

Rapport

Editorial

Dr Ester Cole



Last spring, The Mental Health Commission of Canada published its report. Psychology organizations, and work settings have likely embedded the included recommendations in their advocacy for effective prevention and intervention funded services. Implications for professional development, research, and networking across the country will no doubt continue to unfold in the years to come. CRHSP members will enhance our collective knowledge by sharing information concerning the numerous consultations undertaken over the past year to implement the MHCC's strategies.

The included articles in this Rapport aim to facilitate ongoing and timely communication with the membership:

- The Registrant Board members' short Bios are published for your read-through, acquaintance and consideration to become an active participant.
- Rachel Horton, M.A., provides a review of a recent workshop by Dr. John Forsyth "The Compassionate Use of Exposure Strategies in ACT".
- Dr. Ester Cole shares a handout for Parents, Educators, and Caregivers on "Building Children's and Adolescents' Self-Esteem".
- The Helpful Websites section notes the UT publication "Criminological Highlights".

Please continue to submit you English or French papers for future publications in Rapport to ester.cole@sympatico.ca.

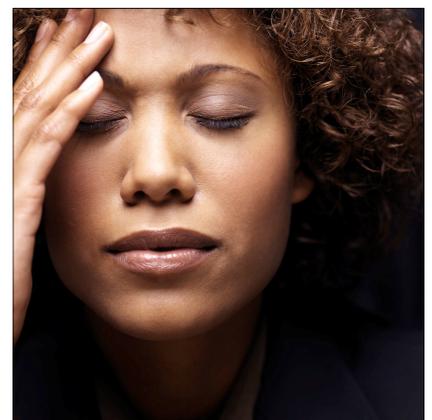
The Compassionate Use of Exposure Strategies in ACT:

*A Review of Dr. John P. Forsyth's Workshop,
66th Annual Ontario Psychological Association (OPA) Convention,
February 9, 2013
Rachel Horton*, M.A.
York University*

Dr. John P. Forsyth is a Professor of Psychology at the University of Albany, SUNY, and is the Faculty Director of the Anxiety Disorders Research Program (ADRP) in Albany, NY. He is a leading expert on the use of Acceptance and Commitment Therapy (ACT) for individuals with anxiety disorders. Dr. Forsyth's workshop entitled, "The Compassionate Use of Exposure Strategies in ACT" highlighted the underlying tenets of exposure therapy within an ACT framework.

Dr. Forsyth began his workshop by highlighting the importance of psychological flexibility in ACT. He added that flexibility was a "key factor for today, given the weather" to which the audience responded with warm laughter. The snow storm that hit Toronto the day before had prevented Dr. Forsyth from attending the conference in person (he delivered his talk via Skype), and many had slogged their way through slush and snow, determined to attend the workshop.

In his introduction to ACT, Dr. Forsyth guided those in attendance through a centering exercise which set the tone for the remainder of the day. Through deep breathing and tuning into our bodies, we were encouraged to become "present" in the experience of the workshop. Dr. Forsyth noted the value of using centering approaches prior to a therapeutic session, remarking that ACT techniques are as important to the clinician as they are to the client. Indeed, throughout the workshop, Dr. Forsyth used the phrase, "If you are willing," to invite members of the audience to engage in active exercises of self-reflection.



Exposure therapy is defined as systematically exposing an individual to a feared stimulus. Through repeated exposure, an individual's tolerance of the feared stimulus is increased and anxiety and fear is reduced. This technique is common to both Cognitive Behavioural Therapy (CBT) and to ACT. Dr. Forsyth noted that the aim of CBT is to alter an individual's distressing thoughts, feelings and behaviours and to use exposure techniques to reduce anxiety and avoidance. In contrast, the goal of ACT is to embrace distress with compassion and "gentle kindness" and to use exposure to move past distress in service of an individual's values.

He explained that exposure techniques encourage individuals to face the fears that have prevented them from living the lives they want to live. To quote Dr. Forsyth: "When a person talks about their fears, we want to uncover the value that is inhibited due to the anxiety or fear." He provided an example of a father who experiences intense anxiety when taking public transportation. The father's fear and avoidance of public transportation is intensely painful because he highly values being able to get to work in order to provide for his family. In relating the purpose and goals of exposure therapy within an ACT framework, he encouraged the attendees to ask themselves and future clients, "What has cost you more? Your pain, or the things you have done to avoid the pain?"

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Dr. Forsyth presented six core tenets of ACT which can be applied when using exposure techniques within this therapeutic approach:

- **Acceptance/Expansion** – The clinician and client are encouraged to open themselves up to experience their painful thoughts and feelings with gentleness, compassion and kindness. He asserted that the individual needs to “practice being with [his or her] own pain in order to alleviate suffering” and that an individual cannot be compassionate towards another unless he or she is compassionate towards him or herself.
- **Defusion** – The clinician and client are invited to question the utility of thoughts in an effort to defuse the connection to anxiety-driven thoughts. Using thought experiment techniques, he invited us to pose the question, “If I listen and do what [the thought] says, do I do more with my life or less?”
- **Observing self** – The process of observing the self involves becoming aware and attuned to one’s experiences, whether cognitive, physical or emotional. Indeed, mindfulness exercises are exposures in that we actively tune-in to the negative thoughts that we may otherwise dismiss due to their distressing nature.
- **Committed action** – This tenet can be summarized as “do what works.” In order to encourage ourselves and the client to take the therapeutic “leap of faith,” Dr. Forsyth suggested that we may ask ourselves or the client, “How willing are you to feel the uncomfortable feelings? How open are you to being anxious and to doing what we are going to do here? What is at stake with this therapy? Why are you doing this? Why are you here?” Ultimately, committed action in therapy is about “living the life you want to live.”
- **Values** – The therapist acts to guide the client to discover what matters for them. Dr. Forsyth reflected: “In your pain, you will find your values; in your values, you will find your pain. Pain is a window into what matters for the client . . . The therapeutic work is in the service of what matters to the client.” Rather than a finite destination, values act as “lighthouses” or “beacons” that provide direction in our lives.
- **Contacting the present moment/Connection** – This tenet is about “Being in the here and now.” He discussed the ways in which language can lead us to dwell in the past or future: we may choose to ruminate about the past or worry about the future. He noted that these thoughts are not the same as reality, and the clinician and client are encouraged to become aware of themselves, body and mind, in the present moment.

At the core of these six tenets is **psychological flexibility**, or the willingness to become open to acknowledging our experience and to changing our relationship with this experience. Within the context of exposure therapy, psychological flexibility frees the individual to face their distress without becoming rigidly fearful. As Dr. Forsyth states, “Exposure is the opposite of turning away. It is leaning in to what we fear.”

Ultimately, Dr. Forsyth’s workshop was as therapeutic as it was educational. Despite the challenges to attend the conference posed by the weather, the compelling nature of the workshop made all of the efforts to be present well worthwhile.

** Rachel Horton defended her Ph.D. dissertation following the Convention.*

Building Children's and Adolescents' Self-Esteem

*Dr. Ester Cole**

Handout for parents, caregivers and educators - Reprint with permission

Youth with positive self-esteem have learned to trust their talents and coping skills. However, some children and adolescents struggle with academic and social situations and tend to underestimate their gains. For them, building self-esteem is a complex process that requires ongoing reassurance, both at school and at home.

Self-esteem relates to self-evaluation of competencies and the assessment of one's qualities in a range of areas including physical appearance, academic functioning, autonomy and interpersonal relationships. An individual's perception of self-worth develops gradually and relates to one's achievements, positive outlook and interactions with others. It is influenced by developmental factors, personal characteristics, family dynamics, school and community supports. Past experiences are often linked to an individual's sense of belonging and security and tend to impact one's activities, opinions, communication style and decisions.

Although it would be inaccurate to assume that top students always feel secure, or that all children with academic or adjustment problems suffer from low self-esteem, one should keep in mind the notion that self-evaluation is often dependent on comparisons. When children or adolescents perceive a discrepancy between their performance and expectancy for their reference group, they are more likely to develop a negative self-concept. The converse holds true as well: students who do not perceive a discrepancy between themselves and their reference group are more likely to develop optimism and a positive self-image.



Educators and psychologists have both emphasised the impact of pupils' attitudes towards school and towards themselves as learners on academic achievement and social adjustment. The goals of curriculum and educational outcomes for students include the development of self-worth, adaptability, self-regulation skills, self-reliance and a realistic self-appraisal. These goals are particularly important for youth prone to feeling easily discouraged or less competent than others. Negative views of the self often result in a tendency to exaggerate negative aspects of daily events; may lead to dependency on others or result in stress reactions.

What then are the components that family members, educators and caregivers should keep in mind?

- Self-esteem is subject to change in negative or positive ways. Overcoming a sense of failure and exclusion takes time and ongoing support from significant others.
- Listening with empathy and understanding is likely to enhance communication and constructive feedback. Judgment and perceived criticism, on the other hand, are likely to stifle communication and increase stress/anxiety.
- High self-esteem is a result of feeling capable and able to achieve in a variety of areas. When supporting or assessing a child, ask and learn the answers to the following questions: What skills do I have? In what areas do I value my skills? What is easy for me to learn? Do? What can I teach someone else?
- Feeling significant enhances self-esteem and leads to increased connections with others. In order to feel important one must receive feedback which indicates that who we are and what we do or say matters to others.
- Feeling powerful refers to the sense of control over one's life. Helping youth make decisions and exercise choices leads to more positive self-evaluation.

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- Feeling worthy is central to the development and maintenance of one's resilience and positive identity. There are multiple verbal and non-verbal messages in which we indicate to others that they are valued in ways that are unconditional upon our expectations for their accomplishments. One should never underestimate the incremental feedback which consolidates high self-esteem for individuals and for groups.

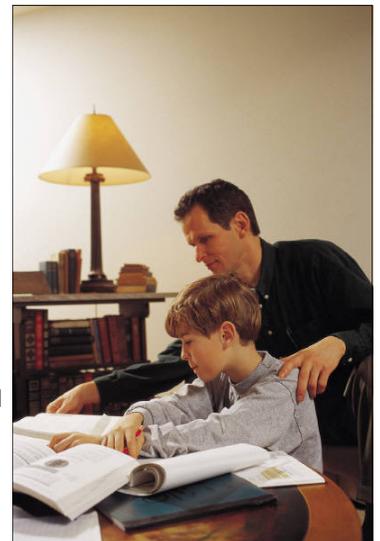
Intervention Strategies for Consultation

A. Educators:

1. Encourage children to set realistic goals and test their own abilities in and out of class/school.
2. Help children identify personal competencies ("I am good at...")
3. Develop group problem-solving strategies based on co-operative learning. This is likely to enhance mutual respect.
4. Teach children active learning, monitoring and self-evaluation strategies.
5. Define roles and responsibilities based on clear rules and expectations.
6. Encourage diversity, inclusion, collaboration, and provide a rationale for doing so.
7. When re-directed, make sure that the child does not feel rejected by you as an individual.
8. Help children/youth develop self-management techniques by discussing those in class frequently, and noting efforts made by individuals and groups.
9. Set aside time to express appreciation for group work and positive communication.
10. When children need correction, find time to meet with them alone since they are likely to be sensitive to peers' reactions.
11. Send home positive notes/emails which detail the child's work or behaviour ("I was pleased to see how well Jim worked with his math group today...").
12. With impulsive children, use a special signal to remind them of certain expectations without having to reprimand them in front of others.
13. Use story writing, story telling, music and art as vehicles for self expression in a safe classroom environment.
14. Provide regular opportunities for individual conferencing which validate the children/youth's experiences and work.
15. Invite parents and community members to share their cultural customs in order to validate the link between home and school.
16. Encourage welcoming of new students by assigning buddies and providing them with frequent contact and feedback.
17. Practice conflict resolution skills in order to minimize bullying, blaming or name calling.
18. Use stories and role-playing, with children, to explain values such as trust and respect.
19. Discuss the importance of equity and social acceptance. Ask children/youth for examples related to their school community.
20. Listen to children's expression of stress, note your compassion and concern when it is called for.

B. Parents/Caregivers:

1. Encourage your children to become more independent by learning to make choices, while minimizing comparisons and competition with others.
2. Provide children with predictable routines and a sense of belonging ("we eat supper together so that our family will be able to share stories after a long day at school and work...").
3. Model a sense of purpose and discuss how adult daily routines support all family members.
4. Acknowledge the child's responsibilities and provide positive feedback for daily accomplishments ("I am pleased you remembered to This will save me some time which we could spend together...").
5. Recognise the child's strengths and show them that you feel good about their achievements.
6. Be honest about your feelings. When you withdraw privileges or punish your child, state that you are disappointed with their behaviour not with them.
7. Demonstrate your love and respect for them at all their developmental stages, in verbal and non-verbal ways.
8. Remember that rewards do not have to be bought. Positive activities done together can be just as valuable.
9. Make sure that your expectations are clear to your child since inconsistencies are likely to cause confusion and defensiveness.
10. Relate to your child/adolescent as an important individual, and teach them about rights and responsibilities which change with age.
11. Develop in your children a sense of cultural and linguistic pride by modelling sharing of family stories, using humour in the first language and planning cultural events together.
12. When you become preoccupied, tired or busy with unexpected tasks you are likely to have less time for your child. Discuss the reasons for changing routines and indicate when you will be able to provide individual attention.
13. Discuss with your child a range of feelings and situation. Validate their emotional reactions by listening and remembering family events.
14. Try not to compare siblings. Each child has areas of strengths that need to be recognised on a regular basis. Comparisons ("why can't you be more like your sister...?") tend to stereotype behaviours and negative competition for parental approval.
15. Help your child identify things they are proud of; worried about; hope to achieve. Discuss ways to support the child in meeting their goals.
16. Each day, spend some time together on a choice activity. The unit of time is less important than the joint activity that allows for listening, care and expression of affection.
17. Accept your child's feelings, even if you do not approve of the event that resulted in their reactions. Each child/adolescent is a unique individual. By supporting each member's self-worth, you will strengthen the family's self-esteem.



This summary handout is based on publications over the years including those by NASP, CISP, APA, and CPA. Consultations with and psychologists, and school communities continue to enhance our understanding in this realm, and are acknowledged with thanks.

CRHSP Registrant Board Members Bios

Dr. Craig Turner is a registered clinical behavioural psychologist, with the Psychological Association of Manitoba. While currently in full-time private practice in Winnipeg, Dr. Turner's previous experience has included work as a behavioural consultant with the developmentally disabled population (institution and community based), as a school psychologist, and as a director of a geriatric behavioural treatment centre.

In 1985 Dr. Turner began developing his part-time private practice with the unique and valuable opportunity of sharing office space with 2-3 family physicians in parallel, independent private practices. Working with individuals of all ages, he has maintained a full-time eclectic practice since 1995. His scope of practice includes assessments, therapy, treatment as well as consultation specifically with the geriatric and developmentally disabled populations and their caregivers in rural settings.

Actively involved at both the provincial and national levels of psychology organizations for many years, Dr. Turner has served in a number of Board positions, including President, with the Manitoba Psychological Society as well as a board member of the provincial regulatory body, Psychological Association of Manitoba.

Dr. Turner became a member of CRHSP in 1986 and over the years has served on the CRHSP Board in a variety of different positions including Secretary, Treasurer and currently as President. His term as President will conclude following the May 2013 Board meeting.

Dr. Myles Genest is Chief Psychologist with Genest MacGillivray Psychologists, Halifax. He works with individuals, couples, and groups, drawing on more than 20 years of clinical experience and a background in research and teaching. He carries out assessments and provides expert opinion for legal, medical, insurance and rehabilitation purposes.

Dr. Genest obtained his Ph.D. from the University of Waterloo. He was Professor in the Psychology Department at Acadia University from 1992 to 2000 and Head of the Department from 1992 to 1998. Prior to that, he taught at the University of Saskatchewan, where he was Chair of the Psychology Graduate Program, University of Waterloo, and Wilfrid Laurier University.

He has served as President of the Association of Psychologists of Nova Scotia and Chair of the Nova Scotia Board of Examiners in Psychology.

Dr. Teresa Sztaba is a clinical psychologist in private practice, providing individual, marital and couple therapy, as well as independent assessments for rehabilitation planning. She also serves as Consultant to the Workers Compensation Board of Manitoba. In addition to her clinical work, her most recent challenge has been to accept the part-time role of Executive Director of the Manitoba Psychological Society.

Based in Winnipeg, she previously worked as Assistant Professor in the Department of Clinical Health Psychology, University of Manitoba Faculty of Medicine, and Staff Psychologist at St. Boniface Hospital, where for nine years she enjoyed supervising psychology residents in adolescent and family therapy. She also worked in psychogeriatrics at Deer Lodge Centre, and recently was engaged to assist with assessment and treatment of Armed Forces members experiencing trauma symptoms, through the Operational Stress Injury Clinic of Winnipeg.

Dr. Sztaba is a registered psychologist with the Psychological Association of Manitoba, and is a registrant of both the Canadian Register of Health Service Psychologists and the National Register of Health Service Providers in Psychology. In addition to having served on various community boards, including in leadership positions, she was on the Council of the Psychological Association of Manitoba (the provincial regulatory body) for ten years, serving as President for two. She is in her second term as a Board member of the Canadian Register of Health Service Psychologist.

Dr. Ester Cole is an Ontario Registered Psychologist in private practice, servicing school age children and youth. She also provides consultation to educators, parents and mental health professionals on topics related to learning disabilities, study and coping skills; self-esteem and resiliency. She worked as a psychologist at the Toronto Board of Education for twenty years, sixteen of these as a supervising psychologist of Teams. Her work focused extensively on the development of multicultural, clinical and school psychology services. She taught at the Ontario Institute for Studies in Education for two decades, and for two years at York University. Dr. Cole has written and co-authored numerous research and advocacy articles, has contributed to several manuals and books, and has co-authored three books. Among her leadership roles, Dr. Cole was the President of the Canadian Association of School Psychologists; the Chair of the Psychology Foundation of Canada, and President of the Ontario Psychological Association. She continues her professional contributions on several committees, including CPA's Professional Affairs; Chair of OPA's DRN, and is the Canadian representative on APA's DRN Advisory Committee. She is the recipient of several Awards of Merit.

Helpful Websites

Criminological Highlights is published at the Centre for Criminology and Sociological Studies, University of Toronto. It is likely to be of interest to psychologists providing services and research in related areas.

The publication is designed to provide an accessible summary of current criminological research. Each issue contains "Headlines and Conclusions" for each of the eight articles, followed by one page summaries of each article.

Criminological Highlights is available at www.criminology.utoronto.ca/lib.