1714**

**Register before Jan. 21st for Early Bird Rate**

# THE CLINICAL TREATMENT OF ADULTS WITH ANGER PROBLEMS

## Workshop Presented by: Dr. Jerry L. Deffenbacher About the Presenter

Jerry L. Deffenbacher is a professor laureate and former director of training in the Department of Psychology at Colorado State University. He is a fellow of the American Psychological Association, licensed psychologist, diplomate of the American Board of Professional Psychology, and editorial board member of five journals. He teaches large undergraduate classes in abnormal psychology and various graduate theory and practice courses. His research has focused on the nature and consequences of anger and effective interventions for anger. He co-authored with Matthew McKay a manual on an empirically-supported intervention for anger reduction, *Overcoming situational anger and general anger: Therapist protocol*, and a client manual, *Overcoming situational anger and general anger: Client manual*.

## About the Workshop

Anger is a frequent, but under-recognized problem. The workshop is practice-oriented. Presentations, demonstrations, video examples, group exercises, discussion, and handouts focus on providing greater skill for anger management in adults.

The workshop will provide:

- A clinical model of anger problems to conceptualize problem anger and target assessment and treatment.
- A brief overview of anger and diagnosis and working conceptualizations of clinical anger.
- Strategies for addressing general issues in intervention—therapist factors, client factors, therapeutic alliance, and readiness for anger reduction.
- Specific strategies for anger reduction—enhanced awareness, relaxation coping skills, cognitive therapy, palliatives, forgiveness, skill building, aggression-incompatible behavior, changing hedonic tone/positive resources, time out, stimulus control, and response disruption.

## FRIDAY MARCH 16TH, 2012

9:30 AM–4:30 PM @ Italian Cultural Centre (Trattoria Room)  
3075 Slocan Street, Vancouver, BC V5M 3E4

Continuing Education Credits: 6

How to register for this workshop

### • Mail this form to:

**BCPA, 204-1909 West Broadway, Vancouver BC V6J 1Z3**

### • Fax this form to 604-730-0502

### • Go online: [www.psychologists.bc.ca](http://www.psychologists.bc.ca)

**Cancellation Policy: Cancellations must be received in writing by March 1st, 2012. A 20% administration fee will be deducted from all refunds. No refunds will be given after March 1st, 2012.**

☐ I will attend Dr. Deffenbacher's Workshop (required)

☐ I agree to the Cancellation Policy (required)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Early bird registration (January 3 - February 13, 2012)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Regular price               | \$263.20 (incl. HST) |
| <input type="checkbox"/> BCPA Members and Affiliates | \$184.80 (incl. HST) |

## Regular registration (February 14 - March 9, 2012)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Regular price               | \$288.96 (incl. HST) |
| <input type="checkbox"/> BCPA Members and Affiliates | \$210.56 (incl. HST) |

## Meal requirements

- ☐ Regular meal
- ☐ Vegetarian meal
- ☐ Special needs or allergies (please include details below)

HST # 899967350. All prices are in CDN funds.

**Please include a cheque for the correct amount, not post-dated, and made out to "BCPA" or "BC Psychological Association". If you prefer paying by credit card, please register online.**

Workshop fee includes handouts, morning & afternoon coffee, and lunch. Free parking is available. Participant information is protected under the BC Personal Information Act.



# NEUROPSYCHOLOGICAL PRINCIPLES IN ASSESSMENT & TREATMENT OF ADHD & OTHER CHILD PSYCHOPATHOLOGIES AFFECTING ATTENTION

## Workshop Presented by: James B. Hale, Ph.D., ABPdN About the Presenter

James B. Hale, Ph.D., ABPdN, is an Associate Professor in the Clinical Psychology (Clinical Neuropsychology) Program at the University of Victoria. He has extensive teaching and clinical experience in universities, inpatient/outpatient settings, and public schools. Dr. Hale has pursued multiple lines of research, including studies that differentiate reading and math disability subtypes, challenge assumptions about the validity of global IQ interpretation, examine language and psychosocial functions associated with right hemisphere-white matter disorders, and explore neuropsychological aspects of ADHD and medication response. His current research focus is on making cognitive and neuropsychological assessment relevant for intervention for children with high-incidence disorders. Dr. Hale is an active researcher, presenter, author, and practitioner. He has numerous publications, including his critically-acclaimed, bestselling book, *School Neuropsychology: A Practitioner's Handbook*.

## About the Workshop

The workshop will allow participants to:

- Recognize how early models of brain function have been replaced with modern conceptualizations that focus on integrated brain systems that change with successful intervention;
- Realize that child psychosocial functioning is related to both the brain and the environment, and can lead to psychopathology if intervention is not attempted or successful;
- Examine the frontal-subcortical circuits and hemispheric differences that lead to different child psychopathologies;
- Become familiar with the CHT model for linking assessment to intervention, including measures for monitoring response-to-intervention;
- Examine case study data in small groups to develop and test hypotheses about cognitive and neuropsychological function for differential diagnosis of a child with psychopathology, and brainstorm interventions and single subject methodologies for determining treatment response.

## FRIDAY APRIL 27TH, 2012

9:30 AM–4:30 PM @ Italian Cultural Centre (Trattoria Room)  
3075 Slocan Street, Vancouver, BC V5M 3E4

## Continuing Education Credits: 6

## How to register for this workshop

### • Mail this form to:

**BCPA, 204-1909 West Broadway, Vancouver BC V6J 1Z3**

### • Fax this form to 604-730-0502

### • Go online: [www.psychologists.bc.ca](http://www.psychologists.bc.ca)

**Cancellation Policy: Cancellations must be received in writing by April 6th, 2012. A 20% administration fee will be deducted from all refunds. No refunds will be given after April 6th, 2012.**

☐ I will attend James Hale's Workshop (required)

☐ I agree to the Cancellation Policy (required)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Early bird registration (January 3 - March 19, 2012)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Regular price               | \$263.20 (incl. HST) |
| <input type="checkbox"/> BCPA Members and Affiliates | \$184.80 (incl. HST) |

## Regular registration (March 20 - April 20, 2012)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Regular price               | \$288.96 (incl. HST) |
| <input type="checkbox"/> BCPA Members and Affiliates | \$210.56 (incl. HST) |

## Meal requirements

- ☐ Regular meal
- ☐ Vegetarian meal
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HST # 899967350. All prices are in CDN funds.

**Please include a cheque for the correct amount, not post-dated, and made out to "BCPA" or "BC Psychological Association". If you prefer paying by credit card, please register online.**

Workshop fee includes handouts, morning & afternoon coffee, and lunch. Free parking is available. Participant information is protected under the BC Personal Information Act.



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Sep 27 - 28, 2011 • Nov 29 - 30, 2011 • Jan. 24 - 25, 2012 • Mar 7 - 8, 2012

### **Working with Emotion and the Self of the Therapist :**

October 18 - 19, 2012 (prerequisite: Core Skills)

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