



February is Psychology Month

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Special Advertising Feature

Coping with financial distress

Contributed by the Association of Psychologists of N.S.

Debra and Bob have been married for 29 years. After years of careful investments, they were looking forward to a comfortable retirement. Bob, a teacher, could count on a regular pension. Debra ran a quilting business from home. Their daughters Laurie and JoAnn were still at university, while their oldest son Dean was working out west. Then came the crash. Bob and Debra watched in horror as each day their stocks and investments dramatically decreased in worth. "We should sell!" cried Debra. "No, the market will recover", said Bob. As their savings dwindled, their despair increased, as did their fighting. Bob took to spending long hours alone researching the mar-

ket. Debra became increasingly anxious, and began to awake at night in a panic. Dinnertime became a routine of gloom, with each spouse speculating on what they must give up to get by in the future. They were in financial despair.

Many people are experiencing Debra and Bob's struggle. Although individuals vary in how invested they are in the market, all of us are affected by its recent setbacks. Psychologists have expertise in helping people cope with life's challenges: using a combination of strategies learned by psychologists, we can learn to weather this market storm.

Psychologists make the distinction between two types of coping. Instrumental coping refers to strategies for actively finding and implementing solutions to a stressful problem. Emotion-focused coping refers to strategies to manage the feelings that accompany a stressful prob-

lem. Most stressors in our lives require a combination of instrumental and emotion-focused coping. Moreover, these forms of coping tend to influence each other. A good first instrumental coping strategy is talking about our financial situation. Couples facing reduced circumstances must negotiate their future options. Will we work longer or more? Will we decrease what we offer our children? Will we move? Active communication about our financial goals can help couples formulate the best actions to take.

For many of us, money has a deeper meaning. Our ideas about money are often rooted in the way we grew up. We witnessed our parents manage money, and were influenced by the cultural and community values that surrounded us. Sometimes, couples disagreements about money are linked to these differences. For example, Bob grew up with frugal



Bonnie Bobryk Photography

Laurie Tracey, MA Psychologist (Cand. Reg.) counsels a client.

farmers: his feelings of safety and approval are related to the amount of his savings. Debra's father was an unstable entrepreneur who alternately accumu-

lated and squandered the family wealth. Debra views money as something fleeting, which must

See **A PSYCHOLOGIST / A7**

Nova Scotia Board of Examiners in Psychology

What is a psychologist and why do I care?

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.

Psychologists are licensed professionals and that is important because licensing protects the public. Licensing holds professionals to rigorous standards and makes them accountable.

"Psychologist" is a title protected by a law that governs the practice of psychology in Nova Scotia.

It is important to know that many terms are not licensed titles. For example, the term "psychotherapist" and singular terms such as "counsellor" and "therapist" are not licensed terms.

There is no assurance of the qualifications of anyone using only these titles and no professional body to handle complaints about their practices.

An important difference between a psychologist and unregulated practitioners is that extended health-care benefits will pay for a psychologist's services but will not pay for services by unregulated practitioners.

The Nova Scotia Board of Examiners in Psychology (NSBEP) protects the public.

Psychologists are required by law to deliver competent, ethical and professional services. They are accountable to the public, through the Nova Scotia Board of Examiners in Psychology (NSBEP). Psychologists meet rigorous professional requirements and adhere to prescribed standards, guidelines and ethical principles. 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 is responsible for protection of the public and investigates and addresses complaints against Psychologists. There is no such public protection for practitioners designated only by such terms as counsellor, therapist or psychotherapist.

Only those individuals who meet specific requirements for education, examinations, and supervision are entitled to use the term, "Psychologist", or to provide "psychological services," by virtue of the Psychologists Act of Nova Scotia.

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.

Who are psychologists in Nova Scotia? As of February 18, these are the Psychologists and Psychologists (Candidate Register):

www.nsbep.org

Register of Psychologists

Allaby, Dennis, M.A.
Alphonse, Eivira Marie, M.A.S.P.
Andrew, Gail, Ph.D.
Angelopoulos, Maria, Ph.D.
Anthony, Andrew, Ph.D.
Archibald, Catherine, Ph.D.
Arthurs, Carol, M.A.S.P.
Asche, Hans P., M.Ed.
Assi, Donna, Ph.D.
Aubie, Cheryl, Ph.D.
Backman, Joan, Ph.D.
Baker, Diane, Ph.D.
Baker, Erica A., Ph.D.
Baldwin, Kerstin, Ph.D.
Banks, Laura Stephanie, M.A.S.P.
Banks, Tracy, Ph.D.
Bartlett, Nancy Helen, Ph.D.
Bawden, Harry, Ph.D.
Belliveau, Janice M., M.A.
Benigno, Donna, M.A.
Berry, Glen, Ph.D.
Bigelow, Ann, Ph.D.
Bilisbury, Christopher David, Ph.D.
Birch, Diane E., Ph.D.
Birnie, C. Laraine, Ph.D.
Black, Michael, M.Ps.
Blood, Lowell, Ph.D.
Blumberg, Marc, Ph.D.
Boivin, Annie, M.Ps.
Boudreau, P. Catherine, M.A.
Boutillier, Joan Mary, Ph.D.
Bower-Jacquard, Sheila, M.Sc.
Boyd, L. Elaine, M.Sc.
Brady, Erika, Ph.D.
Braba, Richard, Ph.D.
Braun, Colleen, Ed.D.*
Breat, Lynn, Ph.D.
Brewer, Gail Rosemary, M.A.
Broad, James C., Ph.D.*
Brown, Theresa M., M.A.*
Bryson, Michael, M.A.
Bryson, Susan E., Ph.D.
Buchan, Victoria, M.Sc.
Buisseret-McKinnon, Joanna, M.A.S.P.
Buranyi, George, Ph.D.
Burke, Francine, M.A.S.P.
Burns, Meredith A., M.Sc.
Butler, Beverly, Ph.D.
Butler, Gordon Stuart, Ph.D.
Byrne, Joseph, Ph.D.
Cabe, Heather, M.A.
Campagnoni, Antonia, M.A.
Campbell, Bryan, M.Sc.*
Campbell, John A., Ph.D.
Campbell, Mary Ann, Ph.D.
Campbell, R. Elaine, Ph.D.
Cane, Douglas, Ph.D.
Cann, Steven S., M.Sc.
Caplan, Joelle, Ph.D.
Carriere, Jean Charles, M.A.
Carter, Ruth Anne, Ph.D.
Carter, Sherri, Ph.D.
Cassie, Diana, Ph.D.
Cattano, Victor, Ph.D.
Chambers, Christine T., Ph.D.
Chandler, Brenda J., M.A.
Chenhall, Pamela, Ph.D.
Chiasson, Gilles, M.Sc.
Chipman, Karen, Ph.D.
Chisholm, Mary Jean, M.A.
Chitty, Dorothy, Ph.D.
Church, Elizabeth, Ph.D.
Churchill Keating, Becky, Ph.D.
Clark, Sharon E., Ph.D.
Clark-Toussard, Mary E., M.A.
Clyburn, Leah, Ph.D.
Coody-Shadbolt, Doreen, M.Ed.
Collins, Jean P., Ph.D.
Connors, Angela, Ph.D.
Cook, Andrea, M.A.
Corkum, Penny V., Ph.D.
Corkum, Valerie, Ph.D.
Cornwall, Anne, Ph.D.*
Couture, Linda S., Ph.D.
Cox, David W., M.Sc.
Cox, Nancy Lyle, M.A.
Crist, William, Ph.D.
Curren-Lindala, Kendra, M.A.
D'Aloisio, April, Ph.D.
Danquah, Samuel A., Ph.D.*
Davis W. Henry, Ph.D.*
Day, Victor Hugh, Ph.D.
de Stecher, Allan Roy, M.Sc.
deSalle, Margaret, M.Ed.*
deLong, Barbara, M.Ed.
Digout, Wendy E., M.A.S.P.
Dixon, F. Jeanette, M.Sc.
Dixon, Pamela, M.Sc.
Dixon, Tracy, M.A.S.P.
Donahoe, Eileen, Ph.D.
Drouin, Ivan, M.A.
Dunn, Ann, M.A.
Dunsiger, Steven, M.A.
Durdle, Brenda, Ph.D.
Eakin, Suzanne, M.Sc.
Earle, Jeffrey, M.A.
Earle, Tracey, M.A.
Ebert, Patricia, Ph.D.
Elk, Nezhie, Ph.D.
Ellsworth, Christine P., Ph.D.
Englund, Kristel, M.A.
Eskes, Gail A., Ph.D.
Fairfax, Teri Diana, M.A.
Faulkner, Pauline, M.A.
Fearon, Isabel, Ph.D.
Field, Lars, Ed.D.
Fisk, John D., Ph.D.
Fougere, Dawn, M.Sc.
Fougere, Kerri, M.A.
Fowler, Michael John, M.Ps.
Fox, Barbara, Ph.D.
Frausin, Silvia, M.Sc.

Freeman, Paul, Ph.D.
French, Frederick, Ph.D.
Fury, Dwayne K., M.A.
Gabriel, Joseph, Ph.D.*
Gainer, John, Ph.D.
Garland, Debra, M.A.
Garman, Lisa, M.A.*
Genest, Myles, Ph.D.
Gerrior, Patricia, Ph.D.
Gillan, Amy, Psy.D.
Gillespie, Joanne, Ph.D.
Gillis, Mary Annette, M.A.
Gleich, Lily, M.A.
Gleichen, Stephen, M.Sc.
Godbout, Lise M., M.Sc.
Goodland, Dion, Ph.D.
Goodwin, Shelley, M.A.
Gorman, Maureen, Ph.D.
Gould, Darlene, M.Sc.
Gouthro, Stephen Michael, M.Sc.
Graham, Lisa, M.Sc.
Grant, S. Margaret, M.Sc.
Grantmyre, Jane, M.A.Sc.*
Greenberg, Norman A., Ph.D.
Gross, Richard, Ph.D.
Gusella, Joanna, Ph.D.
Haley, Hugh, Ph.D.
Hall, Jennifer, M.A.
Hall, Carleen, M.Sc.
Hartley, Susan, Ph.D.
Hartman, Lesley, M.A.
Harvie, Phyllis L., M.Sc.
Hayden, Lisa, M.A.
Hayes, Charles J. A., Ph.D.
Hendrick, Jennifer, Ph.D.
Hennessy, Michael, M.A.
Higgins, Heather, Ph.D.
Hill, Carol L., Ed.D.
Hill, Todd, Ph.D.
Hines Ferris, Anne, M.Sc.
Holt, Julia, Ed.D.
Horvath, Peter, Ph.D.
Howes, Janice, Ph.D.
Hutley, Catherine A., Ph.D.
Hughes, Donna, M.A.S.P.
Humphreys, Carolyn Ann, Ph.D.
Humphries, Kelly, M.A.
Hurley, Stefani D., Ph.D.
Hunt-MacLeod, Daphne D., M.A.
Ingles, Janet Louise, Ph.D.
Isler, Philippe, M.A.
Jefferson, Steven, Ph.D.
Jerrott, Susan E., Ph.D.
Johnson Emberly, Debbie, M.Sc.
Johnson, Constance M.B., M.A.
Johnson, Shannon, Ph.D.
Jolton, Stephen Michael, G., M.A.
Jones, David B., M.A.
Jones, Kevin Scott, M.A.
Joudrie, J. Kelly, M.A.S.P.
Juurink, Stacy, M.A.
Karamanos, Nicholas, M.A.
Kilburn, Michael Peter, M.A.*
Kells, Brad, Ph.D.
Kelly, Barbara Ann, M.A.
Kennedy, Norma, Ph.D.
King, Sara, Ph.D.
Konopasky, Robert, Ph.D.
Krane, Richard, Ph.D.
Kumchik, Gayle, Ph.D.
Landy, Regina, Ph.D.
Landy, Todd, M.Sc.
L'Ecuier, Constance, M.Ps.
Laidlaw, Toni Ann, Ph.D.*
Lee, Dongwook, Ph.D.
Lehr, Ron, Ph.D.
Leiter, Michael Patton, Ph.D.
Lenzer, Irmingard, Ph.D.
Lincoln, Kathrine, M.Sc.
Logan-Smith, Lauraine, M.A.
Losier, Bruno J., Ph.D.*
Louisy, Helen, Ph.D.*
Ludman, Wendy L., Psy.D.*
MacCormack, Terrance, Ph.D.
MacDonald, Maureen Clare, M.A.
MacDonald, Valerie, Ph.D.
MacDonald, Wayne, Ph.D.
MacDonnell, M. Joan, M.A.
MacDougall, Judith, M.A.
MacFarlane, Polly K., Ed.D.*
MacGillivray, Any, M.A.S.P.
MacGillivray, Richard G., Ph.D.
MacInnis, Elizabeth W., M.A.
MacIntyre, Joan, M.A.
MacKay, Macha, M.Ed.
MacLachy, Heather, Ph.D.
MacLean, Barbara, M.Sc.
MacLellan, Anne, M.A.
MacLellan, Haidee, Ph.D.*
MacLeod, Farley, M.A.
MacLeod, Kyla, M.A.
MacLeod, Matthew, M.A.S.P.
MacNeil, Sheila, Ph.D.
MacPhee, Angela, M.Sc.
Mahoney, Anne, Ph.D.*
Manuge, M. Christine, M.A.
Marcin, Betsy C., Ph.D.
Marlin, Richard, Ph.D.
Marshall, Maria, Ph.D.
Marsh-Knickle, Lauren, M.Sc.
Martin Wells, Jennifer, M.A.
Matwchuk, Anna K., Ph.D.
Mauro, Gloria Rose, M.A.*
McAlpine, Linda M., M.A.*
McCarthy, Mary E., Ph.D.
McConville, Holly, Ph.D.
McCormick, Brian J., Ph.D.*
McEachen, Stephen, Ph.D.
McGee, Robin A., Ph.D.

McGlone, Jeanette, Ph.D.
McGrath, Mary, M.Sc.
McGrath, Patrick, Ph.D.
McInerney, Robert, Ph.D.
McInnes, Julia E., M.A.
McKinnon, Margaret, M.A.
McLaughlin, Elizabeth, Ph.D.
McNeill, Gillian Margaret, M.A.*
McTee, Bradley, Ed.D.
McWilliams, Lachlan, Ph.D.
Melville, Cornelia, M.Ed.
Mensink, David, Ph.D.
Metsala, Jamie, Ph.D.
Mills, Robert, Dip.S.Psy.
Millman, Ellen H., M.A.
Mills, Joanne, M.A.
Milner-Clerk, Jacqueline, M.Sc.
Miron, Stephen, M.A.
Morrissey, Glenda, M.A.
Murray, Patricia, M.Sc.
Nathanson, S. Garth, M.Sc.
Nau, Paul A., Ph.D.*
Naugler, Jennifer-Jo Anne, M.A.
Nelson, Margie, M.A.S.P.
Newman, Sandra, M.Ed.
Newsome, Shaun D., Ph.D.
Haley, Hugh, Ph.D.
Norwood Smith, Lisa, M.A.
Oates-Johnson, Tina, Ph.D.
O'Hare, Margaret, M.Sc.
O'Leary, William, M.A.
O'Neill, Patrick, Ph.D.*
Pace, Elizabeth, Ph.D.
Parker, Lori, M.A.
Patty, Brigitte, Ph.D.
Pencer, Allison, Ph.D.
Pencer, Edward, Ph.D.
Perrott, Stephen B., Ph.D.
Perry, Dean Allen, M.Sc.
Pick, Deborah, M.Sc.
Pilon, David Joseph, Ph.D.
Poisson, Marie E., Ph.D.
Porter, Stephen, Ph.D.
Potter, Susan M., Ph.D.
Pottier, Mark, M.A.
Price, E. Lisa, Ph.D.
Pure, Kiran, Ph.D.
Purvis, Gregory A., M.Sc.
Pye, Carol, Ph.D.
Rabin, Bonnie L., M.A.
Reynolds, Patricia Lee, M.Sc.
Rice, Kevin Michael, M.A.
Roberts, Marilyn, M.Sc.
Robertson-Dawson, Heather A., M.A.
Robinson, Lynn, Ph.D.
Rose, Patricia Eileen, M.Sc.
Ross, Lynn, M.A.
Isler, Philippe, M.A.
Roth, Jason, M.A.
Roussel, Jean-Robert, M.Ps.
Rule, Valerie Anne, M.A.
Russell, Mark, M.Sc.
Rutherford, Patricia Joan, M.A.
Ryan, Shannon Michael, Ph.D.
Sablone, Anita Carolyn, M.A.
Samoluk, Sarah, Ph.D.
Sampson, Crystal, M.A.S.P.
Sampson, Rosemarie, Ph.D.*
Sark, Jody, Ph.D.
Sawlor, Terra, M.A.S.P.
Scalles, Nicola, M.Sc.
Scawton, Yvette, Ph.D.
Seagram, Belinda, Ph.D.
Secouler-Beaudry, Lori, Ph.D.
Service, John, Ph.D.*
Seymour, Carla, M.Sc.
Sheridan, Donald Patrick, Ph.D.
Sherry (nee Les-Bagley), Dayna L., Ph.D.
Shirley, Carol M., M.A.S.P.
Silverberg, Jeffrey J., Ph.D.*
Simmons, J. Ruth, M.A.
Simone, Monique, M.A.
Singh, Harman, M.A.
Smith, Doreen M., M.A.
Smith, Isobel M., Ph.D.
Smith, Melissa D., M.A.
Smith, Rebecca, M.A.S.P.
Sodhi, Surinder Singh, Ph.D.
Sparkes, Sandra, Ph.D.*
Spens, Patricia, M.Sc.
Sperry, John, Ph.D.
Stattin, Michelle, Ph.D.
Stanzon, Andrew, Ph.D.
States, Jolaine, Psy.D.
Stee, Astrid, M.A.
Stephenson, Daniel Patrick, M.A.
Stewart, Sherry Heather, Ph.D.
Street, Philip, Ph.D.
Strickland-Clark, Lisa, Ph.D.
Stringer Warren, Louise G., M.A.
Strok, Edward Stephen, Ed.D.
Sullivan, Maureen, Ph.D.
Sumarah, John Charles, Ed.D.
Sutherland, Debbie, M.Sc.
Sutherland, Maria, M.A.
Swaine, John R., Ph.D.
Swainson, Pamela, M.Sc.
Symons, Douglas, Ph.D.
Szostak, Deborah J., Ed.M.
Szuszkiewicz, Tara, Ph.D.
Taggart, Tracy Lowell, M.A.S.P.
Tattie, Leanne, M.A.S.P.*
Teasdale, Stephanie L., M.Sc.
Therriault, Stephen, M.Sc.
Thompson, Carol, Ph.D.
Thurston, Catherine M., M.A.
Tompkins, Stephanie, M.A.
Tragakis, Christie, Ph.D.
Trim, Faye L., M.A.
Trimper, Jacqueline, M.A.
Vallis, Michael, Ph.D.
Vanier, Melanie, Ph.D.
Vidmar-Perrins, Mikaela, M.Sc.

Candidate Register

Abou-El-Haj, Marriam, M.Sc.
Angelopoulos, Sarah, M.A.S.P.
Araak, Harpreet, M.A.
Barrett, Sean, Ph.D.
Bates, Lindsay J., M.A.
Beattie, Tricia, Ph.D.
Bezanson, Birdie J., Ph.D.
Brannen, Cyndi, Ph.D.
Braunmiller, Kathy, M.A.S.P.
Chaiman, Jason, Ph.D.
Chisholm, Gina, M.A.S.P.
Cohen, Jacqueline, Ph.D.
Collett, Elizabeth, M.A.S.P.
Conrad, Brent, M.A.
Cooper, Megan, M.A.S.P.
Corbin, Natasha, M.A.S.P.
Cormier, Louise, M.A.Ps.
Darredeau, Christine, Ph.D.
Datta, Neera, M.Sc.
Denney-Hazel, Jennifer, M.Sc.
Devoe, Angela, M.A.S.P.
Doran, Joann, M.A.
Doucette-Ryan, Krista, M.A.S.P.
Durdle, Heather, Ph.D.
Evans, Janice, M.Sc.
Fagan, James, M.Sc.
Fowler, Darren, M.A.
Gabriel, Liza, M.A.S.P.
Goodwin, Jacqueline, M.Sc.
Harvey, Elizabeth, M.Ps.
Hasluk, Maria, M.A.S.P.
Hull, Angela, M.A.S.P.
Humphrey, Robert, M.Sc.
Hutchings, Veronica, M.A.
Ius, Jessica, M.A.
Jacques, Heather, Ph.D.
Jellicoe, Debra, M.A.
Jewer, Chimene, M.Sc.
Kavanagh, Paula, M.A.
Kilfoil, Jennifer, M.A.S.P.
Lefebvre, Celeste, Ph.D.
Leung, Grace, M.A.
Lewis, Janine, M.A.S.P.
Lowe-Pearce, Crystal, M.A.
Luedemann, Paula, M.Ed.
MacBeth, Dalene, M.A.S.P.
MacDonald, Derek, M.Sc.
MacDonald, Tara, M.Sc.
MacDougall, Kara, M.A.S.P.
MacKay, Angela, M.Sc.
MacKinnon, Maureen, M.A.S.P.
MacLean, Kim, Ph.D.
MacLean, Susan I., M.Sc.
Mahar, Sonya, M.Ed.
Mahon, Nadine, M.A.S.P.
McAfee, Susan, Ph.D.
McCleave, Caitlin, M.A.S.P.
McKinnell, Melissa, M.Sc.
Mercer, Karen, M.Sc.
Mullane, Jennifer, Ph.D.
Murray, Kelly, M.A.S.P.
Noseworthy, Bonnie, M.A.S.P.
O'Connor, Kimberly, M.Ed.
Panton, Rachel, M.A.S.P.
Penny, Ann Marie, Ph.D.
Peters, Brad, M.Sc.
Pleydon, Anne, Ph.D.
Power, Trinda, M.Sc.
Pugsley, Meaghan, M.A.S.P.
Rippeyoung, Matthew, M.A.
Roache, Patricia, M.Sc.
Robinson, Beth, Ph.D.
Ruck Simmonds, Marlene, M.A.
Schurman, George D., M.Sc.
Scott, Anita, M.Sc.
Sebesta, Jon, M.A.S.P.
Seruntine, Cliff, M.Sc.
Smith, Katie, M.A.S.P.
Squires, Susan, M.Sc.
Stephenson, Danielle, M.A.S.P.
Stoffer, Elaine, Ph.D.
Sullivan, April, M.A.
Tracey, Laurie L., M.A.
Tree, Rachel, M.A.
Vickey, Jennifer, M.A.
Wambolt, Pamela L., M.Sc.
West, Shelley, M.Sc.
Williams, Sarah, M.A.S.P.
Yorke, Natasha E., M.A.S.P.

*Denotes, out of province or retired status.

Any Questions? 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 **423-2238**



APNS

Association of Psychologists
of Nova Scotia

February is Psychology Month

www.apns.ca

Special Advertising Feature

Facts about depression

About five per cent of Canadian men and 10 per cent of Canadian women experience symptoms of depression at some point in their life

Contributed by the Association of Psychologists of N.S.

In North America, depression is the leading cause of disease burden, and the World Health Organization predicts that in the year 2030 it will be the second leading cause of disease burden worldwide after HIV.

Approximately five per cent of Canadian men and 10 per cent of Canadian women experience symptoms of depression at some point in their life.

While depression can be effectively treated in the community, many people delay seeking assistance due to stigma, lack of knowledge, or resources.

Research from the American Journal of Cardiology indicates that individuals with depression and anxiety have a 50 per cent increased risk for cardiovascular illness and death.

Research from the University of Florida found that a perfectionistic personality characteristic with self-criticism is strongly associated with depression.

Having one episode of major depression increases your risk of having another, but working with a psychologist can reduce the risk of future episodes or the intensity. The risk of major depression is increased with conditions such as Parkinson's disease, stroke, multiple sclerosis, and during the first year after childbirth. High levels of depression are also common enough those with economic difficulties.

It is common, and even healthy, to feel sad or blue at



Debra Garland, Registered Psychologist, speaks with a client. One area of her practice involves leading co-parenting sessions for divorced parents.

times, and these feelings can be informative. Feeling down can tell us that we are bothered by something, stressed and need to slow down. Feeling depleted can indicate that particular issues burden us. These feelings can be a guide, telling us to take time and tend to our needs.

While many of these same feelings occur with clinical depression the difference is in the intensity and duration of these experiences. Sadness or a sense of loss tends to linger, isolation sets in and resilience seems to be lost. When clinically depressed individuals fall they tend to stay down. They are often critical and

blame themselves for their feelings. They become easily overwhelmed, easily exhausted, experience hopelessness, and withdraw socially. Some may have thoughts of death or suicide. The good news is that clinical depression is highly amenable to treatment when receiving competent care.

When issues are not addressed and feelings not expressed symptoms can worsen, creating an unnecessary burden on oneself, family, and friends. Left untreated, major depression can last six to 12 months with 40 per cent of individuals still having symptoms sufficient to meet the

diagnosis after one year.

There is no single cause of depression that has been identified. Most practicing clinicians understand the cause to be biopsychosocial in nature and approach treatment in this manner. Paying attention to your family history, body chemistry, personality characteristics, mental and emotional functioning, and social and environmental influences can help one discover the cause of their own personal struggle with depression. Any approach focusing only on one of these factors is likely too simplistic and therefore not beneficial as a treatment.

Many people who experience depression and seek help through their family physician will find that there are a variety of medications available. Medication for many is an appropriate route and helpful in many cases, and for others it's neither appropriate nor helpful.

Research indicates that a combination of psychological counselling and medication is typically the preferred choice for clinical depression. Counselling alone can be considered the second treatment of choice, especially in non-clinical cases, and medication alone the third choice. There is an abundance of studies indicating that psychological interventions are as, or more effective than medication for the treatment of depression. By conducting an assessment, a licensed psychologist can help to make recommendations for an effective treatment.

The psychological counselling process can help individuals improve overall mental and emotional well-being. Clients and therapists work together to locate personal issues and life stressors that contribute to depression, as well as identify thinking patterns, behaviours, and emotional awareness.

Counselling helps one learn about their own personal experience with depression and the changes that can be made to help prevent future episodes. If you are experiencing symptoms of depression or any psychological difficulties it is important to address your concerns and consult with a licensed psychologist.

What is depression?

Contributed by the Canadian Psychological Association

Almost everyone feels sad or "depressed" at certain times. Clinical depression (also called Major Depressive Disorder) is confirmed by the presence of a number of symptoms for at least a two-week period. These symptoms include sadness, loss of interest in usual activities, changes in appetite, changes in sleep, changes in sexual desire, difficulties in concentration, a decrease in activities or social withdrawal, increased self criticism or reproach, and thoughts of, or actual plans, related to suicide. Clinical depression may vary in its severity, and in its extreme forms, can be life threatening and may require hospitalization.

Clinical depression is distinguished from manic-depression or Bipolar Disorder, in that the individual only experiences periods of depression, potentially returning to normal functioning in between times. In Bipolar Disorder, however, the individual will cycle between depression and periods of hypomania or full manic problems (euphoria, high energy, lots of activity).

Approximately one per cent of Canadian men and two per cent of Canadian women are clinically depressed at any one point in time, and about five per cent of men and 10 per cent of women experience clinical depression at some point in their life. Women are at twice the risk of men to experience depression, but regardless of gender, once a person has had one experience of clinical depression, they are at high risk for repeated experiences.

Although the causes of clinical depression are complex and vary from individual to individual, it is now clear that a variety of factors increase the risk of a person experiencing clinical depression. These factors include having a parent who has been clinically depressed, physical illness, the death or separation of parents, major negative life events (in particular, events related to interpersonal loss or failure), pervasive negative thinking, physical or emotional deprivation, or having previously experienced depression.

Further, some individuals experience depression in a regular seasonal pattern, or in the case of women, after childbirth.

A psychologist can help couples

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be seized quickly to avoid deprivation. Bob's brooding and Debra's anxiety stem from their upbringings. Most couples can identify and resolve these differences on their own. If they cannot, a skilled psychologist can assist using couple's therapy.

Another sensible instrumental

coping strategy is a consultation with a financial advisor. If a couple can agree on financial goals and values, working out options with a knowledgeable professional can help them make wise choices about their money.

Emotion-focused coping strategies include such methods as relaxation, exercise, and enjoyable pastimes. These methods

are soothing, and increase overall quality of life. The old adage "count your blessings" is helpful to couples facing financial challenges. Seen in the context of one's health and relationships, financial problems can seem smaller.

If despair over finances descends into a clinical depression (see the companion article on this

topic), treatment by a psychologist may be required.

Debra and Bob went for couples counselling. Once they understood each other's unique perspectives on money, they settled on a new financial plan after they had gathered new facts from their financial advisor.

For exercise and companionship, they took up walking together in the evenings. Although Debra and Bob did not solve the global financial crisis, they learned to get through it together.

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