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The implications of marginalizing culture and psychology: Is the status quo really what we are aiming for?

By Sandra Collins, PhD, R. Psych. and Nancy Arthur, PhD, R. Psych.

In the past several decades, multicultural counselling has become a major focus in the psychology and counselling literature. At the same time, cultural diversity has gained increased attention nationally and internationally, as we recognize the complexity of negotiating cultural identities socially and politically. Challenges have been raised about our traditional ways of thinking about psychological theory and practice. The purpose of this article is to summarize some of the emergent issues and controversies and to highlight some basic principles for culturally sensitive practice.

Culture has traditionally been narrowly defined and linked to *otherness*. In other words, members of non-dominant ethnic populations possess *culture*, and the practice of multicultural counselling is focused on interracial or interethnic exchanges. In much of the literature, however, the definition of culture has been expanded to include other dimensions of identity such as gender, sexual orientation, religion, ability, socioeconomic status, and age (Israel, 2006; Moodley, 2007). It is widely recognized that we are all cultural beings and, as such, bring our cultural identities into every professional interaction. Similarly, all clients all bring both visible and invisible aspects of their cultural

identities into the psychological relationship. The implication of this is that all interactions between psychologist and client are multicultural in nature (Collins & Arthur, 2010b).

What happens to professional practice if there is no *other*—if culture is recognized as a core element of everything we do? All counselling becomes multicultural counselling to a greater or lesser degree. Assessments, case conceptualization and intervention, consultation, and other aspects of professional practice must be examined for the impacts of cultural diversity. Some authors express concern in the literature that expanding the definition of culture in this way may water down the essential focus on racism and racial bias both in professional practice and in social interactions more generally (Sue, 2001). However, there is broader consensus on the importance of recognizing various aspects of cultural diversity, which may be more or less salient depending on the nature and purpose of the relationship between practitioner and client.

The need to critically examine traditional theoretical and practice models is one of the implications of recognizing culture as a foundational variable in understanding human nature and

FORMAL ASSESSMENT NEW DEFINITION

The definition for the professional activity of formal assessment has been changed and a new professional activity of general assessment has been created. These changes are necessary to ensure that all regulated members, including provisional psychologists, share a common understanding of these terms during both the registration process and active practice. If you have a question about the changes, please feel free to contact the College. All relevant forms will be amended and provisional psychologists will be required to follow the new definition by April 1, 2010.

The definitions are as follows:

Formal assessment is the professional activity of gathering, analyzing, and synthesizing information about an individual or group of individuals sufficient to draw supportable psychological conclusions. It entails the use of standardized instruments that are criteria and norm referenced with commonly accepted psychometric properties, direct client contact by the assessor with the person being assessed, AND one or more of the following: interview; personal history; behaviour observations; anecdotal information or substantive collateral information. Formal assessment is aimed at providing an understanding that will inform a practical plan of action or provide information about a person's mental health, emotional or developmental functioning. It may result in a diagnostic classification or the identification of strengths, weaknesses, and competencies, and may be communicated in a written psychological assessment report.

General assessment is the professional activity of gathering, analyzing, and synthesizing information about an individual or group of individuals sufficient to draw supportable psychological conclusions. It entails a process of gathering information through direct personal contact with the person being assessed, AND utilizing one or more of the following methods: interview; observations; checklists; formal or anecdotal record; personal history and other commonly accepted professional methods. It may result in a diagnostic classification or the identification of strengths, weaknesses, and competencies and may be communicated in a written report.

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managing the change process. Not only have these models failed to account for cultural diversity, defining *normal* according to Western, Judeo-Christian, male, heterosexual, able-bodied, and middle-class norms; they also risk labelling as dysfunctional or pathological what is actually a reflection of cultural diversity, differences in worldview, and non-dominant social and relational values (American Psychological Association, 2003). Psychologists may assume that central constructs, such as self, individualism, self-actualization, and autonomy, can be applied universally without attending to their cultural location (Gysbers, Heppner, & Johnston, 2009). After all, these form the foundation for many of our diagnostic and intervention models. However, we do so at the risk not only of failing to serve our clients well, but of potentially engaging in unintentional oppression (Ridley, 1995).

If we fail to acknowledge that we too are cultural beings and that our worldview and our approach to professional practice are grounded in our cultural backgrounds, we risk operating from ethnocentric and monocultural perspectives. Ethnocentrism is the belief, conscious or unconscious, that one's own cultural experience, values, and assumptions are normal. What is different is defined in relation to that self-referential worldview (Collins & Arthur, 2010c). Ethnocentrism forms the basis for various other isms—racism, heterosexism, sexism, and so on. In this case the *other* is defined as *lesser* than in some way (Fowers & Davidov, 2006).

If we accept the idea that attention to cultural diversity is relevant—we would argue essential—to competent professional practice, we are still faced with the challenge of how to effectively attend to and integrate culture into psychological

processes. Some theorists taken an *emic* or group-specific approach, arguing that specific theoretical models and strategies are required that reflect the uniqueness of particular cultural groups. Others, who adopt an *etic* or universalistic view, focus on the commonalities across cultural groups and assume that certain core constructs and processes in the theory of practice psychology can be generalized to diverse populations (Arthur & Collins, 2010a). Others, including us, take a both/and approach, recognizing that it is essential to have specific cultural knowledge about the individuals with whom one is working, but that certain core principles and competencies for multicultural practice are broadly applicable across populations.

One of the challenges to the *emic* approach is that there are endless combinations and permutations of cultural experiences. In many cases, within-group differences are greater than between-group differences (Collins, in press; D'Andrea & Heckman, 2008). For example, one cannot assume that learning about lesbian culture means understanding a particular lesbian's cultural identity. Each individual's experience and self-identification are shaped by historical context, social location, processes of identity development, and so on (Collins, 2010). In addition, individuals often identify with multiple dimensions of cultural diversity. So, you may be working with a lesbian of color or a First Nations individual with a physical disability or a second-generation Islamic woman. In each case, understanding identity involves multiple factors. A weakness in much of the writing on multicultural competence is the tendency to treat various cultural identities using an additive rather than an intersectional model (Bowleg, 2008). You cannot simply add your understanding of lesbian culture to your understanding of a particular

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ethnic group and assume that you then understand the meaning of a particular individual's experience and identity as a lesbian from a non-dominant ethnic group.

Both multicultural literature and feminist literature have contributed significantly to increasing our awareness of the importance of attending to cultural identity in theory and practice. However, both fields have been criticized for failing to adopt a more inclusive and integrative perspective, further marginalizing those most vulnerable in society by virtue of their multiple non-dominant statuses (Moodley, 2007; Reynolds & Constantine, 2004). The literature in both fields is shifting to focus on the complexity, fluidity, intersectionality, and dynamic nature of cultural identity (Collins, in press; 2010). Individuals do not experience various dimensions of their identities separately or asynchronously (Valentine, 2007). Their identities can only be understood through exploring the unique social space that emerges at the intersection of their multiple affiliations (Bowleg, 2008; Ludvig, 2006). One of the risks of simply adding new guidelines for working with various populations is that this approach fails to appreciate the well-known systems theory principle that *the whole is greater than the sum of the parts*.

The etic perspective is useful in the recognition that certain core principles can be identified as central to competent practice across a range of cultural contexts and perspectives. We build on the earlier literature in identifying three core competency domains in our model of *culture-infused counselling* (Collins & Arthur, 2010b):

1. Awareness of personal cultural identity forms the foundation for being able to understand and critically analyze the roots of one's own values,

assumptions, biases, and other aspects of worldview.

2. Awareness of clients' cultural identities enables us to identify ways in which their worldviews, social locations, and historical and cultural contexts impact their perspectives on problem definition, healthy and unhealthy behaviour, change processes, and appropriate goals for the therapeutic process.

3. It is within the context of a culturally sensitive working alliance between the psychologists and the client(s) that the implications of this awareness of self and other are acknowledged, negotiated, and directed toward an effective and culturally-responsive therapeutic process. The responsibility is on the practitioner to actively engage in cultural inquiry to explore the meaning of cultural identity to each individual client and the relationship of culture to the therapeutic process.

Within each of these core competency domains, Collins and Arthur (2010b) define the specific knowledge, attitudes, and skills required to function competently in multicultural contexts. These are intended as broadly applicable multicultural counselling competencies that form the foundation for *infusing* sensitivity and responsiveness to culture into the work with a specific individual, experiencing an idiosyncratic challenge, in a particular context.

Practitioners face two common pitfalls in relation to culture (Collins & Arthur, 2010c). The first, and the most common, is *cultural blindness*, which reflects reluctance and a lack of awareness on the part of practitioners to examine the influence of culture on practice. This weakness reflects the criticism

of traditional psychological theory noted above. As awareness of cultural influences increases, practitioners potentially err on the side of *cultural consciousness*. This is akin to shining a cultural spotlight on a client and viewing all the client's issues according to cultural affiliations or identities (Ridley, 1995). Both these errors are more likely to occur in the absence of a strong working alliance in which active inquiry into culture is the foundation for working with all clients (Collins & Arthur, 2010a).

Knapik and Miloti (2006) introduced the term *culture-in-action*, which reinforces the emphasis here that culture exists and becomes meaningful to the psychological process only as it is explored, applied, and reflected upon in the immediate and bidirectional interaction between psychologist and client. The practice of psychology brings together one or more cultural beings, who must find common ground to effectively negotiate the goals and processes that will best meet client needs. We all share commonalities that bind us together as human beings; however, psychology has most often overlooked the common experience of difference. "No matter how similar we are, there'll be differences. No matter how different we are, there will be similarities" (Pedersen, 2001, p. 19). The practice of psychology has focused far too often on the similarities, at the expense of those individuals or groups whose differences fall outside of what has been considered *normal*.

Attending to culture opens the door-and some would argue-necessitates a broader understanding of the sociopolitical factors that influence health and wellbeing. As we begin to attend to culture and to actively engage our clients in an exploration of the impact of culture, we recognize that cultural oppression is a common experience for many

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clients (Brown, Reipe, & Coffey, 2005). In most cases, membership in a non-dominant group, whether visible or invisible, results in experiences different from those of the dominant population (Malley & Tasker, 2007). Experiencing racism, sexism, heterosexism, and other forms of cultural oppression has a dramatic impact on personal and professional development; physical, emotional, and psychological wellbeing and other determinants of health.

This perspective presents yet another dilemma for the culturally sensitive practitioner in locating the problem outside of the individual client(s). The focus of assessment and intervention then becomes the broader familial, organizational, community, and/or social, economic, and political systems that foster social injustices (Crethar, Rivera, & Nash, 2008; Israel, 2006). Psychology has tended traditionally to extract the individual, both literally and figuratively, from his or her cultural context and, in so doing, has missed the opportunity to focus on systems level analysis and change. Insufficient attention has been placed on power relations, social inequities, and the common experiences across non-dominant populations of various forms of cultural oppression (Moodley, 2007). In the last decade, there has been an increased focus in the psychological literature on the issue of social justice and the role of psychologists and other health practitioners in effecting social change. This pushes the boundaries of traditional psychological practice (Collins & Arthur, 2010a) and challenges us to re-examine some of the ways in which we define professional ethics and boundaries and to engage in an examination of the issues of privilege and power (Pettifor, 2010).

As psychologists we benefit directly from continued social, economic, and political oppression. We generate our livelihood, in part,

by addressing the psychological, emotional, and social impacts of systemic inequities, based largely in cultural diversity (Arthur & Collins, 2010b). From our perspective, this leaves us with a responsibility to work toward the betterment of society, with a view to eliminating the social injustices that often lead to client distress and dysfunction. The challenge is how we go about tackling social injustices within the boundaries of our professional practice. It may be comfortable for us to acknowledge the role of context in understanding and addressing client problems. It is a much larger step to own some level of responsibility for actually effecting change in these contexts. Traditionally, the discipline of psychology has functioned, to a large degree, as an instrument of the status quo and, as such, has directly and indirectly contributed to cultural oppression (Sue, 2001). Too often we have focused on assisting clients to adjust to unjust circumstances rather than on empowering them or taking action ourselves to change the sources of their oppression. Individuals with multiple non-dominant identities are more likely to experience cultural oppression and marginalization (Collins, in press; 2010). But the profession has not adequately recognized the impact of cultural oppression on non-dominant client groups and has not taken an active stance in addressing these issues on social and political fronts (Sue, 2001).

The *how-to* of social justice is beyond the scope of this article. Our intent here is simply to raise some of the issues, challenges, controversies, and potential future directions for the enhancement of culture-infused professional practice. Recognizing the importance of culture leads us down a path of self-exploration, more active inquiry about culture with our clients, critical reflection on the assumptions that underlie psychological theory, thoughtful

implementation of psychological practice in a way that respects and validates client culture, and potentially—hopefully—examination of how psychologists might make a positive difference in the organizational, community, socio-economic, and political systems that impact the health and wellbeing of all Canadians.

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SUBSTANTIAL EQUIVALENCY PROCESS

The *Health Professions Act* (HPA) requires the College to identify the criteria it would use to register a psychologist for independent practice who did not hold traditional Canadian or North American credentials. For example, the College may determine that an individual from a foreign country who held a doctoral degree in psychology from an accredited university, supervised counselling internships and taught ethics for several years may be exempt from the supervised practice hours and ethics course requirements.

Section 28(2)(c) of the HPA states: by satisfying the registrar, the registration committee or competence committee, of having as determined in accordance with the regulations, a combination of education, experience, practice or other qualifications, that demonstrate the competence required for registration as a regulated member.

The Council has approved a substantial equivalency framework based on a recognition of foundational knowledge, core competencies, education, experience and other professional qualifications. Information for applicants applying for registration based on substantial equivalency is also available from the College. Importantly, the first Alberta Court of Queen's Bench decision in the area of substantial equivalency reinforced the right and authority of a sister HPA College to establish and enforce competency requirements.

The determination of what the College will accept as substantial equivalency is not always easy; administrative law and societal expectations dictate that any process of substantial equivalency is fair, transparent, and follows due process. Any process must be timely, cost affordable and regularly updated to reflect changes in practice standards.

Psychologists working with immigrants and refugees:

A reflection on language, culture, and the pre-migration experience

By Sophie Yohani, PhD, R. Psych.

The heart of a discussion on psychological practice with immigrants and refugees is a call for deep reflection and dialogue on issues pertaining to cultural competence, human rights and social justice. As Alberta changes to reflect a more diverse society, with groups having more opportunities to voice their experiences, what will be our role? This is not about “us” practicing on “them”; rather, it’s an invitation for Canadians and the psychology profession to consider some profound changes to the parameters of our culture and our profession. This article presents some dimensions related to work with newcomers to Alberta. The goal is to stimulate initial reflections around practice with the increased ethno-cultural and linguistic diversity reflected in our communities.

Recent trends regarding immigrants and refugees in Alberta

Alberta’s economic prosperity and provincial-level participation in recruitment (i.e., in the Provincial Nomination Program) have been linked to the net increase of 20,000 newcomers between 2001 and 2006 (Gurlock, 2009). These trends have seen Calgary and Edmonton become the fourth and fifth destinations of choice for immigrants in Canada. According to 2006 census reports, 16.2 per cent of Alberta’s population is made up of foreign-born individuals (Statistics Canada, 2007). Contrary to past trends, this data also shows that many recent immigrants to Canada are from non-Western European countries, with the largest group being from Asia (Statistics Canada). While we know that considerable heterogeneity exists within Canada’s ethnic minority and migrant communities, this change

in Alberta’s ethno-cultural diversity will no doubt have implications for psychological practice as we encounter diverse cultural idioms of distress and perspectives on what constitutes appropriate mental health care.

First, a distinction needs to be made between refugees and immigrants, although there are instances when these lines are less clear. Immigrants typically come to Canada seeking economic betterment and improved future prospects for their families. Under the *Immigration and Refugee Protection Act*, they can apply through the Family or Economic classes. Implied here is an assumption of a choice to migrate, even though there may be multiple “push” factors that contribute to the decision. Refugees, on the other hand, have little choice in the process of migration as they are typically individuals who are unable or unwilling to live in their countries of residence due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion (United Nations, 1951). Refugees often arrive in Canada after a series of stages that can include flight from country of origin, time in a refugee camp and asylum in more than one country (Prendes-Lintel, 2001).

This distinction is relevant to mental health practice with immigrants and refugees because *choice* is an underlying factor in adaptation and acculturation (Berry, 2001). For example, a government sponsored refugee from Afghanistan has no choice in the decision to settle in Grand Prairie. In turn that individual is automatically immersed in a process of acculturation, which refers to the changes and consequences in individuals and society as a result of contact between two cultures (Berry). Since

minority ethno-cultural groups are more likely to undergo more change, this alone can contribute to increased acculturation stress compared to that experienced by an individual who made a choice to move to a particular location. Psychologists acquainted with the role of choice in establishing a sense of control in one’s environment will relate to the high potential for disempowerment that accompanies the life of refugees.

Guidelines for ethical practice with immigrants and refugees

Psychologists seeking strategies for ethical practice with ethno-cultural and racial diversity can turn to general guidelines outlined in the Canadian Code of Ethics (Canadian Psychological Association, 2000). The Canadian Psychological Association (CPA) has a number of policy statements and a document providing guidelines for non-discriminatory practice (CPA, 2001). The latter intends to act as a living document that both promotes non-discrimination and serves as a guide for self-evaluation. Consequently, it outlines 21 guidelines for ethical practice with diverse populations.

For a more comprehensive discussion of multicultural competence, psychologists in Alberta can also refer to the American Psychological Association’s (2003) guidelines on multicultural education, training, research, practice and organizational change for psychologists. Likewise, psychologists working with immigrants and refugees should be aware of international documents relating to human rights such as the United Nations Universal Declaration of Human Rights (United Nations, 1948) and the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (United Nations, 1985). The latter is of particular

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relevance to psychologists since it articulates mental health impairment as a consequence of governmental victimization and the need for reparative mental health services. These documents have significance in terms of exploring our role in reconciliation, restitution and rehabilitation as we work with groups who have experienced such forms of oppression.

Some practice issues with immigrants and refugees

Multiple psychological, economic, social, historical and political factors intersect and shape the pathways of our practice with immigrants and refugees. However, the following section briefly touches on three areas that are often challenging for psychologists working with newcomers.

1. Language barriers

The ability to speak one of Canada's official languages is considered one of the most important predictors of successful economic, social and educational integration in Canada. With 2006 Census results indicating 70 per cent of immigrants in Canada reporting a mother tongue other than English (Statistics Canada, 2007) and 9.1 per cent of Albertans not speaking either official language, is no surprise that language barriers have been identified as a major hindrance for immigrants (Arthur & Merali, 2005). In our practice, this is manifested in the lack of language-specific services and in challenges with translation. Psychologists working with interpreters need to think carefully about issues of communication, trust, and confidentiality with the client's welfare in mind. Challenges may arise due to ethno-linguistic differences such as the lack of definitions for certain psychological constructs such as "depression," and the fear of pertinent information getting "lost" in translation. This can be particularly challenging in therapeutic approaches that include

assisting a person to reconstruct narratives of traumatic experiences (Van Diji et al., 2003). Socio-cultural and historical factors may also create barriers if interpreters are from adversary ethno-cultural groups, have dialect differences or are of a different gender. Likewise, using an interpreter who is unfamiliar with psychological practice has the potential to unintentionally cause more harm. Looking toward solutions, the use of cultural brokers who provide both language and cultural bridging shows potential for mental health professions (Laurence et al., 2003).

Reflections

- What is your comfort level in working with an individual who does not speak English?
- What is your perspective on the role of language proficiency for appropriate psychological practice?
- Are you familiar with the best practices for working with interpreters?
- Do you know where to access interpreter or cultural brokering services for your clients?

2. Diverse cultural practices and beliefs

Culture influences help-seeking behaviors and the way distress is expressed in different ethno-cultural groups (Sue & Sue, 2008). Psychologists working with immigrants and refugees need to know that cultural, universal and personal views influence the way we work together. This can range from perceptions of the psychologists' role to the nature of the relationship to the aetiology of psychological distress. For example, parents may view a school psychologist as an agent for systemic change or as a surrogate parent. In parts of my country of origin, Tanzania, severe mental illness is associated with

spirit possession. This may require changes to modes of practice or flexibility in the ways in which we view our role—which can potentially raise ethical questions. Clients from various ethno-cultural backgrounds may see a psychologist while also consulting traditional healers, religious leaders and community elders. How then do we create safety for sharing this information and what do we do with such knowledge in the best interest of our clients?

While a number of screening instruments and protocols have been developed for accessing information regarding cultural idioms of distress (Johnson et al., 1995), careful attention is needed to develop a safe and trusting relationship that allows clients to share their cultural perceptions regarding mental distress and preferred modes of intervention. This in turn can minimize malpractice—either from overemphasising culture and failing to attend to factors that warrant clinical attention, or from giving too little attention to culture, resulting in clinical diagnosis of normative behaviours (Ridley, Li, & Hill, 1998). Building on principles of cultural competence, therefore, involves a recognition that the processes of mainstream mental health service may at times be antagonistic to the values held by some culturally diverse clients and can, unintentionally, be viewed as oppressive and humiliating for some.

Reflections

- What are the more subtle values passed to you from your ethno-cultural heritage?
- Are you aware of less obvious ways (such as facial expressions) in which you may inadvertently convey these values to clients?
- Are you comfortable with your ability to integrate and use culture-

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related questions in your assessment practices with newcomer clients?

- Are you comfortable with your ability to apply or integrate culturally-relevant practices within your own practice?

3. Pre-migration trauma and mass violation of human rights

Since 1990, civilians have been the targets of an estimated 90 per cent of global conflict-related deaths, with an estimated 80 per cent of these civilians being women and children (Otunna, 2002). Despite the presence of international laws and a legal framework for protection of civilians during war, massive violations of human rights, such as sexualized violence, continue to occur in areas of conflict and few interventions have prevented these atrocities from taking place (Mollica, 2006).

While many refugees are resilient and can function despite such experiences, psychologists working with refugees will inevitably come face-to-face with children and adults who have experiences ranging from witnessing violence (Allwood, et. al., 2002) to being involved in armed conflict (Meyers, 2007) to personally experiencing violence (Mukamana & Brysiewicz, 2008). Studies of refugees in resettlement countries find rates of post traumatic stress disorder (PTSD) to vary considerably, from 10 per cent to 50 per cent (Fazel et al., 2005). However, practitioners working with refugees need to be aware of the widespread controversy regarding the impact of trauma following exposure to mass violence and displacement that exists in the field of traumatology. Proponents of a conventional perspective tend to emphasize the pervasive nature of trauma and its impact on mental health (Agger et al., 1995). Alternatively, many questions exist regarding the applicability of Western diagnostic conceptualizations, such as

PTSD, to non-Western societies (Summerfield, 2004).

Reflections:

- What are your views regarding trauma work with refugees? How do you view people coming from war—are they victims or perpetrators? How does this influence your practice?

- What is your awareness of refugee mental health and of issues relating to work with communities from post-conflict countries?

- How confident are you working with refugees with regard to pre- and post-migration challenges that interact with trauma?

Final Thoughts

Recently, the concept of cultural safety (Anderson et al., 2003) has gained attention in Canada. Cultural safety moves beyond cultural sensitivity at the practice level to the analysis of power imbalances, institutional discrimination and historical practices as they apply to health care. This is relevant for psychologists exploring cultural safety, particularly when working within communities that have experienced the violation of human rights. This would include refugees and groups that continue to experience the intergenerational effects of historical injustices. A significant aspect of this work is creating the safety within which to dialogue on such difficult topics, both in society and in our professional community. I believe that psychologists have the foundations, through our training and ethics, to engage and facilitate discussions that can lead to change. This is our potential contribution.

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Sophie Yohani is a registered psychologist and assistant professor of counselling psychology at the University of Alberta. She is originally from Tanzania, and her practice has included mental health services to immigrant and refugee individual, families, and communities in private practice and the non-profit sector since 1996. Sophie's research interests stem from her practice and focuses on the mental health outcomes of refugee women and youth based on pre- and post-migration experiences and program implications in educational and community settings.

Reminder...

Changing your address?

Please notify the College promptly, in writing, of any changes to your address, phone and fax numbers, or email address. A Change of Address Form is available on the College website.

Please note that information about your business address, phone and fax number, and email address is available to the public. If you are providing a residential address to the College, clearly indicate this on the Change of Address Form so that this information will be kept confidential.

In addition, if you have an email address, you are encouraged to provide it to the College to facilitate more efficient communication.

Protecting the Public and the Environment

One strategic priority of the Council of the College is to facilitate communications with members. Email is a preferred mechanism for several reasons. These include timeliness,

cost-effectiveness, and a reduction in the amount of paper used. The College is exploring mandatory email addresses for all members.

Please ensure that the College has your current mail and email addresses.

Diversity: A Reality for All Psychologists

By Richard J. Spelliscy, PhD, R. Psych.

Diversity has been identified as a critical variable in the professional practice of psychology for over three decades (APA, 2002; CAP, 2002; CPA, 1996, 2001; and PAA, 1995). This history is outlined in the American Psychological Association (APA) Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002). Six foundational APA guidelines that reflect contemporary best practice are also proposed. These are outlined in table 1.

Table 1
APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists

Guideline 1	Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.
Guideline 2	Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge and understanding about ethnically and racially different individuals.
Guideline 3	As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
Guideline 4	Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.
Guideline 5	Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices.
Guideline 6	Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

Guidelines for Non-discriminatory Practice for Canadian Psychologists were first proposed by the Canadian Psychological Association (CPA) in 1996 and updated in 2001. They have been cross referenced with the Canadian Code of Ethics for Psychologists (1991, 2000). This is to ensure that psychologists incorporate these principles into all aspects of their daily work. These guidelines are outlined in Table 2.

Table 2
CPA Guidelines for Non-discriminatory Practice

Guideline 1	Recognize the inherent worth of all human beings regardless of how different they may be from oneself.
Guideline 2	Be aware of one's own cultural, moral, and social beliefs, and be sensitive to how they may enhance one's interactions with others or may interfere with promoting the welfare of others.
Guideline 3	Recognize the power differential between oneself and others in order to diminish the differences, and to use power for the advantage of others rather than unwittingly to abuse it.
Guideline 4	Study group or cultural norms in order to recognize individual differences within the larger context.
Guideline 5	Be aware that theories or precepts developed to describe people from the dominant culture may apply differently to people from non-dominant cultures.
Guideline 6	Recognize the reality, variety, and implications of all forms of oppression in society, and facilitate clients' examination of options in dealing with such experiences.
Guideline 7	Recognize that those who are subjected to physical or sexual assault are victims of crime, and that those who assault are guilty of crimes.
Guideline 8	Be knowledgeable about community resources available for diverse populations.

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Guideline 9	Respect, listen and learn from clients who are different from oneself in order to understand what is in their best interests.
Guideline 10	Use inclusive and respectful language.
Guideline 11	Share all relevant decision making with clients including goals of the interaction and the nature of proposed interventions in order to serve their best interests.
Guideline 12	Ensure that consent is truly informed, keeping in mind diversity issues and cultural differences.
Guideline 13	Be especially careful to be open, honest, and straightforward, remembering that persons who are oppressed may be distrustful or overly trustful of those in authority.
Guideline 14	Assess accurately the source of difficulties, apportioning causality appropriately between individual, situational, and cultural factors.
Guideline 15	Respect privacy and confidentiality according to the wishes of clients, and explain fully any limitations on confidentiality that may exist.
Guideline 16	Evaluate the cultural meaning of dual/multiple and overlapping relationships in order to show respect and to avoid exploitation.
Guideline 17	Constantly re-evaluate one's competence, attitudes, and effectiveness in working with diverse populations.
Guideline 18	Consult with others who may be more familiar with diversity in order to provide competent services.
Guideline 19	Acknowledge one's own vulnerabilities and care oneself outside of relationships as psychologists.
Guideline 20	Make competent services available to disadvantaged groups by offering services at a lower cost in proportion to the client's income for a proportion of one's caseload.
Guideline 21	Choose ways in which one can contribute to the making of a society that is respectful and caring of all its citizens.

Roysircar (2004), in keeping with the College of Alberta Psychologists Standards of Practice (2005), emphasizes that "competence in working with diverse clients is essential for all therapists" (p. 658). As such, she recommends a twofold process where psychologists examine and value their own history of diversity as well as that of their clients. This process is viewed as being fundamental to effective intervention when working with diverse populations. A cultural diversity training curriculum for all psychologists is proposed. This includes an in-depth review of the following APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients (APA, 2000), Guidelines on Multicultural Education and Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003), and guidelines from the Council of the National Psychological Associations for the Advancement of Ethnic Minority Issues (2002). Alberta Psychologists are well advised to review parallel Canadian and provincial ethical and professional practice publications. This includes the Guidelines for Non-discriminatory Practice for Canadian Psychologists (CPA 1996, 2001) and Professional Guidelines for Psychologists, Non-Discriminatory Practice (CAP, 2002).

The Psychologists' Association of Alberta (PAA) first adopted professional guidelines for non-discriminatory practice, based on the Canadian Code of Ethics for Psychologists (Third Edition), in 1995. The College of Alberta Psychologists (CAP) revised and adopted these guidelines in 2002.

Arthur and Collins (2010), in their work *Culture-Infused Counselling*, emphasize that "a core assumption ... (in contemporary diversity thinking) ... is that all persons are cultural beings and their world views are shaped by personal identity factors (e.g., family dynamics, personal experiences), cultural factors (e.g., ethnic heritage, gender, sexual orientation) and contextual factors (e.g., social norms, historical context). Like Roysircar (2004), Collins and Arthur (2010) reiterate the need for intentional cultural awareness and sensitivity training in all aspects of psychological practice, including supervision.

Key ethical principles for Canadian psychologists directly related to non-discriminatory practice include:

- Principle I Respect for the Dignity of Persons
- Principle II Responsible Caring
- Principle III Integrity in Relationships
- Principle IV Responsibility to Society

Principle I, Respect for the Dignity of Persons, compels psychologists in all practice areas (e.g., research, teaching, counselling and assessment)

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Diversity: A Reality for All Psychologists, cont....

and activities (e.g., informed consent, clarification of voluntary nature of participation/adverse outcomes, rules of confidentiality) to value every client's innate worth. "In so doing, psychologists acknowledge that all persons have a right to have their innate worth as human beings appreciated and that this worth is not dependent upon their culture, nationality, ethnicity, color, race, religion, sex, gender, marital status, sexual, orientation, physical, or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition or status" (CPA, 2000 p. 8). Principle I specifically directs psychologists to acknowledge, appreciate and avoid discrimination by acts either of commission (i.e. refusal of services, unfair treatment) or of omission (i.e. failing to offer an interpreter to a client when obtaining informed consent).

Principle I recognizes that psychologists' duty to clients is higher than it would be for members of the general public to each other. This is because of psychologists' greater awareness of the potential adverse outcomes of unfair treatment. This duty is in direct proportion to the level of client vulnerability and of potential adverse outcomes. It also compels psychologists to take corrective action when they are aware that the dignity of an individual/group has been compromised and to encourage others/organizations to address any perceived injustices.

Principle II, Responsible Caring, requires psychologists to practice competently and to not only treat all clients equally but to ensure those who are more vulnerable receive a higher standard of care. This is consistent with recent legislation that equal treatment is not always fair. As a result, psychologists must have enhanced self and societal awareness in order to fully appreciate any potential diversity issues that may adversely impact clients both from their own potential

biases/lack of sensitivity and from that of others. This is to ensure any professional activity helps rather than harms those in most need of fair treatment.

Principle III, Integrity in Relationships, requires psychologists to evaluate their own personal history, values, beliefs and experiences to ensure they can maintain objectivity in all of their professional activities. Once these have been evaluated psychologists are obligated to address potential areas of bias to ensure that any conflicts do not adversely affect others. Once again, the standard of care is directly related to the degree of client vulnerability and to potential adverse outcomes.

Principle IV, Responsibility to Society, places a broad responsibility on psychologists to advocate for the wellbeing of all human beings. This may include advocating for individual, group and/or systemic change. While psychologists must ensure that advocacy does not conflict with their primary role, psychologists have a fundamental obligation to seek fairness and social justice whenever possible.

The importance of highlighting non-discriminatory and culturally sensitive psychological education, training, supervision and practice has risen exponentially as Canadian society becomes increasingly diverse and complex. It is the ethical and professional responsibility of all psychologists to ensure they provide culturally sensitive services at both an individual and a societal level (Pettifor, 2001, 2005). This requires ongoing self-assessment by the practitioner to ensure that diversity issues are recognized and addressed in a proactive and competent manner. This is in addition to reflecting upon any diversity issues the client may present. It may also require thoughtful reflection, professional consultation and specialized training, particularly when professional standards and

ethical codes appear to conflict with specific cultural practices such as gift giving and self-disclosure (see Barnett & Bivings 2002). Psychologists must be aware of and sensitive to diversity issues that more and more are a common component of everyday, professional practice, research and training.

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Update on the Continuing Competence Program

The *Health Professions Act* requirement for the College to have a mandatory Continuing Competence Program (CCP) will take effect in 2011. The CCP to be implemented by the College is a mechanism designed for psychologists to self-assess, maintain and develop the knowledge and skills required for maintaining ongoing competence and ethical practice. The College will trial the CCP during the upcoming registration year. All members are encouraged to participate in the trial year.

A requirement, once the program is fully implemented for practice permit renewal application, is that each regulated member will make a statutory declaration that they have completed program components of the self-assessment guide and development plan. An additional program component is that each regulated member will seek out another member to review their self-assessment guide and development plan. Failure to meet the

Continuing Competence Program requirements may result in the withholding or suspension of the member's practice permit.

Each year, the College will randomly select a predetermined sample of registrants to review their program participation. The College is currently finalizing draft guidelines for evaluating development plans. All regulated members will have the opportunity to review, trial and provide feedback on the CCP Self-assessment Guide and Professional Development Plan prior to its full implementation during the 2011–2012 registration year.

Members will be receiving relevant program information in the upcoming months. Interim questions can be directed to Richard Spelliscy, Deputy Registrar and Director, Professional Affairs (780-424-5070 or by email: r.spelliscy@cap.ab.ca).

The Adult Guardianship and Trusteeship Act

The Office of the Public Guardian is actively preparing for the proclamation of the new *Adult Guardianship and Trusteeship Act* (AGTA) on October 30, 2009. The AGTA replaces the 30-year-old *Dependent Adults Act* and offers a continuum of decision-making options developed after extensive consultation with the public and stakeholders. The new Act provides a continuum of decision-making options for Albertans.

There are also important changes to the capacity assessment model. Within the AGTA, the capacity assessment process has been formalized and there will be a roster of people who are able to conduct capacity assessments available. Psychologists are able to perform capacity assessments under the new model. There will be a series of half-day training provided across the province to introduce the AGTA

and to provide information on how to conduct capacity assessment under the new model, as well as providing the legal framework for the Act. You can register for the training sessions by contacting Office of the Public Guardian at 1-877-427-4525. These sessions will be running from November through December, 2009.

The Office of the Public Guardian is committed to supporting registered psychologists as the AGTA is introduced. If you would like additional information, please contact the Office of the Public Guardian at 1-877-427-4525 or visit their website at www.seniors.alberta.ca/opg.

The College website also contains further information on the Act, including brochures and forms at www.cap.ab.ca.

Diversity: A Reality for All Psychologists, cont....

- Council of the National Psychological Association for the Advancement of Ethnic Minority Issues. (2002). *Guidelines for Cultural Competence in the Treatment of Ethnic Minority Populations*. Washington, DC: American Psychological Association.
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EXAMINATION RESULTS

Oral Examinations

A total of 16 candidates undertook the oral examination for the period of June 22–26, 2009.

Results were as follows:

Pass: 94%
Fail: 6%

Examination for Professional Practice of Psychology

A total of 53 candidates wrote the Examination for Professional Practice of Psychology examination from May 1 through August 31, 2009. Results were as follows:

Pass: 66%
Fail: 34%

Fee Increase for EPPP Prometric Testing Centre Exam

Provisional Psychologists should take note that the testing site fee by the Prometric Testing Centre for the Examination for Professional Practice of Psychology (EPPP) WILL BE INCREASING from \$65 to \$67.50 as of January 1, 2010.

RESOURCES

CAP Publications

The following CAP publications are available on a cost-recovery basis from the College office as well as on our website:

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

On line resources

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

Other useful websites for CAP members include:

Health Professions Act

www.gov.ab.ca/qp

Psychologists' Association of Alberta

www.psychologistsassociation.ab.ca

Canadian Psychological Association

www.cpa.ca

Association of State and Provincial Psychology Boards

www.asppb.org

College Staff Update

CAP Council and staff wish to congratulate Ms. Eileen Baril, Complaints Director, on her retirement effective at the end of January, 2010. Her dedication and exceptional service over the past six years has been well recognized with and beyond the profession of psychology. Ms. Baril's commitment to excellence in administrative justice has served both the profession and public well. We wish Eileen all the very best and thank her for her contributions to the regulation of the profession of psychology in Alberta.

Dr. Richard Spelliscy will move from his current position as Deputy Registrar to assume the duties for the position of Complaints Director in the New Year. A posting for the position of Deputy Registrar and Director, Professional Affairs, is included as an insert in this issue.

On June 29, 2009, the College office was pleased to welcome a new staff member: Kathy Semchuk who was hired to fill a vacancy as the Administrative Assistant to the Registrar.

Kathy returns to us after a two and a half year absence. Her previous position at the College was as the Assistant to the Complaints Director. She brings to the Administrative Assistant position a strong background in administrative processes and procedures, excellent organization and planning skills, strong communication skills and a bright and pleasant disposition. Kathy's position will be responsible for assisting both the Registrar, Dr. Alexandra Kinkaide and the position of Deputy Registrar and Director, Professional Affairs.

CAP Annual Meeting and Professional Development Day Another Very Successful Day!

On September 26, 2009, the College hosted their Annual Meeting and Professional Development Day at the Shaw Conference Centre in Edmonton. The theme of the day was "Today's Psychologist: Facing Complex Times; Finding Creative Opportunities."

Over 135 members attended the professional development sessions and feedback was very positive. The College was pleased to have local humourist Billy Streat as the keynote speaker in the morning. His presentation explored two sides of humour: how psychologists can lighten up and enhance their own work and life as well as how humour can be used for its therapeutic benefits. In addition, a morning presentation on Continuing Competence was provided by Paul Jerry and Jana Davies. The session provided comprehensive information on how this requirement of the *Health Professions Act* will impact members and what they will need to do to fulfill evaluation criteria.

In the afternoon, members had the choice of several sessions to attend, including:

- *Panel Discussion on Diversity*, presented by Sandra Collins, Brenda Reynolds, Kevin Alderson and Sophie Yohani
- *Supervision: CPA Ethical Guidelines for Supervision in Psychology, 2009*, presented by Jean Pettifor and Greg Schoepp
- *Update on the Alberta Personal Directives Act & Adult Guardianship and Trustee Act*, presented by Arlin Pachet
- *Avoiding Professional Boundary Violations: The Importance of Personal Integrity for Maintaining Integrity in Relationships*, presented by Derek Truscott

Presentations from each of the sessions are available on the College website (www.cap.ab.ca).

At the end of the day a wine and cheese reception was held in honour of the many members who give their time, expertise and professional experience to the work of the College.

If you have not already completed your evaluation form, please take a few moments to submit your thoughts about the sessions presented, the location or any other comments. If you have some thoughts about the type of regulatory information you would be interested in for future sessions, please let us know. We welcome your comments and suggestions.

**MARK YOUR CALENDARS NOW
TO ATTEND THE
2010 ANNUAL MEETING!
Saturday, September 25, 2010
Calgary, AB**

Register Updates

New Members

Congratulations and welcome to the 41 new registered psychologists who were added to the Register between May 1 and September 30, 2009.

Judith L. Beach
Colleen Bratko
Caroline Buzanko
Carolyn Claire
Susan Clark
Aaron Clegg
Robyn Combres
Heather Cuthbertson
Kristina Devoulyte
Leona Doig
Karen Fabian
Brenda Fitzner
Adele Fox
Jennifer French
Nadine Geib
Aspen Gowers
Brad Hagen
Amanda Holowachuk
Vanesa Hutchinson
Eileen Johnstone
Colleen Kane
Shauna Kashluba
Timofey Kosmin
Natali Levasseur
Karen MacNeill
Kathy Magas
Tammy Moroz
Kate Nielsen
Kara Olineck
Sally O'Rourke
Jennifer Rokosh
Warren Senft
Matthew Shandro
Cheryl Spence
Danelle Spence
Kylie Thygesen
Patricia Turner
William Utendale
Christina Vaillancourt
Ashli Watt
Corrick Woodfin

Reinstatements Registered Psychologists

Kiran Amin
Tania Corbett
Lorraine Fisk
Shaun L. Hains
Esther Lau
E. Ann Lawson
Jody Sark

Death Announcements

The College has learned, with regret, of the passing of the following members:

Arthur FitzPatrick
David B. Fraser
Daniel Goody
Curtis Stoelting

The College extends condolences to their families, friends and professional colleagues.

The Latest!

NEWS & ANNOUNCEMENTS

COUNCIL NEWS

The College Council welcomes two new members, Christina Rinaldi and public member Jeff Renaud. They have begun their terms as of September 26, 2009.

Profile of New Council Members

Christina Rinaldi currently works as an Associate Dean, Research & Graduate Studies, PhD Department of Educational Psychology at the University of Alberta. She has been registered for the past eight years with the College. As a long-standing member of the College's Registration Approvals Sub-Committee, she brings a strong background in regulation of the profession. She is interested in contributing to the profession in a service role.

Jeff Renaud has been appointed as the third public member of the Council. Jeff has a Masters in Public Administration and works as the Director for Emergency Management for the Municipal District of Big Lakes. He is knowledgeable about rural northern Alberta health care service issues, and also has skills in policy and legislation development, project development and management, and fostering positive business relationships. We are pleased to have Jeff join the Council.

The Council, as laid out in the bylaws and policies, also elected from amongst Council a new President-Elect and Treasurer. Congratulations to Donella Scott who was elected to the position of President-Elect. Lorraine Stewart remains as Treasurer.

Thank you to departing Council member, Past-President James Canniff. James has served for many years and has made significant and valuable contributions to the College and the profession.

Committee Appointments and Re-Appointments

Credentials Evaluation Sub-Committee

Paula Blashko was appointed as a new member.

Oral Examinations Committee

Harnishakumari Nathoo, Dallis Briggs, William Utendale and Shirley Karseboom were appointed as new members and Stewart Longman and Sharon Cairns were re-appointed as panel chairs.

Practice Advisory Committee

Lana Hawkins was appointed as a new member.

Registration Approvals Sub-Committee

Patricia Schuster was appointed as Chair, Jill Turner was appointed as panel chair and Jacqueline Pei was re-appointed as member.

Many Thanks!

We appreciate each and every one of our volunteers. The work of the College could not thrive without their continued support and contribution.

The *CAP Monitor* is a regular publication of the College of Alberta Psychologists. It is complete and accurate to the best of our knowledge at the time of printing. Please contact us about any errors or omissions

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Council, 2009–10

President	Paul Jerry
Past President	Teresita José
President-Elect	Donella Scott
Treasurer	Lorraine Stewart
Members	Roy Frenzel
	Roger Gervais
	Christina Rinaldi
Public Members	Desmond Bulger
	Jeff Renaud
	Dora Lam

Committee Chairs

Chair, Credentials Evaluation Sub-Committee: K. Jessica van Vliet
Chair, Oral Examinations Committee: Lee Handy
Chair, Practice Advisory Committee: Stephanie Mitchell
Chair, Registration Advisory Committee: Jean Pettifor
Chair, Registration Approvals Sub-Committee: Patricia Schuster

Supervision Consultants

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

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College Staff

Registrar: Alexandra Kinkaide
Deputy Registrar and Director, Professional Affairs: Richard Spelliscy
Complaints Director and Privacy Officer: Eileen Baril
Co-ordinator, Administration and Finance: Wendy El-Issa
Administrative Assistant, Complaints and Professional Affairs: Lindsey Bowers
Administrative Assistant to the Registrar: Kathy Semchuk
Registration Co-ordinator: Leanne Vanderhelm
Credentials Evaluation and Examinations Co-ordinator: Shenade Finnestad
Receptionist/Office Assistant: Kathy Sicotte