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February is Psychology Month

How Psychology Helps

Welcoming Syrian Refugees to Nova Scotia: Providing Psychological Assistance

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ISANS

With the recent influx of Syrian refugees to Nova Scotia, psychologists are poised to play an important part in helping refugees transition from the struggles they've experienced — from first-hand experiences of war to the challenges faced during migration and adjusting to living in Canada.

The Immigrant Services Association of Nova Scotia (ISANS) has been working for many years with refugees and immigrants who arrive in Nova Scotia, and they use a collaborative resiliency model. They have developed a series of settlement services and psychosocial programs addressing immigrant and refugee mental health and wellness. For the last three years, ISANS has been implementing the Newcomer Community Wellness Project funded by the Province of Nova Scotia. This project aims to further the goals of the Nova Scotia Mental Health Strategy by developing a model for the provision of equitable and culturally competent mental health services to immigrants and increasing the immigrant community's capacity to respond to issues of mental health, wellness and addiction. The project is in alignment with two of the five



priorities established in the strategy: ensuring that the needs and traditions of diverse groups are addressed and their barriers to care are removed and to address the stigma of mental health within communities.

As a part of this project, and a year before the Canadian government's decision to welcome 20,000 Syrian refugees to Canada, a group of culturally informed and experienced psychologists had already been volunteering their time to participate in a knowledge exchange with ISANS to develop a model of collaborative, culturally-sensitive, psychological care for refugees. Dr. Jason Chatman, Harpreet Aulakh and Lesley Hartman have been working with ISANS to help develop and sup-

port psychological services for refugees because ISANS staff recognized that refugees were having difficulty accessing timely, high-quality, trauma-informed, and culturally-sensitive mental health care after their arrival in Nova Scotia. As part of this work, a larger network of psychologists have now also agreed to participate and help to support the psychological needs of incoming refugees.

Although much discussion in the media has centred around the arrival of the Syrian refugees in particular, every year Nova Scotia welcomes more than 180 refugees from every continent, all of them also fleeing persecution and war in their home countries. With between 2-6 years of post-uni-

versity education in diagnosis and in specific, effective, evidence-based treatments for various psychological problems, psychologists are in a unique position to help. Research shows that the best treatments for people who suffer from moderate to severe anxiety, depression, and trauma disorders are psychological treatments.

Research also shows that not all people who have experienced traumatic events will develop Post-Traumatic Stress Disorder (PTSD), nor require intensive mental health services. The level of control people experience over their lives, as well as the support of family and friends, can go a long way to protecting people from developing PTSD. Many

refugees will find the settlement supports that ISANS has developed, as well as their own family and neighbour supports, sufficient to make a healthy transition to life in Canada.

We can all play a part in welcoming our new neighbours and making the transition easier for them. On their part, ISANS provides a host of settlement supports, wellness groups, leisure and volunteer opportunities focused on re-establishing refugees' sense of agency, enhancing skills to deal with stress, teaching about and normalizing normal settlement stress, providing peer support, establishing connections, and building trust and rapport with their new community.

In the case of individuals who will require more intensive psychological services, the physicians at the Halifax Transitional Health Clinic for Refugees and the staff at ISANS will assist in identifying and referring refugees to a network of psychologists who have been specifically trained in culturally-sensitive care, as well as in working through interpreters, and in the specific challenges of the refugee experience. From there, the psychologists will use their knowledge of best-practice psychological treatments to assist the refugees to move beyond anxiety, depression, trauma, and other mental health problems and assist them with adjusting to their new home in Nova Scotia.

When once isn't enough – help with OCD

DR. DANIEL CHORNEY,
REGISTERED PSYCHOLOGIST

Almost everyone has heard of obsessive-compulsive disorder, or "OCD," given how often it is featured in television and movies. Despite the benefit of increasing public awareness of OCD, the negative side effect can be the spread of misinformation.

On screen, individuals with OCD can be portrayed as "quirky" or simply "irritated" when things don't go to their liking. Sometimes they are shown as eccentric or even comical. While it makes for entertaining television, in reality OCD can be one of the most distressing, misunderstood, and problematic childhood mental health concerns. To complicate matters further, OCD often affects more than just one individual. It can cause problems for the person affected, their friends, and family members who are often forced to work around the numerous rituals that continue to grow and become more severe and time-consuming over time when left untreated.

While it's normal to have worried and anxious thoughts, children and adults with OCD can't stop their upsetting thoughts without performing some behaviour to make the thoughts go away. Everyone goes through a day when they can't shake a song or picture out of their mind but children with OCD "obsess" over these thoughts that can sometimes be very painful or upsetting to have (e.g., thoughts that are graphic, violent, or bizarre). These thoughts persist until the "compulsive behaviour" or ritual occurs — a behavior the child does in order to banish the thought temporarily. This cycle repeats itself continuously, with a constant build-up of anxiety and frustration followed by the release felt immediately after a compulsive behavior occurs. Again, and again, and again.

Sometimes this chain of events seems somewhat logical, while in other situations, OCD makes no sense at all. Common compulsions seen in children include specific touching or arranging of items, asking the same

question repeatedly, excessive counting of objects, or prolonged hand washing or cleaning. Other children show the urge to confess (divulging information almost uncontrollably), hoarding (collecting otherwise useless objects), or checking behaviors (e.g., repeatedly questioning whether doors are locked, stoves are

shut off, or someone is safe). It's not uncommon to hear a child say something has to be or feel "just right" before they can stop doing whatever it is they are doing.

Once OCD is properly assessed and diagnosed, finding the right treatment provider and approach can feel like a daunting task. There are effective treat-

ments for OCD that are supported by research evidence (such as exposure and response prevention, or "ERP") that help children gradually face their fears and break the cycle of obsessions and compulsions. It is important to note, however, that these treatments should only be used under the guidance of a professional. The approach

may sound simple at first, but it requires a careful and balanced approach to make sure that progress is gradual, safe, and always forward moving. While the work involved in overcoming OCD can be challenging to everyone involved, the reward for successful treatment completion is often well worth the effort!



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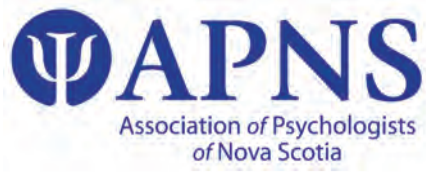


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How Psychology Helps

Understanding school refusal behaviours

**DR. DANIEL CHORNEY
REGISTERED PSYCHOLOGIST**

For many children, going to school can be an exciting time and something to look forward to and enjoy. Unfortunately, some parents are faced with the challenging prospect of seeing their child grow increasingly hesitant to go to school and in some cases completely refuse to attend school altogether.

In many cases, some hesitation and fear around school is completely normal and appropriate — first day “jitters” are common amongst children of all ages and these fears typically subside after the first few days of attendance. In extreme cases, anxious thoughts and feelings can reach a point where a child may ultimately refuse attending school despite parental and school attempts at supporting the child or teen.

Understanding school refusal can sometimes be a very complex endeavor, and professional help may be warranted if you are struggling with the issue.

Usually the shift is gradual — missing a few days here and there due to sickness, then perhaps a week or so at another point in the school year, followed by a growing resistance to return to school at all. The child’s rationale often makes sense — “I’ve missed so much I’ll never catch up!” or a related fear of being over-

whelmed with work, questioned about where they were, or a vague fear that “something bad will happen,” when they return. Sometimes a child will attend school but call home frequently wanting to return, attempt to delay going to school by dawdling in the morning, or show significant difficulties during transition periods (e.g., following extended school breaks or starting a new school/grade).

Understanding school refusal can sometimes be a very complex endeavor, and professional help may be warranted if you are struggling with the issue. In less complex situations, understanding the basic reason behind the behaviour can help lead to a solution. Research by psychologist Dr. Christopher Kearney has outlined the most frequent reasons for school refusal are as follows:

1) avoiding general distress or

anxiety (e.g., bullying, challenges with school work, etc.),

2) avoiding social or performance situations,

3) seeking positive and/or negative attention from parents, and

4) secondary gain (e.g., doing fun things outside of school or at home).

The first two reasons are anxiety-related and require a planned gradual exposure approach to help overcome fears, while the latter two reasons are not anxiety-related and require parents to increase incentives to attend school, while simultaneously removing any attention and rewards for missing school. To complicate matters further, some children may present with a combination of the above reasons (e.g., some children may initially refuse school due to anxiety and social-evaluative fears (Function #2) and over time learn that their

school refusal behaviors elicit significant love, affection, and attention from their parents (Function #3) which is understandably a strong reinforcer). In cases where a combination is present, it is often important to address both issues to ensure all reasons for refusing school are eliminated.

Helping children with school refusal behaviors, either as a parent, educator, or mental health professional can be a difficult process as motivation to change on the part of the child/teen is often low. While school refusal is a relatively low base-rate problem, the stress on all involved is often extremely high. As with so many challenging behaviours in children, the key is to catch it early and address it head-on whenever possible before everyone involved is struggling with school attendance issues.

APNS activities in the community

**VICTOR DAY, PH.D.,
PAST-PRESIDENT APNS**

The Association of Psychologists of Nova Scotia (APNS) is the voluntary professional organization for psychologists in the province. Founded in 1965, APNS celebrated its 50th anniversary in 2015. It is not only the collegial association for its more than 400 members, it also engages in a variety of activities of interest and benefit to the general public. For example, in the past year APNS:

- Sponsored the Psychologically Healthy Workplace Awards, to promote the development of positive and supportive work environments and to recognize employers who are outstanding in achieving this. In 2015 the recipients were Heritage Gas Ltd., SlimGym Fitness, and Northwood.
- Established an arrangement with the ALS Society of NS and

NB, whereby that Society provided an educational workshop to psychologists who will be providing free services to people with ALS and their families.

- Has been developing an arrangement with the Nova Scotia Department of Health and Wellness whereby psychologists will provide free, brief psychological help to Nova Scotians following any major disaster within Nova Scotia.
- Received a grant from the national Council of Provincial Associations of Psychologists to host a public mental health forum on Improving Access to Mental Health Services, to be held in 2016.
- Advocated to the Nova Scotia government to stress the importance of maintaining psychology internships to complete the training of graduate students entering the profession.
- Met with the Minister and

Deputy Minister of Health and Wellness to discuss ways of improving public access to psychological services.

- Sponsored continuing education workshops for psychologists on psychological testing, psychologists working on legal

issues within the courts, and co-sponsored a presentation on employee burnout, to help psychologists continue to provide up to date services.

- Compiled our annual Private Practice Directory to assist the public in finding private practice

psychologists who can provide the specific services they are seeking. This is available at www.apns.ca

APNS looks forward to continuing to work for the psychological development and well-being of Nova Scotians in 2016.

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Psychologists:

- treat children, adults, couples, families
- diagnose psychological and emotional problems
- consult, counsel, provide therapy and assessments
- consult to individuals, groups, organizations
- help people attain better physical and mental health
- help people achieve better personal, social and vocational adjustment
- teach and apply psychological theory and principles
- design, conduct and communicate psychological research.

You are protected when you see a psychologist because psychologists must adhere to the Canadian Code of Ethics for Psychologists, and Standards for service and conduct, which are established by the NSBEP. The NSBEP investigates and addresses complaints against Psychologists. There is no such public protection for practitioners designated only by such terms as counsellor, therapist or psychotherapist.

The Nova Scotia Board of Examiners in Psychology (NSBEP) protects the public. The NSBEP has the statutory authority to register and regulate practitioners of psychology by way of the Psychologists Act. The Act also enables the prosecution of anyone holding him/herself out as a provider of psychological services who is not registered with the NSBEP.

Psychologists meet specific requirements for education, examinations, and supervision.

Psychologists have at least these qualifications:

- a doctoral or masters degree in psychology
- two years of supervised experience, in the case of a doctoral degree, or four years, in the case of a masters degree, and
- have passed a standardized, written examination and an oral examination.

Psychologists (Candidate Register) have the same educational qualifications and are in the process of completing their supervised experience.

Any questions?

For more information please visit the Board’s website. The website includes a Directory of Psychologists allowing you to locate a psychologist by name, address, language(s) of service, and area(s) of practice.

If you are unsure about whether the person you are seeing is a psychologist, or have any concerns about the ethical conduct of a psychologist, contact the Nova Scotia Board of Examiners in Psychology.

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