During the last several years there has been considerable debate in Canada, in the United States, and more recently in Great Britain over whether clinical psychologists should be granted the right to prescribe psychoactive medications for their patients. Advocates of prescription rights for clinical psychologists point to a growing crisis in the accessibility of mental healthcare services and to the ever dwindling number of psychiatrists available to provide pharmacological management of our patients. According to the Canadian Psychiatric Association (CPA) there are approximately 4,100 psychiatrists in Canada. The Association predicts that the demand in Canada for psychiatrists will continue to exceed the supply. The CPA website warns, "Many areas of the country lack adequate psychiatric services. Shortages are especially acute in rural and northern areas, even in Ontario."

Those of us in clinical practice in Nova Scotia know full well the challenges of obtaining ongoing psycho-pharmacological management of our patients from our physician colleagues. Advocates and opponents both inside and outside of our profession have offered persuasive arguments for each position.

Proponents for prescribing privileges for properly trained clinical psychologists suggest that extending this authority would result both in an increase in the accessibility of mental health services and in an improvement in the quality (over 70% of psychoactive medications are prescribed not by psychiatrists, but rather by general practitioners). They also argue that this is a logical extension of current practice in the face of growing economic competitive pressures from other therapy providers whose hourly rate is significantly lower. Proponents also suggest that having one clinician manage both the psycho-therapeutic and psycho-pharmacological aspects of treatment would be more cost effective, would result in less treatment disruption, and would provide for greater continuity of care.

The most persuasive arguments (at least with legislators) against prescribing privileges for psychologists largely revolve around patient safety issues. Opponents argue that the proposed training falls short of that necessary to insure the safety of patients. These concerns are primarily articulated by our physician colleagues who suggest
that nothing short of full medical training will ensure that no harm would come to our patients. However, voices inside of psychology have also expressed concern about what prescribing authority would do to the field of professional psychology. They suggest that it would likely drastically alter the psychological content of graduate and post-graduate training programs. Some psychologists have argued that our field provides an important alternative to the increasingly biological orientation of psychiatry and are concerned that prescribing privileges will result in an unhealthy medicalization of our field.

To put this discourse into a historical context, the first psychological clinic was established at the University of Pennsylvania in 1896 by Lightner Witmer (who coined the term “clinical psychology”). However, it was not until WWII and its aftermath that “psychotherapy” became a principle pursuit of clinical psychology. Many psychiatrists were initially opposed to psychologists providing psychotherapy, because they argued that psychologists lacked proper training. One cannot ignore the historical parallel as our field attempts to expand and redefine itself again in response to the demands of a changing social landscape.

In the United States, the American Psychological Association (APA) and state associations have been advocating for prescriptive authority for psychologists for some time. The official position of the APA is to support the attempts of individual state associations to gain prescribing rights. However, it may be instructive to examine the experience of our colleagues to the south to see just how high the prescriptive privileges wall might be to climb. Since 1995, a variety of US state legislatures have reviewed no fewer than 170 proposed bills that would have granted prescribing privileges to psychologists. The bills have generally had as their stated purpose to address the increasing gap in mental health needs left by dwindling numbers of psychiatrists. However, New Mexico and Louisiana are the only states to have enacted laws granting prescriptive privileges to psychologists. In two other states, Oregon and Hawaii, the bills past the state legislature, only to be vetoed by the governor. Hawaiian Governor Linda Lingle, in fact, pointed to Canada’s lack of consensus among psychologists as one of her considerations in deciding to veto the bill.

In our country, there has not been to date the same driving force to persuade provincial governments to grant psychologists this privilege. However, a Task Force on Prescription Authority for psychologists was initially constituted by the Canadian Psychological Association in June 2007. The final report was published on November 6, 2013 (a link to that report is provided below.) In the report the Task Force argues that it is “too premature” at this time to make a specific recommendation regarding prescription privileges for Canadian psychologists. Instead, it advocates for “evolutionary steps in training standards toward enhanced psycho-pharmacological training and collaborative roles for psychologist practitioners.” The Task Force suggests that pursuing “prescriptive authority should not be precluded as a future step, but neither should it currently be the primary goal and focus of professional advocacy.” In Canada, we remain largely undecided as a profession on whether this is a direction in which our field should move.

In order to assist you in your consideration of this important issue, please see below several citations to relevant articles and documents.

The APNS Annual General Meeting was held in conjunction with the workshop Couples Therapy: Creating Connection Through Emotionally Focused Therapy. The workshop attracted an enthusiastic large audience and was held in the Student Union Building at Dalhousie University with the AGM held at noon hour on the same day. The AGM attracted about 25 people who heard reports from President Marc Blumberg and Treasurer Joanne Mills. Gordon Butler presented the report on the annual financial review and Victor Day reported on the Elections Committee activities to elect the new Executive members. New to the Executive is Julia Holt (President-elect); Hilary Kitchener, Executive Secretary; Robert McInerney Member at Large; Stephanie Allen (Student Representative).

Myles Genest was invited to report recent activities of CRHSP. A discussion ensued about revision to regulation surrounding GST/HST which resulted in co-operating with CRHSP on this issue.

In addition to the regular business meeting, APNS presented the Brian Dufton and the Gerald Gordon Awards.

The Gerald Gordon Memorial Prize was established in 1987 to recognize the considerable contribution that Dr. Gerald Gordon made to APNS as well as to the creation of the Nova Scotia Board of Examiners in Psychology. This award reflects his belief in the importance of encouraging promising students to consider a career in psychology. The recipient receives a $250.00 award toward books in the student’s area of interest, as well as a one-year student membership to APNS. The Gerald Gordon Prize was awarded to Karisa Parkington of Dalhousie University. Karisa attended the event with her supervisor Dr. Sophie Jacques and accepted the award from Joanne Mills.

The Brian Dufton Memorial Prize was established in 2006 to recognize the contribution made by Dr. Brian Dufton. Among his many accomplishments as a clinician, author/reviewer and instructor, Dr. Dufton’s sense of humor, love of music and spirituality touched many. The recipient of the award receives $500.00 to help support the student’s education, as well as a one-year membership to APNS. The Brian Dufton Graduate Prize was presented to two Dalhousie students, Janine Olthuis who attended with her supervisor Dr. Christine Chambers and Katherine Birnie who was nominated by Dr. Margo Watt.

APNS FELLOWS 2013

This year APNS also honoured Debra Garland by designating her as a Fellow of the Association. Debra was presented with a plaque by Susan Marsh who described her contributions to APNS. The Fellow designation is a recognition of long term service and outstanding contributions to APNS. Debra is a prime example of this. She has been a member of APNS since her student years and began participating in APNS committees fairly early in her career. She had served successive terms over several years on the Executive in the roles of Member-at-Large, Secretary, President Elect, President, Past President and then moved on to serve as Editor of the Nova Scotia Psychologist and continues to give of her time on the committee which select the Student Award winners.

********************************************

Thanks to all the universities and professors who participated in the Dufton and Gordon Awards.

Thanks to Louise Stringer-Warren, Debra Garland and Joanne Mills who reviewed the nominees.

********************************************

Total revenue for the 2012-13 fiscal year equalled $118,486.33, a decrease of $5,813.67 from the amount budgeted due primarily to less income for the Continuing Education workshops with the cancellation of one workshop and low attendance of another. Revenue for 2013-2014 is projected at $128,125.00.

Key revenue producers for 2012-13 included: Membership Fees ($81,318.80), the APNS Private Practice Directory ($18,535.00 and CE Workshops ($16,425.00). During the 2012-13 fiscal year the APNS experienced an increase in Membership Revenue ($9,248.80) due to a membership fee increase as voted on by members at the last AGM. Two Toronto Dominion (TD) guaranteed investment certificates (GICs) and one Internationale Nederlanden Group (ING) Business Savings account that total $82,790.03.

Total expenses for the 2012-13 fiscal year equalled $100,310.70, a decrease of $3,637.91 despite an increase in rent. This is due primarily to reduced publication costs due to the stopping of printing and mailing out the APNS newsletter (sent electronically now). Expenses for the 2013-14 are projected at $128,125.00. The cost of CE Workshops ($10,278.57) decreased by $4,242.25 from the previous year due to a cancelled workshop. Advertising expenses for Psychology month ($3,275.20) decreased by $3,046.35 due to not participating in radios ads as we had done the year before. In October, $10,000 was transferred from the ING account into an additional TD Bank GIC. Based on the year’s surplus, the Executive is in the process of investing in another TD Bank GIC in the amount of $10,000.

The anticipated closure of the Roy building and resulting move to a new office location in the Professional Building on Spring Garden Road resulted in a rental increase but this did not occur until February 2013, resulting in a less significant impact that we had expected, even with the expenses for moving added ($2004.07, rather than the ($7000.00). The projected rent for 2013-2014 is higher at $11,000 and this was voted upon and agreed to by the membership at the 2012 AGM. Also interesting to note is the projected expense of $6,500.00 for 2013-14 under Staffing, and the projected revenue under Grants of $3,000. This is to allow APNS to apply for a provincial government hiring grant, providing the office with a 12 week Public Relations student to assist with advocacy, public relations, and promotional materials for APNS.

Respectfully submitted by

Joanne Mills, Psychologist Treasurer, APNS
### ANNUAL FINANCIALS AND BUDGET

#### EXPENSES

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<tr>
<th>Category</th>
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Continued on page 5
Reports

ANNUAL FINANCIALS AND BUDGET (continued from page 5)

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2012–2013 AUDITORS REPORT

We examined the records of receipts and expenses for the Association of Psychologists of Nova Scotia for the period April 1, 2012 to March 31, 2013 for completeness. We found that all the necessary documentation was available.

We had access to the monthly ledger statements, bank statements, investment details, copies of cheques, receipts, documentation outlining rent charges, details of automatic bank payments (e.g., monthly payments to Eastlink) and details of payments to CRA for staff EI, CPP and Income Tax. We also had access to the actual expenses by Budget line item for both 2012 and 2013.

We then randomly selected 4 months (May, July, and November 2012, and March, 2013) for detailed examination:
- We checked that monthly cheque and credit card deposits were correctly accounted for in the monthly bank statements and that the deposits were correctly entered into the appropriate categories in the accounts ledger.
- We checked that payments had appropriate receipts or other documentation and were correctly entered into the appropriate categories in the accounts ledger.

Generally, we found that the accounts were in order and payments and receipts were well documented. We found the clarifying notes written by Susan Marsh, Executive Director, about many of the transactions to be very helpful and made our work as auditors easier.

We examined all payments for appropriateness to the activities of the Association, and were satisfied that the expenses were in keeping with Association business. However, several instances where noted where payment procedures and documentation practices should be changed in order to make transactions more transparent.
CO-OP STUDENT TERM: GABRIELLE MARTIN

APNS applied and was successful in getting a grant to hire a Co-op Public Relations student from Mount Saint Vincent University for the Fall term. Gabrielle Martin has been hired as an Advocacy Co-ordinator.

I am coming to the APNS completing my fourth year in the bachelor of public relations program at Mount Saint Vincent University and am very excited to be a new member of the APNS team as an advocacy and outreach coordinator. I will be here until mid-December to complete my third and final co-op as part of the BPR program at MSVU. Although I do not have an extensive background in the psychology field, I am really looking forward to learning more about the role and importance psychology and mental health plays in our province and making the most contribution I can.

Not long after graduating high school in 2009, a friend of mine began to tell me about an amazing program at MSVU called the “PR program.” Always having a strength in writing and being excellent with the people, I realized this PR program was where I needed to be. It is three years later and I am happy to have learned so much, not only from my professors but also as my fellow students at the Mount. I have also have been fortunate enough to gain professional PR experience through my past co-op terms both here in Halifax and in Paris, France.

These next few months will conclude my third and final co-op until my graduation in the fall of 2014, however this particular experience at the APNS is one I anticipate to be one of the more valuable. Having never worked in a non-profit organization before, I know I will be learning a lot of new things, but I will also have a lot of great opportunity. I will be able to contribute as much insight as I can towards the current initiatives and activities the APNS is involved with but also have the chance to put forth my own perspectives and ideas to create new ones. I am sure the term will fly by very quickly, but I am confident it will be filled with new experiences and a handful of skills that will serve me well in the future.

During my term I hope I have the opportunity to meet some of you.

2012-2013 AUDITORS REPORT (continued from page 6)

and to clarify accountability. Recommendations for these changes have been passed on to the Executive Director and the Executive in an Addendum to this Report.

With respect to overall financial planning, it is noted that the APNS has enjoyed financial surpluses for several years and that this has allowed the Association to build an emergency reserve. It is recommended that the Executive continue to engage in a strategic planning process to ensure that surpluses continue to be used in an appropriate manner. In addition, given the current size of the APNS budget, it is time for the Executive to consider if some level of professional audit process would be appropriate.

Respectfully Submitted

Gordon Butler, PhD
James Peake
CONTINUING EDUCATION WORKSHOPS

Committee Members:
Eileen Donahoe, Adam Grady, Hillary Stephenson, Giselle Ellefsen, Kelli Moriarty, Heather Power, Carol Shirley (Acting Chair).

From a implementation perspective one of the most challenging aspects of presenting workshops is to find the right venue, as there seems to be fewer and fewer inexpensive venues available. This year we will be using a hotel as a venue for our Acceptance and Commitment workshop with Dr. John Forsyth. Another challenge for CE to provide workshops outside of Halifax. With a large percentage of our membership in Halifax we are hesitant to offer one-day workshops outside the city. We do offer a Workshop by Request whereby you may request to have a workshop in your area if you can get enough people interested. Our recent Omnibus workshop included three information/discussion sessions on Private Practice 101, Managing Files and PHIA and was very well-received. We encourage you to suggest more of these kinds of workshop by e-mailing apns@apns.ca

For 2014 we are looking at presenting various Assessment-related workshops. If you have suggestion or ideas relating to this please let us know by e-mailing apns@apns.ca

2013
September 27th 9-4 pm
Management of Cancer-Related Distress in Adults
Presenter: Janice Howes, Ph.D.

November 8 & 9th 2013 (1.5 days)
Acceptance & Commitment Therapy
Presenter: John P. Forsyth, Ph.D.

2014
• Pharmacology and Psychologists: Overview and Current Issues (half-day)
• Assessments: Various Tools
  Watch for more information

May 2014 Halifax, date and venue t.b.a.
Chronic Insomnia, Dr. Charles Morin

November 2015
APNS 50th Anniversary Conference
• Keynote speaker on the future of Psychology in Canada
• Speakers from far and near
• Poster presentations
• Self-care opportunities
• and more
If you are interested in providing input for content and speakers, or getting involved in planning this conference, please contact apns@apns.ca

Call for Participation
Recently some of our members have reported increasing problems in dealing with various insurance companies. This may be related to tightening of rules limiting what services will be covered.
APNS wants to hear from you about your experiences – bad or good – in dealings with insurers.

Please note that we will merge your comments with others’ so as to maintain your anonymity. E-mail: apns@apns.ca

Member Survey
If you haven’t already completed our on-line survey please consider doing so now. Your opinion is important

Please select the link below to begin the survey:

APA Develops Guidelines for the Practice of Telepsychology ~ Pat O’Neill, Nova Scotia representative to APA Council

Increased use and speed of the internet and its various components, such as a variety of social media, have prompted Psychologists to do some of their work on it. In turn, professional associations have been crafting guidelines to help psychologists with problems that may arise when working in cyberspace.

In August, at its meeting in Honolulu, the Council of the American Psychological Association approved guidelines for the practice of Telepsychology. The guidelines were developed by the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB) and the APA Insurance Trust (APAIT). These entities provided input, expertise and guidance to the Task Force on many aspects of the profession, including those related to its ethical, regulatory and legal principles and practices.

Telepsychology is defined, for the purpose of the guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means. Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or may include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g. interactive videoconferencing, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person services (e.g., psycho-educational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing).

Different technologies may be used in various combinations and for different purposes during the provision of Telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service while email and text is used for non-direct services (e.g. scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Competence of the Psychologist

Guideline 1: Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.

Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance and client/patient preference. Research may not be available in the use of some specific technologies and clients/patients should be made aware of those telecommunication technologies that have no evidence of effectiveness. However this, in and of itself, may not be grounds to deny providing the service to the client/patient. Lack of current available evidence in a new area of practice does not necessarily indicate that a service is ineffective. Additionally, psychologists are encouraged to document their consideration of choices regarding the use of telecommunication technologies used in service delivery.

Standards of Care

Guideline 2: Psychologists make every effort to ensure that ethical and professional standards of care are met at the outset and throughout the duration of the telepsychology services they provide.

Psychologists are encouraged to assess carefully the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed intervention offered via telepsychology. Such assessment of the remote environment may include a discussion of the client’s/patient’s situation within the home or within an organizational context, the availability of emergency or technical personnel or supports, risk of distractions, potential for privacy continued on page 10
breaches or any other impediments that may impact the effective delivery of telepsychology services. Along this line, psychologists are encouraged to discuss fully with the clients/patients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress to maximize the impact of the service provided since the psychologist will not be able to control those factors remotely.

**Informed Consent**

Guideline 3: Psychologists make reasonable effort to obtain and document written informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.

Psychologists are cognizant of some of the inherent risks a given telecommunication technology may pose in both the equipment (hardware, software, other equipment components) and the processes used for providing telepsychology services. Some of these risks may include those associated with technological problems, and those service limitations that may arise because the continuity, availability and appropriateness of specific telepsychology services (e.g., testing, assessment and therapy) may be hindered as a result of those services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g., by not forwarding emails from the psychologist to others).

**Confidentiality of Data and Information**

Guideline 4: Psychologists who provide telepsychology services make reasonable effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any.

Psychologists are cognizant of the ethical and practical implications of proactively researching online personal information about their clients/patients. They carefully consider the advisability of discussing such research activities with their clients/patients and how information gained from such searches would be utilized and recorded; documenting this information may introduce risks to the boundaries of appropriate conduct for a psychologist. In addition, psychologists are encouraged to weigh the risks and benefits of dual relationships that may develop with their clients/patients, due to the use of telecommunication technologies, before engaging in such relationships.

Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and consider utilizing all available privacy settings to reduce these risks. They are also mindful of the possibility that any electronic communication can have a high risk of public discovery. They therefore mitigate such risks by following the appropriate laws, regulations and ethics code to avoid disclosing confidential data or information related to clients/patients.

**Security & Transmission of Data & Information**

Guideline 5: Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

Psychologists strive to ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems. Along this line, they may encrypt confidential client/patient data for storage or transmission, and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information. If there is a breach of unencrypted electronically communicated or maintained data, psychologists are urged to notify their clients/patients and other appropriate individuals/organizations as soon as possible. In addition, they are encouraged to make their best efforts to ensure that electronic data and information remain accessible despite problems with hardware, software and/or storage devices by keeping a secure back-up version of such data.

continued on page 11
When documenting the security measures to protect client/patient data and information from unintended access or disclosure, psychologists are encouraged to clearly address what types of telecommunication technologies are used (e.g., email, telephone, video teleconferencing, text).

Disposition of Data and Information and Technologies

**Guideline 6:** Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Psychologists are encouraged to develop policies and procedures for the destruction of data and information related to clients/patients. They also strive to securely dispose of software and hardware used in the provision of telepsychology services in a manner that insures that the confidentiality and security of any patient/client information is not compromised. When doing so, psychologists carefully clean all the data and images in the storage media before re-use or disposal consistent with federal, provincial, territorial, and other organizational regulations.

Testing and Assessment

**Guideline 7:** Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies. They are encouraged to consider if modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, access to a cell phone, the Internet or other persons during an assessment could interfere with the reliability or validity of the instrument or administration. Further, if the individual being assessed receives coaching or such information as potential responses or the scoring and interpretation of specific assessment instruments because they are available on the Internet, the test results may be compromised. Psychologists are also encouraged to consider other possible forms of distraction which could affect performance during an assessment and which may not be obvious or visible (e.g., sight, sound, and smell) when utilizing telecommunication technologies. Psychologists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing telepsychology and make appropriate arrangements to address those concerns (e.g., language or cultural issues; cognitive, physical or sensory skills or impairments; or age may impact assessment). In addition, psychologists may consider the use of a trained assistant (e.g., proctor) to be on premise at the remote location in an effort to help verify the identity of the client/patient, provide needed on-site support to administer certain tests or subtests, and protect the security of the psychological testing and/or assessment process.

When administering psychological tests and other assessment procedures when providing telepsychology services, psychologists are encouraged to consider the quality of those technologies that are being used and the hardware requirements that are needed in order to conduct the specific psychological test or assessment approach. They also strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it is administered in-person.

Interjurisdictional Practice

**Guideline 8:** Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

At the present time, there are a number of jurisdictions without specific laws that govern the provision of psychological services utilizing telecommunication technologies. When providing telepsychology services in these jurisdictions, psychologists are encouraged to be aware of any opinion or declaratory statement issued
In 2011, the Board invested in developing a new database for the organization. Registrants were asked to describe their professional practice by completing the Psychological Practice Profile as part of the renewal of registration process. This enabled the Board to maintain detailed information regarding work settings, areas of practice, the types of services being provided and the populations being served. Each year, at time of renewal, registrants have the opportunity to review the information that they submitted previously and to update their profile, if their practice has changed. Information from new applicants is added to the database as these are approved by the Board.

An article published in the Fall 2012 issue of the Nova Scotia Psychologist provided a breakdown of the settings in which psychologists work in Nova Scotia and a description of their areas of practice. This follow-up article provides a description of the range of services that they provide and the populations being served.

There are currently 514 NSBEP registrants working in Nova Scotia. Of those 435 (84.6%) are working full-time, 92 (17.8%) are working part-time, and 13 (2.5%) report that they are not currently working.

Registrants can indicate that they provide a variety of services in their practice. Consistent with surveys that have been published previously in Canada, the vast majority of psychologists practicing in Nova Scotia indicate that their work includes the provision of Intervention/Treatment (99.6%) and Assessment/Evaluation (99.4%) services. While these percentages may seem high, these are broad terms that capture a range of services. For instance, an intervention may occur with an individual or a family; it may also occur with a community or an organization.

Psychologists who primarily provide Treatment or Intervention services generally view their initial contacts as including an “Assessment” component. Similarly, psychologists who are primarily involved in providing Assessment services, typically view their efforts to assist their clients to understand the results of the assessment or to consider the implications of the recommendations as “Interventions”.

A large number of Nova Scotia psychologists (82.7%) report that their practice, at least in part, includes Consultation services. Such consultation may occur with other psychologists, other health providers, lawyers, businesses or organizations, etc. Fewer psychologists report that at least part of their work involves conducting Formal Research (27.8%) or being involved in Academic activities (21.4%).

Increasingly, psychologists are being asked to take-on an administrative role in their workplace. A substantial number of psychologists (27.7%) indicate that Administration is at least part of the services that they provide.

The NSBEP database also allows the Board to identify the extent to which registrants are providing services to the various age-groups of Nova Scotia. The majority of psychologists in Nova Scotia report that their practice includes work with adults (80.1%), while a fewer number describe their practice as involving work with adolescents (72.4%) or children (57.5%). Fewer still indicate that at least part of their practice includes work with infants (10.1%) or the elderly (22.6%).

Psychologists do not only work with individuals. Many psychologists report that their practice, in part, involves working with couples (29.9%) or families (47.4%). Somewhat fewer indicate that a portion of their practice includes working with organizations (22.2%).

It is not unusual for regulatory bodies to be asked to provide statistical information about areas of practice, the types of services being provided and to whom. Such requests can come from various organizations such as the Canadian Psychological Association, the Association of State and Provincial Psychology Boards, the Canadian Institute for Health Information, etc. The NSBEP database makes it much easier to respond efficiently to such requests.

I hope this information provides a useful snapshot of the practice of psychology in Nova Scotia.

Allan R. Wilson, Ph.D., Registrar
Acknowledgements

IN MEMORY OF LORI SECOULER-BEUADRY - by Chimène Jewer, R.Psych.

It is with profound sorrow that we announce the passing of Lori Secouler-Beaudry, Ph.D., Registered Psychologist, 70, of Chéticamp, Cape Breton, Nova Scotia. Lori passed away on the afternoon of June 18, 2013 at the Sacred Heart Community Health Centre in Chéticamp after a brief battle with metastatic cervical cancer.

Born on November 7, 1942 and originally from Philadelphia, Lori was the daughter of Solomon Musican and the late Betty (Getz) Finkelstein and second cousin to legendary saxophonist Stan Getz.

Lori received her Bachelor’s (cum laude) and Master’s degrees in Cultural Anthropology from Temple University and her Doctorate in Psychology from Union Institute in Cincinnati, Ohio. Lori fell in love with the Highlands of Cape Breton and husband, Roger Beaudry, during a visit to Nova Scotia in the late 1990s. She decided to leave her home in Philadelphia and settle in Nova Scotia with Roger, first in Halifax and later in Chéticamp.

Lori was an accomplished Psychologist; a practicing clinician and published author with articles in several publications and journals. Lori was also a well-loved and respected Psychology professor at Saint Mary’s University. She primarily taught courses in developmental psychology, including those in child development and aging. Lori taught with much energy and enthusiasm. She kept abreast of the latest developments and research findings and was eager to pass these insights along to her students. She also mentored and supervised students with love and encouragement.

Among her other professional activities, Lori acted as a Doctoral committee member for Union Institute, as Managing Director of a Geriatric Centre, and supervised NSBEP Candidates as well as Honours students at Saint Mary’s University.

In addition to her accomplishments in Psychology however, Lori was a Gulf Aquarium and Marine Station Cooperative (GAMS) board member and a talented and accomplished artist. She was an award-winning photographer and visual artist who sold her work abroad and was active in the local art communities. Lori was a unique and complex individual.

Although husband Roger struggled to adequately capture her, among other things, he described her as beautiful, bubbly, quick-witted, outspoken, oftentimes self-deprecating, generous, and nurturing. Lori leaves behind her grieving husband Roger, sons, Ian Anthony Secouler and Adam Craig Secouler, and her beagle-mix Pumpkin-Anne. Lori will also be fondly remembered and sorely missed by her students, supervisees, friends and colleagues in the Psychology community.

Lori’s ashes were scattered over the shoreline of Petit Étang beach, at the foot of her beloved Highlands of Cape Breton national park as part of a small ceremony attended by family, friends and colleagues on Saturday, July 13, 2013.

APA COUNCIL OF REPRESENTATIVES MEETING NOTES (continued from page 13)

by the relevant regulatory bodies and/or other practitioner licensing boards that may help inform them of the legal and regulatory requirements involved when delivering telepsychology services within those jurisdictions.

Conclusion
It is important to note, that it is not the intent of these guidelines to prescribe specific actions, but rather, to offer the best guidance available at present when incorporating telecommunication technologies in the provision of psychological services. Because technology and its applicability to the profession of psychology is a dynamic area with many changes likely ahead, these guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of psychologists or applicable laws and regulations that guide the profession and practice of psychology. It is hoped that the framework presented will guide psychologists as the field evolves.
### Acknowledgements

**Welcomes its Latest Members as of August 31, 2013**

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<td>Maria Glowacks B.A.</td>
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<td>Rebecca MacNevin, MASP</td>
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<td>Kristen Higgins B.Sc.</td>
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<td>Kathryn Birnie</td>
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We would like to thank the membership for supporting APNS in its efforts to promote the interests of Nova Scotia psychologists through advocacy, continuing education and the support of special interests in the field.

### Congratulations to the following who have recently become Registered Psychologists*

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<td>Briden Cohen, M.A.S.P.</td>
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<td>Debra Jellicoe, Psy.D.</td>
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<td>Sandra Reyno, Ph.D.</td>
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### Congratulations to the following who have recently become Candidates*

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*This information provided by NSBEP as of September 1, 2013
CONTINUING EDUCATION WORKSHOPS

Behavioural Activation Therapy: What You Need to Know A One-Day Workshop

September 27, 2013 - Dalhousie University Club

Presenter: Dr. Simon Sherry, winner of the CPA President’s New Research Award (2009) and winner of the international H. J. Eysenck Memorial Fund Award (2011), winner of the Nova Scotia Discovery Centre’s Emerging Professional of Distinction Award (2012) and Associate Professor of Psychology and Psychiatry at Dalhousie University.

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Dr. Myles Genest
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OPENING for a REGISTERED (OR CANDIDATE REGISTER) PSYCHOLOGIST

Due to a few of our psychologists decreasing their hours of work, Roth Associates in Psychology is looking for a Registered (or Candidate Register) Psychologist who is comfortable in working with individuals and couples (PhD preferred).

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This is a part-time position with the possibility to expand into a full-time position if the applicant so desires.

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Applicants must have Permanent Resident or Citizen status in Canada and hold current psychologist (including candidate registrant) registration in at least one Canadian jurisdiction.

Interested applicants are invited to send resume and cover letter to Dr. Nina Woulff at: nw@DrNina.ca

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2013-2014 Fall/Winter WORKSHOPS COMING TO NOVA SCOTIA

Helping Communities and Organizations with Issues of Crisis and Trauma

ANXIETY - Practical Intervention Strategies
Halifax: October 16
Participants of this workshop will explore the natural purpose of anxiety and how it can become ‘disordered’, including the link with panic, depression, trauma and other health concerns. The main focus of this training will be to learn practical and accessible strategies to assist both adults and children in reducing anxiety.

DEPRESSION - Practical Intervention Strategies
Halifax: October 17
This workshop introduces participants to a variety of effective strategies that can be used to help an individual who is struggling with depression make positive changes. Participants will learn practical strategies to help engage the depressed person on two levels; changing the negative relationship within oneself and changing interpersonal dynamics that perpetuate depression.

DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS™
Halifax: October 23
This workshop is designed to teach people to de-escalate potentially violent situations through assertiveness and interpersonal communication. The training will explore how anger and violence interplay, including opportunities for self-assessment of personal styles.

MINDFULNESS COUNSELLING STRATEGIES - Activating Compassion and Regulation
Sydney: November 13-14
This workshop is designed to teach participants how to facilitate the development of those skills with their clients, and develop their own capacity for using mindfulness-based strategies in their counseling work. The skills learned in this workshop are relevant and applicable for working with clients of all ages - from children to elders.

SELF-INJURY BEHAVIOUR IN YOUTH - Issues and Strategies
Halifax: November 25-26
This workshop will begin with a general overview to assist participants in understanding the experience and motivations of adolescents who intentionally injure themselves. The content will then focus on practical strategies for working with youth struggling with this complex issue.

DISORDERED EATING - From Image to Illness
November 27
Disordered eating can range from problematic tendencies such as excessive dieting to a mental health diagnosis such as anorexia or bulimia. Beginning with a general overview, this workshop will examine symptoms, contributing factors and the experience of living with an eating disorder. Participants will also explore practical strategies for supporting individuals struggling with disordered eating.

MOTIVATING CHANGE - Strategies for Approaching Resistance
Halifax: December 10-11
Drawing from the approaches of Motivational Interviewing, Positive Discipline and Internal Family Systems Model, this experiential workshop will equip helping professionals with an enhanced style and new strategies that will strengthen their relationships and maximize potential for motivating change.

UNDERSTANDING MENTAL ILLNESS
Halifax: December 12
This workshop is designed for managers, human resource professionals, social service providers and anyone seeking a better understanding of the complexities that surround mental illness. Participants will learn about common adult mental illnesses and their symptoms, causes and treatment.

DSM-5 - What’s New...What’s Different
Halifax: December 13 (9 am-12 pm)
With the release of the DSM-5 comes new diagnosis and changes to the way some mental illnesses are viewed. While not an exhaustive review, participants will learn about the more significant and controversial changes to the DSM. This workshop is intended for doctors, psychologists, social workers, senior clinicians and professionals working in the field of mental health.

TRAUMA
Halifax: February 13-14
The impact of trauma can be far-reaching and enduring. This workshop provides an overview of the way trauma impacts a person through the brain and nervous system and how it can result in longer term symptoms at physical, psychological and emotional levels. A framework is presented to inform helpers for assisting people to work toward regulating and resolving the impact of trauma. Key strategies and principles are explored that apply to a diverse range of impacts in children, adolescents and adults.

RESTORATIVE JUSTICE
February 28
This workshop provides a framework for incorporating restorative justice principles into your environment. The timeless philosophy of restorative justice invites people to look beyond a merely punitive view of justice and discipline, and instead emphasizes direct accountability, reparation, prevention, dialogue and, in some cases, renewed relationship.

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rdexter@planaheadevents-halifax.com  902-482-8641

www.canadiansleepsociety.ca

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Please contact the chair or APNS office for further information or to communicate changes to the list of committees & representatives.

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**Child & Adolescent Psychology Interest Group**

(CAP-I) is comprised of psychologists who work with children and adolescents and their families. Meetings are bi-monthly during the academic year to share information on topics of interest and to provide an opportunity to get to know our colleagues who work in a range of settings (schools, hospitals, universities, private practices, forensic settings, etc).

**Early Career Psychologist Group**

Chimene Jewer, Co-chair  
Julia Somody, Co-chair  
Various others

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various

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