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The Psychological Association of Manitoba/
L'Association Des Psychologues Du Manitoba

P.A.M. is legally constituted by the psychologists Registration Act (R.S.M. 1987) as the regulatory body for the practice of all branches of Psychology in Manitoba

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President's Column

For quite some time now PAM has been talking about Manitoba Psychology's inclusion in the *Regulated Health Professions Act (RHPA)* which is the "new" omnibus health legislation that was proclaimed and came into force. On January 1, 2014. It will ultimately govern all 22 self-regulating health professions in Manitoba. At present each regulated health profession is governed by its own unique legislative Act and there is considerable variability across the various Acts. As each new health profession is brought under the *RHPA*, the existing Act governing each profession will be simultaneously repealed. For Psychology the current legislation in force now is the quite dated *Psychologists Registration Act*. Shortly before the recent Manitoba provincial election the PAM Registrar and I, along with representatives from the Manitoba Association of School Psychologists, met directly with the

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then-Ministers of Health and Education and their staff to outline the importance of including Psychology in the *RHPA* as soon as possible in order to enable school psychology to be brought into the Manitoba Psychology regulatory framework. Both Ministers agreed that Psychology should be brought under the *RHPA* as soon as possible and encouraged us to move forward

expeditiously. Obviously the change of government changed the specific Ministers with whom we meet. However, it appears very unlikely that the new government will change course on the matter of this legislation as the process is now well underway and it parallels similar legislation already in force in Ontario, Alberta, and British Columbia.

Because of the considerable heterogeneity in the various existing regulated health professions Acts, one major objective of the *RHPA* is to establish as much commonality as possible across the health professions in matters related to governance, registration, professional conduct, complaints, continuing competence, etc. For psychology, this legislative objective requires the rewriting of many existing documents governing the practice of psychology and the development of some new documentation to address the required legislative commonality across professions. For example, the Standards of Practice adopted for psychology must describe, in observable behaviors and actions, what is required of a practicing psychologist with regard to patients/clients, the profession, and the practice environment. While our existing Code of Conduct does outline what is expected in considerable detail, there are required elements that are missing from the current document and the formatting needs to be revised. Rules, procedures, and documentation with regard to incorporation, which is a new privilege for psychologists under the *RHPA*, must be developed. A Code of Ethics must be submitted that includes

general statements of the moral and ethical behavior expected of psychologists in the required format. As you know, PAM, like other provinces, has adopted the CPA Code of Ethics but this too needs to be reformatted. Practice directives need to be prepared that provide practical guidance to psychologists regarding matters outlined in the Code of Ethics. Clearly, psychology is not starting from ground zero on any of the above matters and, in this regard, we are further ahead than some other health professions. However, the revisions, reformatting and the required consultation on these matters is a large task that will require a number of volunteers from the current PAM registrants. To assist with the whole process, PAM has hired an experienced consultant to work with us on the organization and drafting of all the procedures and documentation that must be prepared. We hired this particular consultant because of his experience and track record in successfully guiding the Audiologists and Speech Pathologists through the process as the first health profession, and to date the only health profession, to be included so far under the *RHPA*. The contract struck with the consultant has favorable terms for PAM and we have built in assurances that the agreed upon funding arrangement is the total financial commitment on PAM's part until the inclusion of Psychology under the *RHPA* is finalized, no matter how long it may take.

An important aspect of the *RHPA* legislation is the inclusion of Reserved Acts. The Reserved Acts are deemed to essentially constitute those actions performed by health professionals in

the course of providing health services that are believed to have the potential to be harmful to people if they are not performed properly and skillfully. In this regard, the *RHPA* has formulated 21 comprehensive Reserved Acts and these regulate who may perform what health services. The specific Reserved Acts that each profession requests the privilege to perform during the process of applying for inclusion in the *RHPA* are granted on the basis of the profession's judged competence and skill to successfully perform the requested Reserved Acts. This, in turn, is related in part to the profession's

education, training, and experience that indicate that the health profession is able to competently perform the Reserved Acts. At this point, PAM envisions a submission that requests Reserved Acts #1 (Making and Communicating a Diagnosis) and #20 (Performing a Psycho-Social Intervention).

Although I may be being optimistic, I believe that it is possible for psychology to be included under the *RHPA* within the next 12-18 months.

John L. Arnett, Ph.D., C. Psych
President

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Feedback and story suggestions are welcomed! Contact the Editor:
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ETHICS, EMOTIONS, AND VALUES

LINDA K. KNAUSS, PH.D.,
ABPP MEMBER, ETHICS COMMITTEE

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Nancy sought treatment from Dr. W. because she was feeling depressed about her relationship with a married man. The man said he no longer loved his wife, but was hesitant to leave her because they just had a baby. Although Nancy talked about this situation for several months, she never mentioned the name of the man she was seeing. However, in one session, something she said made Dr. W realize that Nancy was seeing Dr. W's sister's husband. Dr. W had a very close relationship with her sister, and was fearful that if her sister found out that she knew about the affair and said nothing, that her sister would never speak to her again. Dr. W went home and told her sister what she learned from her client.

Why didn't Dr. W follow the rules? It is likely that if Dr. W were given a multiple-choice exam on the APA Ethical Standards and Code of Conduct (APA, 2010), including the sections on confidentiality, she would know the correct answers. Yet, people like Dr. W who know the ethics code still get into trouble. They make different decisions when confronted with the same information in their office. This is because ethical matters arise in an interpersonal context. The decisions that must be made require reasoning

that can be referenced in any ethics code.

Today's clinical practice often involves competing interests, values, and uncertainty. However, professional training often leaves people unprepared to sort out ethical, clinical, and emotional issues. Ideas that seem to be clear in a textbook, classroom, or workshop become murky in the context of clinical practice. There are many considerations that compete for a therapist's attention and inclination. Psychologists need to understand the personal and interpersonal nature of ethics and morality (Betan & Stanton, 1999).

Currently, most ethical decision making models emphasize a rational approach, although the fifth step in the ethical decision-making model by Barnett and Johnson (2008) is to reflect honestly on personal feelings and competence. Incorporating the role of emotions and values helps clinicians to take ethical action. Clinicians need to be able to make sense of the conflict and ambiguity in the interpersonal context of ethical dilemmas. It is important to be able to respond ethically without reducing the decision to a concrete rule (Betan & Stanton, 1999). This means

giving a broader view of ethics that includes the philosophical underpinnings of ethics, understanding one's own personal values, and recognizing the role of emotions on decision-making. Psychologists will be better at ethical decision-making when they can identify the moral and ethical issues within their practice.

Studies show that many times people know the right thing to do, but they still do not do it. This was the case with Dr. W. Bernard and Jara (1986) studied why people chose not to apply ethical principles even when they were well understood. When responding to vignettes involving a colleague acting unethically, 50% of graduate students and an average of 32% of practicing psychologists (Bernard, Murphy, & Little, 1987) indicated that they would not live up to their own interpretation of what should be done. There were no demographic differences between the participants who indicated they would do what they considered ethical and those who would not. Also, most of the participants in the studies had taken a course in ethics. Wilkins and colleagues (1990) reported similar results in their sample of practicing clinicians in APA Division 12 (Clinical). Betan and Stanton (1999) continued this work by studying how emotions and concerns interfere with a willingness to implement ethical knowledge. These studies demonstrate that ethical knowledge is not sufficient for ethical behavior. The decision not to report the unethical behavior of a colleague seems to be a matter of personal values, as was the decision of Dr. W. According to Bernard and Jara (1986), the issue is not how to communicate

the ethical principles more effectively, but how to motivate people to implement the principles they understand.

The consequences of disregarding the law or code of ethics are well known, but the consequences of disregarding one's own values can be equally damaging. When discussing real or hypothetical ethical dilemmas, several clinicians said their decisions were guided by the need to be able to "look at myself in the mirror in the morning". This need has led psychologists to violate confidentiality, informed consent, and other ethical principles in clear conflict with the APA Ethical Standards and Code of Conduct (APA, 2010) when they were acting in a manner consistent with their own values. Examples include reporting a past crime committed by a client, or failing to report child abuse.

The conflict between values and formal legal or ethical obligations needs to be addressed early and often in education, training, and supervision. Thus a different thrust may be needed in the teaching of ethics in graduate programs. While considerable time and attention are given to teaching the ethics code and even ethical decision-making, students are seldom encouraged to explore their personal values. Abeles (1980) urged psychologists to teach ethics by means of value confrontations. Clarifying moral and ethical values and making them prominent in our thinking may help to realign behavior (Handelsman, Knapp, & Gottlieb, 2002).

Handelsman, Gottlieb, & Knapp (2005) propose that psychologists need to integrate their own ethical and value traditions with those of professional psychology. People have ideas of right and wrong based on their family values, national origin, religion, and personal experiences. However, the way professional ethics are implemented is different from the way ethical decisions are made in one's personal life. When people bring their personal value systems into psychology, they do not necessarily understand "how those same behaviors could harm patients or themselves when implemented within the unique role of a psychologist" (Knapp & VandeCreek, 2012, p. 25). The Ethics Acculturation Model (Handelsman, Gottlieb, & Knapp, 2005) is based on the premise that psychology "represents a discrete culture with its own traditions, values, and methods of implementing its ethical principles" (p. 59). Acculturation can be a complex process of adapting to the shared norms, beliefs and traditions reflected in the ethics code, and people vary in the extent and speed to which they acculturate themselves to the unique ethical demands found in psychology (Knapp & VandeCreek, 2012).

Betan and Stanton (1999) also suggest that ethics training should include awareness of the emotional pulls and subjective concerns of the clinician. In addition to training in the application of ethical guidelines and higher order principles to promote ethical reasoning, training models should encourage awareness of personal emotions and concerns that arise during ethical dilemmas. If psychologists are making poor decisions about ethical

dilemmas because they are not paying attention to the influential role of their emotions, values, and contextual concerns, then those who are more aware of personal emotions and values may be better able and more willing to intervene ethically (Betan & Stanton 1999).

Attending to one's emotional reactions in the context of an ethical dilemma can and does produce personal distress. Kitchener (1986) said "Ethics educators need to help students understand the meaning of their feelings. For example, students need to understand that acting ethically does not always lead one to feel good" (p. 307). However, if people know why they do not want to implement what they know is the most ethical choice, it opens the door for them to seek consultation regarding their values and priorities rather than attempting to justify inappropriate behavior. Consulting with trusted colleagues is the sixth step in the ethical decision-making model outlined by Barnett and Johnson (2008). They emphasize that consultants should be honest, forthright, and have experience with legal and ethical issues, and preferably, experience in the area of concern.

Ethical dilemmas require taking action in situations that are ambiguous. Doing so often creates strong emotional reactions. Values and emotions influence a person's ability to make the best ethical decision. However, they must be integrated with cognitive decision-making skills.

Emotions can interfere with the willingness to use ethical knowledge.

Understanding how emotions might guide behavior in ethical dilemmas can help psychologists to make more informed choices about their actions. Normalizing the emotional process may enhance the motivation and commitment of practitioners to work through challenging ethical dilemmas and seek consultation when needed (Betan & Stanton, 1999). Summer 2015
21 Everyone has values and emotions. As psychologists we try to hide our values and emotions and pretend they do not exist. However, they do not go away. They continue to influence us, so it is essential to understand our values and emotions and integrate them into our work. Only by taking full account of the influence of emotions and values in our work, can we truly practice ethically.

*This article was adapted from the following article: Knauss, L. K. (2005). Why don't we follow the rules? SPA Exchange, 17(2), 14-15.

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STEPPING UP TO THE PLATE: OPPORTUNITIES AND CHALLENGES FOR WOMEN IN LEADERSHIP

SUSAN H. MC DANIEL, PH.D., ABPP, & NADINE
KASLOW, PH.D., ABPP

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“As we look ahead into the next century, leaders will be those who empower others.” Bill Gates

The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we have both taken on leadership roles in academic health centers (Susan as a Division Chief in Psychiatry and an Associate Chair of Family Medicine, Nadine as Vice Chair of Psychiatry and Behavioral Sciences and Chief Psychologist at Grady Hospital). We both completed national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine (ELAM). We have both been active for years in APA governance: Nadine is now Past President of APA, Susan is President

Elect. Susan has built a career developing primary care psychology. Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone:

“This is Dr. McDaniel.”

“Can I leave a message for Dr. McDaniel?”

“No, this is SHE. How can I help you?”

How many of us have had this experience? When we started working in our respective academic health centers in the 80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here—an era when many women want to “lean in,” step up

to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That's how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman's skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman's goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in a very rich meal. We hope you will consider some of the references for more in-depth treatment of these subjects.

Alignment

Opportunities for leadership can arise in intentional or unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution with your own. We find it very useful, as a first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we

are making difficult decisions about priorities, we return to our personal mission statements and ask what is most important in achieving our personal goals. Not, who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

After writing a personal mission statement, the next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway, & Hepworth, 2008). Does it have a clear mission and identified goals? How do these match with your own? More generally, do its leaders communicate clear expectations for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

Power and Dependency

Leadership, by definition, means confronting issues of power and dependency.

Conflict Management

Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, & Marcus, 2014). Conflict management refers to using strategies that move the conflict toward resolution without escalation or destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. This approach entails thoughtful consideration of the myriad sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling of differences in the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. Encourage each party to ask him/herself a series of questions, such as “How does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation?” If you are a party to the conflict, ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party or parties. This approach involves being clear about the outcome you want, accepting what you can get, giving up on having to be right, and demonstrating your willingness to hear the other party’s perspective and to work collaboratively. Conclude by, sharing what you are willing to do to improve the situation and strive to do your best to make these changes.

In conclusion, women bring many talents to leadership. Like other important decisions in life, it takes courage to “step up to the plate” but it is also a rewarding opportunity to serve. We all need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

*This piece was first published in the California Psychological Association magazine in the summer of 2014.

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Have you Written a Professional Will?

Under the Regulated Health Professions Act (218.4 (1)), when a College or Association has reason to believe that a Member's health care records are abandoned, or at risk of being abandoned, it becomes responsible for ensuring that those records are promptly secured and protected. Should a Member become incapacitated or die without a Professional Will in place, the College (P.A.M. or a future College of Manitoba Psychologists) will be obliged to take custody of the records by appointing a P.A.M. Member to take charge of them, or apply to the court for appointment of a custodian, or take possession of the records itself. The administrative and financial challenges are obvious. How much better to prevent all of this, and put a Professional Will in place now?

TELEPSYCHOLOGY IN CANADA

PHILIP SMITH, PH.D.

REGISTRAR FOR PRINCE EDWARD ISLAND

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The four Atlantic provinces of Canada have entered into a Memorandum of Understanding regarding inter-jurisdictional practice of telepsychology. The MOU was first established between Prince Edward Island and Nova Scotia in 2014, was joined by New Brunswick later in 2014, and this year has been joined by Newfoundland and Labrador.

The almost-universal understanding among regulatory boards in North America is that people must be registered in a jurisdiction in order to deliver telepsychology services into that jurisdiction. Efforts are actively underway to bring that understanding into line with the technological realities of 2015, and to maximize the likelihood that the public has access to appropriate, regulated, psychology services. It is to that end that the Atlantic Provinces have entered into the MOU. This is the first agreement in North America enabling inter-jurisdictional telepsychology practice without requirement to be registered in both jurisdictions. Central to the agreement was adoption/endorsement by the four jurisdictions of the Model Standards for Telepsychology Services Delivery adopted by the Association of Canadian Psychology Regulatory

Organizations in 2011, and available at <http://www.acpro-aocrp.ca/documents/ACPRO%20Model%20Standards%20for%20Telepsychology%20Service%20Delivery.pdf>. These standards remind registrants of some 20 especially relevant components of the Canadian Code of Ethics for Psychologists, and then go on to address telepsychology-specific responsibilities, such as competence in the technology of the service delivery mechanism, protections against impersonation, and advance planning for technological failure.

The Model Standards do not themselves resolve issues of inter-jurisdictional practice, and remind registrants to be certain that they are legally authorized to practice into any jurisdiction to which they are delivering services.

The MOU enables registrants in one signatory jurisdiction to deliver appropriate telepsychology services into another signatory jurisdiction without being registered in the receiving jurisdiction, and after having informed the receiving jurisdiction of an intent to deliver such services within the calendar year. The registrant simply provides the receiving jurisdiction with his or her name,

contact information, and home jurisdiction registration number; no application form is assessed and no fee is levied. In the event of a complaint from the public, the home jurisdiction carries regulatory responsibility, having agreed to accept and investigate complaints against its registrants, and to bear all costs and liabilities associated with investigating and adjudicating complaints against the telepsychology practice of its registrants. The MOU does not apply to in-person provision of services. The initial term of the MOU is two years, and the agreement can be cancelled by any party with two weeks written notice.



Have a
great
summer!

SPECIAL SECTION: 2016 ANNUAL GENERAL MEETING

P.A.M.'s 2016 AGM was held on Thursday, April 28, 2016 at the Best Western Airport Plus Hotel in Winnipeg. After the business meeting and dinner, Mr. Michael Harding (Policy Analyst with Manitoba Health) gave a presentation on "The Hottest Privacy Issues Facing Health Professionals Today and How to Avoid Getting Burned". Reports to the AGM continue to page 25

Report to the Annual General Meeting of
The Psychological Association of Manitoba (PAM)
Wednesday, April 28, 2016

Submitted by: John L. Arnett, Ph.D., C. Psych
President, Psychological Association of Manitoba

This past year has been a very exciting one for PAM. PAM has opened its first formal office which is a 1400 square foot facility that is located at Suite 208 - 584 Pembina Highway and includes a large foyer and reception area, a boardroom that seats up to 12 people, three offices, a small kitchen, and a storage area for files. The office provides a "face" for PAM that facilitates meeting with the public, PAM members, prospective PAM members, government, and others and also serves as a central meeting place for PAM Council, the Complaints Committee, the Registration and Membership Committee, and other PAM committees and future staff.

As you know, PAM is largely a volunteer operation and thus I would like to express my gratitude and appreciation to the many PAM volunteers who make it possible for psychology to be a self-regulating health profession in the Province of Manitoba. This includes my colleagues on PAM Executive Council and the psychologists and public members who serve on PAM's nine Committees and Subcommittees. I also want to express my appreciation to our Registrar, Dr. Alan Slusky, for his outstanding work and dedication to PAM, our legal team that includes Mr. Ted Bock from Aikins, McAulay & Thorvaldson LLP who provides legal advice to PAM's Executive Council and to Mr. Blair Graham from Thompson, Dorfman, & Sweatman LLP who has for many years contributed greatly to the work of the Complaints Committee. I also want to thank Ms. Doreen Phimister who serves as the Assistant to the Complaints Committee and to Ms. Shirley Nicholson as PAM's bookkeeper.

I would particularly like to acknowledge the longstanding and excellent contributions of Dr. Michael Stambrook as Chair of the Complaints Committee and Dr. Darryl Gill as a member of the Complaints Committee who both recently stepped down from the Committee after providing long and distinguished service. I would also like to thank Drs. Steve Feldgaier, Adrienne Leslie-Toogood, and Lois Edmund for recently agreeing to serve on the Complaints Committee.

The major work of PAM is conducted through PAM Executive Council and the ten PAM Committees and sub-committees that function through the generosity of Manitoba psychologists and public members who volunteer their time and effort to serve the Association. I want to acknowledge these individuals and express the sincere appreciation of the Association for the significant contributions that they make to PAM.

- **Registration and Membership Committee:** Drs. Donna Chubaty (Chair), William Davis, James Ediger, Lesley Ritchie, Kent Somers, Hal Wallbridge, and Graham Watson
- **Complaints Committee:** Dr. Neil Arnason (Public member), Drs. Lois Edmund, Steve Feldgaier, Valerie Holms, Adrienne Leslie-Toogood, Linda Rhodes, Mr. Glen Matsumoto (Public Member), Ms. Val Stanowski (Public Member)
- **Inquiry Committee:** Drs. James Newton (Chair), Neil Craton (Public Member), James Ediger, Lesley Koven, Linda Trigg, Michelle Warren
- **Examinations Committee:** Drs. Anne-Marie Brown DeGagne (Chair), Michael Burdz, James Ediger, and Carey Mintz
- **Publications Committee:** Drs. Jennifer Volk (Chair), Morry A. Schwartz, and Alan Slusky
- **Standards Committee:** Drs. Hal Wallbridge (Chair), Gary Shady, and Alan Slusky
 - **Continuing Education (subcommittee of Standards Committee):** Drs. Jane Bow (Chair), Don Stewart, Alan Slusky
 - **Jurisprudence Examination (subcommittee of Standards Committee):** Drs. Hal Wallbridge (Chair), Lesley Graff, and Alan Slusky
- **Legislative Review Committee:** Drs. John Arnett (*ex-officio*), Alan Slusky, and Michael Stambrook

In addition to the routine operations necessary to keep PAM operational, considerable work has been done on a number of files over the past year, including but not limited to the following:

1. Finding high quality space office that met our requirements and that was affordable in the long term turned out to be a very complicated task that involved learning the complex intricacies of the commercial real estate world. Then came the required renovations to the space that involved working with a designer, contractors, the office building manager, the City of Winnipeg regarding obtaining building permits, finding appropriate furnishings, and then engaging a janitorial service as well as a plumber added to the fun. However, it all ended with PAM now having a spectacular new office that the whole Association can take pride in.
2. With regard to school psychology, there have been ongoing discussions between PAM, the Manitoba Association of School Psychologists (MASP), and government (particularly with Manitoba Education and Advanced Learning of the Department of Health) regarding the conditions under which school psychology will be brought under the provincial psychology regulatory body (PAM). The discussions have been collegial and constructive and characterized by goodwill on all sides. PAM and MASP have agreed on the requirements that newly trained school psychologists will have to meet to join PAM as well as the requirements for the grandparenting of more senior school psychologists already in practice. As you might expect, the process is complex and involves working not only within the context of the new *RHPA* legislation but also with amending various pieces of education legislation that are now used in the certification process of school psychologists. It also requires a careful review of the relevant collective bargaining agreements related to the funding and working arrangements of school psychologists to ensure that these agreements are not inadvertently violated. Government wants this to happen but is moving very cautiously to make sure that all parties with an interest and stake in school psychology (e.g. school superintendents) are heard in the process. Since the inclusion of school psychology within PAM will have to await the inclusion of psychology within the *RHPA*, this development is not imminent.
3. Psychology's inclusion in the *Regulated Health Professions Act (RHPA)* is progressing, but at a slow pace. This appears to be a result of several factors. First and foremost, bringing all health professions under one omnibus law is an enormous undertaking, particularly in an era in which there is significant change in the scopes of practice and transfers of functions across the health disciplines. It may also be that government underestimated the enormity of the task and therefore under resourced those departments charged with implementing the new law. However, at a

meeting last Fall with the Ministers of Health and Education, psychology was given the green light in principle to proceed toward inclusion in the *RHPA* without having to wait until other professions in the queue completed work necessary for their inclusion in the *RHPA*. Interestingly, part of the impetus for the provincial government's authorization for psychology to proceed as quickly as possible toward inclusion in the *RHPA* appears to relate to the high priority that the government places on the inclusion of school psychology in the overall psychology regulatory framework in Manitoba. As I previously reported, PAM and the Manitoba Association of School Psychologists (MASP) reached an agreement to register new school psychologists as well as grandparented school psychologists who met clearly specified educational and training experiences but who held only Master's degrees. However, in my President's Report last year I pointed out that it was not legally possible for PAM to actually implement the PAM-MASP agreement and register Master's level school psychologists under the *Psychologists Registration Act* because that *Act* specified that a doctoral degree was required for registration. In the new *RHPA* it will be possible to specify in the regulations that school psychologists who hold only Master's degrees will be able to be registered with PAM because as the *RHPA* is implemented the *Psychologists Registration Act* will be simultaneously repealed and no longer stand as an impediment. At this point Council is deciding how to proceed in meeting the many documentation requirements for inclusion in the *RHPA* and will likely hire a consultant to assist with the organization and legal drafting of the required documentation.

4. Over the past year Council has expended considerable time and effort attempting to assist the Complaints Committee in the conduct of its important work. For the vast majority of PAM members this is a committee which with they will have little or no contact throughout their professional careers. However, since public protection is the single most important role of PAM and responding to complaints involving PAM members is a key function of a self-regulating profession, the work of the Complaints Committee is critical to PAM's overall operations. Every complaint is taken seriously by PAM whether at the end of the day it is determined to be justified or not. As you might expect there is often involvement of lawyers on the parts of the complainant, the PAM member about whom the complaint has been made, and/or the Complaints Committee itself. In addition, complaints often involve hundreds of pages of documentation that must be read and considered by the members of the Complaints Committee. And since this documentation often comes in sequentially over long periods

of time (e.g., months and sometimes years), Complaints Committee members must often reread parts of the documentation. Needless to say, PAM incurs significant legal expenses related to the process of investigating and dealing with complaints. PAM Council has been working with the Complaints Committee to assess the potential role of mediation in some complaints, streamlining the manner in which the information is gathered and then presented to Complaints Committee members to more efficiently use their time, developing a complaint form that will effectively and efficiently gather the information necessary to evaluate a complaint while at the same time reducing the large volume of information that often accompanies complaints but is redundant and/or irrelevant to assessing a complaint, and possibly hiring a lawyer on a part-time basis to assist the committee and at the same time better control the legal costs associated with the complaints process.

5. The *Personal Health Information Act (PHIA)*, which is periodically reviewed for possible revision, is coming up for revision in the near future. As I have reported previously PAM members are, from time to time, pressured to release copyrighted raw test protocols in violation of the conditions that they agreed to when they purchased the tests from the publishers or distributors. PAM continues to advise that copyrighted raw test materials should only be released under a specific court order, unless they are to be released to a qualified practitioner. However, the legal opinion sought by PAM suggests that the authority to refuse to release the test materials is debatable under the current version of *PHIA*. In some Provinces specific language in their health information legislation protects psychologists from being compelled to release raw test protocols. Thus, PAM will be undertaking a submission to request that these provisions be added to the next regularly scheduled review/revision of Manitoba's *Personal Health Information Act (PHIA)*.

In spite of PAM's increased expenditures associated with the opening of a new office, Council has been able to hold the line on membership dues for next year. Once again, Council is very appreciative of all the volunteer support that is so essential to the operation of the Association and we look forward to another productive year.

Respectfully submitted,

John L. Arnett, Ph.D., C. Psych.
President

Registration & Membership Committee
Annual Report 2016

The Registration & Membership Committee reviews new applications for PAM membership and addresses registrants' requests for feedback and/or changes to registration status. There have been numerous requests over the past year to expand areas of competency, and the Chair has been working in collaboration with the Registrar and Oral Exam Committee Chair in that regard. Over the current registration year, Dr. Lesley Ritchie took an absence from the Committee due to Maternity Leave. The Committee was pleased to welcome Dr. James Ediger as a new member. The Registration & Membership Committee also includes Dr. Bill Davis, Dr. Kent Somers, Dr. Hal Wallbridge, Dr. Graham Watson and myself as Chair.

I am pleased to announce the new registrants for the 2015-2016 membership year:

<u>C. Psych.</u>	<u>C. Psych. (Cand.)</u>	<u>PA (Cand.)</u>
Dr. Paul Rezutek	Ms. Debra Jolene Kinley	Mr. Daniel Buchanan
Dr. Zoe Therrien	Dr. Rebecca Wells	
Dr. Aynsley Scott	Dr. Renee El-Gabalawy	<u>PA (IP)</u>
Dr. Kerri Walters	Ms. Natalie Mota	Ms. Kristin Rinn
Dr. Leigh Quesnel		
Dr. Leah Enns		
Dr. Heather MacKenzie		
Dr. Sabrina Demetriooff		<u>Life Member</u>
Dr. Lisa Thouas		
Dr. Lisa Dreger		Dr. Robert McIlwraith

Respectfully Submitted,

Dr. Donna Chubaty,
Ph.D., C. Psych.

Report of Examinations Committee, Psychological Association of Manitoba
2016 Annual General Meeting

The Examinations Committee of the Psychological Association of Manitoba is charged with organizing, implementing and reporting the results of oral examinations of candidates seeking registration to practice psychology independently in Manitoba. In addition, the Examinations Committee organizes, implements and reports on oral interviews for psychologists registered to practice independently in other jurisdictions, who are now seeking to be registered in Manitoba under the terms of the Agreements on Internal Trade.

Two Thousand and Fifteen was a very busy year for the examinations committee with seventeen oral examinations taking place.

Sincere thanks are extended to the following volunteer oral examiners, who generously gave of their time and expertise to support the work of this committee:

Drs. Paula Battle, Anastasia Barbopoulos, Naomi Berger, Michael Burdz, James Ediger, Lois Edmond, Ali El-Khatib, Lesley Graff, Diane Hiebert-Murphy, Pam Holens, Valerie Holms, Andrew Jones, David Kolton, Lesley Koven, Solange Lavack, Sonia Marrone, Carey Mintz, Bailey Rayter, Linda Rhodes, Gail Roberts, Dan Rothman, Valdine Scott, Gary Shady, Mike Teschuk, Norah Vincent, and Michelle Warren.

Special recognition is also due to the members of the Examinations Committee.

Committee members devoted considerable time and energy toward developing, piloting and implementing a scoring rubric, to be used in evaluating the performance of examinees. Thanks are extended to Drs. Naomi Berger, Michael Burdz, James Ediger and Carey Mintz. Over the past year, examiners have been utilizing the scoring rubric in the oral examination process and feedback to date has been very positive.

The Examinations Committee is fortunate to have a strong and committed roster of volunteer oral examiners. However, to alleviate the demand on these individuals, additions to the examiners' roster are always welcomed. Interested psychologists are encouraged to contact me for details (anne-marie@drbrowndegagne.ca).

Respectfully submitted by

Anne-Marie Brown-DeGagne, Ph.D. C.Psych.

Registered Psychologist

Chair, Examinations Committee

Publications Committee Report

2016 AGM

Since the last AGM, the Association has published two more issues of Manitoba Psychologist, Volume 32, No. 1 (Summer, 2015) and No. 2 (Winter 2015-2016). The Summer issue provided coverage of the 2015 AGM along with a feature about the P.A.M. supervision guidelines and reporting forms, and general information for Members. In 32:2, we presented articles about P.A.M. Practice Guideline for Providers of Psychological Services: Minor's Consent to Psychological Treatment and Primary Care and Control, and Rethinking Regulation in the UK.

P.A.M. plans to publish another two issues of Manitoba Psychologist this coming year. The purpose of the newsletter will remain that of providing information about regulatory issues both for the psychological community and the wider public, consistent with P.A.M.'s central responsibility for protecting the public. Content will continue to focus on membership, standards, complaints, continuing education/continuing competence, and other regulation-related matters. As we have for several years now, we'll post new issues on our website and notify members and interested non-members that we've done so. We'll continue to keep back-issues on the P.A.M. website as well.

Respectfully Submitted,

Jennifer Volk, Ph.D., C. Psych.
Chair

Complaints Committee Report to the PAM AGM 2016

The work of the Complaints Committee fulfills one of the major functions of the regulatory mandate of the Psychological Association of Manitoba (PAM). In response to complaints submitted to PAM, the Committee monitors and investigates the professional practice of psychologists and other psychological service providers. Any member of the public or any psychological practitioner can submit a complaint, in writing, to the Registrar of PAM. A brochure entitled *The Complaints Process* is available in electronic and paper formats.

After chairing the Committee for four years, Dr. Michael Stambrook stepped down at the end of June 2015. The Committee members gratefully thanked Dr. Stambrook for shouldering a significant workload on its behalf, for his leadership, and for his knowledge of PAM regulations and procedures.

In 2015, the Committee was composed of the following PAM members: Drs. Geri Brousseau, Daryl Gill, Richard Howes, Valerie Holms, Linda Rhodes, and public representatives, Dr. Neil Arnason, Mr. Glenn Matsumoto, and Ms. Val Stanowski. Mr. Blair Graham, Q.C. of Thompson Dorfman Sweatman LLP, is the legal counsel to the Committee, and I provide administrative and organizational support to the Committee.

Dr. Daryl Gill retired from the Committee at the end of the year after 14 years of service and his diligence and extensive knowledge of past complaints will be missed. Dr. Geri Brousseau and Dr. Richard Howes also retired at the end of the year after 4 years and 1 year of service respectively, and their thoughtful contributions will also be missed.

Drs. Lois Edmund, Steven Feldgaier and Adrienne Leslie-Toogood have agreed to serve as Committee members, beginning in January 2016. The Committee welcomes the participation of these psychologists and thanks them for agreeing to serve.

Other members of PAM support the review of complaints by agreeing to undertake important roles as investigators, consultants, experts, and remediation supervisors. The Committee would like to acknowledge and thank the following psychologists who have assisted in 2015: Drs. Liz Adkins, Matthew Decter, Dell Ducharme, Lawrence Ellerby, Leonard Greenwood, Cathy Moser, Daniel Rothman, and Vivienne Rowan.

Committee members are required to review submissions that are often lengthy and present complex professional practice, ethical, and competency issues. The Committee met 11 times during 2015. Between meetings, members reviewed significant documentation and reports, and followed up with investigators, experts, psychologists, remediation supervisors, and complainants.

On behalf of PAM, I thank you all for your contributions in ensuring that the Committee's work is efficient, is consistent with the parameters of the Committee's legal and legislative framework, and considers all professional practice, administrative, and legal issues.

As per By-law 1, the Committee can consider and make the following decisions following its review of a complaint:

- (a) direct that the matter be referred, in whole or in part, to the Inquiry Committee;
- (b) direct that the matter not be referred to the Inquiry Committee;
- (c) accept the voluntary surrender of the member's registration;
- (d) censure the member if:
 - (i) at least one member of the committee has met with the member and the member has agreed to accept the censure, and
 - (ii) the committee has determined that no action is to be taken against the member other than the censure;
- (e) refer the matter to mediation if the committee determines that the complaint is strictly a matter of concern to the complainant and the member, and both parties agree to mediation;
- (f) enter into an agreement with the member that provides for one or more of the following:
 - (i) assessing the member's capacity or fitness to practise psychology,
 - (ii) counselling or treatment of the member,
 - (iii) monitoring or supervising the member's practice of psychology,
 - (iv) requiring the member to complete a specified course of studies by way of remedial training,
 - (v) placing conditions on the member's right to practise psychology; or
- (g) take any other action that it considers appropriate in the circumstances and that is not inconsistent with or contrary to the Act or the regulations or by-laws under the Act.

The following is a summary of the complaints received and reviewed in 2015 and a comparison to previous years:

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
Carried Forward (from previous year)	9	16	12	8	9
New Complaints	11	6	10	10	6
Total Reviewed	20	22	22	18	15
Disposition of Complaints					
Closed	13	13	6	6	7
Carried Forward (to next year)	7	9	16	12	8

Of the 9 complaints carried forward from 2014, 7 have been closed and 2 are nearing completion. Of the 11 new complaints in 2015, the review process has been concluded for 6 and the other 5 are in various stages of the process.

Of the 13 complaints closed in 2015, none were forwarded to the Inquiry Committee; however, in several situations, the Committee provided comments for the psychologist to consider, where some aspect of the member's conduct had been unacceptable or inappropriate, but did not reach the level of being either unprofessional or unethical.

As in previous years, almost half of the complaints were related to psychological assessment in contested venue situations (e.g. custody/access assessments and insurance-based independent assessments). Other complaints related to boundary issues, office practices, fees charged, supervision of credentialed and un-credentialed psychological service providers, inter-professional communication, bias in assessment and Court testimony, possible fraud, and possible impairment in functioning.

Complaints continue to be accompanied by a significant volume of written material, and in some cases do not clearly articulate the actual complaint. To assist complainants to formulate and focus the description of the situation about which they are complaining, the Committee reviewed materials from other provinces and prepared a draft Complaint Form for consideration by PAM Council.

The Committee relies heavily on the members of PAM to facilitate and assist the complaints process. This comment is directed to the member psychologists who have had complaints against them and who have responded with information in a timely manner, and to other PAM members whom the Committee relies on to fulfill its regulatory duty.

The Committee continues to urge all PAM members to consider accepting any requests that they may receive to function as investigators, experts, consultants or remediation supervisors. Having members participate in these roles in the regulation of the profession is vital to the Committee's operation, and to fulfilling PAM's obligation to the public.

Respectfully submitted,

Doreen Phimister
Assistant to the Complaints Committee

PSYCHOLOGICAL ASSOCIATION OF MANITOBA
Treasurer's Report Fiscal Year 2015
2016 Annual General Meeting

It is my privilege to report to PAM membership on the sound fiscal status of the association and our plan to use some of our savings. Outside costs associated with setting up the new PAM offices, our expenses this year fell just under budget at \$210,735.78. Given slightly more revenue from dues than expected, this allowed for a surplus of just under \$5000.

I would like to bring two items to your attention. First, our Complaints Committee Costs were significantly over budget and more than in any previous year. The lack of Inquiry related costs and minimal office rental costs in 2015 allowed us to still come in under budget. Addressing Complaints Committee functioning and costs has been a high priority for Council this year and we expect to see changes in 2016, which should result in these costs returning to expected ranges.

The second item I want to bring to your attention pertains to the use of some of our savings. In light of the fact that PAM had amassed considerable savings, Council has been discussing the best way to use the savings in a financially sound manner. We plan to retain no less than 1.5 years operating expenses, and also believe we should not be amassing more than 2 years operating budget. We believe that ongoing, operating expenses should be covered by the annual budget; however, it would be prudent to use some of the extra savings for (a) expenses associated with the move and establishment of the office, (b) expenses related to coming under the RHPA, and (c) pilot projects related to finding more sustainable ways to manage complaints. We see this as a time-limited practice, with its greatest impact this year and next. Accordingly, you will see these items separated on the bottom of the 2015 Statement and 2016 Budget.

Otherwise, the 2016 Budget is largely similar to the 2015 Budget, with some mild redistribution of funds to account for projected rent expenses.

The 2015 budget is presented in the document entitled, *PAM Financial Statement 2015 and Budget 2016*, posted on the PAM website along with the *PAM Profit & Loss Report 2015*. The *Balance Sheet for 2015* has not been posted but is available upon request to those members who wish to review it.

Drs. Jackie Walker and John Walker once again served as lay auditors to our association's 2015 books, in accordance with our bylaws. Please see their Lay Auditors' Report to the membership. On PAM Council's behalf, I take this opportunity to thank them for their service.

Respectfully submitted,
Jennifer C. Laforce, Ph.D., C.Psych., Treasurer, Psychological Association of Manitoba

COMMITTEES

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA/ L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

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Grace Tan-Harland, Ph.D., C.Psych. (Vice-President)
Jennifer Laforce, Ph.D., C.Psych. (Treasurer)
Donna Chubaty, Ph.D., C.Psych. (Member-at-Large)
Diane Hiebert-Murphy, Ph.D., C.Psych. (Member-at-Large)
Andy Lubusko, Ph.D., C. Psych. (Member-at-Large)
Morry A. J. Schwartz, Ph.D., C.Psych. (Member-at-Large)

Registration and Membership

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William Davis, Ph.D., C. Psych.
Leslie Ritchie, Ph.D., C. Psych. (on leave)
Kent Somers, Ph.D., C. Psych.
Hal Wallbridge, Ph.D., C. Psych.
Graham Watson, Ph.D., C. Psych.
James Ediger, Ph.D., C. Psych.

Complaints

Valerie Holms, Ph.D., C.Psych.
Richard Howes, Ph.D., C. Psych.
Linda Rhodes, Ph.D., C.Psych.
Steve Feldgaier, Ph.D., C. Psych.
Adrienne Leslie-Toogood, Ph.D., C. Psych.
Lois Edmund, Ph.D., C. Psych.
Dr. Neil Arnason (Public Member)
Mr. Glenn Matsumoto (Public Member)
Ms Val Stanowski (Public Member)

Inquiries

James Newton, Ph.D., C.Psych. (Chair)
James Ediger, Ph.D., C. Psych.
Lesley Koven, Ph.D., C. Psych.
Linda Trigg, Ph.D., C.Psych.
Michelle Warren, Ph.D., C.Psych.
Neil Craton (Public Member)

Mr. Ian Hughes (Public Member)
George Webster, Ph.D. (Public Member)

Examinations

Anne-Marie Brown-Degagne, Ph.D., C.Psych. (Chair)
Michael Burdz, Ph.D., C.Psych.
James Ediger, Ph.D., C.Psych.
Carey Mintz, Ph.D., C.Psych.
Other ad-hoc members as required.

Publications

Jennifer Volk, Ph.D., C.Psych. (Chair)
Morry A. J. Schwartz, Ph.D., C.Psych.
Alan Slusky, Ph.D., C.Psych.

Standards

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Legislative Review

John Arnett, Ph.D., C.Psych. (ex-officio)
Michael Stambrook, Ph.D., C.Psych.
Alan Slusky, Ph.D., C.Psych.

Registrar

Alan Slusky, Ph.D., C.Psych.