

For this addition of the newsletter, rather than doing my typical E.D. report, I have the privilege of introducing an article specially written for the Manitoba Psychological Society by Dr. Pat DeLeon, a former President of the American Psychological Association.

A wonderful resource that I have available as Executive Director is the support offered to all North American E.D.s by the APA Practice Organization. This year, we were offered a custom-written newsletter article by Dr. DeLeon.

In my email exchange with Dr. DeLeon, I found him to be very agreeable and generous. He was willing to write an article in a short time, and to incorporate Canadian information into that article – all with a charming sense of humour (and always an “Aloha”). Many thanks to Dr. DeLeon. I do hope that you will appreciate the following contribution by him.

**Teresa Sztaba, Ph.D., C. Psych.**  
**Executive Director, MPS**

## A NEW ERA – THE PAST IS PROLOGUE

In April, 1974 Marc Lalonde, your Minister of National Health and Welfare, released his visionary report “A New Perspective on the Health of Canadians.” Four decades later, one can appreciate that from a health policy perspective he foresaw the potential contributions of psychology to the health and well-being of society, more clearly than most elected officials and health care professionals. “Past improvement has been due mainly to modification of behaviour and changes in the environment and it is to these same influences that we must look particularly for further advance.” “When the full impact of environmental and lifestyle has been assessed, and the foregoing is necessarily but a partial statement of their effect, there can be no doubt that the traditional view of equating the level of health in Canada with the availability of physicians and hospitals is inadequate.” In 1979 the U.S. Surgeon General’s report “Healthy People” proffered: “Prevention is an idea whose time has come. We have the scientific knowledge to begin to formulate recommendations for improved health.... In fact, of the 10 leading causes of death in the United States, at least seven could be substantially reduced if persons at risk improved just five basic habits....” Integration of psychology within prima-

The Society Page is the quarterly newsletter of the Manitoba Psychological Society. MPS publishes this newsletter as a service to its members and to the public. Articles presented do not necessarily reflect the views of the MPS Board.

Submission inquiries should be addressed to the incoming Editor of *The Society Page*:

Darek Dawda, Ph.D., C.Psych.  
Unit C—909 Dorchester Avenue  
Winnipeg, Manitoba R3M 0P7  
Phone: (204) 253-2832  
Fax: (204) 453-2832



## BOARD MEMBERS

**Rehman Abdulrehman, Ph.D., C.Psych.**  
*President*

**Teresa Sztaba, Ph.D., C.Psych.**  
*Executive Director*

**Andrea Piotrowski, Ph.D., C.Psych.**  
*President Elect & Interim Communications*

**Leanne Mak, Ph.D., C.Psych.**  
*Treasurer*

**Douglas Tataryn, Ph.D., C.Psych.**  
*Registrar*

**Lesley Ritchie, Ph.D., C.Psych.**  
*Continuing Education Co-Director*

**Jason Ediger, Ph.D., C.Psych.**  
*Member at Large*

**Julie Erickson, M.A.**  
*Student Director*

**Pamela Holens, Ph.D., C.Psych.**  
*Secretary & Public Education*

**Nicole Taylor, Ph.D., C.Psych.**  
*Member at Large*

**Moir Somers, Ph.D., C.Psych.**  
*Business of Practice Representative*

**Leonard Greenwood, Ph.D., C.Psych.**  
*Member at Large*

**Lori Mac, Ph.D., C.Psych.**  
*Member at Large*

**Rob Santos, Ph.D., C.Psych.**  
*Member at Large*

**Alicia Ordonez, Ph.D., C.Psych.**  
*Member at Large*

**Lisa Thouas, Ph.D., C.Psych.**  
*Early Career Psychologist Representative*

Manitoba Psychological Society Inc.  
PO Box 151 RPO Corydon Winnipeg, MB. R3M 3S7  
Ph: 866-416-7044

ry care is essential. Former APA President Nick Cummings reported that in the usual primary-care health system, physicians identify about 40% of their patients as needing some form of mental health treatment, but less than 10% actually see a mental health provider. However, when a physician can just walk a patient a few steps down the hall to a psychologist's office, he found that 85% to 90% who needed psychotherapy, and are so walked down the hall, enter treatment.

Times are definitely changing. Cynthia Belar, Executive Director of the APA Education Directorate, has been alerting our educational community to the importance of the next generation being active participants within health care systems. Team based collaborative care (which requires interprofessional competencies), accountability (which requires skills in quality improvement and assessment of patient outcomes), a population based perspective (which requires an understanding of public health), etc. are skills which must be in the psychologist's toolbox. President Obama's landmark Patient Protection and Affordable Care Act (ACA) encourages the development of patient-centered, integrated systems of care in which data-driven clinical decisions will become integral to "quality care." Interdisciplinary teams will replace solo practices. Health information technology (HIT) infrastructure allowing cross-diagnostic and cross-provider comparisons will be developed. Cynthia's public health/population-based emphasis will be increasingly utilized in establishing programmatic priorities; as will capitalizing upon the potential in the unprecedented advances occurring within the communications and technology fields (i.e., telehealth services, virtual reality consultations, and active patient engagement). Prevention, wellness, and family-oriented care will be the priority. The "gold standard" of care of tomorrow will be based upon findings from competitive effectiveness research protocols. For psychology, involvement in primary care will be an absolute necessity.

Few appreciate that it was the vision of President Lyndon Johnson during his Great Society Era -- at a time when psychologist John Gardner served as

Secretary of the Department of Health, Education, and Welfare -- that the network of federally qualified community health centers (FCHCs) was established. Today there are over 9,000 rural and urban communities across the United States receiving high quality, comprehensive care (including behavioral and mental health care) from FCHCs. The magnitude of change was noted in 2006 by the President of the Institute of Medicine. "Dealing equally with health care for mental, substance-use, and general health conditions requires a fundamental change in how we as a society and health care system think about and respond to these problems and illnesses. Mental and substance-use problems and illnesses should not be viewed as separate from and unrelated to overall health and general health care. Building on this integrated concept... the Institute of Medicine will itself seek to incorporate attention to issues in health care for mental and substance-use problems and illnesses into its program of general health studies."

Those fortunate to attend the annual Practice Directorate State Leadership Conferences – which I feel are one of highlights of APA's year – have heard Katherine Nordal passionately remind us: "January 1<sup>st</sup> is really just a mile marker in this marathon we call health care reform [the ACA implementation date]. We're facing uncharted territory with health care reform, and there's no universal roadmap to guide us. Our practitioners increasingly will need to promote the value and quality they can contribute to emerging models of care. We are a highly educated and talented discipline, and we need to identify and create opportunities to make others aware of the skills and strengths we can contribute to health care. I believe that if we are not valued as a health profession, it will detract from our value in other practice arenas as well. No one else is fighting the battles for psychology... and don't expect them to. We can't hope to finish the marathon called health care reform if we're not at the starting line."

Last year I had the pleasure of participating in the Canadian Psychological Association annual convention in Quebec City. It was a wonderful event and brought home that you are facing challenges very similar to those of colleagues in the United States – especially having society and their elected officials appreciate how psychology can significantly impact the quality of health care, but only if citizens have timely access to our services. Your "Mind Your Mental Health" campaign is extraordinarily timely and important for all of us. The value of appreciating the past was recently underscored by Mike Feuerstein: "Especially in psychology, sorry to say. Someone's innovation is another's past effort. Maybe that is how progress occurs in life and why it takes so long. Can be frustrating but you don't get to see it until you are 'older.'"

Two living former APA Presidents are Canadian (born and raised there) -- Albert Bandura and Frank Farley. Frank, whose father was born in Manitoba, teaches a History & Systems course for which Al (at age 88) joins him via speakerphone every Spring Semester. I had the privilege of serving with Frank on the Board of Directors during his Presidency. His vision and passion truly served both of our nations admirably. The late Donald O. Hebb was the first Canadian elected APA President. Aloha,

Pat DeLeon, former APA President – Manitoba Psychological Association – February, 2014

# FEBRUARY IS PSYCHOLOGY MONTH

"Psychology is for everyone"

## Free Events in Manitoba

Date	Time	Title	Presenter	Location
Mon. Feb. 3	7:00-8:30 pm	<b>Get Your Child to go to Sleep and Stay Asleep</b>	Dr. Kirsten Wirth	McNally Robinson Community Classroom
Mon. Feb. 3	8:15-10:00 am	<b>The Brain as Central Control: Interventions and Strategies for Persons with Cognitive Impairments</b>	Dr. A. Brown-DeGagne	Norwood Hotel <b>Free talk for VRA-Canada members (registration required).</b>
Wed. Feb. 5	12:30 – 1:30 pm	<b>Psychology and the Universality of Science</b>	Dr. Jim Clark	University of Winnipeg Room 4L28 (4 <sup>th</sup> Floor Lockhart)
Thurs. Feb. 6	7:00-8:30 pm	<b>Psych up your Social Life: Using the Science of Interpersonal Connection to Improve your Health, Work, and Relationships</b>	Dr. Kelley Robinson	Millennium Library Buchwald Room
Mon. Feb. 10	6:50 a.m.	<b>Coping with Valentine's Day Pressures . . . whether you're single or part of a couple</b>	Dr. Carrie Lionberg	Breakfast Television City T.V.
Tues. Feb. 11	7:00-8:30 pm	<b>Kids and Money: Raising Financially Competent Children</b>	Dr. Moira Somers	Rady Centre, 123 Doncaster St. <b>Pre-register: hwtuckl@mymts.net</b>
Tues. Feb. 11	TBA	<b>Eye-Witness Testimony, Experimenter Demands, and Monitoring Behaviour</b>	Dr. Lorraine DeWiele	<b>Invited audience of clinical case managers &amp; case workers</b>
Wed. Feb. 12	12:30 – 1:30 pm	<b>Self-Compassion and Well-Being</b>	Dr. Michael McIntyre	University of Winnipeg Room 4L28 (4 <sup>th</sup> Floor Lockhart)
Wed. Feb. 12	Half Day	<b>Learning How To Cope With Anxiety</b>	Dr. Rehman Abdulrehman	JH Bruns High School: <b>Invited audience, Gr. 10 students</b>
Tues. Feb. 18	6:50 a.m.	<b>Non-Pharmacological Treatments for Chronic Pain</b>	Dr. Pamela Holens	Breakfast Television City T.V.
Tues. Feb. 18	7:00-8:30 pm	<b>How Your Mind Affects Your Heart and What You Can Do About It!</b>	Dr. George Kaoukis Director, WRHA Cardiac Psychology Service	The Reh-Fit Centre 1390 Taylor Avenue <b>Pre-register at 204-488-8023</b>
Tues. Feb. 18	12:00- 1:00 pm & 7:00- 8:00 pm	<b>Coping with Managing Challenging Behaviours of those living with a developmental disability</b>	Dr. Leslie Thorne ,Ms. J. Thorsteinsson, Ms. Lilian Saltel, Mr. Chris Villing, Dr. James Ediger	East Dining Room St. Amant 440 River Road
Wed. Feb. 19	7:00 – 8:30 pm	<b>Divorce: More than Surviving it . . . Thriving</b>	Dr. A. Ordonez, Dr. J. Unger, Ms. C. Milgrom	McNally Robinson Community Classroom
Thurs. Feb. 20	2:30 – 4:00 pm	<b>My Child Needs a Psychological Assessment: What does that mean?</b>	Dr. Alicia Ordonez, Ms. Claire Milgrom	New Directions Parenting Centre 321 McDermot Avenue
Sunday Feb. 23	12:15-1:15 pm	<b>Memory and Aging: What's Normal, What's Not?</b>	Dr. Colleen Millikin	First Unitarian Universalist Church, 603 Wellington Cres.
Mon. Feb. 24	6:50 a.m.	<b>The Psychology Behind Kids and Money</b>	Dr. Moira Somers	Breakfast Television City T.V.
Mon. Feb. 24	10:00-11:00 am	<b>Baby Talk: How, when and what your baby learns about language</b>	Dr. Melanie Soderstrom	Birth Centre, 603 St. Mary's Rd. <b>Pre-register at:</b> <a href="mailto:M.Soderstrom@umanitoba.ca">M.Soderstrom@umanitoba.ca</a>
Wed. Feb. 26	12:30 – 1:30 pm	<b>Values and Traits Associated with Frequent Texting</b>	Dr. Lisa Sinclair	University of Winnipeg Room 4L28 (4 <sup>th</sup> Floor Lockhart)





# FEBRUARY IS PSYCHOLOGY MONTH

"Psychology is for everyone"

## Media Interviews and Talks for Specific Audiences

Date	Time	Title	Presenter	Location
Feb. 3	8:15-10:00 am	<b>The Brain as Central Control: Interventions and Strategies for Persons with Cognitive Impairments</b>	Dr. Anne-Marie Brown-DeGagne	Norwood Hotel <b>Free talk for VRA-Canada members (registration required).</b>
Feb. 10	6:50 a.m.	<b>Coping with Valentine's Day Pressures . . . whether you're single or part of a couple</b>	Dr. Carrie Lionberg	Breakfast Television City T.V.
Feb. 11	TBA	<b>Eye-Witness Testimony, Experimenter Demands, and Monitoring Behaviour</b>	Dr. Lorraine DeWiele	<b>Invited audience of clinical case managers and case workers</b>
Feb. 12	Half Day	<b>Learning How To Cope With Anxiety</b>	Dr. Rehman Abdulrehman	JH Bruns High School <b>Invited audience of Grade 10 students</b>
Feb. 18	6:50 a.m.	<b>Non-Pharmacological Treatments for Chronic Pain</b>	Dr. Pamela Holens	Breakfast Television City T.V.
Feb. 24	6:50 a.m.	<b>The Psychology Behind Kids and Money</b>	Dr. Moira Somers	Breakfast Television City T.V.

# Spring Institute



m p s

manitoba  
psychological  
society

## *ACT and Psychological Flexibility in Chronic Pain and Physical Health: A Practical Workshop*

Date: Tuesday, May 27, 2014  
Time: 8:00 am—4:30 pm  
Location: Delta Winnipeg  
Speaker: Lance McCracken, Ph.D.



**Speaker Bio:** Lance M. McCracken is Professor of Behavioural Medicine at King's College London. He is also a Consultant Clinical Psychologist and the Psychology Lead at the INPUT pain management center at St Thomas' Hospital in London. He is on the editorial board of *Health Psychology*, *Journal of Behavioral Medicine*, *European Journal of Pain*, *Pain Management*, *The Journal of Pain*, *BMC Musculoskeletal Disorders*, *Cognitive Therapy and Research*, and *British Journal of Pain*. He has published more than 150 scientific papers and chapters, and two books. For more than 20 years his primary research interests have focused on treatment developments for chronic pain, and more recently on psychological flexibility, and contextual behavioral science.

# Annual General Meeting and Conference

## March 24, 2014

This year, our AGM and Conference will be held at the **Victoria Inn**, and will include several topical continuing education sessions beginning in mid-afternoon (**3:00 p.m.**), followed by our business meeting and a special speaker.

New to our event this year will be an art raffle with donations from our psychological community, with proceeds going to a Student Awards fund. Also being held for the first time will be a Student Poster Competition.

Remember that attendance at meetings of psychology organizations can be submitted for continuing education credit.

Mark your calendars and watch for more detailed information in the coming weeks!

# The Business of Practice

Running a private practice in psychology is not just about offering excellent clinical or consultative services – it's also about running a profitable business. MPS is pleased to offer this 3-part workshop on how to build (or revitalize) your practice with purpose and passion.

Dates: April 10, April 24 and May 8, 2014

Time: 12:15 to 1:15 p.m.

Cost: \$150 for MPS members (\$50 for student members)

Format: Teleseminar. Attendees will participate in the live, interactive training from the comfort of their own offices.

Presenter: Dr. Moira Somers, C. Psych., Business of Practice Director for Manitoba Psychological Society, and founder of [Money, Mind and Meaning](#)

## Session 1 **Developing a Business Mindset**

Private practitioners need to be prepared to take on some very diverse roles. Among those roles are healer, visionary, and manager. Psychologist training is usually focused entirely on the former, greatly neglecting the development of creative and entrepreneurial skills required for a thriving private practice.

This session will help you set the stage for financial and personal flourishing in the running of your business. You will be given a self-inventory to identify strengths and weaknesses of direct import to clinical practice. Challenge yourself to step up your game!



## Session 2 **Finding Your 'Just-Right' Clients**

Humbly waiting to receive referrals, or shamelessly self-promoting? Neither of these stances really serves you or the world. Intentional entrepreneurship requires that you meld your desire to serve with a marketing strategy to attract and retain your ideal clients.

Among the topics to be covered are: to-niche-or-not-to-niche (general versus specialized clinical practice); ethically approved marketing strategies; the power of 'synchronicity' in choosing your direction and keeping yourself energized.

## Session 3 **Charging, Earning, Giving – The Challenge of Profit**

People involved in the healing arts often struggle mightily with the need to charge for their work. Underearning, burnout, and ethical slip-ups often ensue as a result of a failure to reconcile service and profit.

Topics to be covered will include: uncovering your money scripts; how to discuss and collect fees; pros and cons of *pro bono* work; staying on the good side of Canada Revenue Agency.

To register for this series, send an Email to MPS at [hwtuck1@mymts.net](mailto:hwtuck1@mymts.net)  
Please put Private Practice Teleseminar in subject line.

# Searching for Strengths in the Midst of Family Distress

By Dr. Carolyn Peters, MSW, PhD (Director of Alternative Solutions, Therapy Services, Agency Training and Evaluation at New Directions)

[carolyn.peters@newdirections.mb.ca](mailto:carolyn.peters@newdirections.mb.ca)

All families experience stress from time to time. Whether therapists see individuals or the entire family in counselling, we know that when multiple stresses accumulate, the distress can be overwhelming for family members. When one of those stresses is income or parents are struggling with basic needs like food, clothing, shelter or other necessities, it can be more challenging to address relationship struggles in the family. However interpersonal conflict and challenging behaviours sometimes signal parents that it may be helpful to talk with a professional.

New Directions for Children, Youth, Adults and Families is known for the individualized responsive services fostering the hopes and dreams of people and their communities. New Directions advocates for marginalized populations and offers a wide continuum of resources. Multiple stresses can occur for anyone and can be overwhelming enough to emotionally paralyze individuals and frustrate other family members. Extreme family distress often makes it difficult to search for strengths or problem solve. Families' strengths include their inner resources, values, cultural and spiritual traditions and community relationships. New Directions' philosophy is to assist families in searching for strengths and support families in resolving their distress. The therapists are trained in family counselling skills and have additional training in cultural respect.

As outlined below, four unique therapy services are offered at New Directions at no cost to families to offer relief, support and professional counselling when it is needed most. If you want to refer someone, you can direct parents to the phone numbers or the New Directions website ([newdirections.mb.ca](http://newdirections.mb.ca)) for more information.

**The Parenting Centre:** This program offers Triple P parenting classes (with child care), family counselling for any young families (children 0 – 12 years) and drop in

counselling every Thursday (where no appointment is needed). The location is 3<sup>rd</sup> floor, 321 McDermot (204 956 6560). Parents need to call for services themselves even if they are being referred by other professionals for the Parenting Centre and Family Therapy Programs.

**Family Therapy Program:** This program offers family counselling and parent consultation for middle years families (children age 13 – 18 years). A mindfulness-based teen group focusing on emotion regulation and anger is also offered. These free counselling services can be accessed at 491 Portage Avenue (204 786 7051 ask for Ola Buhrer or Family Therapy). The range of problems Family Therapy addresses includes loss due to life transitions, addictions, physical or sexual abuse, anxiety or depression, general parenting concerns or interpersonal conflict.

**FASA (Families Affected by Sexual Assault):** This program provides short-term therapy for families when the perpetrator of the sexual assault is not the child's parent, caregiver or sibling. FASA works with family members in a supportive way in the trauma recovery process. There is no wait list for this service. When children under 12 years of age exhibit developmentally inappropriate sexual behavior, FASA offers consultation to families and service providers. Short-term therapy is also offered when appropriate. This supportive atmosphere is a confidential, safe place to address concerns regarding children's sexualized behavior. Call 204 786 7051 and ask for Emma Robertson or FASA.

**FASD Family Support, Counselling and Education (formerly called Interagency FASD)** This supportive home based service for families provides counselling, help in understanding the strengths and challenges of children and youth with FASD, workshops, training and support in accessing FASD diagnostic services. FASD Family Support Program can be reached at 204 582 8658.

Parents looking for service can phone the above numbers or visit the New Directions website ([newdirections.mb.ca](http://newdirections.mb.ca)) for more information.

## **Recommended Fees for Provision of Psychological Services in Manitoba for 2014**

Fee recommendations were reviewed recently by the MPS Board. These recommendations had not been changed since 2012. The amendments below were adopted following a review of cost-of-living increases over the past two years, and comparison with fees charged for doctoral-level psychologists in Ontario, Saskatchewan, Alberta, and British Columbia.

<b>Individual/couple/family therapy:</b>	<b>\$170</b>	<b>per 50-minute hour</b>
<b>Group therapy:</b>	<b>\$100</b>	<b>per 80-minute session</b>
<b>Assessments:</b>	<b>\$170</b>	<b>per hour</b>
<b>Legal or consultation:</b>	<b>\$1225</b>	<b>per day</b>

Fee recommendations are reviewed on an annual basis by the MPS Board and any changes announced become effective each January. Guidelines are provided as a service to the profession, and practitioners set their own fees, incorporating the guidelines into their particular circumstances. Fee guidelines also are posted on the website of the Manitoba Psychological Society ([mps.ca](http://mps.ca)).

Recommended fees for provision of psychological services will be reviewed again for 2015.

## Manitoba Psychologist & Media

Interested in helping show our profession off to the public? Do you have an area of expertise that we could call on when the media/public need information? We get calls all the time looking for experts to comment on various topics of a psychological nature. Media is often working towards a very tight deadline so calls are frequently last minute in nature. The more we know about the specialities of our membership, the better we can help media access you.. the expert. Advantages can include increased media exposure, free publicity and the satisfaction of knowing that you are representing your profession well.

If you would like to be included in our panel of specialists, please send Dr. Jason Ediger an email letting him know of areas you feel competent to comment on along with your preferred contact information and any preferences or limitations you may have about the type of media (TV/radio/print).

Responses can be emailed to Dr. Jason Ediger  
[jediger@sogh.mb.ca](mailto:jediger@sogh.mb.ca)



The following is a letter that was sent to Manitoba Psychological Society by "The Compassionate Friends." MPS previously emails all members about the request by this association that the use of the phrase "committed suicide" be replaced by use of the phrase "died by suicide." As we indicated we would do, we are now publishing a moving letter that accompanied this request, to explain the perspective of a grieving parent about the importance of such terminology.

#### Committed Suicide or Died by Suicide?

When I hear the phrase *committed suicide* I cringe at those words. It always sounds to me like someone has committed a crime. Not so many years ago in Canada it was a criminal offence to take your own life. In some states in the U. S. suicide is still a crime. I have met parents who have been shattered by the death of their child by suicide and to add insult to injury their dead child was charged with a criminal offence after their death.

Our 13-year-old son Greg died by suicide on January 25, 1990, so I have had a lot of time to come to terms with and educate myself around the subject of suicide. When a person has cancer and it is not diagnosed or treated they die of cancer. When a person has depression or a mental illness and it is not treated they sometimes go on to die by suicide. They were in horrific indescribable pain and suffered beyond our comprehension and now we want to persecute them further by suggesting that they committed a crime. Suicide is not about dying; it is about ending the pain.

My grief journey has introduced me to many many survivors of suicide – parents, siblings, grandparents, spouses, other relatives and friends. The ripple effect is not like any other death. The "what ifs, if only's, what did I miss, why didn't I see that behavior as suicidal?" and on and on. When a survivor, through story telling and reminiscing, starts to introduce me to the person who died, there are so many similarities ~ overly sensitive, intelligent, compassionate and so on. They believe they are a burden to those around them and we will be better off if they are gone.

What I also came to understand was when we are physically tired from a hard day's work, a short nap or a shower will refresh, when we are mentally tired nothing helps to refresh us. For those that are depressed and suicidal, they are just tired and exhausted all the time ~ there is no apparent relief from the pain and exhaustion. They just barely make it through each day and night and one day they don't have the strength to carry on. When I hear suicide described as a cowardly act I shake my head. The person who is suffering has been so brave to live with their pain for as long as they have; we have to find them courageous at some level for doing that. To think about the final act of taking ones own life, I believe is an act of desperation.

For me this is not about being politically correct, it is about honoring the family and the person who died by saying "Died by suicide". They were in pain and they died and we loved them and will always miss them.

Linda Woods... TCF/Kelowna, BC

**And for a smile ...**

## Productivity Hacks: Setting Priorities Straight

*This post is part of a series in which LinkedIn Influencers share their secrets to being more productive.*

The key for productivity is time management. Time, as we all know, is limited, and the secret to a productive day is using it wisely. To avoid wasting your precious time, you must first prioritize your needs so that productivity always comes first.



### ARIELY'S HIERARCHY OF NEEDS

In 1943, Maslow published his infamous [hierarchy of needs](#), a framework for thinking about the importance of various human motivations. But research has come a long way since Maslow's time. And although scholars have engaged in rigorous debate over the basic needs of human beings, I

hope to shed some light on a few popular but misguided beliefs.

For instance, some people believe that sleep is important. The evidence for this, however, is not so clear. In fact, studies have shown that productivity levels fall dramatically when you're asleep. While sleeping, you will be hard pressed to succeed in writing that paper or responding to those emails.

Some people also believe that meals are important. Now, what can you accomplish at the dinner table that you can't do sitting at your desk?

Some people believe that personal hygiene is important. Staying clean, however, is a Sisyphean task: an endless cycle of bathing and getting dirty, bathing and getting dirty, bathing and getting dirty. Keeping the dirt away is a futile endeavor, and should be abandoned without a second thought. There are too many memos waiting to be read.

Some people believe that social relationships are important. These close bonds increase life satisfaction and happiness. But honestly, life satisfaction and happiness are overrated. I've found that after a few years of solitude, the pain of social isolation begins to numb and the minor sting of loneliness that remains is sufficient to keep you awake long enough to continue working. (Also refer to the aforementioned topic of personal hygiene; one whiff of your superstar productivity will save you the work of warding off those distracting friends).

Some people believe that family is important. Indeed, family is crucial to your success as a highly productive member of society. Many great psychologists have used their families to aid in their research. Jean Piaget studied his three children for his developmental research, and B.F. Skinner famously prototyped his "air-crib" with his daughter. If you want to use twin studies in your research, just have twins! Still, if you need more than a few participants in your studies, the value of family largely diminishes.

These five points demonstrate that we should question our assumptions and look to research to inform our beliefs. In doing so, we may reap the benefits of being better, more efficient time managers and maximize what really matters — our productivity. As such, I propose a revised hierarchy of needs, updated for the Age of Productivity.

*\*Special thanks to Aline Grüneisen who gave up her lunch break to help with this post. Illustration: M.R. Trower*