

Manitoba Psychologist

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

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

162-2025 Corydon Avenue, #253, Winnipeg, MB R3P 0N5 (204) 487-0784, FAX (204) 489-8688, email: pam@mts.net

Volume 26, Number 2

December, 2009

President's Report

Registration and Membership, publishing names of psychologists guilty of professional misconduct, a code of conduct, provincial and national regulatory issues.

Page 1

Registrar's Update

Regulated Health Professions Act, Legislative Review Committee, Manitoba Blue Cross, ASPPB and ACPRO in Idaho.

Page 2

Continuing Education

Audit of members' 2008 CE reports.

Page 3

Competencies

Definitions of Areas of Competence in Psychological Practice in Manitoba

Page 4

Supervision

CPA's Ethical Guidelines for Supervision in Psychology

Page 6

From the President

During the months since our last newsletter, your Council has continued to work hard on your behalf. Various national and provincial regulatory changes have required a swift response, as have issues related to registration and the evolution of bylaws. We then created extra work for ourselves as we decided to enter into our first ever Organizational Review, to evaluate in detail various aspects of P.A.M. functioning. We recognized that biweekly Council meetings were crammed full of usually time-sensitive, practical matters, and that we needed to bring critical eyes to the Big Picture, or at least to several important areas that we never seemed able to spend enough time on during regular meetings.

To that end, Council members agreed to attend a seven-hour marathon assessment of how we do what we do, and to consider changes that might result in efficiencies in processing and costs, and might make P.A.M. a better organization.

Fortunately, even though we began the day still a bit unsure about how to structure this process and about how successful we would be, all agreed in the end that we had managed to have a productive discussion and that it might be wise to hold organizational reviews annually. Here are some of the issues we discussed:

Registration and Membership. First, the dedicated psychologists who serve on P.A.M.'s R & M Committee have been hamstrung by procedures that slow the registration process at all levels. As such, it was clear that changes needed to be made to the way in which P.A.M. collects documents from applicants. Council decided that the Registrar and Council Assistant would maintain a spreadsheet to monitor receipt of documents for applications and that, rather than file documents being forwarded piece by piece to the R& M Committee Chair, files will remain with the Registrar until complete. Second, R & M now will make recommendations about new applications, instead of bringing files to Executive Council for review. Our Bylaws require that R&M bring its decisions to Council for approval, but Council was of the opinion that a full review of the committee's decision-making process was not required, and slowed the process. Third, Council decided to review P.A.M.'s application fees, in light of the greater time that now will be required

of our paid contractors, and in light of the fees charged by other jurisdictions.

Council agreed that descriptions of psychology practice areas would be posted on the P.A.M. website. Particulars of these descriptions, written by the Registrar, were approved.

As I indicated at P.A.M.'s last Annual General Meeting, and at last year's Town Hall Meeting, Manitoba has been out of step with all other provinces in Canada in terms of publishing the names of psychologists found guilty of professional misconduct, as well as information about charges. Especially given that the Regulated Health Professions Act will soon compel P.A.M. to publicize the names of members found guilty of professional misconduct, Council decided to direct the Complaints and Inquiry Committees to begin doing so now. Council also agreed to encourage Inquiry panels to recover hearing costs, when appropriate.

The RHPA also will mandate term limits for Council members, and Council decided to consider term limits for committee chairs as well. Council opined

Continued on Page 2

that it made sense to formalize a process of turnover in leadership on Council and in Committees, recognizing that turnover, along with retention of some experienced members, is vital to the health, growth, and responsiveness of our organization.

Council decided to initiate formal performance evaluations of paid contractors—the Registrar and the Assistants—and to investigate processes for conducting these evaluations.

Some Canadian provinces have developed comprehensive Codes of Conduct for psychologists. These Codes have stood as guides for the day-to-day application of ethical guidelines, standards, and the Registration Act in practice. Council decided to pursue development of a Code of Conduct for Manitoba psychologists and to form an ad-hoc working group to develop it.

Council considered the possibility of providing workshops on regulatory issues for registrants, and to speak with MPS about collaboration on these workshops.

Council members flagged a number of other issues for further discussion. One of these was the development of a formal mechanism through which registrants can change their declared areas of practice. Council also has become aware that the processing of complaints in Manitoba can be lengthy. We plan to give serious consideration to the ways in which our complaints decision-making can be conducted as expediently as possible, while not neglecting due process.

Your Council will continue to respond to regulatory issues arising on both the provincial and national political fronts. National associations of regulators, most important of which is ACPRO, thus far have been unsuccessful in making coordinated responses

to imposed regulatory changes, given the difficulty of obtaining consensus among regulators from various provinces. As such, much responsibility lies with the provincial regulatory groups. We have our work cut out for us.

As always, we invite your comments, recommendations, and questions. We hope to hold a third Town Hall Meeting in January or February of 2010 to discuss these and other issues, and to take your feedback and direction.

I wish you a peaceful time of rejuvenation, laughter, and shared memories during the upcoming holiday season.

Teresa Sztaba, Ph.D., C.Psych.

President, Psychological Association of Manitoba



Registrar's Update

—Dr. Alan Slusky

It gives me great pleasure to bring the membership up to date on a number of matters relevant to the regulation of Psychology in Manitoba. Since my last report to you, work has continued in earnest on the Regulated Health Professions Act. This Act has now been passed in the Manitoba Legislature and a number of professions are beginning to write regulations to enable their profession to come under the jurisdiction of the RHPA. Until such time as a profession's regulations have been written and passed by the government, the Act in place continues to be enforced. As such for Psychology, the Psychologist's Registration Act will continue to govern the practice of Psychology in Manitoba until our new regulations are written. Towards that end PAM's Legislative Review Committee has been activated to begin reviewing the new Regulated Health Professions Act, and in particular examining a number of items relevant to the practice of Psychology in Manitoba under this Act. The Legislative Review Committee will be meeting over the next two months to begin this work, with an initial meeting between this committee and government, taking place towards the end of January 2010. It is our hope to have Psychology in the "first wave" of professions to come under this Act and in due course, the membership will be provided with opportunities to provide feedback on a number of issues currently under discussion.

In October of this year I had an opportunity to meet with representatives of the Manitoba Psychological Society, as well as Blue Cross, to discuss concerns which had emerged out of Blue Cross' initiative to

prepare a Provider Agreement for its service providers. A number of issues were discussed at this meeting including the right of Blue Cross to audit service provider's client files, billing practices for members, as well as the classes of membership that are eligible for reimbursement under current Blue Cross provider contracts. From a regulatory perspective, all of these issues were of interest to PAM. It is our understanding that the Manitoba Psychological Society will be publishing a synopsis of this meeting in the very near future. In the near term however, it is worth reminding members that any invoices for services must clearly identify not only the Psychologist who is billing for the services, but the names and membership classes of any other individuals who are providing services to the clients referenced in the invoice. Blue Cross has said that they will pay for services rendered by Registered Psychologists and Psychological Associates (Independent Practice). The payment for services rendered by Psychological Associates (Supervised practice) and Psychologist Candidates is, according to Blue Cross, something which they are not prepared to do. Blue Cross brought to our attention that this policy has been in place for many years now. Blue Cross also indicated that in the past, if those individuals have had their services reimbursed, it has been an error on Blue Cross's part, and they are taking this opportunity to clarify their practices in this regard.

Dr. Sztaba and I attended the ASPPB meeting in Idaho in October 2009 and while at this meeting a meeting of the Association of Canadian Psychology

Regulatory Organizations (ACPRO) was held. The focus of this meeting was on the Agreement on Internal Trade, and the changes which have been made to this agreement, which compel jurisdictions to accept, for immediate registration, individuals already registered in other Canadian jurisdictions. There continues to be a good deal of discussion and debate around the Agreement on Internal Trade, and it was resolved at this meeting to once again review the registration requirements, across Canada, for initial registration as Psychological Service providers. This review is being undertaken in the hopes of finding ways, if possible, to minimize inconsistencies in registration requirements so as to work towards the potential development of a national standard for licensure. Most of those in attendance (9 out of 11 regulators) acknowledged the difficulties inherent in this enterprise however at the same time committed to do as much as possible to work collaboratively to find commonalities in licensure requirements (where they exist) and strive to minimize (to the greatest extent possible) significant differences in the procedures used to evaluate the education and training of applicants for licensure. The BC College of Psychologists has agreed to take the lead on applying for funding to enable this work to move forward and although there was not unanimity amongst regulators on this initiative, an overwhelming majority endorsed the sentiment of doing whatever can be done to facilitate consistency across jurisdictional boundaries.



Continuing Education Report Audit

Dr. S.J. Bow, Chair of P.A.M.'s Continuing Education Committee, recently completed an audit of continuing education reports for 2008 (filed with 2009 renewals) for approximately 10% of the P.A.M. membership. This first-ever audit served the twin purposes of confirming that individual reports were accurately submitted, and of assessing whether members are interpreting the guidelines correctly. Audit allows P.A.M. to clarify and revise guidelines as needed, and to ensure that members are fulfilling their obligations around continuing education.

Dr. Bow reports that all members contacted were cooperative and appeared to be getting used to the practice of keeping records of CE. Some had trouble finding documentation, and in some cases, claimed credit was found not to be acceptable. Members audited this year are not required to make up deficiencies retroactively, but will be audited during the coming year to verify that requirements are fully met.

She has written to each member audited individually, and provided suggestions to each for future reporting. What follows are some points raised in feedback.

- The content of the claimed activity must be materially psychological in nature. Even as psychologists practice in diverse areas and may need to educate themselves in non-psychological areas in order to practice, CE acceptable for credit with P.A.M. must pertain only to psychological education. A certain amount of education in related fields may be claimed under Category E (Other), but this requires approval from the CE Committee.
- Although a member may claim credit for a course or workshop that he or she has presented, they

may only do so once. That is, while preparation of a new course or workshop is considered continuing education, repeat presentations of essentially the same material, even updated each time, are not acceptable as CE credits.

- When claiming credit for giving a course or presentation, or for writing a book chapter or journal article, members should not claim credit based on preparation time, but instead for actual presentation time. For example, a four-hour workshop earns four CE credits, and a 36-hour course earns the maximum 20 CE credits, plus 16 credits that may be carried over for one year. This assumes a rough correspondence between the length of the course and the amount of new learning required to prepare it—an imperfect measure to be sure, but one used in most jurisdictions. A standard 10 hours is credited for a published chapter or article, and five hours for a conference presentation or poster.
- Supervision of others in an educational context—for example, graduate students or interns—is an academic activity reportable for credit under Category B to a maximum of 10 hours per year. However, supervision in the context of employment is not eligible for credit. That is, although the latter may provide education to the supervisee, its primary function is to monitor the supervisee's job performance. Ongoing supervision of a Psychological Associate in your employ is not eligible for CE credit.
- Members with more than 20 credits in one year may carry credits forward for one year, and members may choose to carry credits forward if they anticipate a leaner CE year coming up.

THE FULL
CONTINUING
EDUCATION FAQ IS
ON THE P.A.M.
WEBSITE:
WWW.CPMB.CA

An issue raised in several cases was that no formal documentation of attendance to an event was available to attendees. Dr. Bow reminds members that the onus is on them to obtain documentation of attendance in some form when there is no formal documentation available—for example, a sign-in sheet or a certificate of attendance. Members might ask an organizer or another attendee to sign and date the notes they have taken at a talk. Several members attending a journal club or committee meeting might sign in each time and take copies of sign-in sheets as documentation of participation. For independent study, members should retain a portfolio of articles read, and a dated summary of notes and conclusions. Documentation and reporting will vary with the activity, but should indicate the nature of the activity and should verify that it occurred.

The Continuing Education Committee plans to use its findings from this audit as it revises and extends the FAQ on the CE page of the P.A.M. website.



As always, P.A.M. Executive Council invites your comments, recommendations, and questions.

We hope to hold a third Town Hall Meeting early in the New Year 2010, and will be in touch with members about this shortly.

Definitions of Areas of Competence

All Registered Psychologist or Psychological Associate members of the Psychological Association of Manitoba (regardless of their areas of demonstrated competence), are expected to have knowledge in the foundational content areas of psychology, (i.e., the biological bases of behaviour, the cognitive - affective bases of behaviour, the social bases of behaviour, and the psychology of the individual), in addition to;

- knowledge of learning;
- knowledge of all relevant ethical, legal and professional issues;
- knowledge of research design and methodology;
- knowledge of statistics; and,
- knowledge of psychological measurement.

This knowledge is acquired through undergraduate and graduate coursework in a designated Psychology education and training program. Applicants are directed to the following link for a more detailed description of the criteria by which Master's and Doctoral Psychology training programs are evaluated by the PAM Registration and Membership Committee:

<http://www.cpmc.ca/Educational%20Training%20Program%20Criteria.htm>

In order to assist applicants in determining which practice areas to declare as their primary area of competence, PAM would suggest the following:

Generally speaking applicants should indicate the area in which they have been trained, as their primary area of competence. Often times this is contained in the title of their educational program (e.g., Clinical Psychology, Neuropsychology). PAM encourages applicants to choose only one area of competence, on initial registration, as subsequent areas of competence can be added in the future, with the addition of further education, training, and supervised experience.

In certain circumstances, applicants may wish to designate two areas of competence and in order to assist them in doing so, the following definitions are provided as a guide. Information contained in this guide is also used by the Registration and Membership Committee in evaluating coursework taken by applicants, so as to confirm competencies. The below is only intended to serve as a guide; final decisions on the designation of a member's Areas of Practice/Demonstrated Areas of Competence will be made by the Registration and Membership Committee and Executive Council.

Clinical Psychology

Clinical Psychology is the application of knowledge about human behaviour to the assessment, diagnosis and/or treatment of individuals with disorders of behaviour, emotions and thoughts. In order to claim competency in this area, applicants should have knowledge of the following:

Psychopathology and abnormal psychology, personality and individual differences, psychological assessment, psychodiagnostics, intervention procedures, psychotherapy, and evaluation of change. With respect to specific skills, individuals who practice in the area of Clinical Psychology must, at a minimum, be able to:

- Perform an appropriate clinical assessment, utilize the information from this assessment to formulate and implement a treatment plan, and evaluate the efficacy of this plan.

As well, individuals who provide services to children and adolescents must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.

Counselling Psychology

Individuals who work in the area of Counselling Psychology, generally speaking, work with reasonably well functioning individuals (who are generally agreed to be free of significant psychopathology) and work to improve normal human functioning. This is accomplished through helping individuals to solve problems, make important life decisions, and deal with everyday stresses. Individuals who wish to claim this area of competence must have knowledge of the following:

Psychological adjustment and life span development, personality/individual differences, psychopathology, psychological assessment, psychodiagnostics, understanding of intervention procedures and psychotherapy, and the ability to evaluate change. In addition individuals who wish to practice in the area of Counselling Psychology, must be able to:

- Demonstrate the ability to perform an appropriate counselling assessment (including the rendering of a differential diagnosis), demonstrate an ability to identify those individuals who must be referred elsewhere for more intensive assessment/treatment, and demonstrate an ability to plan and implement a counselling treatment intervention.

As well, individuals who provide services to children and adolescents must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.

Forensic Psychology

Forensic Psychology refers to applying knowledge of human behaviour to the assessment, understanding, and treatment of individuals within the context of criminal/legal matters. In order to claim competency in this area applicants should demonstrate an understanding/knowledge of the following:

- Criminal justice/legal systems, application of psychological principles within the Provincial and Federal legal systems, psychopathology/abnormal/criminal behaviour, psychopathology as it relates to antisocial/criminal behaviour, personality/individual differences, psychological assessment, psychodiagnostics, risk assessment/management, intervention procedures/psychotherapy, and evaluation of change.

As well, individuals who provide services to children and adolescents, must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.

Health Psychology

Health Psychology is conceptualized as applying psychological knowledge and skills to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of those factors which determine health and illness. In order to claim competency in this area, applicants will demonstrate knowledge of the following:

- Normal life span development, psychopathology/abnormal behaviour, personality and individual differences, psychological assessment, psychodiagnostics, intervention procedures and psychotherapy, evaluation of change, behavioural medicine and psychological issues related to health (including a basic understanding of the impact of commonly used medications on behaviour).

As well, individuals who provide services to children and adolescents must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.

Industrial/Organizational Psychology

For the purposes of determining competence, industrial organizational psychology is defined as the field of Psychology practice and research which has as its primary goal, the furthering welfare of individuals and the effectiveness of organizations. This is accomplished through understanding individual behaviour and organizational behaviour, helping individuals to pursue meaningful and enriching work, and assisting organizations to maximize the potential of their human resources. In order to practice in this area, applicants should at a minimum be able to demonstrate the following knowledge:

- Organizational behaviour, psychological assessment/life span development, personality and individual differences, assessment for selection, promotion, and career development, psychology of training in organizations, intervention procedures within the context of an organization, the evaluation of change.

Rehabilitation Psychology

Individuals who practice in the area of Rehabilitation Psychology apply psychological knowledge and skills to assess and treat individuals with impairments in their physical, emotional, cognitive, social, or occupational capacities as a result of injury, illness, or trauma. This is done in order to promote maximum functioning and limit the effects of psychological and/or physical disability. In order to practice in this area, applicants must at a minimum, demonstrate knowledge of the following:

- Life span development, personality/individual differences, psychopathology, brain behaviour relationships, psychological and behavioural assessment, psychodiagnostics, rehabilitative interventions.

As well, individuals who provide services to children and adolescents must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.

School Psychology

School Psychology is defined as the application of knowledge of human behaviour and development for the purpose of better understanding the social, emotional and learning needs of children, adolescents and adults. The above is intended to create learning environments which facilitate learning as well as mental health. Applicants/members who wish to declare School as their area of competence must at a minimum demonstrate knowledge of the following:

- Intellectual, social, behavioural, and emotional assessment, psychodiagnostics, normal life span development and cross cultural differences in learning and socialization, developmental and general psychopathology, instructional and remedial techniques, multidisciplinary team approach for case management, counselling, psycho-educational and early intervention techniques, systems and group behaviours related to a school organization. Moreover, individuals who practice in the area of School Psychology should be aware of the impact of medications and various medical conditions on an individual's ability to learn and behave appropriately.

Clinical Neuropsychology

For the purposes of demonstrating competence, Clinical Neuropsychology is defined as the application of knowledge about brain behaviour relationships to the assessment, diagnosis, and treatment of individuals with known or potential central nervous system dysfunction. Individuals who wish to practice in this area must at a minimum demonstrate knowledge of the following:

- Life span development, personality/individual differences, psychopathology, basic neuroanatomy, physiology, and pharmacology, human neuropsychology and neuropathology, psychological assessment, neuropsychological assessment, psychodiagnostics, clinical and neuropsychological intervention techniques.

As well, individuals who provide services to children and adolescents must have a background in, and knowledge of, issues around developmental psychology and the appropriate assessment and therapeutic techniques for use with this population.



The CPA Comes to Winnipeg



CPA's Ethical Guidelines for Supervision in Psychology

Earlier this year, the Canadian Psychological Association adopted a final version of its Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration. The document was prepared by the CPA Sub-Committee on Ethics Supervision Guidelines. Members of this Sub-Committee were Jean Pettifor (Chair), Michelle McCarron, Greg Schoepp, Cannie Stark, and Manitoba's Dr. Don Stewart.

Readers may recall that a draft of these guidelines was approved by the CPA Board in June 2008 and posted on the CPA website for a 90-day consultation period, after which the CPA's Ethics Committee made adjustments based upon feedback received. Dr. Carole Sinclair, Chair of the CPA Committee on Ethics notes that these latter changes included giving more attention to the gatekeeper role in the supervision of psychology students and trainees, and recognizing that, except in the areas of clinical or counselling psychology, opportunities for formal training in supervision are difficult to find. The final version of the guidelines includes additional examples of applications of the ethical decision-making steps, with new examples from each of the major groupings of vignettes (Teaching, Research, Practice, and Administration).

Dr. Sinclair reports that, although the Committee had been urged by some to remove all vignettes in the last section of the Appendix, the Committee decided that removal of the vignettes would be very unfortunate, given the available evidence that using vignettes or case studies in developing ethical decision-making skills and understanding ethical dilemmas is valuable. She notes that the writers of the vignettes have taken care to portray situations that can occur anywhere, to blend details from a variety of sources, and to remove any identifiers.

"Psychologists recognize that supervision is a specialized area of psychological activity that has its own foundation of knowledge and skills that are enhanced by education and training. Supervisors have an ethical responsibility to pursue available opportunities and resources to continuously improve their ability as supervisors. This could include formal mechanisms, such as workshops and supervision training, as well as informal mechanisms, such as reading, peer discussion, and mentoring."

"The application of ethical principles by both supervisor and supervisee is important in maintaining a positive learning situation that will maximize benefits for all concerned. The supervisory process is interactive, with both supervisors and supervisees being responsible for adhering to ethical guidelines in their relationships. Therefore, wherever possible in this document, ethical guidelines are presented as shared responsibilities. However, the supervisor, because of the higher status, power, and knowledge, has the greater responsibility, and recognizes that the supervisee is more vulnerable when problems arise. Many psychology supervisors and supervisees find supervision to be a rewarding experience. However, some supervisees complain of perceived incompetence or neglect, or of exploitation and abuse on the part of supervisors, and some supervisors complain of a lack of awareness by the supervisee of his/her appropriate supervisee role, or the supervisee's lack of adequate prior learning and/or openness to new learning."

"The purpose of these Guidelines is to provide an ethical framework for maintaining an effective and mutually respectful working alliance between supervisor and supervisee. Such a positive relationship enhances learning, which in turn results in the supervisee working to a higher standard of performance that protects from harm those who are affected by their work (e.g., students, clients, research participants, supervisees, supervisors, and relevant organisations). The supervisor has a special responsibility to address fluctuations and possible ruptures in the supervisory relationship in ways that are respectful, constructive and open."

"Supervision occurs in a variety of settings (e.g., clinical, educational, organisational, research, and administrative). Supervision may be educational in contributing to skill development in a variety of different areas and, at the same time, may serve an evaluative gatekeeper role in determining who graduates from a training program or who is admitted to practise in the profession by the provincial/territorial regulatory body. Supervision may serve an administrative or management function that emphasizes quality control. Supervision may be formal or informal, contractual or implied, and subject to change over time. Therefore, the required content knowledge of each

area of activity varies, but the ethical nature of the supervisory relationship is similar across all the areas of activity. In addition, there may be a gradation in supervisory roles, for example, the immediate supervisor may be accountable to a senior supervisor who is accountable to the Director or administrative head of a service or academic program. All levels of supervision are complementary. Where differences, conflicts or problems arise, the senior levels of supervisors have greater responsibility for resolving them in ways that are respectful, collaborative and positive. A key issue in supervision is the management and resolution of multiple responsibilities."

"The content of the following three definitions of supervision appear relevant to all contexts for supervision, despite the fact that they are selected from sources in which the focus is primarily on clinical practice.

Definition of supervision from the Mutual Recognition Agreement (2001, p. 10): [Supervision is] a kind of management that involves responsibility for the services provided under one's supervision and may involve teaching in the context of a relationship focused on developing or enhancing the competence of the person being supervised. Supervision is a preferred vehicle for the integration of practice, theory and research, with the supervisor as role model."

"There are two major categories of supervision; viz., developmental supervision and administrative supervision. For developmental supervision, the focus is on educating/training/mentoring supervisees to improve their skills in some way. Administrative supervision reflects a type of accountability or quality control that serves more as a management function than an educational one. Both forms of supervision involve monitoring for safety and effectiveness, and both involve some form of evaluation (e.g., meeting departmental practice guidelines for a hospital-based psychologist; expectations for progress in skill development for a psychology practicum student; meeting standards for conducting research)."

The Guidelines also provide full citations for articles and books on supervision of psychologists.



THE FULL DOCUMENT IS ON THE CPA WEBSITE AT [WWW.CPA.CA/CPASITE/
USERFILES/DOCUMENTS/COESUPGUIDEREVAPPROVED7FEB09REVISEDFINAL.PDF](http://WWW.CPA.CA/CPASITE/USERFILES/DOCUMENTS/COESUPGUIDEREVAPPROVED7FEB09REVISEDFINAL.PDF)

Committees

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

Executive Council

Teresa Sztaba, Ph.D., C.Psych. - President
Hal Wallbridge, Ph.D., C. Psych. - Vice-President
Grace Tan-Harland, Ph.D., C.Psych. - Treasurer
Neal D. Anderson, Ph.D., C.Psych. - Member-at-large
John Arnett, Ph.D., C.Psych. - Member-at-large
Jeannette Filion-Rosset, Ph.D., C.Psych. - Member-at-large
Bruce Hutchison, Ph.D., C. Psych. - Member-at-Large

Registration and Membership Committee

Hal Wallbridge, Ph.D., C. Psych. (Chair)
Gail Robertson, Ph.D., C. Psych.
Andrea Kilgour, Ph.D., C. Psych.
William Davis, Ph.D., C. Psych.
Kent Somers, Ph.D., C. Psych.

Complaints Committee

Jaye Miles, Ph.D., C.Psych. (Chair)
Darryl Gill, Ph.D., C.Psych.
William Leonhardt, Ph.D., C.Psych.
Jule Henderson, Ph.D., C.Psych.
Mary Jane Robinson, Ph.D., C.Psych.
Bruce Tefft, Ph.D., C.Psych.

Dr. Neil Arnason (Public Member)
Mr. Herb Thompson (Public Member)

Inquiry Committee

James Newton, Ph.D., C.Psych. (Chair)
Robert Martin, Ph.D., C.Psych.
Michelle Warren, Ph.D., C.Psych.
Linda Trigg, Ph.D., C.Psych.
Diane Hiebert-Murphy, Ph.D., C.Psych.
Vacant Psychologist Position
Dr. George Webster (Public Member)
Dr. Neil Craton (Public Member)
Mr. Ian Hughes (Public Member)

Examinations Committee

Naomi Berger, Ph.D., C.Psych. (Chair)

Publications Committee

Neal Anderson, Ph.D., C.Psych. (Chair)
Morry A. J. Schwartz, Ph.D., C.Psych.
Alan Slusky, Ph.D., C.Psych.

Standards Committee

John Arnett, Ph.D., C.Psych. (Chair)
Gary Shady, Ph.D., C.Psych.

Continuing Education (Sub-Committee of Standards)

Jane Bow, Ph.D., C.Psych. (Chair)
Don Stewart, Ph.D., C.Psych.

Jurisprudence Examination (Sub-committee of Standards)

Hal Wallbridge, Ph.D., C.Psych. (Chair)
Lesley Graff, Ph.D., C.Psych.
Alan Slusky, Ph.D., C.Psych.

Legislative Review Committee

Jay Brolund, Ph.D., C. Psych. (Chair)
Michael Stambrook, Ph.D., C.Psych.
Alan Slusky, Ph.D., C.Psych.
Teresa Sztaba, Ph.D., C.Psych. (ex-officio)

Registrar

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

Assistant to Executive Council and the Registrar

Launey Chudy

(As of April 30, 2009)

Contact the P.A.M. Registrar

Dr. Alan Slusky, C.Psych.
162 - 2025 Corydon Ave., #253
Winnipeg MB R3P 0N5
PHONE: (204) 487-0784
FAX: (204) 489-8688
email: pam@mts.net

Manitoba Psychologist

Manitoba Psychologist is published twice each year in Spring and Fall by the Psychological Association of Manitoba (ISSN0711- 1533) and is the official publication of the Psychological Association of Manitoba. Its primary purpose is to assist P.A.M. in fulfilling its legal responsibilities concerning the protection of the public and regulation of psychology in Manitoba. It also seeks to foster communication within the psychological community and between psychologists and the larger community.

Editor:

Dr. Neal D. Anderson, C.Psych.
633—1445 Portage Avenue
Winnipeg, MB R3G 3P4
P—(204) 489-1682 F—(204) 489-1748
email—anderson@andersonadkins.ca