

BC PSYCHOLOGIST



THE JOURNAL OF THE BC PSYCHOLOGICAL ASSOCIATION
VOLUME 3 • ISSUE 3 • SUMMER 2014 • PARENTING & FAMILIES



BC PSYCHOLOGIST

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

SUBMISSION DEADLINES

December 1 | March 1 | June 1 | September 1

PUBLICATION DATES

January 15 | April 15 | July 15 | October 15

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Canada Post Publications Mail #40882588

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Letter from the President

DR. TED ALTAR, R. PSYCH.

The President of the BC Psychological Association. Contact for the Board of Directors at board@psychologists.bc.ca

DEAR COLLEAGUES AND FRIENDS,

I trust that you are enjoying the summer weather and outdoor activities.

We are now benefiting from reduced rates for increased coverage in our professional insurance. BCPA, along with Canada's other psychological associations, joined together to renegotiate the rates and benefits of our professional insurance. Our new insurance coverage has been expanded across the board with a minimum of 15% in rate reductions, and in some areas over 50%. For example, with the program brokered last year by our previous broker, \$5,000,000 of liability cost over \$500, whereas today, with BMS, members can renew this option with \$7,000,000 of coverage for as little as \$285. In addition, all of the deductibles historically in the policy have been removed. Great news indeed for all of us!

It should be noted that this initiative has been under discussion by all of Canada's psychological associations over the last year and received strong national support. Our collective unity on such matters shows how we can successfully leverage the best deal for all our members and, indeed, for all psychologists. This is yet another of the many benefits of being a member of your Provincial association and how we can succeed by working together to advance our professional services.

Psychology these days is a beleaguered profession given all of the competitors who presume to have the same skills and offer the same services as psychologists. We cannot rest content with our good reputation, superior training, and highest professional standards since the public is not always clear on the difference between psychologists and other allied professionals with far less relevant training and who may not even be regulated through a College. I cannot help wonder if the stigma of mental illness continues in the form of neglect in this field. Quebec Psychologists have lobbied for Government regulation of not just their title as Psychologists, but of a significant scope of practice that is consistent with the public interest in the practice of Psychology. Yet another US State, Illinois, has passed legislation for prescription

rights for Psychologists (after completing another 2.5 years of post-doctorate training) and let us hope that their Governor does not vote this legislation. Ontario psychologists, similarly, are waiting to see if their Health Professions review will incorporate their recommendations for prescription rights. The Federal Government has doubled the benefits from \$1,000 to \$2,000 annually for government employees and retirees to receive help from Psychologists. This shows foresight on the part of the government since this will not only benefit those employees but will save on health care costs.

These are indeed interesting times of challenge and opportunity and since our numbers as Psychologists are relatively small, it is all the more important that we all stand together in advocating for our noble profession. BCPA's public education initiatives, like the Piece of Mind Art Exhibit, Psychology Month free public lectures, attendance at wellness fairs, and so on are therefore important but we need your help to do more.

It is also very important that we continue and advance our efforts to make government aware of our services and the knowledge base of psychology that has contributed, and will continue to significantly contribute to the mental health of BC citizens through the progressive development of efficacious and evidence-based interventions, high professional standards and the scientific understanding of human thinking, emotion and behaviour. Along with meeting politicians, we have, for example, sent issues of this journal to MLAs as part of developing this awareness and presence. Again, your support of BCPA is of great value and service to the public. On behalf of all Psychologists, we thank you for your continuing support of your British Columbia Professional Association.

Sincerely,



Dr. Ted Altar 

Letter from the Executive Director

RICK GAMBREL, B. COMM., LLB.

The Executive Director of the BC Psychological Association. Contact: rick.gambrel@psychologists.bc.ca

JULY 2014 MARKS MY ONE YEAR ANNIVERSARY as BCPA Executive Director, and also marks membership renewal time for BCPA members.

It has been a year that has been eventful and successful beyond my imagination, and it seems that psychologists agree, voting with their memberships. BCPA membership has grown over the past year, from 692 to 735 members. And a growing association has allowed us to do more to benefit our members and in turn, to benefit the psychological well-being of British Columbians.

We presented 4 very successful BCPA professional development workshops including largest in our history — almost 200 for Dr. Joel Paris on the DSM 5. We will present, on September 19 in Vancouver, and September 20 in Victoria, a workshop that is sure to sell out, with the renowned Dr. Stephen Behnke, speaking about Ethics and Professionalism for Psychologists. I encourage you to register either online, or by using the registration form included in this issue.

BCPA presented as well, 10 Ethics Salons, serving about 100 of our members, in 4 locations around the province.

BCPA spread the message to the public that psychologists meet the highest standards for patient care. We attended wellness fairs, were one of this country's most active psychological associations for psychology month, and presented an expanded, Piece of Mind Art exhibit. This May, BCPA was also part of the national Mind Your Mental Health campaign, which resulted in thousands of letters being sent to governments, telling them that access to psychologists is important to Canadians. In addition, BCPA has advocated for psychologists by meeting with politicians, doing interviews with the media, sending this publication to your MLAs, and working with the other provincial psychological associations to advocate for greater access to psychological services.

And just this month BCPA was prominent at the national psychological convention in Vancouver, where I had the honour to speak to delegates twice and to honour BCPA's own Wolfgang Linden as outgoing CPA President. At the convention, BCPA presented a symposium on the Piece of Mind exhibit and met with psychologists at our table at the convention. BCPA board member Douglas Cave and I were the BCPA attendees at the two day national Council of Professional Associations of Psychologists, the national organization for all of the psychological associations from across Canada, where the associations cooperate on issues such as the insurance plan and advocacy.

BCPA is on a sound financial and organizational footing to be able to serve members and to advocate for good psychological care for all British Columbians, and I am convinced that there are even brighter days ahead for us, thanks to the good work of our members, board, and staff.

I encourage you to join your colleagues and either renew your membership or become a BCPA member. Please consider becoming active in your association by joining a committee or volunteering at an event. There is greater strength in greater numbers, and a strong partnership between the members, the Board and the staff benefits the psychological health of all British Columbians.



Rick C. Gambrel, B. Comm., LLB.
Executive Director 

BCPA News & Events

- upcoming workshop

BOUNDARIES, BORDERS, AND MULTIPLICITIES IN PSYCHOTHERAPY: ETHICS AND PROFESSIONALISM FOR PSYCHOLOGISTS

Presented by Dr. Stephen H. Behnke

Friday September 19th, 2014 in Vancouver

Saturday September 20th, 2014 in Victoria

Join BCPA and get \$70 Discount. Please see page 25 & 27 or visit www.psychologists.bc.ca for more information and registration.

- board nominations 2014

THIS YEAR, four positions will be opening on the Board of Directors of the BC Psychological Association (BCPA). Please see page 29 or visit www.psychologists.bc.ca for more information and submission.

- 2013 – 2014 gold medal winners
(outstanding achievement in the study of psychology)
congratulations!



UBC William Dunlop

UVIC Valerie Caldeira

UNBC Kimberley Kaseweter

- submit articles

WANT TO WRITE FOR US? We are always looking for writers for the *BC Psychologist* or the BCPA blog. The theme for the upcoming Fall 2014 issue is: Future of Psychology. For further details, contact us at: communications@psychologists.bc.ca

- contact us

WE PUBLISH NOTICES regarding retirement, awards, and deaths of members. Please keep us informed about your career and life milestones. If you want a notice to be included in the publication (approximately 100 words) contact us at: info@psychologists.bc.ca

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Upcoming themes

- **FALL 2014** Future of Psychology
- **WINTER 2015** Depression
- **SPRING 2015** Law & Psychology

Sponsorship Opportunities

MEET WITH BC PSYCHOLOGISTS!

- exhibit at BCPA workshop
- advertise in workshop booklet

Upcoming workshop

BOUNDARIES, BORDERS, AND MULTIPLICITIES IN PSYCHOTHERAPY: ETHICS AND PROFESSIONALISM FOR PSYCHOLOGISTS

Presented by Dr. Stephen H. Behnke

- **SEPTEMBER 19, 2014** Vancouver
- **SEPTEMBER 20, 2014** Victoria

Emily Carr Scholarship

MS. BEVERLY KORT, R. PSYCH.

The Community Engagement Committee Member of the BC Psychological Association. Please go to her website for more information: www.iamlistening.ca

YOUR BCPA COMMUNITY ENGAGEMENT COMMITTEE IS IN OUR SECOND YEAR OF AN EXCITING PARTNERSHIP with the Health Design Lab at Emily Carr University of Art and Design. The Lab is a research centre that applies “design thinking” to Health Care and Healthy Living. We are committed to encouraging and supporting projects that apply “design thinking” to psychological health.

There are two parts to our involvement. The first is to provide mentorship and consultation for students who wish to design products in the mental health field. We have two opportunities to be involved. We can provide problems that are presented to the students in their 4th year that they may choose for their Grad projects or we can volunteer to be available to students as consultants or mentors who have a project they would like to do but who have no professional connections in our field. For example, this year, Dr. Gayle Goldstein sent in a request for a product that would help clients “ground” when they are dissociating. A student chose this problem and Gayle worked with her this past year. Both Gayle and the student found the process incredibly rewarding and stimulating.

We are pleased this year to add a second component to our partnership: the offer of a \$500.00 scholarship, the **British Columbia Psychological Association Piece of Mind Award in Health Design for Innovation in the Field of Psychological Health and Well Being**. We shortlisted 9 projects but had a very difficult time choosing only one. In the end we chose two to share the award. In communication and interaction design the scholarship went to Rachel Apted for **HeadSpace**. **HeadSpace** is a four-component app designed for teens and young adults who are living in a



household with someone who is dealing with mental illness. In product design the scholarship went to Nicole Barrett for **T.O.G. – Tools Offering Grounding. T.O.G.** provides patients with an alternative to dissociation by offering a variety of tactile objects to aid grounding during therapy as well as for use at home. Rachel and Nicole

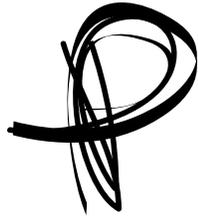
received their awards at the Piece of Mind opening night ceremony. As an interesting aside — both young designers would like to volunteer for BCPA.

THE FOLLOWING PROJECTS RECEIVED HONORABLE MENTION:

- Rachel Lucky — **Take a Breather** (relaxation for children)
- Megan White — **The Quarter** (app for stressful issues affecting university students)
- Katrina Levack — **Be Brave** (help for shy children)
- Azade Vakili — **Melody Hood** (a soothing device for Autistic children)
- Michael Siy — **See Within to See Without** (a sensory deprivation chamber)
- Alejandro Quinteros — **Sociedad Magenta** (a journal for LGBT Latino youth)
- Xialou Wu — **Amrin** (a wood and plexiglass screen to create a meditation space)
- Emma Chen — **Yen Ya** (a zen chair)

Please check out the Emily Carr Health Design Site to see other partnerships and projects.

We welcome others who would like to participate. Please contact the BCPA office. ○



Piece of Mind 2014 Featured Artists:

IN ALPHABETICAL ORDER:

1. Yuliya Badayeva — *Complete Singularity; Know no to Defeat*
2. Casey Bowman — *La Loon. My Love*
3. Nina Cheb-Terrab — *You're Perfect*
4. Aziz dHamani — *Journey of Life*
5. Harold Coego — *Consolation*
6. Karen Holland — *Ups & Downs: The Good with the Bad; River runs Through*
7. gapahe — *vita all'interno* (life inside/within); *siyaphapha* (we are flying)
8. Emma Kelly — *Repetition is the Mother of Success*
9. Vanessa Lam — *Courage*
10. Bob Leier — *Dream Away*
11. Donna Mayhem — *Balance*
12. Annika McFarlane — *Possibilities*
13. Suzan Milburn — *Nothings Stays the Same; All is calm, All is right*
14. Olliemoonsta — *Vibrations*
15. Courtney Powell — *White Nose*
16. Mima Preston — *Me-ryln*
17. Jacquelyn Ravenstein — *Dreamlife*
18. Ben Roback — *The Mask*
19. Mary Savage — *Girl at the Edge*
20. Ron Schwartz — *Nevada Highway*
21. David Stevens — *Arbutus Grove*
22. Marilyn Tebbit — *Inner Serenity*
23. Stephanie Trembath — *Breakthrough*
24. Mike Wakefield — *70 Years of Together*
25. Pongsakorn Yananissorn — *Take a Minute*

PRIZE RECIPIENTS:

David Stevens (Non-student Artist) — *Arbutus Grove*

Annika McFarlane (Student Artist) — *Possibilities*



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Piece of Mind Exhibit Opening Night A Novel, Lively and Inspirational

BCPA WAS PLEASED TO PRESENT the opening night of Piece of Mind on Thursday May 8th, 2014. Piece of Mind, a community engagement initiative of the BCPA, was an art exhibit in which 28 artists answered the question “*What does psychological health mean to you?*”. The exhibit was located at the Moat Art Gallery at the Vancouver Public Library Central branch 350 West Georgia Street in downtown Vancouver.

Thank you to the over 160 people who attended the Piece of Mind Opening night. It was lovely to see you there supporting the artists and BCPA. The artwork was up until May 20th.

Thanks to all the BCPA members, staff and volunteers who lent a hand to make this event possible. We look forward to building on this exciting initiative in the future and expanding its geographic reach. ♡

CORRENE DECARLO

Piece of Mind Volunteer / Ph.D. student at UVic.

THE PIECE OF MIND (POM) PANEL DISCUSSION WAS A NOVEL, LIVELY AND INSPIRATIONAL addition to this year’s POM event. Executive Director of the British Columbia Psychological Association, Rick Gambrel, and Daniela Esparó, Manager of Program and Learning Services of the Vancouver Public Library, acknowledged the talented and thought-provoking artwork submitted and displayed as well as the importance of the event for providing a platform which facilitates increased awareness of the importance of mental health.

A special thank you to everyone that participated in the panel discussion, namely Courtney Powell, creator of “White Noise,” Ron Schwartz, creator of “Nevada Highway,” Stephanie Trembath, creator of “Breath Through,” and Dr. Marilyn Chotem, Registered Psychologist. The discussion was clearly driven by individuals motivated to share personal experiences with their triumphs and challenges associated with the pursuit of psychological well-being. When asked about the inspiration behind artwork submitted to the POM event, the panel explained that the medium allowed for artists to express their thoughts and needs in ways in which words were not enough, that painting helps channel inner strength and provides a medium that resolves conflict and facilitates healing through a creative process. When asked to discuss the role that creativity plays in psychological health, the panel revealed that creativity facilitates the relief of inner stress, that it provides a needed escape and that the creativity intrinsic to artistic expression helps maintain balance that is critically important in maintaining psychological health. Dr. Chotem provided insights into the structure of the brain and described the role of the right hemisphere in facilitating creativity and introspection, capacities that are inherent to both artistic expression and many psychotherapeutic interventions.

The panel discussion at this year’s POM event evoked a thoughtful and inspirational conversation on how artistic expression can facilitate psychological well-being as well as a greater sense of awareness of mental health. Thanks to the courageous and motivated individuals who participated and unequivocally helped to break down the barriers and stigma associated with mental health, providing further momentum for next year’s highly anticipated event as well as similar community initiatives in the future. ♡

Stalemate: Examining the adversarial nature of the relationship between parents and adolescents in the struggle for respect

DR. MARTIN DAVIDSON, R. PSYCH.

Dr. Martin Davidson is a registered psychologist providing psychotherapy to children, adolescents, and families in North Vancouver and Surrey. He has worked in mental health settings with adolescents for 15 years with a focus on delivering community-based psychological services.
(www.martindavidson.ca)



THERE IS A STRIKING PARADOX I often observe in my practice wherein parents experience their adolescents as disrespectful, rude, or inconsiderate while I, more often than not, find them to be not only respectful, but considerate, understanding, and contemplative. What accounts for this discrepancy? I am aware that adolescents are likely to treat other adults differently than they do their parents; however I am under no illusion that adolescents are invested in making the life of their psychologist easier by adopting a respectful and deferential demeanour. In fact, adolescents are known

for placing little value on increasing the ease of social interaction in therapy (Edgette, 2006). What accounts for adolescents exhibiting such a disparate disposition in therapy? It certainly is nothing complicated or innovative that I am doing, but rather something rudimentary: I demonstrate respect to adolescents before expecting to receive it in return. If this is such a simple notion, why might this be a struggle for parents to implement?

In describing their “disrespectful” adolescents, parents usually list any of the following: their adolescent isn’t listening to them, complying with requests or rules, completing chores, attending school, working hard enough in classes, or is spending time engaged in activities of which parents disapprove. In many cases, parents observe that their adolescent used to be respectful, kind, considerate, and caring and they are struggling to tolerate or understand this cataclysmic change in disposition. While their adolescents have indeed gone through a significant change, the parents often have as well, as, more often than not, parents respond to these signs of disrespect by demonstrating what, from an adolescent’s perspective, is disrespectful behaviour of their own. This is how the stalemate over respect gets created, with parents and adolescents viewing one another as disrespectful and neither side wanting to make the first move towards respecting their adversary. An understanding of what makes adolescents appear disrespectful is crucial for ending this stalemate.

There are many possible underlying reasons why adolescents act in ways perceived by parents to be disrespectful; however, for the purposes of this article I will focus on common, normative expressions of a fledgling sense of identity and autonomy, which are fundamental aspects of adolescent development, as being at the root of perceived disrespectful behaviour. Adolescence is a transitional developmental period, during which youth begin to forge a sense of identity and autonomy, both of which can, and often do, interfere with relationships with parents. The task of identity formation involves experimenting with alternative values, beliefs, and approaches to relationships, as well as



considering different vocational and educational pathways. Through this experimentation, youth commonly consider, critique, and reject the values and beliefs that have been passed down to them by parents, as adolescents attempt to establish a unique identity (Erikson, 1963). In addition, adolescents attempt to establish a sense of autonomy, which requires a psychological separation from caregivers, as adolescents strive to master their environments independently and to make important life decisions on their own (Lamb, 1986). Both of these developmental tasks can result in what appears on the surface to be a lack of respect towards parents, as adolescents may explicitly reject parental values while asserting their fledgling sense of identity, defiantly oppose parents' wishes or commands in an attempt to assert their autonomy, and refuse parental advice in an attempt at self-determination.

When parents focus solely on the manifest behaviour, they are more likely to interpret it as blatant disrespect, and may feel hurt and become resentful. After all, they have spent considerable time, effort, and energy, making sacrifices of their own, in order to raise their children. The least these adolescents could demonstrate is some appreciation and respect! It is here that the struggle for respect becomes entrenched, with parents demanding respectful treatment from their adolescents, who, in turn, reciprocate this demand, thereby creating a stalemate with neither side wanting to capitulate. However, if it is respect for which parents are battling, the solution is simple: give and you shall receive.

A variety of factors may explain why it is such a challenge for parents to concede first. These may include, but are not limited to, a history of defiance or disobedience from their adolescent leading to resentment, parents' own experiences as children, personal values about respecting elders, and struggles to cope with their adolescent's emerging sense of independence, which requires an acceptance of the symbolic loss of their child, as their influence and role in their adolescent's life becomes less immediate and influential. An additional challenge is that adolescents may not immediately reciprocate respect received from parents. For instance, it would not be unusual for an adolescent to test this newfound respect by acting in even more disrespectful ways in order to assess parents' commitment to this stance. Parents must remain steadfast in their demonstrations of respect over time because, once established, this new relationship based on mutual respect and consideration is likely to be strong and enduring.

How does one begin to demonstrate respect to adolescents? In therapy, I have no expectation of receiving any respect from an adolescent at the outset. This must be earned and I strive to do so by listening in an accepting, nonjudgmental manner, taking adolescents' statements seriously, valuing their perspective, being interested in their experiences, treating them as equals, and not minimizing their concerns or opinions because of their age. The desire to be treated with respect, as evidenced by attributes such as these, are often identified by adolescents when asked how they want adults to interact with them (Bury, Raval, & Lyon, 2007; Constantino, Castonguay, Zack, & DeGeorge, 2010; Davidson, 2012; Karver & Caporino, 2010) and when put into practice, the result is often that adolescents will reciprocate.

It seems so simple: respect adolescents and they will respect you. However, parents often reject this notion outright, believing that they would be "giving in" or permitting their adolescent to dictate the nature of their relationship. The difficulty for parents is that adolescents tend to meet intransigence with a steadfast resolve greater than that of their opponent, thereby creating an adversarial struggle for power.

The irony of this stalemate is that parents can have far greater influence, and ultimately develop a stronger relationship with their adolescent, if they "give in" and accept that respect must be earned by offering it first. This will circumvent adolescent defenses of autonomy and pierce through the "disrespectful" and "defiant" veneer, allowing for the development of a strong relationship.

Briefly, adolescents are primed to defend against perceived threats to their autonomy. Because this sense of autonomy is fledgling, and therefore somewhat tenuous, adolescents tend to be highly protective of it and therefore are sensitive to any cues that adults are asserting authority over them, that they will not have the freedom to express themselves, or that their sense of self-determination is not being respected (Church, 1994; Davidson, 2012; Everall & Paulson, 2002; Lemma, 2010). A parent attempting to assert the meta-rule that adolescents must capitulate by first demonstrating respect is likely to activate this defense of autonomy.

Parents likely create and perpetuate the stalemate over respect with the best intentions. They are doing their best to instill virtues in their adolescents, such as respect for others. However, by attempting to impose this value on adolescents, rather than demonstrating and



modeling it, parents are not necessarily aware that their approach is directly challenging adolescents' emerging sense of autonomy. To navigate through adolescent defenses, parents must provide their adolescent with an opportunity to maintain their sense of self-determination and independence by first demonstrating respect to them prior to asking for it in return. This perceived concession of power by parents is likely to yield a much greater sense of influence and power in the long term through the establishment of a strong relationship with their adolescent, consisting of respect, which can be further augmented by other key attributes, such as responsiveness and empathy.

How is demonstrating respect first capitulating if parents ultimately obtain the desired goal of a respectful and considerate adolescent? Moreover, demonstrating respect to adolescents is the first step towards creating the conditions from which the parent-adolescent relationship can grow and flourish. The strength of a

parent and adolescent's relationship is associated with positive adjustment in adolescence, and into adulthood, across domains of functioning, such as intimacy, peer relationships, emotional functioning, physical health, and financial independence (Allen & Miga, 2010; Holland & Roisman, 2010; McWilliams & Bailey, 2010).

If the establishment of a strong relationship, which sets a young person up for success throughout life, hinges on either a parent or an adolescent capitulating first by demonstrating respect to the other, why would a parent want to take the chance of waiting for an adolescent to "give in" first? Considering the positive effects, not only for the adolescent, but for the parents and family as a whole, it is in parents' best interests to avoid creating this stalemate. Parents have the power to foster the development of a strong attachment relationship with their adolescent, which is one of the most important elements of future emotional health in an adolescent's life. With so much at stake, why take the chance of waiting for an adolescent to make the first move? ♣

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Positive Psychology in Action: Maximizing Family Gratitude

DR. CARLA FRY, R. PSYCH.

DR. LISA FERRARI, R. PSYCH.

Drs. Carla Fry and Lisa Ferrari are in private practice in Vancouver and West Vancouver. This article is based on excerpts from Dr. Ferrari and Dr. Fry's book: *Gratitude and Kindness: A Modern Parents Guide to Raising Children in an Era of Entitlement* (currently In Press).

"SOME OF MY GREATEST BLESSINGS CALL ME DADDY." ~ ANONYMOUS

Even if you don't specifically practice positive psychology or actually know a great deal about positive psychology, there are practices and research in the field that you want to pay attention to in your work with children, youth and families.

Every day parents come to us in our office panic-stricken that their choices might not be beneficial to their children.

We know what parents want: happy, kind, successful children. We know what they're fearful of: unhappy, unmotivated, lonely children. What these parents don't know is how to achieve what they want in their families.

We refer to one powerful and amazingly simple concept with all families that enter our offices: Gratitude. Gratitude can increase a child's happiness, decrease their stress, increase their ability to reach their goals, and allow them to have more caring friendships and social connections.

Positive Psychology offers up some of the most cutting edge research about human happiness today. Do not be fooled by its seeming simplicity: Gratitude is far from a new concept, but we now know how to maximize this experience, and conversely, how to miss maximizing this element as well. How we 'play out' our gratitude makes the difference in whether we end up boosting our happiness or not.

More than a simple emotion or attitude, gratefulness is a way of *being* that will improve your life and the lives of your clients. Robert Emmons (2003), one of the world's most published and respected social scientists

studying the effects of gratitude, stated "The ability to notice, appreciate, and savor the elements of one's life has been viewed as a crucial element of well-being" (p. 378).

What does a parent model when they profusely thank family members for each small effort at home, but when they are at a restaurant or store they act in an entitled, rude manner — or vice versa — when a parent takes great effort to tip waiters, taxi drivers and concierges, but almost never shows appreciation to their family at home?

Of course, as psychologists, we know the family home is the 'teaching ground' for children. We know that our behaviour directly influences our children, and when we are not authentic and consistent, we cause confusion. In our psychology practice we see it as essential that we help parents to have an awareness of the mixed messages they could send to their children. *Preaching* versus *practicing* the value of gratitude in different situations shows that we are not being authentic and consistent. Children can spot any lack of authenticity with eagle eyes and they will not 'swallow' our message if we are not real and consistent in how we act.

WHAT IS GRATITUDE?

Robert Emmons' research (2007), emphasized that gratitude is made up of two components. These components must be understood so that they can be applied.

- The first is that gratitude is an affirmation of goodness. By being grateful, we affirm that there are good things in the world that we have received.
- The second is that we recognize the source for this goodness is outside ourselves.

Robert Emmons and Mike McCullough (2003) researched the impact of keeping a gratitude journal. After 10 weeks, the group that focused on being grateful was more optimistic about their lives, less stressed and less depressed, and even visited the doctor less during that time. As it turns out, one could say, a 'thank you' a day, keeps the doctor away!

In light of this evidence, our clients are relieved when we let them know that this task doesn't have to actually be completed on a daily basis. We think your clients will be relieved too. In fact, researchers, Lyubomirsky, Sheldon, and Schkade (2005), found that the

positive benefits of gratitude journaling are maximized when the entries occurred at a rate of only one per week.

Our culture seems to have trained us to always reach for something new, something better. However, the practice of gratitude helps the families you work with stop and appreciate what they already have.

When your clients are able to relish positive experiences and enjoy and appreciate the things that they already have, their stress levels are lowered and their happiness increases significantly. Researcher Martin Seligman (2005) studied the implications of Positive Psychology with 411 participants. He instructed them to deliver a *letter of gratitude* to people in their lives they had never thanked before. There was a significant increase in their happiness scores, and a major decrease in their depression scores. The benefits of this practice lasted for about a month — whether the letters were delivered or not. This result could be clinically significant and is worth paying attention to, in our opinion.

Gratitude is important because it also gives us an enormous social advantage. In fact, when the children you work with practice gratitude, they can become happier and more aware of other people's feelings, and it helps them feel connected to their communities (Froh, Miller, & Snyder, 2007). This positive social adjustment is another reason that makes teaching gratitude to children worthwhile.

A CLOSER LOOK AT GRATITUDE

A concept such as gratitude is challenging to define because it means different things to different people. What is certain is that gratitude leads to happiness, mood improvements, increased work performance, and better physiological health. That's why we're going to take some time to explore the layers involved in defining gratitude and how we explain it to clients in our psychology practice.

When you think of the word 'gratitude,' you imagine a person receiving something and saying *thank you* for it, but how often does the person mean it? Without sounding too new-agey, we do our best to describe to our clients that gratitude is not simply words spoken. It's not even action. It's a state of being. Grateful people will more easily acknowledge the time, effort or money spent on the other, and realize internally that the person who gave to them cares about them and wants them to be happy.

Here are some concepts surrounding gratitude that we encourage our clients to think about:

- Gratitude fuels social emotion and makes us aware of positive benefits that have come from an outside

source, even if the good words or deeds were not specifically earned or deserved (Emmons, 2007).

- Gratitude motivates people to repay their benefactors and 'pay it forward.' Gratitude is therefore an adaptation for reciprocal altruism, and has played a unique role in human social evolution (McCullough, Kimeldorf, & Cohen, 2008).
- Gratitude is an 'emotion' expressing appreciation for what one has. Instead of always wanting more, we are able to consider what we have and feel lucky to have it.
- Gratitude is an affirmation that there are good things in our lives and suggests that people who love us will share good things with us.
- Gratitude has the power to change our lives. It can be a key force which helps to turn contentious families around, reduce constant fighting between siblings, and greatly improve the mindset of the children or adults practicing gratitude.

3 STEPS TO BOOST GRATITUDE:

1. Increasing **Appreciation** in Our Homes:

We encourage parents to communicate to their children why they do unexciting home maintenance, get up extra early to drive kids to hockey practice, or make the peanut butter sandwiches cut diagonally without crusts. We talk about this as the start of 'planting the seeds' for children to be able to appreciate what others do for them. We have a lot to say about the limits to this process. However, we are unable to cover them in this short article.

It is highly beneficial to make it clear that parents sacrifice time, energy, money, and other resources:

- To make a happy healthy environment for the family,
- To demonstrate love and caring,
- To show appreciation for other family members,
- Most of all, to show respect for each other.

2. Fostering Gratitude by Increasing **Empathy**:

Practice 'couch' empathy. For example, we encourage our clients, when sitting on the couch watching a movie with their child, to consider asking how the character in the movie may feel. We suggest that they mute the movie and play a quick and fun game of 'guess what the character is thinking'. We have found that this exercise can promote empathy in children.

Stanford psychologist, Dr. Carol Dweck (2006) reminded us that children rated as altruistic and empathetic towards other children usually have at least one parent who deliberately models helping others. We encourage parents we work with to let their children know that the cookies

their family is baking for their teachers represent a little extra effort to recognize and thank their teachers. We want parents to make the efforts of others obvious through talking in this way with their children.

3. **Modeling** Gratitude-Enhancing Deeds:

We make specific efforts to give parents do-able examples of positive modeling. We find that parent follow-through and success is improved greatly if they have some how-to's to guide them. Here are a few modeling examples we share:

- Casually demonstrate to your child the ways in which you are fulfilled and in which your needs are met in different areas; show them that you have an abundance of greatness in your own life. This may include *existing* activities, friends, community, comforts, and other things that give you pleasure.
- Try to avoid making “*obtaining things I want*” an activity or sport in front of children. Try not to let them see you cruising on online stores for objects of desire or taking them “window shopping” to generate a list of items you want to obtain.

- Avoid “acts of coveting” when your children are within earshot: I would love to have their home; I wish we had a nicer car; wouldn't it be nice to have that trip to Europe; I wish I had a nicer boss, kinder husband, etc.

We'd like to leave you with a fun gratitude challenge that we use in our offices: The Gratitude with Attitude NOT Words Challenge:

Imagine how you would show your gratitude to others if you had no voice. In this imagination exercise you also don't know sign language and cannot write. Remember no speaking:

1. How would you *express your gratitude* if you couldn't say thank you?
2. Come up with three unique ways to say *thank you*, without saying it.

Try this yourself. Try this with your children and with your clients and see what feedback you get!

Why do we pay attention to gratitude in our work with children and families? The simple answer is that gratitude leads to an abundance of life satisfaction, optimism, joy, pleasure, improved sleep, and a better immune system. It helps children and adults alike to be resilient, compassionate and forgiving. ✚

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Book Review

CONTEXTUAL RESIDENTIAL TREATMENT: DIALECTICAL AND BEHAVIORAL INTERVENTIONS WITH ADOLESCENTS (284 pages)

by Don Pazaratz Ed.D., R. Psych.

Charles C Thomas Publisher, Springfield Illinois USA 2013

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THE LATE DR. PAZARATZ HAS WRITTEN AN INTENSE, COMPLEX BOOK which covers the theoretical and practical application of treatment interventions with adolescents. As stated in the preamble of the book, Contextual therapy requires treatment staff to think about youngsters and their families in the context of interactions rather than focusing on their deficits. It recognizes that all behaviours are purposive so that the adolescent is not a set of problems or actions. The behaviours of adolescents provide information on how young people exist in the world, where they are at the moment, and what they are moving toward. Contextual residential treatment as a model seeks to include the total range of persons who are potentially affected by the therapeutic effort (i.e., parents, siblings, extended family). As a relational and individual approach, contextual therapy emphasizes the importance of empathy, communicative structures and equanimity, and ethical concerns regarding the impact of a therapeutic effort. As a theory, it recognizes that it is not always effective in all circumstances. Therefore, it will incorporate other techniques (i.e., systemic, intergenerational) and theories (existentialism, humanism) which in effect allow it to be considered integrative. It is consistent with client-centred therapy (Rogers, 1951) which states that there are only three necessary and sufficient conditions for personality change: empathy, unconditional respect, and congruence of genuineness. It is also founded on an overarching cognitive framework that seeks each person's point of view (Boszormenyi-Nagi, 1985). Lastly, contextual residential treatment as a theory is consistent with socio-therapy, considered a "school" for living and learning with its attention on the nature of connectedness and reciprocity. It also subscribes to and incorporates the myriad of ways that milieu therapy is used in the treatment process.

Ultimately, contextual residential treatment is concerned with the youth's personal growth, which according to Perls (1969) is the acquisition of maturity or a transcendence from environmental support to self-support.

The book is divided into ten chapters. Chapter 1 outlines the general parameters, methods, and rationale of residential treatment and the need for residential placement. Chapter 2 reviews the nature of the functional and dysfunctional family, and the impact of parenting styles on the developing child and the emerging adolescent. Chapter 3 describes the theory and method of the contextual residential treatment model. Three

highlights of the Chapter are a description of contextual practice that treatment staff should focus on (p. 75, a description of the staff-resident alliance in the residential experience (p. 86), and a section exploring the relationship between the use of language and the effect of its expression or non expression (p. 90). Chapter 4 expands on dialectical and behavioural intervention strategies that residential staff can and should utilize to stabilize and engage youngsters during different treatment stages. It includes a reinforcement chart (pp. 115 – 16) that can be easily incorporated into a residential treatment program. Chapter 5 discusses social work practice and the counselling role of the social worker throughout the treatment process. Chapter 6 is composed of three case studies of hard-to-service aging-out older adolescents still in placement. Chapter 7 describes the highly resistant adolescent who uses drugs and/or other forms of acting out. Several important sections (p. 181 – 91) of this Chapter commence with, “Contextual Counselling Factors” and provide a number of areas to consider when treating an adolescent with marked alcohol/drug problems (i.e., implication for intervention, drug use during residential placement, relapse, and treatment resistance). Chapter 8 explores the special educational needs of youth with behavioural and cognitive problems, exhibited through externalizing and internalizing disorders. Chapter 9 highlights the importance of activities and groups and how these help to transform and redirect youth toward pro-social and pro-self behaviours. Chapter 10 integrates and summarizes the previous nine chapters and provides an overview of the emotionally disturbed youth understood contextually, contextual techniques, and dialectical and behavioural issues. ■



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It is Still Time for

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IN 1979, SWEDEN WAS THE FIRST COUNTRY TO BAN SPANKING and by 2014, thirty seven countries had followed Sweden in banning this practice of physically punishing children. Canada and the US, however, still allow spanking, although a Canadian Supreme Court decision in 2004 did put limits on the severity (no use of objects, no blows or slaps to the head), the age of the person spanked (between 2 and 12), and the purpose (presumably corrective of actual behaviour) of spanking.

Research on the efficacy of spanking is extensive and the results, including even some experimental results, are clear that there is no additional benefit of spanking over other non-physical methods of discipline such a time out (Bean & Roberts, 1981; Day & Roberts, 1983; Roberts, 1988; Roberts & Powers, 1990). Indeed, as Elizabeth Gershoff's (2002) meta-analysis of 88 studies documented, corporal punishment, depending on the severity, is progressively associated with such short- and long-term behavioral outcomes as

- decreased long-term compliance
- decreased pro-social behaviour
- decreased moral internalization
- decreased parent-child relationship quality
- decreased child mental health
- decreased adult mental health
- decreased cognitive ability
- increased risk of being a victim of physical abuse
- increased adult aggression
- increased adult criminal and antisocial behavior
- increased risk of parents physically abusing a child
- increased risk of children abusing another child.
- increased child aggression
- increased child delinquency and antisocial behavior

Although correlational, these results persist in general even when controlling for socio-economic status and culture. There are also prospective studies included in Gershoff's meta-analysis that are consistent with these findings, thereby giving support for a causal inference. While one mild spanking is not likely to produce long term negative effects, with each spanking the risk increases.

A national postal survey of 1,643 Canadians published in 2002 indicated that 51% of parents self-reported using physical punishment (i.e., spanking) with 1% admitting to using physical punishment frequently; 11% said "sometimes" and 39% claimed "rarely". Interestingly, there was no gender difference in the use of corporal punishment, but single mothers were less likely to use it than those still married, and low education was also correlated with an increase of use. While children aged 1 to 5 years were most frequently spanked, surprisingly 40% of parents of infants under the age of one year admitted to using physical punishment on

their babies (Odershow, 2002). While many would hold that spanking is more acceptable with children rather than infants, even with children, spanking is over-used and often wrongly applied. For instance, two-thirds of mothers with children under six spanked or slapped their child 3 times a week! This does not include the number of times they were hit by their fathers.

Clearly, alternative methods, like the well-researched method of a *time-out*, are to be preferred over spanking. The welcome trend towards less authoritarian methods has unfortunately led to some individuals to criticize, and some agencies even to ban, the use of a time out. Criticisms about time-outs are more theoretical or speculative than actual (Morawska & Senders, 2010). It should be noted that a survey of parents shows that they keep a child in time-out for only 2 minutes or less over fifty percent of the time (Olm, 2010). In fact, a time-out of one minute or less is also effective and therefore a longer time-out is really not required, even though longer durations may sometimes increase behavioural change.

WHAT IS A TIME-OUT?

A time-out is technically an “immediate response-contingent removal of access to a reinforcer resulting in a decreased frequency of that response” (Malott et al., 2000, p. 87). In other words, a time-out is simply a short denial of what the child is presently enjoying or finding rewarding at a time when the child is behaving badly. A minimum duration, or a requirement for the child to think about what they did, is not required or even part of the definition. A very short stopping of a child’s access to what they may be enjoying and temporary placement of the child in a less stimulating situation has been well demonstrated to be an effective method to decrease and eliminate disruptive or aggressive behaviours.

Besides being a more effective method than spanking, a time-out teaches a child self-control and social cooperation to achieve a desired result. To be effective, however, a time-out must be done skillfully without anger and judiciously when needed.

KEY POINTS TO REMEMBER:

- a) **Give only one warning.** Accept that out-of-control behaviours, like yelling, fighting and having tantrums, do not usually respond to warnings or are too dangerous to not stop immediately.
- b) **A time-out must be short.** Research indicates that a shorter time-out can be just as effective as a longer one and that a time-out longer than 4 minutes is of no additional benefit. Indeed, aim to have a time-out lasting only seconds.

- c) **Explain the reason.** Make sure that the child understands the connection between a particular misbehaviour and the consequent time-out. Do not give a lecture.
- d) **Use sparing and judiciously.** Try to limit the number of target behaviours for a time-out to no more than three.
- e) **Always use a releasing condition.** Make sure that the child understands the releasing condition of the time-out is to behave better or more appropriately.
- f) **Do not make an unrealistic demand for improvement.** The releasing condition does not require that the child behave perfectly or that his or her mood is completely normal. This may simply be a requirement to use their words and simply say, “yes” to the question, “will you please stop hitting your sister?” or “do you want to return to the room?”
- g) **Remind the child of what is expected.** As the child is released from a time-out, state very briefly what you would like to see the child do better.
- h) **Aim for a 10 to 1 ratio of praise to time-outs.** It is known that reinforcing good behaviours is necessary for time-outs to be effective. The ratio is not well researched but given Gottman’s research with good married couples in terms of positive validations versus complaints, it would be good to aim for a ratio, for each time-out, of 10 or more compliments, validations, hugs, kisses and high fives for behaving well.
- i) **Be succinct, do not argue, and get close.** Warnings should be given using your physical presence so as to ensure full attention by the child. This is achieved by getting close enough to touch the child and insisting on eye contact with him or her, then giving a brief explanation about what they did wrong using only 10 words or fewer. You can always give praise from a distance, but not instruction or a warning. Following a warning, one simply acts without words and explains or reasons with the child after time out.
- j) **Do not shame, humiliate or frighten a child with time-out.** Always be respectful and keep in mind that with highly defiant children, confrontation can easily escalate and even be harmful. The attitude of administering a time-out must remain one of gentle and kind teaching rather than confrontational or authoritarian coercion. Remaining calm and terse in words helps to prevent argumentation.
- k) **Take action early before things escalate.** Very often a parent’s frustration has turned to anger which probably indicates that appropriate action was not

taken earlier. Just as a child who feels bad will often behave badly, a helpless parent who feels frustrated or angry can act poorly towards the child. Modeling anger is not going to help an angry child. Managing low levels of frustration earlier is going model for a child the importance of managing frustrations appropriately.

WHAT ARE THE DIFFERENT KINDS OF TIME-OUTS?

One classification of time-outs pertains to how much restriction on the child's activity we temporarily impose on the child. On this criterion, we can distinguish 5 kinds of time-outs:

1. **Ignoring.** Here we temporarily remove the caregiver's attention towards the child. For example, if the child starts to whine or beg for something in spite of being told "no", the caregiver now simply turns away from the child and pretends not to hear what he or she is saying. When the child starts behaving more appropriately, then the caregiver makes sure to turn again towards the child and, using a pleasant voice, compliment him or her on behaving better (e.g., "thank you for stopping that whining." "I'm so glad to see you getting back to playing with your toys"). The more the parent can make a contrast between being attentive and effusive versus distant and inattentive, the easier it is for the child to discriminate between behaving well and behaving inappropriately and to be reinforced for appropriate behaviour by positive attention.
2. **Removal.** In removal, we take away from the child any object they are using inappropriately or should not be using at all. For instance, a child might start banging the wall with her plastic bucket. We would then remove from the child her plastic bucket and explain that she can have it back when she is ready to use it correctly. The bucket might then be removed for seconds or a few minutes if need be, and then we would ask the child if she is ready to play with the bucket properly. If she answers "yes," we give it back and observe if she will now start to use it more appropriately rather than bang the wall with it. If she continues to use the bucket inappropriately we may remove the bucket for a longer duration or simply remove it altogether from the situation and have her engage in a different activity. Complete removal, of course, applies to the child's attempting to handle or play with any object that is dangerous or inappropriate, or any object the adult simply does not want the child to damage.
3. **Benching** (also call "contingent observation"). In benching, we simply require the child to stop what he or she is doing and have him or her sit on the sidelines watching the other kids or adults continue with their activity. This is the same as in hockey when a player who commits a foul must sit on the bench for a short period of time. In a classroom, for example, a teacher allows the child to remain in the classroom but seated a few feet away from the work setting and required to watch everybody else. The same could be done in a playground in which a child must temporarily sit on the outside of the play area and watch the other children play. After the child has complied with an instruction to agree to behave better (e.g., "Do you want to rejoin us and not hit your sister?"), the child is released from being benched. The results of Porterfield et al.'s (1976) study of benching as compared to the method of redirection resulted in marked reduction of aggression (mean = .4/hr) and disruption (mean = 1.6/hr). In contrast, the method of redirection was not as effective in reducing aggression (mean = 1.6/hr) or disruption (mean = 4.3).
4. **Exclusion.** Exclusion goes further than benching by now requiring the child to sit in a quiet part of the work or play area and to do so without being allowed to readily watch the other children or adults. This may consist of having the child sit facing to the side or away from the centre of the activity he or she was engaged in. It is not necessary to have a child face a blank wall, but simply partly away from the centre of where the other children are playing or the parents are sitting.
5. **Seclusion** (or Isolation). This is the most severe form of time-out and one that is often over-used or not used properly. This is what is used when the child is being aggressive or doing something dangerous (e.g., playing with matches). Here the child is removed from the situation he or she is in and taken to a different room or place that is nearby. The child is required to stand or sit while a door is closed, but only for seconds. The parent stands outside of the door and waits a few seconds before opening the door to see if the child is more responsive to being instructed to return and behave better. Again, the purpose is to remove the environmental press of the situation which may be triggering or reinforcing misbehaviour and bring the child to a physical situation in which the parent can become more present to the child, and can provide instructions without distractions.

Problem Behaviour	Type of Time-out
Whining; Repeatedly calling out for no good reason; Making inappropriate remarks	Ignoring
Being too rough with objects; Disrupting others with their toys	Object Removal
Swearing, temper tantrums; Running in inappropriate areas in the house	Benching
Being aggressive against other children, Seriously disrupting others	Exclusion
Fighting, Dangerous throwing of objects at others	Seclusion

FINAL REMARKS

It is promising that parents want to learn how to become better and more effective parents, as indicated by the popularity of some TV shows on parenting. Unfortunately, time-outs in these shows either still employ the out-dated method of a fixed time using a timer, or shaming the child by designating something the “naughty chair”. Although there are many variations, too often these variations drift away from the basic principle that this method is a teaching tool, and instead the time-out becomes a mere punishment tool.

Here is where psychologists make an important contribution and parent training has been shown to be very effective (Kazdin, 1997; Lonigan, 1998). The public is often poorly advised or coached by parenting books and videos, many of which simply provide generalities without enough useful specifics. When specifics about time-out are provided, they simply describe it incorrectly.

What is regrettable is that one of the very best parenting video programs ever produced is not available. This was in fact a Canadian production called *Real Families* in which a psychologist, Dr. Michael Weiss (1999 – 2006), demonstrated how to manage behavioural problems by directly doing it in front of the parents. This kind of direct parent training through modeling in the natural environment is greatly needed. Briesmeister and Schaefer (2007) noted in their book on parent training that “there is a growing recognition that constructive behavior changes might be most effectively accomplished by working with children in their natural environment” (p. xvii). Sadly, the series has ended, but one can still see some episodes on Dr. Weiss’ website. The parenting programs like *Supernanny* or *Nanny 911* that have subsequently appeared in my opinion pale in comparison to what Canada earlier produced over a decade ago.

It needs to be said that a time-out properly administered must be understood with regard to a child’s inner world, level of skill and developing intentionality. For example, a child’s behaviour could be motivated by a power struggle, or revenge, or feelings of inadequacy, or a need for attention, and how we respond to what might be outwardly the same behaviour is going to be different depending on what would be the underlying motivations or reasons for the behaviour.

It is important not to over-use any of the five variants of time-out. It is as a whole approach that all of these parenting expressions of affection and teaching of skill are best expressed. Tragically, due to a lack of skill, many parents too often resort to yelling, threatening, spanking, and grounding. Other behavioural methods like “errorless compliance training” (Ducharme, 2009), “behavioural momentum” (Cipani, 1999), non-compliance barometers, feedback graphs of success, video self-modeling (Dowrick, 1999) also are useful for more serious behavioural problems. Cognitive-behavioural approaches of life skill and problem solving (Shure, 1992; 1994; Berg, 2003) are not to be neglected, along with emotion skill-building approaches of empathy training and emotion coaching (Gottman, 1997; Veron, 2006). Finally, we should not forget interventions for attachment difficulties (Levy, 2000). When taken together with other practices, the time-out becomes one useful tool among many others for psychologists to help parents help their children develop. ☉

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**SENTRY CORRECTIONAL
HEALTH SERVICES**

Job Title: Psychologist (Part-Time)
Work Site: Prince George Regional Correctional Centre
Status: Contractor
Start Date: As soon as possible
Salary: Negotiable
Hours: As negotiated

Sentry Correctional Health Care Services provides a full spectrum of Primary Care Mental Health and Addictions Services to the Ministry of Justice in 9 Correctional Centre.

Job Summary:

Psychologists are valued team members in our broad multi-disciplinary health care team and provide the following services to an inmate population group:

- Psychological assessments, treatment, recommendations, care plans, consultations and ongoing reviews.
- Monitoring of Inmate's mental health and adjustment during their stay.
- Assessing suicidality and making recommendations for the monitoring of inmate suicide risk, including assessment for removal of at-risk status.
- Psychological treatment to inmates.
- Referrals and recommendations to other health care providers within the centre.
- Management recommendations regarding inmate, including their placement in the institution.
- Review of relevant inmate records when providing psychological services, and documentation of psychological services in the Health Care file.
- Consultations and attendance at meetings.
- Clinical guidance for the unit designated for Inmates with mental health disorders.
- Clinical support to the Mental Health Program Coordinator, the Mental Health Screener(s), the Addiction Counsellors, and the Mental Health Liaison Officer.
- Participation in case management planning for Inmates.
- Emergency mental health support to the staff of the Centre as needed.
- And other site-specific psychological services as necessary.

Qualifications:

- Ph.D. in clinical psychology.
- Member in good standing of the College of Psychologists of British Columbia.
- Experience working with persons who are addicted, marginalized, experiencing significant mental and/or physical disorders, including concurrent disorders, and displaying non-compliant, aggressive, manipulative and drug-seeking behaviours.

Please send your resume in confidence to recruiting@sentrycorp.ca.

Part-time and Full-time positions available at

Chuck Jung Associates
Psychological and Counselling Services

Chuck Jung Associates has been established in the Lower Mainland since 1995. Currently, we have a part-time or full-time position available. We currently are in need of an associate for our Langley and Port Coquitlam offices. (We also anticipate positions in our other offices in the Winter 2014).

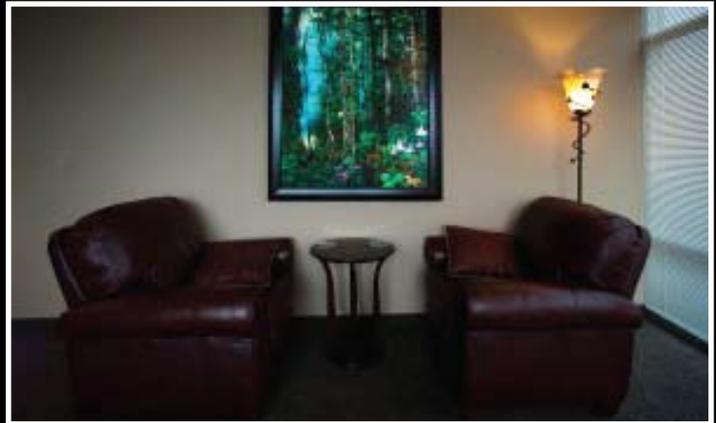
Our practice provides services for general referrals from the community, also with a specialty in rehabilitation. Our work in rehabilitation involves helping clients with depression, anxiety, PTSD, chronic pain, and traumatic brain injury. We are recognized as a leading private practice in BC for providing psychological services for those recovering from emotional problems arising from motor vehicle accidents.

This position is open to registered psychologists or recent graduates in the process of registering with the College. In addition to providing assessments and treatment, the successful candidate will also learn to work effectively with allied professionals and agencies in the community (e.g. occupational therapists, family physicians, insurance companies, medical specialists, lawyers, and health authorities). We provide extensive consultation and clerical support for our associates. We have competitive remuneration.

If you are interested, please send your resume to chuckjung@axion.net or fax 604-874-6424.

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British Columbia School of Professional Psychology

406-1168 Hamilton Street • Vancouver, B.C. • V6B 2S2 • (604)682-1909 • Fax (604) 682-8262 • email: wilensky@interchange.ubc.ca

The British Columbia School of Professional Psychology is presenting Basic Training in Eye Movement Desensitization and Reprocessing (EMDR). This course is approved by the Eye Movement Desensitization and Reprocessing International Association (EMDRIA).

Participants will learn to use EMDR appropriately and effectively in a variety of applications. Such use is based on understanding the theoretical basis of EMDR, safety issues, integration with a treatment plan, and supervised practice. Part One / Level I EMDR training is usually sufficient for work with uncomplicated Posttraumatic Stress Disorder in most clients. Part two / Level II is necessary for working effectively with more complex cases, special populations and more severe, longstanding or complicated psychopathology.

Qualified applicants will have a minimum of Masters level training in a mental health discipline and must belong to a professional organization with a code of ethics or be a Graduate student in practicum/internship with appropriate supervision.

Instructor: Marshall Wilensky, Ph.D., R. Psych., EMDRIA Approved Instructor

Format: Lecture, discussion, demonstration, video – 20 hours

Supervised practice (during training weekends) – 20 hours

Consultation by group meetings or online discussion forum – 10 hours

Dates: Part One November 28 – 30, 2014; Part Two February 27 – March 1, 2015

Times: Friday 9:00 a.m. – 5:00 p.m.; Saturday and Sunday 9:00 a.m. – 4:30 p.m.

Consultations: Mondays, December 15, 2014, January 19 & March 23, 2015 - 6:30 p.m. – 9:30 p.m.

Location: Peretz Centre (6184 Ash St., Vancouver)

Tuition: Full Course: \$1,850 (before October 17, 2014) \$1,950 (after October 17, 2014)

Previously trained EMDR clinicians can get updated for half price

Registration: Online at www.emdrtraining.com (>>Basic Training >>Vancouver page)

Approved for Continuing Education Units by Canadian Counselling and Psychotherapy Association
For more information please contact: Alivia Maric, Ph.D., R. Psych. 604 251-7275 amarica@shaw.ca



Boundaries, Borders, and Multiplicities in Psychotherapy: Ethics and Professionalism for Psychologists

PRESENTED BY **STEPHEN BEHNKE, JD, PHD, MDIV**

VANCOUVER

Friday September 19th, 2014

9:30AM – 4:30PM @ The Arbutus Club (Strathcona Room)
2001 Nanton Avenue Vancouver, BC V6J 4A1

VICTORIA

Saturday September 20th, 2014

9:30AM – 4:30PM @ Harbour Towers (West Harbour Ballroom)
345 Quebec Street Victoria, BC V8V 1W4

Continuing Education Credits: 6

Ethics Credits

You may keep track and submit your hours to the College of Psychologists of BC for credit.

About the Workshop

This program will explore ethical and professional aspects of boundaries and borders within the psychotherapeutic context. The program will review standards in the CPA and APA Ethics Codes that are relevant to boundaries and borders in psychotherapy, and then will explore why these concepts are so deeply embedded in our ethical understanding of the psychotherapeutic process. This exploration will address how borders and boundaries take shape in a relational context where multiple dimensions of self-identity are at play, such as age, gender, gender identity, race, sexual orientation, disability and religion.

The program will distinguish ethical issues from professional issues, and will press to understand the difference between these two categories. The program will offer a model for ethical decision making, and provide a series of practice-oriented vignettes for discussion. The values underpinning the CPA and APA Ethics codes will be stressed throughout the program and will be a point of special emphasis in discussing the vignettes.

Learning Objectives

1. Know the standards in the CPA and APA Ethics Codes that are especially relevant to borders and boundaries in psychotherapy.
2. Grasp the values underpinning the CPA and APA Ethics Codes that form the basis for standards relevant to borders and boundaries in psychotherapy.
3. Gain a process for ethical decision making.
4. Understand how the CPA and APA Ethics Codes address aspects of identity such as age, gender, gender identity, race, sexual orientation, disability and religion.
5. Understand how the CPA and APA Ethics Codes can be employed as useful tools in ethical decision making.

About the Presenter: Dr. Stephen H. Behnke

Dr. Stephen H. Behnke received his J.D. from Yale Law School, his PhD. in clinical psychology from the University of Michigan, and his M.Div. from Harvard Divinity School. In 1996, Behnke was made chief psychologist of the Day Hospital Unit at the Massachusetts Mental Health Center, a position he held until 1998, when he was named a faculty fellow in Harvard University's program in Ethics and the Professions. Behnke then directed a program in research integrity in the Division of Medical Ethics at Harvard Medical School. In November of 2000, he assumed the position of director of ethics at the American Psychological Association. He holds an appointment in clinical ethics in the Department of Psychiatry at Harvard Medical School. Behnke co-leads an ethics discussion group at the meetings of the American Psychoanalytic Association.

Behnke's research interests focus on issues at the convergence of law, ethics, religion and psychology. He has written on multiple personality disorder and the insanity defense, on issues involving competence and informed consent to treatment and research, on forced treatment of the severely mentally ill, and on state laws relevant to the work of mental health practitioners.

How to register for this workshop

- Mail this form to: BC Psychological Association
402 – 1177 West Broadway Vancouver BC V6H 1G3
- Fax this form to 604 – 730 – 0502
- Call if you have questions at 604 – 730 – 0501
- Go online: <http://www.psychologists.bc.ca>

Cancellation Policy: Cancellations must be received in writing by September 15th, 2014. A 20% administration fee will be deducted from all refunds. No refunds will be given after September 15th, 2014.

Free Parking is available at the Arbutus Club in Vancouver. Parking is \$6 per day at the Harbour Towers in Victoria.

Go Green: <http://tripplanning.translink.ca/>



JOIN BCPA NOW and GET \$70 DISCOUNTS!

Early Bird Registration (May 30th – July 31st, 2014)

- Early Bird (Non-Members) \$246.75 (incl. GST)
- BCPA Members and Affiliates \$173.25 (incl. GST)

Regular Registration (August 1st – September 15th, 2014)

- Regular (Non-Members) \$270.90 (incl. GST)
- BCPA Members and Affiliates \$197.40 (incl. GST)

Meal Requirements

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

- I will attend the Workshop **VANCOUVER**
- I will attend the Workshop **VICTORIA**
- I agree to the Cancellation Policy (required)

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

GST # 899967350. All prices are in CDN funds.

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

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

2014 / 2015 Membership Application

FEATURE MEMBER BENEFITS

	Regular Rate	BCPA Member Rate	Savings (%)
Liability Insurance **	\$1,500	\$326	\$1,174 (78%)
BCPA Continuing Education workshops	\$270	\$200	\$70 (26%)

** Averaged non-member pricing from quotes provided by the insurance broker.

A NEW MEMBER

A RENEWAL MEMBER

CONTACT INFORMATION

First Name:

Last Name:

Middle Name:

Degree:

Would you like to participate in the BCPA E-mail Forum? Yes No

Mailing Address & Phone Number (not available to the public)

Company:

Address:

City:

Province:

Postal Code:

Phone #:

Fax #:

Email (required):

Referral Service Address & Phone Number (available to the public; for Referral Service members only)

Website address:

Company:

Address:

City:

Province:

Postal Code:

Business Phone #:

Alternative Phone #:

DEADLINE is August 31st, 2014

Membership with Referral Service

Open to R. Psychs. & R. Psych. Assocs.
Includes a free web profile; if you already have a website, you may list it within your referral settings.

**Renewing on Time
(including tax)**

\$504.72

**Renewing Late
(including tax)**

\$530.97

Membership

Open to R. Psychs. & R. Psych. Assocs.

\$334.59

\$360.84

Retired Membership

\$59.54

\$59.54

Out-of-province Membership

\$59.54

\$59.54

Provisional Membership

This is a 1-year membership. Applicants must attach a copy of their letter of application acceptance from CPBC.

\$334.59

\$360.84

After August 31st, a late fee of \$25 plus tax is added to Full Membership and Full Membership with Referral Service dues. Fees have been updated following the 2009 AGM ballot, which approved an increase in fees for Members, Members with Referral Service, Retired Members, and Out-of-province Members.

I WOULD LIKE TO ADD THIS DONATION(S): \$50.00 \$100.00 \$Other \$ _____

Community Engagement & Public Education

Advocacy & Government Relations

Psychologically Healthy Workplace Awards

Division of Consulting Psychologists

TOTAL AMOUNT ENCLOSED BY CHEQUE (PLEASE PRINT): \$ _____

Your membership renewal may be delayed if you include the wrong amount, incomplete or post-dated cheques. It usually takes two to three business days for your renewal to be processed. However, it might take longer if we are receiving large numbers of renewals, or if your form or payment information is incomplete. If you want to avoid delays, and you want to receive a receipt immediately, please [renew your membership online](#).

By signing below, I _____ hereby understand and agree to the following terms:

- ✓ I am a registrant of the College of Psychologists of BC, or I am a retired registrant of the College of Psychologists of BC.
- ✓ If any limitations are put on my practice, or my registration is suspended or cancelled by the College of Psychologists of BC, I agree to notify BCPA within five working days.
- ✓ **Referral Members:** if there are any limitations, terms or conditions to my registration to practice psychology, I agree to modify my practice accordingly, and apply these limitations to all referrals received through BCPA.
- ✓ **Referral Members:** I agree to review my referral settings online quarterly for accuracy of contact information, geographical areas of service, and areas of practice.
- ✓ I agree to review and adhere to the E-mail Forum Guidelines, and I understand that they can be found online at www.psychologists.bc.ca/content/e-mail-forum

I have read, understood, and agreed to all applicable declarations listed above.

Signature:

Date:



BCPA Board Nominations 2014

This year, four positions will be opening on the Board of Directors of the BC Psychological Association (BCPA).

All the directors of the BC Psychological Association are volunteers. The Board of Directors is a group of seven BCPA members who are elected by the rest of the members of the Association. The directors are responsible for the Association both financially and legally; their role is to steer the Association and work towards the achievement of our purposes, as stated in the Constitution.

A volunteer term on the BCPA Board lasts three years. Directors are responsible for attending monthly Board meetings, as well as for serving as Board liaisons by sitting on one or more BCPA Committees. Although this is a challenging volunteer position, look no further if you want to have a real impact on how BCPA is run, and more generally on psychology and mental health care in British Columbia.

HOW THE NOMINATION AND VOTING PROCESS WORKS

You can nominate yourself, or another psychologist who has explicitly agreed to be nominated for this position. All nominees must be current BCPA members at the time of nomination. Please ensure that the nominee signs in the appropriate space to indicate acceptance of your nomination. If you are nominating yourself, please ensure to have a witness sign the form as well. All nominees must submit a brief statement of intent (100 words or less), which must be submitted to BCPA with the form below. Board statements should address any prior governance experience and vision for the profession of psychology in BC.

If more nominations than the number of openings are received for available Board positions, an election will take place by ballot. Members are entitled to vote in advance by mail, or in person at the Annual General Meeting. If necessary, ballots will be mailed out thirty days in advance of the Annual General Meeting, in accordance with BCPA by-laws. The results will be ratified at the Annual General Meeting, which will take place on November 28th, 2014.

FOR MORE INFORMATION

If you are interested in becoming a Director of BCPA but you need more information, please contact the office at info@psychologists.bc.ca or call our Executive Director at 604-730-0501.

BOTH THE FORM AND THE ACCOMPANYING STATEMENT MUST BE RECEIVED BY BCPA NO LATER THAN SEPTEMBER 29th, 2014.

✂ ✂

I hereby nominate the following BCPA member to stand for election to the Board of Directors of BCPA.

NAME OF THE NOMINEE: _____ SIGNATURE: _____

NAME OF THE NOMINATOR (YOU): _____ SIGNATURE: _____

I hereby nominate myself to stand for election to the Board of Directors of BCPA.

YOUR NAME: _____ SIGNATURE: _____

WITNESS' NAME: _____ SIGNATURE: _____



Resources for Psychological Practice with Older Adults and Their Caregivers

The APA Office on Aging developed this list of resources to supplement the recently updated APA Guidelines for Psychological Practice with Older Adults and in response to the Institute of Medicine report *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands*, which noted a dire need for health providers of all disciplines to meet the mental and behavioral health needs of older adults.

The resources listed below and additional resources may be found on the *Office on Aging* website: www.apa.org/pi/aging

APA RESOURCES

- Guidelines for Psychological Practice with Older Adults
- Guidelines for the Evaluation of Dementia and Age-related Cognitive Change
- Assessment of Older Adults With Diminished Capacity: A Handbook for Psychologists
- Blueprint for Change: Achieving Integrated Health Care for an Aging Population
- Elder Abuse and Neglect: In Search of Solutions
- Family Caregiver Briefcase: Practice section
- What Mental Health Practitioners Should Know About Working With Older Adults

APA RESOURCE GUIDES

- Aging and Human Sexuality
- Depression and Suicide in Older Adults

- Multicultural Aging
- Older Adults and Insomnia
- Psychological Services in Long-Term Care

APA CONSUMER EDUCATION MATERIALS

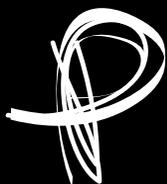
- Coping With Stress and Anxiety
- Memory and Aging
- Integrated Health Care for an Aging Population: A Fact Sheet for Consumers

APA CONTINUING EDUCATION OPPORTUNITIES

- What Psychologists Should Know About Working With Older Adults (6 CE credits)
- Blueprint for Change: Achieving Integrated Health Care for an Aging Population (2 CE credits)

USEFUL GEROPSYCHOLOGY WEBSITES

- GeroCentral: <http://gerocentral.org>
- Council of Professional Geropsychology Training Programs: www.copgtp.org
- Geropsychology competencies evaluation tool: <http://gerocentral.org/competencies/competencies-tool-online>
- APA Division 12, Section II — Society of Clinical Geropsychology: www.geropsychology.org
- APA Division 20 — Adult Development and Aging: www.apadivisions.org/division-20
- Psychologists in Long-Term Care: www.pltcweb.org/index.php



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BE A PART OF NEXT YEAR SUBMIT YOUR ART

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Piece of Mind is an art exhibition showcasing pieces of work that answer the question: What does psychological health mean to you? We are inviting all individuals to share their story through artistic expression.

mypieceofmind.ca
info@mypieceofmind.ca

DEADLINE: March 2015 | **EXHIBITION:** May 2015



Annika McFarlane
Possibilities

PIECE OF MIND
mypieceofmind.ca
info@mypieceofmind.ca



PIECE OF MIND

David Stevens
Arbutus Grove

BC Psychologist

LOOKING FOR AN ARTICLE YOU ONCE READ OR WROTE IN AN OLD ISSUE OF THE *BC PSYCHOLOGIST*? You can find PDF and online copies dating back to Summer 2007 at: www.psychologists.bc.ca



Social media

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BC Psychological Association

Since 1938, the BC Psychological Association (BCPA) has represented psychologists in British Columbia. It is a voluntary body and is committed to advancing psychology and the psychological well-being of all British Columbians.

BCPA ADMINISTRATIVE OFFICE

#402 – 1177 West Broadway
Vancouver, BC V6H 1G3

PHONE 604.730.0501 | FAX 604.730.0502

EMAIL info@psychologists.bc.ca

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