Improving Lives Through Excellence

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Rapport

Editorial

Dr Ester Cole

From time to time, Psychological Association members post on their listserv requests for information on service providers in other provinces. CRHSP, the Canadian Register of Health Service Psychologists, can be of help in this regard. We encourage Registrants to share the following information with colleagues in their networks, and post a link to this resource: The website at www.crhsp.ca <http://www.crhsp.ca/>, in English and French, has on its front page a link to Find a Psychologist. The Advanced Search allows for detailed information including the following: Province/Territories; City; Distance; Language; Areas of Expertise; Theoretical Orientation; Type of Assessment/Diagnosis; Particular client characteristics, and Ages served.

CRHSP members who visit the website will note that its information is updated regularly. Recent examples include "Statement on GST/HST Measure in 2013 Federal Budget" – as indicated in the conclusion "CHRSP will monitor this issue and if warranted will provide an updated statement". The Board is in the process of consulting about an updated Accounting and Taxation workshop for members. Materials on "Disaster and Flood Related Resources" were also added this summer.

This Rapport includes articles on topics of interest to registrants:

- Dr. Simon Sherry and Tara Gralnick provide the article "Nobody's Perfect: Understanding Assessing and Treating Perfectionism".
- Dr. Myles Genest provides the paper "Continuing Education Highlights (or Opportunity?)".
- Dr. Ester Cole shares a handout for parents and school communities on "Guidelines for Promoting Children's Success in School".
- The short Bios of the Public Representatives on the Board are included for readers' information.
- The Helpful Websites section notes relevant links to a database about assessment measures, and online resources providing self-help information across age groups.

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

PARENTAL GUIDELINES FOR PROMOTING CHILDREN'S SUCCESS IN SCHOOL

By: Dr. Ester Cole

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Bookstores are lined with parenting books. Radio and television shows often interview experts in the field of parent education. Websites provide parent chatrooms, blogs, and links to resources. No wonder – after all parenting is one of the most important and challenging roles adults undertake. We bring to this role our beliefs, past experiences as children, knowledge, love and hopes for our offspring to become secure, independent and successful (Hendrix& Hunt, 1997; NASP, 2008; The Hincks- Dellcrest Centre, 2012; The Psychology Foundation of Canada, 2013).

Children's schooling plays a central role in shaping their future, and parental involvement in education has a positive impact on children's academic achievement. In fact, studies have found that the influence of the home on children's success at school includes higher achievement rates, better attendance and higher rates of school completion. The following are guidelines for positive parenting in support of children's learning:

School-Home Partnership: Parents often have questions related to school policies, homework, grades, behaviour codes and the curriculum. The process of communication between parents and teachers is likely to provide valuable information about education and increase this important partnership on behalf of children (Cole & Siegel, 2003). Parents may need to be reminded that they can and should initiate communication with the school in order for their questions to be answered, as well as for them to share information that will assist teachers in understanding their child. One-way communication, from the school to the home, is less impactful when compared to a two-way communication pattern. When was the last time you called a teacher to share that your child came home happy, and excited about the material taught that day?

Organizational Skills and Work Habits: Active learning and positive study skills tend to promote better academic output. The younger children are when they begin to adopt consistent work habits, the easier it will become for them to achieve academic success. Some parents take the ability to plan and organize for granted. As a result, they may become frustrated with children who are disorganized and question their motivation and sense of responsibility. For disorganized children, seeing patterns of simple everyday events in school or at home may be difficult. Talking to them is not enough, since they may have problems translating their promises into productive actions (Flanagan Burns, 2009; Kraus, 2006).

First, consult with the teacher about strategies which work well in the classroom. Identify one or two goals per day and review them consistently. This will provide your child with immediate feedback and encouragement to continue the tasks. Teach your child that organization of materials and information is sorted according to similar groupings. Try to draw on examples of interest to your child, such as sports, or computer activities. By making time to listen to your child about his/her areas of interest, you may make a linkage between those topics and the need for planning and organization.

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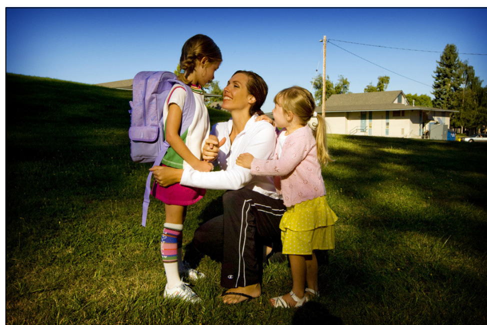
If your child has become progressively more disorganized, you may need to question other areas. Having difficulties with concentration and organization may also indicate stress at school or tension with peers. Take time to question, listen and praise when things have been accomplished. Your child needs to hear from you that you have noticed positive change.

Language Proficiency: Children come to school with a variety of communication skills in their first or second language, and this impacts their readiness to learn. The power of language is linked to the development of resiliency and a sense of purpose. When children express themselves clearly and with confidence, they are more likely to feel socially and academically competent (Cole& Siegel, 2003).

Language encompasses many different skills which require support and development. At home, read to or with your children. Keep in mind that as parents we model expressive language and a range of behaviours. If our children see us read, they are more likely to engage in such behaviours. Promote discussions which allow your children to provide opinions, examples, and formulate questions. Respect their ideas by listening with interest. This type of style, as opposed to "telling and lecturing" is more likely to support your children's expressive skills.



Self-Esteem and Validation: High self-esteem is a result of feeling capable and able to achieve in a variety of areas. It is related to the way children and youth evaluate their qualities, including physical appearance, academic functioning, autonomy and social relationships (Barkley & Robin, 2008; Kindlon & Thompson, 2000; Nichols, 2004).

As parents, we want our children to feel secure and happy. Although self-esteem is subject to change, feeling worthy is central to the development and maintenance of one's positive identity. At home, listening with understanding is likely to enhance communication and constructive feedback. Judgment and perceived criticism, on the other hand, are likely to stifle communication and increase anxiety.
Ask your children what skills they feel they have? What is easy for them to learn? What help do they need? What can they teach someone else? Last, as a parent, note that helping children to make decisions and exercise choices leads to more positive self-evaluation.

Suggested Readings

1. Barkley, R. & Robin, A. (2008). *Your Defiant Teen*. New York: The Guilford Press.
2. Cole, E. & Siegel, J. (Eds., 2003). *Effective Consultation in School Psychology*. Cambridge: Hogrefe & Huber Publishers.
3. Flanagan Burns, E. (2009). *Nobody's Perfect*. Washington: Magination Press.
4. Hendrix, H. and Hunt, H. (1997). *Giving The Love That Heals: A Guide for Parents*. Toronto: Pocket Books.
5. Kindlon, D. & Thompson, M. (2000).*Raising Cain- Protecting the Emotional Life of Boys*. New York: Ballantine Books.
6. Kraus, J. (2006).*Annie's Plan- Taking Charge of Schoolwork and Homework.* Washington: Magination Press.
7. National Association of School Psychologists-NASP. (2008).*Stress in Children and Adolescents: Tips for Parents*. Bethesda: www.nasponline.org.
8. Nichols, M. (2004). *Stop Arguing with Your Kids*. New York: The Guilford Press.
9. The Psychology Foundation of Canada (2013). *Parenting for Life*. Toronto: www.psychologyfoundation.org.
10. The Hincks-Dellcrest Centre (2012). *The ABCs of Mental Health.* Toronto: www.hincksdellcrest.org/abc.

NOBODY'S PERFECT:
UNDERSTANDING, ASSESSING, AND TREATING PERFECTIONISM

Simon B. Sherry, Ph.D., C. Psych. and Tara M. Gralnick, B.A.

Perfectionism involves rigidly and relentlessly demanding perfection of oneself and/or others. There is a compulsive need to be perfect. Perfectionism differs from conscientiousness (i.e., self-discipline, organization, and achievement striving). Perfectionists do things perfectly, or not at all. They cannot relax until a task is "perfect." They strive for perfection in whatever they do—requiring nothing less than perfection of themselves or others at all times. In summary, perfectionism is often a relentless, excessive, and counter-productive form of over-striving.

A paralyzing fear of failure and mistakes, intense self-criticism, a crippling preoccupation with others' evaluations, and nagging self-doubts about performance abilities tend to accompany perfectionism.
Perfectionism is tied to unstable, conflictual, and unsatisfying relationships where others are treated more as competitors than as collaborators. This trait is also associated with problems that hinder task completion (e.g., procrastination). Perfectionists appear particularly vulnerable to negative outcomes (e.g., depression) in the face of perceived achievement stressors (e.g., being denied a promotion).
As "perfection" is hard to define; harder to obtain, impossible to maintain, and arguably nonexistent-demanding perfection of oneself also predisposes chronic dissatisfaction. In fact, dissatisfaction in a perfectionist is more a matter of *when* it will occur rather than a question of *if* it will occur.

Not surprisingly, perfectionism plays an important role in several mental disorders. In particular, case histories, theoretical accounts, and empirical studies suggest that perfectionism is a risk factor for depression, anxiety, eating disorders, and suicide behaviours. Considered from this perspective, perfectionism represents a trans-diagnostic construct—a risk factor that cuts across diagnostic boundaries. Perfectionism is not limited to only the acute phase of a mental disorder; it persists before, during, and after a mental disorder.

Although perfectionism is common and destructive, psychologists are seldom trained how to assess or treat perfectionism. Here we only begin to address this gap in training, by offering several suggestions for assessing and treating perfectionism.

SUGGESTIONS FOR ASSESSING PERFECTIONISTS

***1. Questionnaire data*:** Many different self-report questionnaires are used when assessing perfectionism in research settings. At present, in our view, there is only one self-report questionnaire (Hewitt & Flett, 2004) suitable for assessing perfectionism in clinical settings (e.g., strong psychometric properties along with comparison norms).
2. Dig deep: Perfectionists are usually highly motivated to create and to defend a picture of perfection wherein their faults are concealed and their strengths are promoted. Supplement perfectionists' self-report with collateral information (e.g., workplace evaluations) and informant reports (e.g., information from a spouse).

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3. *Assess suicidality*: Perfectionism is a robust correlate of suicide behaviour. Assess perfectionists' history of suicide behaviour (e.g., suicide attempts) and current risk for suicide behaviour (e.g., suicide ideation).
4. *Take inventory*: Conduct a detailed inventory (i.e., review) of perfectionists' present and past significant social relationships in order to obtain a complete picture of perfectionists' significant social relationships and interpersonal functioning. This inventory will point toward possible treatment targets and disruptive in-session behaviours (e.g., demandingness).
5. *Other traits*: Perfectionism rarely occurs apart from other traits. Assess traits that frequently co-occur with perfectionism (e.g., narcissism or compulsivity). Such comorbidity counts: It is different working with a narcissistic perfectionist vs. an obsessive or anxious perfectionist.

Suggestions for treating perfectionists

1. *Slow down*: Small reductions in perfectionism may occur without specific attention being paid to perfectionism per se (e.g., a reduction in depression may lead to a corresponding reduction in perfectionism). Clinically significant reductions in perfectionism likely require a longer-term, intensive course of treatment.
2. *Find balance*: Strike a balance between eliminative treatment goals (e.g., targeting destructive features of perfectionism as symptoms to be eliminated) ,and constructive treatment goals (e.g., helping perfectionists living a meaningful life in spite of their perfectionism).
3. *Alliance counts*: Pay careful attention to the therapeutic alliance and work to reduce problematic in-session interpersonal behaviours typical of perfectionists (e.g., demandingness, verbalized self-criticism, controlling behaviour, "people pleasing," or seeming perfect).
4. *Expect bumps*: Perfectionism interferes with both therapy process (e.g., help-seeking, alliance, or homework), and therapy outcome (e.g., symptoms, impairment, or functionality). That is, ample research suggests perfectionism slows, disrupts, and complicates treatment.
5. *Improve relationships*: Perfectionists don't tend to play nicely with others. Many perfectionists struggle to appreciate the impact of their behaviour on others. Help perfectionists appreciate that their interpersonal behaviour (e.g., criticism and demandingness) has consequences both for others (e.g., distressing one's spouse), and for them (e.g., lowering their mood).
6. *Break patterns*: Perfectionists often behave in imperfect ways (e.g., procrastination or conflict). Use behavioural activation, graduated exposure, and behavioural experimentation to help perfectionists expand their (often very narrow) behavioural repertoire by becoming more active, less fearful, and more experimental within their environment.
7. *Full mind*: Perfectionists catastrophize about the future and ruminate about the past, leaving very little room for meaningful participation in the present. Mindfulness, compassion, and acceptance are potential antidotes to perfectionists' tense, hyper-focused style of cognition.

It is very easy to assess and treat a perfectionist—so long as everything is absolutely perfect. Unfortunately, perfectionists struggle greatly with their own characteristics and others' imperfections. As briefly summarized above, scientist-practitioners are developing an exciting new generation of behavioural, cognitive, and interpersonal strategies to help distressed perfectionists. With dozens of psychologists across Canada supporting this effort, Canadian psychologists are playing a leading role in this important work.

Recommended Articles

Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist*, *50*, 1003-1020. doi:10.1037/0003-066X.50.12.1003.
Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, *14*, 449-468. doi:10.1007/BF01172967.
Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, *60*, 456-470. doi:10.1037/0022-3514.60.3.456.
Hewitt, P. L., & Flett, G. L. (2004). *The Multidimensional Perfectionism Scale* (MPS)*: Technical manual*. Toronto, Canada: Multi-Health Systems.
*Sherry, S. B., & Hall, P. A. (2009). The perfectionism model of binge eating: Tests of an integrative model. *Journal of Personality and Social Psychology*, *96*, 690-709. doi:10.1037/a0014528.
*Sherry, S. B., Hewitt, P. L., Sherry, D. L., Flett, G. L. & Graham, A. R. (2010). Perfectionism dimensions and research productivity in psychology professors: Implications for understanding the (mal)adaptiveness of perfectionism. *Canadian Journal of Behavioural Science, 42*, 273-283. doi:10.1037/a0020466.

This article is downloadable from Dr. Sherry's website: www.personality.psychology.dal.ca.

Dr. Simon B. Sherry is an Associate Professor in the Department of Psychology and Neuroscience at Dalhousie University in Halifax. He is an internationally recognized expert in perfectionism, with more than 40 peer-reviewed publications on this topic. For information on his research program, seewww.personality.psychology.dal.ca. Dr. Sherry is also a practising clinical psychologist at Genest MacGillivray Psychologists in Halifax. He is a specialist in assessing and treating perfectionism. Dr. Sherry also provides workshops, where he teaches how to assess and treat perfectionism using evidence-based strategies. For information on his clinical services, seewww.gmPsychologists.com.
Tara M. Gralnick is the coordinator of Dr. Sherry's research team in the Department of Psychology and Neuroscience at Dalhousie University. She is committed to studying the role of personality in psychopathology, and will be begin her graduate studies in clinical psychology next year.

Continuing Education Highlight

Myles Genest, Ph.D., CRHSP Registrant and Board Vice-President

On behalf of our Registrants, CRHSP has negotiated an excellent opportunity to participate without charge in the online Continuing Education that is offered by our U.S. counterpart, the National Register of Health Service Providers in Psychology.
As a service, we will highlight some of these offerings in this and upcoming newsletters.

Highlighting "Locating the Best Online Research", by Lauren A. Maggio and John Norcross

Anyone who has typed "ADHD treatment outcomes" into a search engine, or "CBT vs. medication for depression" or "prevalence of depression in chronic pain patients" knows that the problem in finding answers to the implied questions is not that the information is not out there--it most certainly is--but that finding it amongst the thousands of irrelevant materials will constitute an effort requiring much time and patience. Even Google Scholar's qualifying parameters ("dated between", "without the words", etc.) fail to reduce the task sufficiently for it to be undertaken except with much patience and time.

Lauren Maggio is the Medical Education Librarian at Stanford University Medical Center, where she coordinates an evidence-based-practice-skills program. John Norcross will be familiar to most psychologists, as a researcher and clinician who has written or co-edited 17 books and served in a number of prominent roles in APA. Maggio and Norcross begin their contribution with the premises that clinicians are eager to base their practices on the best available research but that the research literature is difficult to navigate efficiently enough to be useful for guidance in daily practice. They therefore set out to provide "the skills to retrieve and use research," in order to overcome the challenge of having one's practice truly based upon evidence.

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The authors persuasively argue that efficient use of the research literature requires first taking the time to formulate "answerable questions," which may seem obvious but is not always straightforward. They distinguish background from foreground questions, the former dealing with general knowledge about disorders, tests, treatments, and other health-care matters, and the latter being more focussed on the specifics of the particular case. The authors provide very concrete examples and guidelines for formulating the components of questions that are answerable by on-line searches and most likely to lead to the information of interest.

Another distinction relates to the types of information available and best sources to obtain it. Unfiltered information is the most readily available in sources widely accessible through such databases as PubMed of PsycINFO. When it is available, filtered information is more efficient to use, consisting of the expert synthesis of the unfiltered materials. A section on Basic Search Concepts explains Boolean operators and how to use them to broaden or refine searches. A further refinement, greatly reducing the effort involved in searches involves the use of Medical Subject Headings (MeSH) or other controlled vocabularies. These involve search terms that generate comprehensive, targeted search results in databases such as MEDLINE and PsycINFO.

Perhaps most useful in this CE contribution are the authors' summaries of the most useful sources for both background and filtered information. Their brief outlines of databases and websites are worth keeping on hand for reference, and include eMedicine, PIER, the Cochrane Register of Controlled Trials (CENTRAL) and some of the US government's extensive databases, such as NREPP (the National Registry of Evidence-Based Programs and Practices), containing information on mental health and substance abuse treatments.

Reviews of the Cochrane Database of Systematic Reviews (CDSR), the Campbell Collaboration Reviews, the Database of Abstracts of Reviews of Effects (DARE), BMJ Clinical Evidence, and other filtered information resources provide insight into efficient use of these resources. For example, Maggio and Norcross note that if one is having difficulty locating an answer to a specific question, it may be possible to find assistance by examining a Cochrane reviewer's expert search strategy, which can help in pointing to more appropriate resources.

The descriptions of these databases can help in tailoring one's approach, both in terms of how to structure a search and which sources to access. The TRIP database, for example, has the advantage of covering both background, filtered and unfiltered resources, leading to practice guidelines, websites, Cochrane reviews and journal citations in a single search, but it has the disadvantage of therefore being overly comprehensive for some purposes, and because it is a commercial site, it could be subject to external influence by advertisers. Finally, the authors provide recommendations for additional websites and readings.

Tips, such as ALWAYS capitalize the Boolean operators AND and OR because some databases ignore them if they are in lowercase, which may explain some of the strange and frustrating search results that I have occasionally encountered

The emphasis on evidence-based practice has led to efforts in several quarters to develop and promulgate guidelines for practice. Generally those efforts lead either to specific principles or to general recommendations to help match therapeutic approaches to problems. Maggio and Norcross's contribution can help the practitioner in the difficult enterprise of tailoring one's practice in specific situations to the pertinent research literature.

CRHSP Board Members Bios

Mr. Mark Lawrence is a CHRSP Board Member, who was born and raised in Sault Ste. Marie, Ontario. His post-secondary studies began at the University of Windsor in 1972, where he completed a B.A. and H.B. Com. in 1976. Mr. Lawrence began his career in banking in 1977, and later on moved in 1981 to work in insurance and investment. In 1988 he started his own financial consulting business in Thunder Bay. He was appointed to the Council of the College of Psychologists of Ontario in 2000, holding various positions on Committees until 2006. Mark was elected to the CHRSP Board in 2007, and was re-elected in 2010, whereupon he was appointed Secretary Treasurer, an important position he continues to occupy.

Ms Susan Nicholson - Born in Collingwood, where she is now based, Susan has an extensive background in marketing and public relations. After an eighteen-year career in the print media industry, she moved to association management. She has now assumed the full time role as General Manager of the Business Improvement Area. In her role with the Downtown Association, Susan is involved the coordination of an annual budget of more than $400,000, which includes branding and marketing, special event initiatives and coordination of staffing to execute a variety of maintenance and beautification initiatives. She has also played an integral role in the recent brand development for the downtown core and several strategic visioning processes undergone by the community.
Susan brings her experience in both the private and non-profit sector to both her work and volunteer commitments and has skills in all aspects of administration, human resources management, promotion and strategic planning. Her volunteer commitments include now serving as President of the Ontario Business Improvement Areas Association (OBIAA). As part of her local volunteer commitment, Ms Nicholson is currently a board member of the Georgian Triangle Tourist Association, the local DMO, where she is working on this organization's new strategic plan and branding initiative.
Susan has also served six years as a public member with the College of Psychologists of Ontario. During her term with the College, she served on all statutory committees, as well as many task forces.

Helpful Websites

The Ontario Centre of Excellence for Child and Youth Mental Health lists a database of measures, used in their funded research projects, at http://www.excellenceforchildandyouth.ca/support-tools/measures-database .
All measures are listed alphabetically, and are also grouped by domain. In addition, the site includes toolkits related to program evaluation; focus group interviews; qualitative interviewing, and using questionnaires.

www.anxietybc.com is an online resource providing self-help information, and community programs in British Columbia.
The site addresses a range of age-groups, and includes CBT strategies.
The youth section, for example, is using 'hands-on' information such as coping with test/exam anxiety and facing fears.

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CRHSP Canadian Register of Health Service Psychologists
RCPOSS Répertoire canadien des psychologues offrant des services de santé