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PRESIDENT'S REPORT



Debra Garland, APNS President

At the beginning of my year as President of APNS the term seemed long, however, I find myself coming to the end of the year pondering where the time went? It has been a busy year with discussions opening up about possible changes for the registration of psychologists in Nova Scotia, discussions with the Department of Health and the NSBEP regarding the proposed Health Services Act, collaboration with the NSBEP regarding a continuing competency model for psychologists, and the roll-out of the APNS Advocacy package. These initiatives are still in varying stages and are the result of the efforts of collaboration with APNS committees and/or the NSBEP, as well as the capable guidance of our Office Manager, Susan Marsh.

Included in this issue are remarks by Meredith Burns, Registrar for the NSBEP regarding proposed changes for the registration of psychologists in Nova Scotia. Now, more than ever, is a time for psychologists to become actively involved and express their concerns and opinions regarding these changes; both the NSBEP and APNS executive welcome hearing from registrants. Also within this issue is a call for psychologists to sit on an ad

hoc committee exploring the registration issue. This effects us all folks, so get involved; if committee work is not an option then contact the NSBEP or APNS executive, attend the AGM for APNS on May22nd – let us know your position so that we can best represent our members. Now more than ever is a time for psychologists to become involved and active in the changes occurring within and external our profession, that impact on the practice of psychology. Our advocacy packages are in distribution – now is the time to lobby for our profession. As we know, psychologists offer unique skills not necessarily available through other service providers; but as psychologists it is up to us to become active in our advocacy. There are many changes occurring in government health care which filter down to all professions.

For those members who missed the ethics workshop in February, I hope you had an opportunity to attend the April 17th one in Kentville with Dr. Elizabeth Pace our presenter /facilitator. As Liz stated “you can never be too ethical” and whether attended as a refresher, preparation for the EPPP, or for those of us who supervise, it hit the spot and generated lively discussion and reflection. We hope to make an ethics workshop a regular event on our continuing education schedule.

Reports

PRESIDENT'S REPORT continued from Page 1

As usual our CE committee chaired by Carolyn Humphreys, has been working hard to develop potential workshops and seminars; remember to forward ideas for future workshops to Susan Marsh, Office Manager. As well, the CE committee collaborated on the continuing competency plan proposed by the NSBEP which is due to take effect soon.

As mentioned in the previous newsletter the APNS executive passed a motion permitting undergraduate students to become student members of APNS, the AGM in May is an opportunity for the membership in general to indicate a position. This is an opportunity to encourage new psychology students to participate in an organization aimed at supporting and advocating for the profession and consider a career in the field. The executive is changing and it is with great appreciation we offer thanks to Bob Milks, Past President, Laurie Tracey, Treasurer, and Joann Doran, Secretary and welcome new executive members. As a long time member of APNS, I believe the benefits of membership have supported the time and effort I have

given APNS, and I am just as certain our departing executive members would agree.

I hope that spring is on its way; it's been a long winter, though busy. Finally, my year as President went surprisingly quickly, last spring the year loomed long and large. The role of President seems to me like that of a gardener, you tend what is already there and try to encourage new growth; sometimes it's difficult to discern whether the crop is good or a bed of weeds. But like any diligent gardener knows you must keep working and weeding as when you do the results can be amazing. It is a time of change; cutbacks in health care, education, service providers, for some employment, we need to ensure that our profession has a voice in the changes that occur. So to those of you who are thinking about joining a committee, list serv group, or perhaps considering running for an executive position please do!



APNS Workshop and AGM
Friday, May 22, 2008

§

CHC THEORY AND ITS APPLICATION TO COGNITIVE TESTING

presented by Dan Stephenson

Room 38, Bethune Building
South Park Street & University Avenue

§

The AGM will occur from noon to 1:15 pm during the workshop lunch break. We encourage all APNS members to join us for lunch while they attend the AGM
In addition to annual business matters the Student awards will be presented
Please remember to bring this newsletter with you as it contains all the reports for the meeting. See you there!

ANNUAL GENERAL MEETING MAY 23, 2008 MINUTES

Executive Present:

Bob Milks (President), Melissa McGonnell (Student Representative), Joann E. Doran (Secretary), Maureen Gorman (Past President), Debra Garland (President Elect), Laurie Tracey (Treasurer), Susan Marsh (Office Mgr).

Regrets: *Dean Perry, Member-at-Large; Lynn Ross, Auditor*

Membership Present:

Dr. Robin McGee, Dr. Eileen Donahue, Judie MacDougall, Pam Dixon, Heather Higgins, Donna Assh, Victor Day, Carolyn Humphreys, Carol Shirley, Valerie Grant, Kathy Hubley Carruthers, David Pilon, Jennifer Heindrick, Gordon Butler, Diane Birch, Lauren Marsh-Knickle, Kevin Rice, Joelle Caplan, Joanne Mills, Carol Hill, Sean Berrett, Pauline Faulkner, John Swaine, Brad Peters, Rilda van Feggelen, Nicole Vincent, Kristin Fossum, Brigitte Sabourin

1. Call to Order

Meeting called to order by Chair, Bob Milks,

2. Approval of Agenda

Approved with revisions: Fellow Award will be presented; Maureen will speak on CPAP and CRSSP
Motion: Vic Day; Second: Gordon Butler

3. Approval of Minutes AGM April 27, 2007

Approved ; Motion: Kevin Rice; Second: Carolyn Humphreys

4. Business Arising

4.1 Membership Statistics: 2007-2008 (May 23, 2008)

330 Full Members	20 Students
10 Retired/Inactive	3 In Absentia
4 Honorary	
Total Membership: 367 at May 23, 2008	

5.0 President's Report

For a complete report-refer to newsletter;
Bob "loved the experience" of being President, found it interesting. He stated that the profession is growing and evolving and he hopes during his term something was done to actively involve the membership in that growth. Topics or "issues" addressed during his term included the credentialing issue. Bob stated APNS is interested in hearing the voices of the membership; encouraged voicing concerns of service issues around the province. Another issue has been the Provincial initiative to encourage all regulatory bodies to

streamline and facilitate the registration of immigrants. Bob sees a role for the paternal organization to provide support and guidance.

Bob spoke about the outreach to psychologists all over the province; He encouraged going out and meeting each other.

6.0 Treasurers' Report

Laurie provided a Treasurer's Report and 2008-2009

Budget Highlights:

- On March 31, 2007 total liabilities and equities equalled \$75,255.62
- On March 31, 2008 total liabilities and equities equalled \$80,265.51
- This includes GIC and Term Deposit accounts that equal \$52,000

Motion to accept Treasurer's report: Gordon Butler;
Second: Rilda van Feggelen

7.0

Auditor's Report

Lynn Ross, Auditor, reported that APNS books are complete, well-organized. Lynn complemented Susan Marsh on her thoroughness. Lynn will be retiring as auditor and a request for a replacement has been posted on the website. Barry Gorman, a professor at SMU may be available; Call for suggestions

8.0 Committee Reports

Refer to newsletter. There were no questions regarding these reports.

Maureen Gorman noted Lynne will receive an acknowledgement of gratitude. Maureen Gorman reported the IWK will be sponsoring the CPA/APNS Hospitality Suite. Maureen "challenged" other entities to sponsor the suite. Maureen reported on CPAP- new body coming out of combined group of regulators across Canada. In January there was an official split between the two bodies. APNS is a member of CPAP. CPAP meets twice a year in or around the CPA meeting.

Projects ongoing: Ongoing advocacy. Working on coming up with themes to be used by all the provinces and will take on more specific issues: e.g. unqualified use of psychological tests.

Report by Maureen on CRRSPP- Retired category- solution voted down to raise the eligibility of

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Reports

ANNUAL GENERAL MEETING MAY 23, 2008 MINUTES continued from page 3

registration to PhD level. Maureen reported actually it is looking at ending the “grandfathering” of Master’s level psychologists.

Motion to accept all committee reports-Pam Dixon- seconded by Robin McGee

9.0 Election of Officers

Victor Day reported on the results of the elections.

New Member at Large: Dean Perry

President Elect: Dr. Robin McGee by acclamation

Elections committee appointed:

- Bob Milks-Past President

Asked to serve again and accepted:

- David Mensink
- Vic Day
- Louise Stringer-Warren

Motion to accept nominations: Kevin Rice; Second: Pam Dixon.

10.0 Awards

10.1 Fellow Award: Maureen presented Dr. Carolyn Humphreys with the Fellow Award

10.2 The Gerald Gordon Memorial Prize Melissa awarded the Gerald Gordon Prize (Undergrad) to Natasha Buchanan, Acadia University

10.3

The Brian Dufton Memorial Prize: Valerie Grant was selected as the recipient of the Brian Dufton Prize (Graduate).

Maureen presented Bob Milks with Past President Pin

11.1 New Business

11.2 Appointment of Auditor. No Auditor appointed; search I s required.

11.3 Appointment of Electoral Officers for 2008-2009

Bob welcomes new President Debra Garland

Incoming President’s Address:

Debra said she has “big shoes to fill” with Bob as he has done a stellar job. She plans on continuing in the same spirit-hearing the concerns and voices of the membership-as an Executive, Debra assures we are listening and interested in concerns. Debra encourages everybody to be involved- reaching out enriches our organization. Areas of Foci:

- Proper use of psychological tests.
- Call to interested parties to contribute in educating the government and the public/ advocate for the profession/ networking important. As government makes policy important to keep in touch.
- Continuing Education Credits –important- APNS through workshops could generate income and pursue avenue to provide accreditation.
- Call for Volunteers Done

12.0 Adjournment

Motion for adjournment: Pam Dixon; Seconded:

Seconded: Lauren Marsh-Knickle

Member Statistics at April 15, 2009

325 Full Members 9 Retired/Inactive 4 Honorary	15 Students 3 In Absentia
Total Membership: 356	

PROPOSED CHANGES TO APNS CONSTITUTION

On May 22, 2009, at the APNS Annual General Meeting, the Executive will present two motions to make changes to the APNS Constitution. The relevant sections are excerpted below with the addition shown in bold:

1st proposed addition to APNS Constitution defining the term for the Student Member of the Executive:

Article IV – Officers

7. Student Members shall be entitled:

- b) to nominate for, vote for, and hold the office of Student Member, **for a term of two years or until a successor is appointed.** However, a Student Member may not vote at general meetings.

2nd proposed amendment (Amendment IX) to the APNS Constitution accepting undergraduate psychology students as APNS members:

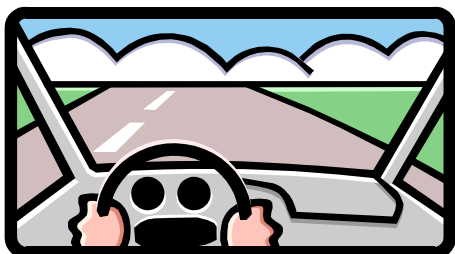
Article III – Membership

4. Student members shall be persons who are enrolled full-time in a graduate **or undergraduate** psychology program in an academic institution. **Undergraduate Student members are entitled to the same rights and privileges as graduate student members, except that they may not serve as Student Representative on the Executive Committee.**

Article IV – Officers

7. Student Members shall be entitled:

- a) to membership and voting privileges on standing and ad hoc committees (except as limited in Article V (1);)
- b) to nominate for, vote for, and hold the office of Student Member (except as limited in Article IV (7))
- c) a Student Member may not vote at general meetings.
- d) a Student Member who is an undergraduate may not hold the office of Student Member representative on the Executive Committee.**



Spring has finally come
and the APNS Executive is ready
to go on the road again.

If you would like to invite the Executive
to visit your area of the province to meet with
you and your colleagues contact APNS
and we will work with you to set up a meeting.

Reports

ELECTIONS COMMITTEE ANNUAL REPORT 2008-2009

Members : Victor Day (chair), Louise Stringer-Warren, David Mensink, Robert Milks

The Elections Committee is responsible for soliciting nominations for positions on the Executive as they become open, and for conducting elections. It is also responsible for soliciting nominations for the annual Fellow appointment, and passing such nominations on to the Executive for selection. The Board Nominations subcommittee of the Elections Committee is responsible for soliciting nominations of psychologists for appointment to the NSBEP as vacancies occur, and for passing such nominations on to the Executive with recommendations. Currently all members of the Elections Committee are members of the Board Nominations subcommittee.

This year, four Executive positions become open, specifically for President-elect, Executive Secretary, Member at Large (Treasurer) and Student Representative. We obtained nominations for each of these positions, so that each of the following are acclaimed to these positions:

- Michael Ross President-elect
- Chimène Jewer Executive Secretary
- Lesley Hartman Member at Large (Treas)
- Sonya Stevens and Natasha Scott Student Representative (sharing this position)

The terms of two members of NSBEP expire on June 30th of this year (Lowell Blood and Alan Wilson). We called for and received nominations, and have recommended two psychologists to the Executive for appointment to the NSBEP. The Executive will be considering these recommendations.

The Executive will be announcing its appointment of any Fellow at the AGM.

Robert Milks has served actively on the committee ex-officio as Past-president for this past year. We thank him for his contribution, and look forward to Debra Garland joining us in the upcoming year.

Respectfully submitted,
Victor Day, Ph.D.

CANADIAN REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY

On January 17, 2009, the organization known as CRHSPP voted affirmatively to re-establish itself as described in the previous APNS newsletter report. Briefly, the re-structuring now gives CRHSPP three categories of membership; that is, Ordinary, Organization, and Registrant.

The By-Law change makes CRHSPP more autonomous from the associations and regulatory boards because voting privilege belongs only to those in the Ordinary category, which includes current directors, past directors (to 2006), and Past Presidents. Individual Registrants and representatives from the provincial psychology Organizations (formerly Corporate Members of CRHSPP) remain eligible to be voted in as Directors. Organizations essentially take on more of an advisory or liaison role for the CRHSPP Board.

The CRHSPP website appears not to be updated (as of April 9) to reflect this change but individual members or registrants should have received detailed information about it.

The APNS Executive was actually opposed to this change but it was passed by a majority vote of attendees. One other province voted against it and one province voted for it but indicated that it would resign at year's end from the CRHSPP organization. My understanding is that CRHSPP intends to focus on credentialing activities as well as to continue to promote psychological services and provide continuing education opportunities.

Respectfully submitted,
Maureen Gorman, APNS Representative

COUNCIL OF PROFESSIONAL ASSOCIATIONS OF PSYCHOLOGISTS REPORT

CPAP held its meeting on January 17th-18th in Ottawa, once again convening the representatives from the provincial and territorial associations, and from CPA. APNS Executive Member-at-Large, Dean Perry also attended, in part to broaden APNS members' exposure to advocacy work across the country. The still "new" CPAP successfully covered an ambitious agenda. It approved the 2009 Budget and approved the concept of developing a Practice Directorate, with CPA and the executive of CPAP jointly at the helm, so to speak. The Psychology Month Advocacy project proposed by K. Cohen and J. Frain, *Psychology Access Day*, was endorsed as worthwhile but not necessary something all associations would promote. The day long workshop conducted by PR Post (public relations/media training consultants) help us examine the various *Key Issues* the associations had already identified, with the view to establish a "brand message" that would have national relevance and appeal. We also experienced some training in conducting media interviews (e.g., the finesse of taking charge of the interview, getting your message out in first third of the interview, awareness of body language and stance). A presentation by Rowlands Insurance Company representative finished off the meeting (i.e., no increase anticipated for this year).

The 2009 Budget indicates that CPAP remains flush with sufficient funds (just) to meet travel and meeting expenses and the advocacy activities described in this report. The details of the structure and functioning of the Practice Directorate has been covered in the CPA *Synopsis* and to some extent in the last CPAP report. The key concept is that a Practice Directorate would provide the infrastructure support needed by CPAP because our analysis is that it cannot afford both the infrastructure (headquarters and staff, e.g.) and costs of maintaining even its current level of functioning (e.g., coordinating advocacy projects as well as provide for national meetings). All associations were in favour of supporting the Practice Directorate, which had been passed in principle earlier by the CPA Board. Both CPA and CPAP recognize that they "need each other to work together to forward the work of its national perspective psychology advocacy agenda" (J. Frain, CPAP Chair). CPAP recognized its continuing need to inform each other about provincial activities that could impact other jurisdictions (e.g., the development of a college of psychotherapists in Ontario, changing entry

level credentials needed to practice, place of psychology within the provincial health care system). CPA will be asking members (likely) at the AGM during the CPA Conference in Montreal this June, to approve approximately a \$35.00 levy (i.e., those self-identified members who spend more than 51% of their time in professional practice), to become members of this Directorate. CPAP, in turn, will contribute its CAPP grant (approximately \$20,000 US\$) to the operation of the Practice Directorate, but with no other additional financial obligations put on the associations.

The advocacy project *Psychology Access Day*, stemmed from the identification of the key issues session during the Strategy workshop held at the June, 2008 meeting. A "national message around access and messaging of access" was determined then as a priority issue and helped shape the January agenda. The Access Day was intended to alert the media to the extent to which psychologists are concerned about the barriers people face when they require psychological care. Lack of funding for services was the barrier highlighted in this particular effort, and psychologists were asked to offer pro-bono services on a specific day and to register this action, on the CPA website, with results later released to the media. Although considered a good idea in principle, insufficient time to put into place in all provinces, and concerns about interpretation of the message (e.g., psychologists can afford to give their services for free) likely contributed to a weakly-received plan that may or may not be revived next year.

The "brand message" work around access to services, however, was more productive in that PR Post produced, after guiding a fairly lengthy process, a selection of slogans. (A "brand message" is what the *Psychology is for Everyone* message is you have likely seen on the Advocacy Month posters). I am uncertain what the final version of the choices will be; suffice to say, it will involve the ideas of change, positiveness, and seeing a psychologist.

This June, the meeting is on developing the structure for the Practice Directorate, continuing on with the Key Issues discussions (i.e., for advocacy) and I expect the brand message selection will occur.

Respectfully submitted by
By Maureen Gorman, Ph.D., R. Psych

APA STATE LEADERSHIP CONFERENCE REPORT

APNS participated at the American Psychological Association's State Leadership Conference (SLC) in March 2009 in Washington DC. In its 26th year, the SLC brings together the leadership of state and provincial psychological associations to advance professional psychology's collective agenda. The theme of this year's SLC was "With Challenge Comes Opportunity." Over 500 delegates from each of the states, the US territories, the six affiliated Canadian provincial associations and a number of APA practice Divisions participated in the four day conference. On the final day, American delegates met with their elected officials on Capital Hill to advocate for the legislative issues of concern to psychology (Medicare re-imburement, integrating mental health services within health care reform, etc). Dean Perry (Public Education Campaign Coordinator), Arla Day (Business of Practice Network Representative), Susan Marsh (APNS Office) and David Pilon (Federal Advocacy Coordinator) formed this year's APNS delegation to SLC.



The "challenge" reflected in this year's SLC relates to the economic crisis that the US and much of the world finds itself in. With \$3,300,000,000,000 (that is \$3.3 trillion!) in health care expenditures in the US annually, a crisis in the economy is a crisis to health care. Recalling that health insurance is a benefit provided (i.e., cost-shared) by employers, as unemployment numbers increase, so do the numbers of those uninsured. Given that 46,000,000 Americans are without health insurance and 58,000,000 experience a mental disorder each year, many believe that the US health care system is broken. President Obama's plans to reform health care are welcomed by APA and are seen as an absolute necessity by many. However, the economic crisis is expected to limit the scope of health reform, purely due to limited monetary resources.

Against this backdrop, much of the conference agenda involved identifying the "opportunities" by which psychology could contribute to health reform. Given the reality that the bulk of behavioral health care is delivered through the primary health system, and not typically by psychology, several sessions focused on

collaborative partnerships with primary care. With an increased need for accountability, there was consensus that outcomes measurement will become commonplace within health care. If services are not effective, then service providers will not be reimbursed. Not surprisingly, this topic generated significant discussion in terms of the need for validated measurement, definitions of quality, ethical concerns about ownership of outcomes data, psychological measurement versus insurance company mandated measurements, etc. As always, there was considerable focus on issues related to strengthening state and provincial psychological associations, issues involving licensure and mobility, updates on legislative concerns to APA, training to enhance advocacy efforts with elected officials and sessions related to the role of political giving.

APNS derives much benefit from the attendance and networking at the State Leadership Conference. With obvious national distinctions notwithstanding, many issues, trends and organizational challenges transcend the border contributing to productive dialogues among delegates. There were 25 Canadian delegates at SLC this year creating a meaningful forum to share Canadian advocacy ideas as well as provincial updates (including the intent to pursue prescription privileges for psychologists in Ontario and the establishment of several PsyD programs in Quebec).

The participation of APNS at SLC is one of the many benefits we derive from our affiliation with APA. For further information about the State Leadership Conference, please contact the APNS Advocacy Committee.

Reports from the **Dean Perry**, Public Education Coordinator and **Arla Day**, Business of Practice Network representative follow.

Public Education Coordinator (PEC) Meetings

The Public Education Campaign portion of the SLC allowed public education coordinators from Canada and the United States to meet and share ideas regarding the APA public education campaign. The new affiliation with YM/YWCAs of America was the highlight for the PEC portion. Dean Perry, Public Education Coordinator and Canadian Representative on the APA Public Education Guidance Council, was

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POST-TRAUMA SERVICES COMMITTEE ANNUAL REPORT 2008-2009

This year the Committee members renewed their contract with the Emergency Measures Organization (EMO) Nova Scotia. Under the new Deputy Head/Chief Executive Officer, Mr. Craig D. MacLaughlan, there has been some changes in its structure, procedures and protocol. Hence, before drafting a new Memorandum of Understanding (MOU) with EMO, Mr. MacLaughlan invited both Dr. Charles Hayes and Dr. Janice Howes to participate in their three-day EMO Emergency Mgt. Training, so that they would gain a better understanding of these changes. Charles and Janice were given a tour of EMO facilities, a history of EMO, and training; they both passed.

Following this training and information session, the Committee members started to revise the current *Handbook for Post-Disaster Volunteers*. The revision was completed in December and is in preparation for printing. The Committee started to revise the MOU with EMO, in order to reflect the new changes. This revision is ongoing. Dr. Hayes continued in his role as advisor to a government committee charged with planning for large scale disasters.

In June, CPA held its Annual Convention in Halifax. With this opportunity, the Committee approached CPA's Chair of Trauma Response. As a result, the APNS Post-Trauma Services Committee was allocated

a Discussion Session, which was attended by a dozen CPA participants.

In December/January, both Ms. Andrea Cook (Chair) and Ms. Pamela Dixon (long time member and previous Chair) submitted their resignations from the Committee, due to personal and work-related commitments. The remaining Committee members sincerely thanked both of them for their dedication and great assistance. As a result of Ms. Cook's resignation, the remaining Committee members voted for Mr. Gilles Chiasson as the new Chairperson, which he graciously accepted. Mr. Chiasson was a member of this Committee in the early 1990s for a number of years; he brings knowledge and experience from his 20 years with the RCMP Occupational Health as their Regional Psychologist for the Atlantic Region.

Projects for the upcoming year will include: additional meetings with EMO, the completion of the MOU revision, printing and distribution of both the Handbook and MOU, and an active recruitment campaign for new committee members.

Respectfully submitted by
Gilles Chiasson, M.Sc., C. Psych., M.P.A.
Chair, Post-trauma Services Committee

APA STATE LEADERSHIP CONFERENCE REPORT continued from page 8

able to brainstorm with colleagues on how public education at local Ys could be kicked off. The relationship with Canadian YM/YWCAs is yet to be clarified but it is expected that similar arrangements can be made in Canada.

Business of Practice Network (BOPN) & the Psychologically Health Workplace Initiatives: The SLC overlapped with the 1st APA Psychologically Healthy Workplace Conference, targeting organizations and practitioners who are interested in developing healthy workplaces. Both the 4th annual Psychologically Healthy Workplace Awards (which were announced at SLC) and the conference were great successes. At the conference, I highlighted some PHW

best practices from Canada (including practices from past Nova Scotia winners). Two Canadian organizations (Toronto Police Service and Manitoba Blue Cross) were awarded PHW Best Practices honours. The Canadian BOPN representatives have been very active over the past year: We have been meeting via conference calls, discussing strategy, and sharing information and best practices. We also met with the Assistant Executive Director of Corporate Relations and Business Strategy (David Ballard) during SLC to discuss several initiatives pertinent to Canadian psychologists.

Reports

APA COUNCIL REPORT

The American Psychological Association has passed a new set of guidelines for doing child custody evaluations in Family Law proceedings. The guidelines were approved at the February meeting of APA Council in Washington.

In forming an opinion for the benefit of the court, psychologists are encouraged to weigh and incorporate such overlapping factors as family dynamics and interactions, cultural and environmental variables, relevant challenges and aptitudes for all examined parties, and the child's education, physical, and psychological needs.

While psychologists maintain respect for, and understanding of, parents' practical and personal concerns, nevertheless such consideration are ultimately secondary to the welfare of the child.

Evaluations should focus on parenting attributes, the child's psychological needs, and the resulting fit. Comparatively little weight should be afforded to offering a general personality assessment without placing results in the appropriate context. "Useful contextual considerations may include the availability and use of effective treatment, the augmentation of parenting attributes through the efforts of supplemental caregivers, and other factors that could affect the potential impact of a clinical condition on parenting."

APA believes that courts will expect psychologists not merely to have clinical skills, but to demonstrate a level of expertise that reflects contextual insight and forensic integration. In addition to keep up with developments in the field of psychology, psychologists should also remain familiar with applicable legal and regulatory standards, including laws governing child custody adjudication in the relevant jurisdiction.

Psychologists doing work in this field need to remember that there may be no resolution that will completely satisfy every person involved. "In this contentious atmosphere, it is crucial that evaluators remains as free as possible of unwarranted bias or partiality."

On the floor of Council a change was made to substitute "impartial" for "objective" in the document.

For example, in the sentence "Psychologists render a valuable service when they provide competent, objective, and impartial opinions with direct relevance to the psychological best interest of the child", the word objective was removed. The rationale give for dropping "objective" was based on the opinions of forensic psychologists who told Council that this word can be used by lawyers to hammer psychologists' opinions and the assessment techniques on which those opinions were based. It is easier to show that the psychologist is "impartial" in giving opinions about family members than that the methods and opinions are "objective" – however much we hope they are. Another way to think about the difference is to recognize that subjective opinions (clinical judgment, perhaps) can be "impartial" with regard to the parents while keeping the child's interests in the foreground.

The guidelines require psychologists to engage in culturally informed, nondiscriminatory evaluation processes. Lack of cultural insight may interfere with data collection and interpretation. "When an examinee possesses a cultural, racial, or other background with which psychologists are unfamiliar, they should seek appropriate peer consultation and review relevant literature."

Psychologists are also encouraged to obtain appropriate informed consent honouring the legal rights and personal dignity of examinees and other individuals. They should use multiple methods of data gathering, thus enhancing the reliability and validity of their eventual conclusions, opinions, and recommendations. By the time you read this, the guidelines should be posted on the APA web site. (The new guidelines can be distinguished from the previous versions which referred to "Divorce Proceedings" rather than "Family Law" in the title). Go to:
http://www.apapractice.org/apo/in_the_news/revise_guidelines.html#

Torture Real, Torture Financial

As you know, there has been a fight within APA for at least three years concerning psychologists working at Guantanamo Bay detention centre, allegedly assisting with "enhanced interrogation" of prisoners. The

Continued on page 11

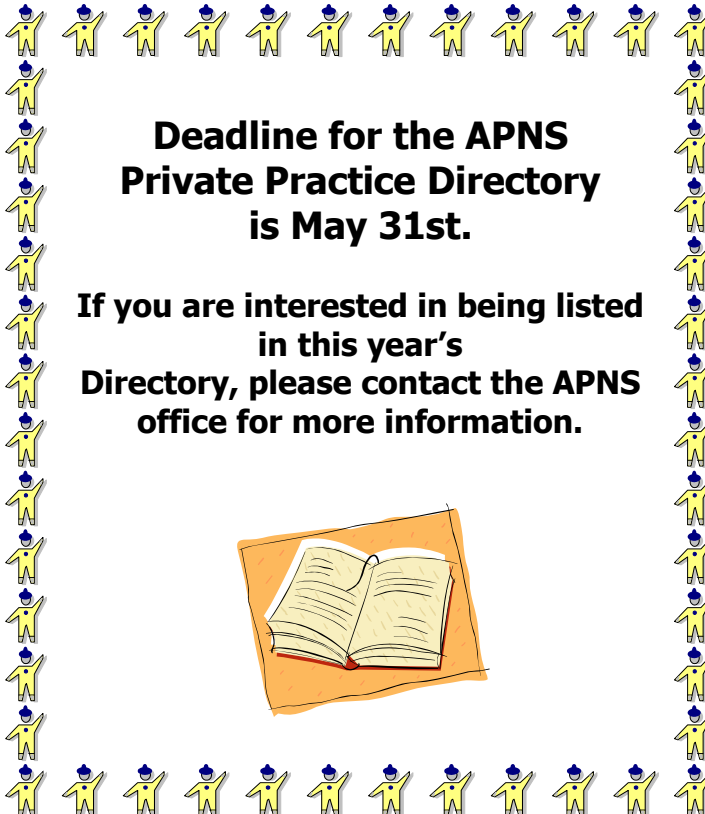
APA COUNCIL REPORT *continued from page 10*

reluctance of the powers-that-be at APA to deal with this issue was forcefully undercut by the membership last summer in a referendum. That vote was strongly in favour of banning psychologists from working at illegal detention centres (including "black ops" sites run by the CIA). The significance of the term "illegal detention centres" is to permit psychologists to work in legitimate correction facilities such as prisons.

Even though the referendum result dictated APA policy, the issue was still not put to rest. It was up to APA Council to decide how the will of the membership would be implemented. Further, Council was not obliged to accept the referendum result immediately, but could wait until next August – a year from the time of the referendum. At the meeting I just attended in February, Council voted overwhelmingly to accept the referendum result as policy immediately, and adopted a plan for putting the new policy into effect. As of that meeting, APA policy is that members not work at Guantanamo or other illegal detention centres.

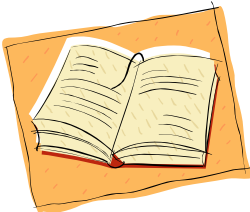
The other major issue before February Council was the financial crisis which has slammed the APA as it has so many other commercial and non-commercial organization. APA's investment portfolio was down 40% at the time of the meeting, and falling daily. Membership renewals were expected to fall as people tighten their personal money belts. To deal with the problem, APA cut more than \$10 million from its operations APA owns two buildings in Washington with lucrative leases bringing in \$3.5 million a year. The money from those buildings, plus the cuts approved by Council, are expected to give APA what was called a "nervous" (and narrow) surplus in the coming year.

Submitted by
Pat O'Neill, Ph.D.,
APNS Representative to APA Council



**Deadline for the APNS
Private Practice Directory
is May 31st.**

**If you are interested in being listed
in this year's
Directory, please contact the APNS
office for more information.**



CONTINUING EDUCATION COMMITTEE ANNUAL REPORT

This committee has had been involved in three related continuing education activities this year. First, we have maintained our focus on sourcing speakers who can provide training in areas of practice relevant to psychologists. Our topic areas come from suggestions from APNS members as well as our own research and review of current treatment approaches, diagnostic issues and practice issues. Not all topics turn into workshops and some may have a delay between our considering it and finding or confirming a presentation with a speaker. Over the past year we have explored the following as topics for workshops: bipolar disorder, health psychology, motivational interviewing, custody and access, divorce and separation, working with high conflict personalities, rural psychology, and the MMPI.

Another focus has been to develop ways for psychologists to benefit from local expertise and to provide more opportunities for professional support and networking. This is in its beginning stages. A recent very successful example of this has been the Ethics workshop facilitated by Dr. Elizabeth Pace. One workshop was in Halifax and one in Kentville. The workshop provided valuable learning, as well as an opportunity to meet other psychologists and hear about their practices and practice challenges. Many participants suggested that the Ethics focus become an ongoing series of workshops or meetings, and we will be exploring ways to make this happen. We hope to have other workshops on other topics that can provide this professional exchange of ideas and issues. It is an excellent way to learn what is happening in our province.

We have also been involved with the Continuing Competency Proposal developed by NSBEP. We reviewed the initial draft and gave written feed-back to NSBEP. In late January, members of the CE Committee met with the NSBEP members involved with the proposal. This meeting appeared to be productive in giving us all an opportunity to discuss the program proposal and to consider some of its implications. This Continuing Competency program will be implemented by NSBEP and a member of the APNS CE Committee will be sitting on the initial implementation committee.

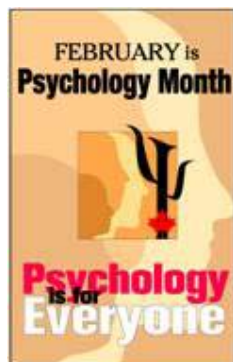
Our upcoming, confirmed workshops are **Bill Eddy** in October 2009, presenting on the *High Conflict Personality in Legal Disputes*, and **Gordon Asmundson** in May 2010, discussing *Health Anxiety*. We have provisional dates in September 2010 for **Rhonda Freeman** who will present her model for assessing the level of *conflict in divorced/separated families* and matching the appropriate interventions to the level of conflict. **Dr. Vicky Wolfe**, a local psychologist will also be presenting a workshop on cognitive-behavioural interventions in *trauma work with children and adolescents* tentatively planned for Fall 2009.

An ongoing puzzle is attendance at workshops. Susan Marsh had compiled data from the membership renewal forms regarding interest in certain topics. She had also obtained preliminary confirmations from members regarding workshops. This would seem to be helpful in estimating registration and attendance at workshops. However, it was not, as there was little correspondence between who indicated interest and who attended, as well as little correspondence between the numbers who indicated interest and the numbers who attended. Obviously we do not want to lose money on workshops. In fact, they are really the only way for APNS to earn revenue other than memberships and the Private Practice Directory. We would like to bring in some internationally reputed speakers, but cannot take any financial risks to do so. So, we will continue to look for ways to both accurately estimate and increase attendance at workshops. As always, if any of the members have any ideas, please pass them on to the Committee.

I would like to thank committee members Diane Birch, Chris Ellsworth, Heather Higgins, Eileen Donahoe and Carol Shirley for their continued enthusiasm and critical eyes and minds, and to Susan Marsh, who does so much to make these events happen.

Respectfully submitted,
Carolyn A Humphreys, PhD
Chair, Continuing Education Committee

PSYCHOLOGY MONTH 2009 WRAP-UP



This year's Psychology Month focused on several initiatives that have proven to be successful in the past and have value in achieving our goal of outreach beyond the profession of psychology. We also chose Psychology Month to kick-off our long-awaited Advocacy outreach to MLAs. [See page 14 for more information].

Chronicle Herald Spread

This is our 5th successive year for this advocacy activity. Each year we partner with NSBEP to produce a 2-page spread promoting the profession of psychology. NSBEP lists all Registered and Candidate Register psychologists. APNS provides information about the profession of psychology, usually highlighting a particular role that a psychologist plays in the community or an issue which is of importance both to the profession and to the public. In past years we have dealt with psychology in the schools and testing in schools and the workplace. This year, in light of the economic woes that are prominent in every newscast, we focused on how to cope with the anxiety and depression that such a economic situation may bring. If you missed the spread on Sunday, Feb. 22nd you can read the articles on our website. <http://www.apns.ca/> You can also download the full pdf of by visiting <http://www.apns.ca/Issues.html>

Media Room

APNS updated its website this year as part of its Psychology Month commitment to outreach to the public. The permanent Media Room page was created to provide a central place for information of relevance to the media and to enhance APNS' profile with media. In addition to past media releases and links, the page also includes a list of specialties which psychologist offer as well as a list of special topics for which we have psychologists speakers.

The Psychologically Healthy Workplace Awards were handled out on Feb. 5th at a reception at the Westin Hotel. The Psychologically Healthy Workplace program honours organizations that show a commitment to the psychological health and well-being of their employees, create a positive work environ-

ment, and demonstrate high organizational performance. APNS is a co-sponsor of this event with the CN Centre for Occupation Health & Safety and the American Psychological Association.

The Award Recipients were:

- **The College of Physicians and Surgeons of Nova Scotia** - recognized for Excellence in Developing a Psychologically Healthy Workplace. One of the site reviewers, Dr. David Mensink, noted how impressed he was by their many healthy practices, such as a health fund, flextime, and tuition reimbursement. "The atmosphere during the site visit was warm, engaging, and yet the employees were very busy and active in their work responsibilities. The overall impression is that this workplace displays a culture of excellence."
- **Staples Contact Centre (Lower Sackville)** - recognized for Excellence in Employee Involvement and Recognition. They have worked to improve communication, develop member surveys, and provide individual, group, and organization recognition awards. Debby Vincent, Senior Contact Center Manager is thrilled with the award. "To be recognized for our Excellence in Employee Involvement & Recognition is a wonderful way to end the year. Over the 10 years that we have been open, so many of our initiatives have been a result of the great ideas contributed by employees. We are proud of the commitment of our entire team to make Staples a Great Place to Work."
- **NB Power** - a Special Consideration Award was recognized for Excellence in Employee Health & Safety. NB Power's dedication to the physical and psychological well being of their employees is evident from the array of health and safety programs they offer, such as a fresh fruit program, integrated wellness services, a Healthy Workplace Plan, the HEAL program, and personal health profiles.

Ethics for Psychologists Workshop was the first of our Workshop by Request series where we respond to requests from the membership for workshops on special profession-related topics. In addition to the Halifax one in February we also held the same workshop in Kentville in April. Response to both workshops was very positive and we plan to hold Ethics workshop on a regular bases. We also plan to have more Workshops by Request, so keep your requests coming.

ADVOCACY COMMITTEE ANNUAL REPORT

“Hear Yea, Hear Yea”

After much effort and a few years of planning, The APNS Advocacy Committee has launched its Legislative Advocacy Project! As you may recall, the Advocacy Committee applied for funding from the Council of Provincial Associations of Psychologists (CPAP) to create an extensive information package about psychology and its many contributions. The funds helped to professionally produce the comprehensive material that was compiled and written



by members of the Committee. The end result is a truly impressive package that promotes the discipline of psychology in a very comprehensive manner. The package includes information about: the many roles of psychologists; psychology in Nova Scotia and Canada; health concerns of Nova Scotians; cost-effectiveness of psychological treatments; psychological research and its applications; primary, secondary and tertiary health care; mental health; psychology in schools; psychological testing; the Romanow Commission recommendations; psychology primers on depression, chronic pain, gambling, relationships, alcohol abuse, among others.

Beyond creating the information package, the next step was to send it to each of the elected members of the

Nova Scotia House of Legislative Assembly. We also identified a psychologist from 37 of the 52 electoral ridings in the province to follow up by contacting their MLA and offering to respond to any questions that the MLA might have about the package. [For a list of these volunteer Psychology Advocates and the MLAs with whom they are matched, please see page 15].

For most of the remaining ridings, there was not a psychologist residing there. We were delighted with the reception of our colleagues who enthusiastically agreed to be riding contacts with their MLAs. Beyond responding to any of MLA questions, we are hoping that a contact with a psychologist in the riding will lead to a bit of a personal relationship where the psychologist may become a resource to the MLA should legislation come before the House that may have relevance to psychology. Informing our elected officials about the scope and utility of psychological knowledge informs their legislative work. All Nova Scotians benefit from that! The information package even contained “Stress Tips for MLAs”!

We anticipate that the information package can be utilized in a variety of initiatives in which we hope to inform about and promote Psychology. The package can easily be updated as needed.

Those involved in the creation of the package included Murray Schwartz, Lynne Robinson, Joanne Gusella, Eileen Donahoe and David Pilon. We gratefully acknowledge the financial support of CPAP. And special thanks to Susan Marsh from APNS who kept this project on task from its early days until its completion. It could not have been realized without her talents and effort. Thank you Susan!!

Respectfully submitted,
David J. Pilon, PhD
Chair, APNS Advocacy Committee

LEGISLATIVE ADVOCACY PROJECT VOLUNTEERS

Our primary goal for the Advocacy package was to get it in the hands of the MLAs and their staff in order to raise awareness about the role and value of psychologists. The challenge was to ensure the package contained as much relevant information as possible, but was organized and packaged in such a way that specific information could be sourced quickly, without requiring a “long read”.

By linking MLAs with our PLAs (Provincial Legislative Advocates) we hoped to achieve specific objectives:

1. ensure the MLA received the package;
2. ensure the MLA had at least some sense of what it contained;
3. encourage the MLA (and their staff) to use the package in an on-going way to keep informed;
4. encourage the MLA (and their staff) to recognize the name of the Advocate and see them as an important source of information;
5. encourage the MLA (and their staff) to seek out the Advocate when more information was required on an issue; and
6. encourage the establishment of a “relationship” to facilitate two-way communication between the psychologist, and the MLA and their staff.

To help us evaluate the success of this project, we sent each volunteer a worksheet to keep track of their contact results and an evaluation form with which they could provide us with feedback on how the package supported their efforts, including content, appearance and usability. We hope to do continued follow-up with our PLAs and MLAs to ensure the continued success of this project on a long-term basis.

Although not all evaluations forms are in yet, initial reviewing of those received provide very positive comments on the package with a few very good suggestions for the future. Several psychologists have made contact with their MLA. Although results varied, several have been able to speak with the MLA or an assistant. For example, we have received a letter from the Hon. Jamie Muir confirming that he received a call from our Advocate and thanking us for the package.

We were not able to find resident volunteers for every riding in the province. However each of those MLAs did receive a letter and package and we are following up with each to ensure they are not overlooked.

This Project cannot succeed without the commitment of our volunteers. Here is a list of those volunteers and their contact MLAs:

<u>Psychology Advocate</u>	<u>MLA</u>
<i>Andrew Anthony</i>	<i>Leo Glavine</i>
<i>Lowell Blood</i>	<i>Maureen MacDonald</i>
<i>Francine Burke</i>	<i>David Wilson</i>
<i>Meredith Burns</i>	<i>Ron Chisholm</i>
<i>Toni Campagnoni</i>	<i>Vicki Conrad</i>
<i>Joelle Caplan</i>	<i>David Morse</i>
<i>Pamela Chenhall</i>	<i>Ernie Fage</i>
<i>Victor Day</i>	<i>Diana Whalen</i>
<i>Eileen Donahoe</i>	<i>Mark Parent</i>
<i>Paul Freeman</i>	<i>Becky Kent</i>
<i>John Gainer</i>	<i>Manning MacDonald</i>
<i>Myles Genest</i>	<i>Leonard Preyra</i>
<i>Shelley Goodwin</i>	<i>Richard Hurlburt</i>
<i>Susan Hartley</i>	<i>Pat Dunn</i>
<i>Todd Hill</i>	<i>Trevor Zinck</i>
<i>Julia Holt</i>	<i>John MacDonnell</i>
<i>Connie Johnson</i>	<i>Clarrie MacKinnon</i>
<i>Kelly Joudrie</i>	<i>Charlie Parker</i>
<i>Reg Landry</i>	<i>Keith Bain</i>
<i>Richard MacGillivray</i>	<i>Darrell Dexter</i>
<i>David Mensink</i>	<i>Howard Epstein</i>
<i>Shirley Munk</i>	<i>Graham Steele</i>
<i>Lisa Norwood Smith</i>	<i>Judy Streach</i>
<i>William O'Leary</i>	<i>Keith Colwell</i>
<i>Dean Perry</i>	<i>Angus MacIsaac</i>
<i>Brad Peters</i>	<i>Bill Estabrooks</i>
<i>David Pilon</i>	<i>Barry Barnett</i>
<i>Mark Pottier</i>	<i>Chris D'Entremont</i>
<i>Mark Russell</i>	<i>Michele Raymond</i>
<i>Lori Secouler-Beaudry</i>	<i>Rodney MacDonald</i>
<i>Andrew Starzomski</i>	<i>Len Goucher</i>
<i>Pamela Swainson</i>	<i>Karen Casey</i>
<i>Tara Szuszkiewicz</i>	<i>Stephen McNeil</i>
<i>Tracy Taggart</i>	<i>Joan Massey</i>
<i>Stephanie Tompkins</i>	<i>Carolyn Bolivar-Geston</i>
<i>Richard Zehr</i>	<i>Percy Paris</i>
<i>Beverly Zinck</i>	<i>Jamie Muir</i>

Child and Adolescent Psychology Interest Group (CAP-I) ~ Penny Corkum, Ph.D.

The APNS Child and Adolescent Psychology Interest Group (CAP-I) is comprised of psychologists who work with children and adolescents and their families. We meet bi-monthly during the academic year to share information on topics of interest to the group and to provide an opportunity to get to know our colleagues who work in a range of settings (schools, hospitals, universities, private practices, forensics, etc). Our next meeting is May 30 during which **Dr. Elizabeth Church** will present on **Children and Adolescents in Divorced Families and Stepfamilies**. The meeting will be held at Room 430 in Seton at MSVU from 10:30-12:00. If you are interested in attending, we ask that you bring along some food to share with the group for our potluck brunch as well as a beverage for yourself. Reported below is a brief summary of the last three meetings:

Assessment and Treatment of Sleep Problems in School-Aged Children (Nov. 2008)

Dr. Penny Corkum, associate professor and psychologist, Clinical Psychology PhD program Dalhousie University

Sleep problems are common in childhood with 25-30% of children experiencing significant and chronic sleep difficulties. In fact, sleep difficulties are one of the top five reasons that parents seek help from health professionals. The most common types of sleep problem in childhood are *extrinsic dysomnias*, which include problems initiating and/or maintaining sleep that are not physiological in nature. There is strong evidence for a bi-directional relationship between sleep and emotional/behavioural regulation. Children with sleep problems are more at risk for physical, emotional, behavioural and learning difficulties and children with mental health diagnoses are much more likely to have sleep problems (e.g., approximately 50-80% of children with ADHD have sleep problems).

Assessment of sleep difficulties requires a sound knowledge of sleep architecture (e.g., REM/NREM cycles), sleep regulation (e.g., endogenous circadian rhythms and homeostatic process) and an understanding of developmental changes in sleep (e.g., decreases slow wave sleep and sleep duration). Assessment measures are categorized into subjective (e.g., questionnaires, sleep diaries) and objective measures (e.g., actigraphy, polysomnography). In clinical practice, assessment for extrinsic dysomnias typically includes subjective measures; whereas assessment for intrinsic dysomnias

(e.g., sleep apnea, periodic limb movement disorder) requires polysomnography. When completing an assessment, the clinician needs to be sensitive to the developmental context of sleep problems, child variables (e.g., temperament, delays in development), parent variables (e.g., parenting styles and beliefs, mental health issues, fatigue), and environmental variables (e.g., cultural and family variables, sleep environment, family composition). A quick way to remember to screen for sleep problems is using the mnemonic BEARS (B - bedtime problems; E - excessive daytime sleepiness; A - awakenings during the night; R - regularity and duration of sleep; S - snores).

Although there are evidenced-based behavioural treatments for this group of sleep disorders, the most common treatment is medication, even though the evidence for long-term benefits is minimal. Behavioural interventions are often very successful in treating extrinsic dysomnias, and include strategies to:

Improve sleep hygiene

Bedroom is conducive to sleeping (e.g., dark, cool, quiet room)

No negative associations with bedroom (e.g., child should not have time-outs in bedroom)

No TV, computers, or phones from room

No large meals or caffeine (e.g., chocolate) close to bedtime

Healthy daytime activities (exercise, outdoor play, good diet)

Enhance bedtime routines

Need to be consistent with bedtimes and wake times

Child needs to be aware of the expectations

Quiet activities prior to bedtime

Weekday and weekend bedtimes and wake times should not vary by more than 30 minutes

Routine needs to fit with family life and should be positive/pleasant for child

Reward programs can also be helpful to increase structure and motivate the child

Given the importance of sleep for optimal functioning in children, it is important for psychologists to screen for sleep problems when a child presents for any mental health, learning or behavioural difficulty. Additional resources, including assessment measures and sleep diaries, can be found at

<http://www.kidzzsleep.org/index.htm>.

Continued on page 17

Child and Adolescent Psychology Interest Group (CAP-I) *continued from page 16*

Key References:

A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems in Children and Adolescents. (2003). Jodi A. Mindell and Judith A. Owens
Sleep Disturbance in Children and Adolescents with Disorders of Development: It's Significance and Management. (2001). Edited by: Gregory Stores and Luci Wiggs
When Children Don't Sleep Well: Interventions for Pediatric Sleep Disorders (Therapist Guide and Parent Workbook) (2008). Mark Durand

Assessment and Treatment of Adolescents

Presenting with Psychotic Symptoms (Feb 2009)

Dr. Alissa Pencer, psychologist with Maritime Outpatient Psychiatry at the IWK Health Centre

Psychosis can occur at any stage of one's development, but more often the first episode of psychosis occurs during adolescence and early adulthood. Psychosis is likely to complicate or interfere with many of the critical developmental tasks that adolescents need to accomplish, such as becoming more independent, developing and expanding on interests and skills, forming closer peer as well as intimate relationships, and either taking up employment or furthering their studies. Psychosis may represent a "toxic" process that incurs progressive damage in its untreated state. Therefore, identification, diagnosis and treatment are critical.

Each year in Nova Scotia, there is between 250-400 new cases of psychosis. The Youth Psychosis Team at the IWK is affiliated with the Nova Scotia Early Psychosis Program (Capital Health) and is a comprehensive multidisciplinary treatment team that sees youth and their families during critical time of illness (first 5 years). It serves youth who are seeking help for psychotic symptoms as the primary focus and was designed to offer seamless transfer of care from youth to adult mental health. Within this clinic there is a focus on identifying individuals at "ultra high risk" for developing psychosis in addition to youth experiencing their first episode of a psychotic disorder, such as schizophrenia. The Structured Interview for Prodromal Syndromes (SIPS; Miller et al; 2002) is one of the main instruments used to this end. The instrument is designed to identify individuals who are risk for imminent onset of a psychotic disorder. Clinicians need to be aware that although psychotic symptoms were once thought to be rare in healthy adults, it is now known that between 10-

20 percent of individuals have a psychotic experience, but do not progress to have a psychotic disorder. Nonetheless, when working with help seeking adolescents and young adults, it is important to ask about psychotic-like symptoms. The following are risk factors that should be screened for in all mental health assessments:

- Suspiciousness or mistrust of others
- Changes in the way things look or sound
- Odd thinking or behavior
- Poor personal hygiene
- Increased difficulty at work or school
- Problems concentrating
- Difficulties thinking clearly
- Withdrawal from friends and family
- Emotional outbursts or lack of emotions
- Confusion about one's identity and future
- Feeling depressed or anxious

Treatment for psychosis includes: 1) reducing both positive (e.g., hallucinations) and negative (e.g., lack of motivation and interest) symptoms; 2) prevention/treatment of secondary problems such as depression, anxiety and substance abuse; and 3) Restoration of social and occupational function. Cognitive behavioural therapy has emerged as an effective adjuvant to antipsychotic medication in the treatment of persistent symptoms of schizophrenia, as well there is some evidence to suggest that it is effective in reducing or delaying the onset of a psychotic disorder in individuals at ultra high risk. Referrals can be made to the Youth Psychosis Team through IWK Central Referral (464-4110) and more information about this program, the larger Nova Scotia Early Psychosis Program and early psychosis in general can be found at <http://earlypsychosis.medicine.dal.ca/>

Key References:

Working with people at high risk of developing psychosis: A treatment handbook. (2006). Edited by J. Addington, S.M. Francey, & A. P. Morrison
Cognitive Therapy of Schizophrenia. (2005). Kingdon & D. Turkington
Psychological Interventions in Early Psychosis: A treatment handbook. (2004). Edited by: J.F.M. Gleeson & P.D. McGorry

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Child and Adolescent Psychology Interest Group (CAP-I) *continued from page 17*

Attitudes and personality characteristics as predictors of interventionist behaviors (Mar 09)

Dr. Nez Elik, assistant professor and psychologist, Master's of Arts in School Psychology Program at MSVU

Children with learning, emotional, social, or behavioural difficulties require specialized teaching and behaviour management in classroom, and meeting their needs is a significant cause of stress for teachers (Friedman, 2000). Teacher behaviors that are associated with positive student outcomes have been conceptualized as "interventionist" and include trying various interventions, consulting with colleagues, collaborating with parents, spending more time with children and engaging them in cognitively more complex reasoning, and going over children's academic files (e.g., Stanovich & Jordan, 1998). The behaviours listed above are very important; however, teachers also engage in behaviours such as praising, yelling, giving a timeout, and smiling, which I called "immediate reactions." As opposed to the interventionist behaviours that involve more planning and reflection, immediate reactions are more automatic and delivered *immediately* as reactions to students' behaviours. In my study I looked at both these behaviours to see how we could predict interventionist behaviours and non-punitive immediate reactions in preservice teachers.

Among various factors such as knowledge, availability of resources, self-efficacy, and general climate of the institution, teachers' attitudes toward disabilities have been most consistently shown to impact teachers' behaviours toward children with special needs (Stanovich & Jordan, 1998). In terms of beliefs, the main component that predicts interventionist behaviours is the sense of responsibility that teachers feel for helping children with special needs. Although some argue that when teachers believe that the student has a disability they tend to be less interventionist, Weiner's (1985) attribution theory has shown that when people attribute causes of misbehaviours to factors beyond people (such as an illness), they tend to be more helpful toward them.

For this reason, sense of responsibility and a belief in the existence of ways that the child can be helped were the main conceptualization of beliefs as predictors of interventionist behaviours. Teachers' emotions were also considered, as well as their open-minded thinking dispositions and readiness to learn about children with learning and behavioural problems, as predictors of

their immediate reactions and interventionist behaviours. The results showed that:

- Those preservice teachers who held a weaker sense of responsibility were more likely to express feelings of exhaustion, helplessness, and frustration. They were also more likely to report that they would be punitive toward these children.
- Preservice teachers who are able to consider many facets of a problem, avoid black-and-white thinking, and open to change their opinions based on new evidence were more likely to feel responsible to help children, were less likely to feel helpless, and reported fewer punitive responses. They were also more likely to report interventionist behaviours.
- Preservice teachers who were more ready to learn about children with learning and behaviour problems were more likely report higher levels of sense of responsibility and interventionist behaviours to help these children.
- The strongest predictor of preservice teachers' punitive immediate reactions were their negative emotions, such as helplessness and frustration.
- Implications of these findings are that: Communication with teachers and their acceptance of the interventions could be improved by psychologists and teachers working to understand one another's beliefs, emotions, and behavioural responses toward a student's behavioural and/or learning problems.
- Psychologists can be helpful to teachers in dealing with their negative emotions through modeling, talking, and providing resources to read.
- More research is needed to help us determine whether preservice teachers' real-world responses could be predicted from their beliefs, emotions, open-minded thinking dispositions, and readiness to learn about children with learning and behaviour problems.

Key references:

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- Friedman, I. A. (2000). Burnout in teachers: Shattered dreams of impeccable professional performance. *Journal of Clinical Psychology*, 56, 595-606.
- Stanovich, P., & Jordan, A. (1998). Canadian teachers' and principals' beliefs about inclusive education as predictors of effective teaching in heterogeneous classrooms. *The Elementary School Journal*, 98, 221-238.
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Rev.*, 92, 548-573.

OPEN LETTER TO NSBEP: Musing on NSBEP Investigations ~ Charles J.A. Hayes, Ph.D.

The opinions expressed herein are those of Dr Hayes alone and do not necessarily reflect the opinion of APNS or that of the Editorial Board of The Nova Scotia Psychologist. Publication does not imply endorsement by APNS and APNS cannot vouch for the accuracy of the information contained in the letter.

Last year I had the somewhat unique experience of acting as a consultant for a defendant psychologist who had complaints lodged against her with the Nova Scotia Board of Examiners in Psychology (NSBEP). Initially I was asked by her solicitor to give my opinion about the merits of the complaint, the practice of the defendant psychologist and on the opinion of a Consultant psychologist. My involvement allowed for a close look at the practice of psychological regulation in Nova Scotia from the perspective of a non-Board member. My experience directed my attention to some issues of concern that need to be addressed.

As background, NSBEP has considerable power enabling it to regulate the practice of psychology. It has the potential to exert considerable control over the practice of psychology through its ability to register psychologists, investigate complaints, and apply sanctions including limiting the scope of practice or even de-registering psychologists. This power is given NSBEP through Provincial legislation.

NSBEP is empowered not only to regulate the profession but to safeguard the public interest. Thus, complaints are treated seriously by NSBEP. Upon receipt of a complaint the Registrar usually convenes an Investigation Committee (see Meredith Burns' article in the Fall 2008 edition of *The Nova Scotia Psychologist*).

The deliberations of the Committee are not open for external examination. Correspondence is between the Committee, the complainant, and the defendant psychologist and his or her solicitor, when one is retained. In addition, the Investigation Committee may seek legal and professional advice of its own. The deliberations of both the Investigation Committee and of the NSBEP Hearing Committee are confidential. All of the proceedings of these Committees are held in camera; that is, no witnesses are allowed to monitor the proceedings or to vet the possible remedies.

Information about the complaint including the names of the complainant(s) and the defendant psychologist is protected while under investigation. Thus no information is given to members of the public, psychologists on the Register (in this article "Register" refers to both the Register of Psychologists and the Candidates' Register), but it also extends to most members of the Board. No information may go to the other Board members for fear that any pre-knowledge may bias those Board members who may be involved in any subsequent formal hearing.

The minimum composition of the Investigation Committee includes one sitting member of NSBEP who serves as the Chair of the Committee, one Registered Psychologist who is not a sitting member of NSBEP, and a lay person who may be a member of the Board.

NSBEP receives approximately one contact per month from people dissatisfied with the actions of psychologists (data for 2005 through 2008). Approximately one-third of these contacts did not gain the status of a formal complaint. The information from these contacts was judged to be vexatious, puerile, or misdirected and for these reasons was dismissed. Thus two-thirds of these initial contacts do gain formal complaint status. While it is true that most contacts of dissatisfaction are resolved or are dismissed, yet approximately one-third of these contacts of dissatisfaction remain unresolved and proceed to a formal hearing.

The Committees' task is not an easy one. Psychologists are not trained jurists and they have not been trained in the application of law. The Committee has to weigh the complaint, which is stated in layman terms by the complainant, and the written response of the defendant psychologist. Consensus within the Committee is required on all points.

Often issues need to be clarified and additional information sought. Often, but not always, the Committee meets with both the complainant and the defendant psychologist.

The Investigation Committee may dismiss the complaint, may Counsel, may Caution, and may dictate remedies of Reprimand for the defendant psychologist.

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OPEN LETTER TO NSBEP: Musing on NSBEP Investigations *continued from page 19*

A formal reprimand may include additional supervision, retraining, an assessment of fitness for practice examination, and for egregious behaviour, that the psychologist's name be struck from the Register. If the defendant psychologist does not agree with the recommendations of the Committee then the only mechanism of redress is that a formal hearing must be convened.

NSBEP does not have a single Investigation Committee that is charged with investigating complaints. In the past the Registrar along with a Board Member of NSBEP performed all Investigations. Thus, the common factor was the presence of the Registrar.

Currently the Registrar may advise the Committee but is not part of any Investigation Committee. Since each complaint may have a separate Committee there may be no continuity between one Committee and the next in terms of people serving on it, their experience with investigations or with establishing fair and equitable treatment between defendants. Serving on an Investigation Committee is accepted as voluntary service to the profession. There is a small honorarium paid to members of the Investigation Committee. Such payments are very small compared to the usual fees for service charged by psychologists.

The Committee examines the letters of complaint and the defendant psychologist's responses. Often, but not always, the Investigation Committee meets with the defendant psychologist and with the complainant before making a decision about the complaint.

This letter was motivated by a comment by a Solicitor that psychologists seemed to be very hard on one another. Yet it is NSBEP's wish that any investigation is seen to be fair and equitable. Currently there are no provisions that can make either the work of the Investigation Committee or of the Hearing Committee an open process.

Here are some personal thoughts about the Regulatory Process. The first pertains to the excessive length of time that it takes for issues to be resolved. In some cases several years elapsed between the receipt of the complaint and its resolution. Such delays are not appreciated by either the complainant or by the

defendant psychologist. Complainants and defendants alike will occasionally disagree with the Investigation Committee's decisions. Complainants have the right of appeal. The defendant's only appeal is that of a formal Hearing.

In Ms. Burns' article in the Fall 2008 APNS Newsletter it was clear from her position as Registrar that she perceives the remedial action proffered by the Investigation Committee to be negotiated between the Committee and the defendant psychologist. A point for discussion is whether the defendant psychologist appreciates that the recommendations of the Committee represent a process of negotiation. It has been my experience that the defendant does not feel as if they have any bargaining clout when in discussion about penalty with the NSBEP Investigation Committee.

Consideration should be given to a defendant to appeal to an impartial group for a non-binding review. Perhaps a group of former Registrars or former Board Members could serve in this function. The purpose of this Review Committee is simply to review the process followed by the Investigation Committee and to judge it as fair and complete or not. Of course the membership of any ad hoc Review Committee must be acceptable to both NSBEP and to the defendant psychologist. Failure to reach agreement following such an independent appeal would mean that the issue moves directly to a formal hearing.

This additional step is proposed as one way of keeping the costs associated with being a self-regulatory body as low as possible. The Review Committee would ensure that all steps required for a fair investigation have been followed and that any redress recommended is in keeping with the alleged weaknesses, violations, and/or incompetencies. For example, checklists outlining good practice could be developed and these could be used by the Review Committee to ensure that no steps were omitted by any Investigation Committee. The Review Committee would have no legal status. Any disagreement between the Investigation Committee and the Review Committee would remain confidential. If the disagreement could not be resolved then the defendant psychologist would still have the option of

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OPEN LETTER TO NSBEP: Musing on NSBEP Investigations *continued from page 20*

forwarding the matter to a Hearing Committee. The Review Committee would have to follow the same strict rules of confidentiality as is required of the Investigation Committee. The addition of such a review would help create the impression of fairness and openness.

Decisions made by NSBEP Committees may impact negatively on a psychologist's ability to earn a livelihood. For example, on Nov. 30th, 2007 a NSBEP Hearing Committee concluded a lengthy investigation of two complaints laid in Aug. 2004 and Feb. 2005 against psychologist Darlene Whitman. Many psychologists became aware of the Committee's deliberations through a detailed and high-ly critical article published on Wed., Dec. 12th, 2007 in the Chronicle-Herald newspaper by their health reporter, John Gillis. The Newspaper article actually appeared before the NSBEP website contained the Hearing summary.

The source material for this article likely came directly from the complainants. The newspaper article was damning to Ms. Whitman. Of course since the material was provided by the complainants it did not adequately show their calumny. The Newspaper publication appeared to be a simple form of revenge against an unpopular report (decision) of the psychologist. Negative coverage does influence a private practice psychologist to gain new clients. NSBEP is urged to act in a way so as to minimize any uncontrolled damage that adverse publicity could bring by ensuring that the Board findings are published fairly

Several observations stood out in my review. The first was that the defendant psychologist is required to respond directly to the complainant's full letter of complaint. There was no attempt by the NSBEP Investigation Committee to differentiate between complaint issues in terms of importance. Thus all criticisms had to be treated as genuine and important and required an answer.

Answering criticisms that are not likely to be found important is not a useful exercise for the defendant psychologist. It would be helpful if the Committee would identify the important issues in order to assist in the collection of useful data for subsequent deliberation.

Psychologists need to be aware that the investigation may identify issues not seen or understood by the complainant. When this happens the Committee then must consider these issues in addition to the points raised by the complainant. This may seem unfair but it is standard practice in self-regulatory professions.

The second observation is that NSBEP allows the Investigation Committee to see the complete confidential file on the defendant. Thus, information from previous complaints is reviewed by the Investigation Committee. That this may occur is made clear when psychologists have been Cautioned or Counseled.

Providing information about past complaints may place defendants in the position of having to re-defend themselves against complaints that have already been heard. Thus, even complaints that were decided in the defendant's favour could now play a significant role in a current investigation. All that would be required is for there to be some causal link in the Committee's point of view and the previous complaint would factor into the current investigation. This practice seems to retry defendants on issues already decided and therefore seems grossly unfair. A Review Committee could comment on the appropriateness of such information on the current Investigation.

A third observation was that issues of style can take on great importance. For this reason it is advised that psychologists be very cautious and circumspect in their use of language. I find the issue of proper writing to be extremely contentious. Many diagnostic terms have counterparts in general usage. The context usually dictates the meaning. Even if a Committee finds the use of terms ambiguous it seems to mark a stylistic issue rather than a competence issue.

My last observation stems from a frequently heard complaint that the process of review seems all too often to be in-complete. Defendant psychologists claim that they have not been allowed to speak in their own defence or that the Investigation Committee did not interview key people required for the defence of the defendant psychologist.

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OPEN LETTER TO NSBEP: Musing on NSBEP Investigations continued from page 21

It may come as a surprise to psychologists to learn that Liability Insurance for Board Hearings and Board Investigations may not cover all of the costs incurred by the defendant. Insurance primarily covers the solicitor's costs. The defendant bears fully the cost of the fines that are levied. Current fines levied after a formal hearing can be large. For example, two of the most recent hearing summaries posted on the NSBEP web page indicated fines of \$23,000 and \$25,000. These fines were levied in part to defray NSBEP's costs for the hearing. The costs for a hearing are substantial. In each of the above cases the estimates for NSBEP costs were considerably higher than the amount levied against the defendant psychologists.

While the concept of cost recovery may be laudable, it carries with it a threat of penalty. Consider that by not accepting the conditions set by the Investigation Committee the defendant psychologist is potentially increasing the financial risks appreciably. This fact gives added weight to the Investigation Committee's powers. By refusing to accept the Committee's penalties the defendant psychologist may be exposed to even further penalties.

It is likely that defendant psychologists take the additional risk into consideration. Some feel that they must try to vindicate themselves even at the cost of additional risk.

This letter is written in the hope that my comments may have a positive influence on the practice of our self-regulatory profession. Comments from other psychologists would be appreciated. The suggestions above have the potential to reduce the high costs associated with Hearings especially by focusing the defendant psychologist on the alleged violations, by limiting the issues upon which comment is required, and by allowing an informal ad hoc Review Committee to see all of the materials before the Investigation Committee and the defendant psychologist with a view only of concurring if it is fair, just, and equitable.

From Charles J.A. Hayes, Ph.D.

NSBEP NOTES ~ MASTERS- CHANGE IN ENTRY LEVEL UPDATE:

A decision was made at the 6th March 2009 joint meeting of the Nova Scotia Board of Examiners in Psychology (NSBEP) and the Association of Psychologists of Nova Scotia (APNS) to reconstitute the Masters Level Committee that began meeting in 2007 soon after the Board announced the intent to move toward doctoral level entry.

The Board is now inviting applications from all registrants interested in serving on what will now be called the Entry Level Review Committee. Those interested are asked to submit a current CV along with a brief description of what they see themselves as bringing to this committee. In selecting members a primary consideration will be ensuring the Entry Level Review Committee is as representative of the psychological community in Nova Scotia as possible.

Further, NSBEP is also inviting registrants to submit written briefs to allow all registrants the opportunity to express their opinions and/or ideas about the change of entry level. All submissions will be considered by the Entry Level Review Committee.

Please direct applications and/or briefs to:

**The Registrar
Nova Scotia Board of Examiners in Psychology
Suite 455- 5991 Spring Garden Road
Halifax, Nova Scotia
B0J 3B0**

**Applications must be received by 8th May 2009
Briefs must be received by 1st September 2009**

NSBEP'S RESPONSE TO DR. HAYES

The Nova Scotia Board of Examiners in Psychology (NSBEP) would like to thank Dr. Hayes for providing the Board with the opportunity to review his letter prior to its publication and thus also the opportunity to respond. The Board recognizes that openness to feedback and new ideas are essential to growth, fairness and transparency. Ideas, such as those expressed by Dr. Hayes, are welcome and carefully reviewed at NSBEP policy meetings.

As was noted in the description of the Complaint Process which appeared in the Fall 2008 edition of the APNS Newsletter, dealing with complaints is a complicated process which is undertaken with an understanding that consideration and fairness are required. The desire for transparency must be balanced with the need for confidentiality. With respect to individual cases the Board is not free to discuss the often months and months of negotiations that are involved before charges are laid and a Formal Hearing begun.

The Board has requested that I emphasize again that NSBEP is legally charged with protecting the public interest. The Board has also requested that I provide clarification on seven of the points found in Dr. Hayes' comments.

The Investigation Committee (IC) does not typically have access to the file information involving previous complaints. Only information materially relevant to the complaint in question, as determined by the Registrar, goes forward.

Psychologists are asked to address all items of complaint, because not to do so is viewed as presumptuous. In fairness to the complainant, all his/her issues must be considered.

The Investigation Committee, in any complicated case, does much more than read the complaint and the psychologist's response. For example, reports and case

files are frequently read in detail, other parties with pertinent information may be contacted during the investigation process, and the IC may obtain expert advice on the practice issues involved. At the outset of the process the psychologist is informed that he/she can submit any information he/she sees as important to his/her case.

The IC makes reasoned decisions regarding meeting with the psychologist and making contacts with collateral sources and may not view such contact as necessary. The psychologist is able to make submissions to the IC throughout the investigative process.

Neither complainants nor psychologists have the Right of Appeal, through NSBEP, with respect to an IC decision.

The Act allows provision for an Open Hearing. The decision to close the two most recent Hearings was made by the Hearing Panels based on joint submissions from both the psychologists' and NSBEP's counsel. Further, the Psychologist is able to call witnesses, call experts, make submissions and speak fully to his/her position during a Formal Hearing.

A NSBEP Formal Hearing Panel does not give fines but rather assigns costs. The alternative would be to place the burden of costs on all registrants.

The Board thanks Dr. Hayes for his thoughtful comments and suggestions. Feedback from Registrants is always welcome and the Registrar or Board Members are available and willing to meet with Registrants to listen to concerns and to explain what NSBEP is or is not able to do with respect to them.

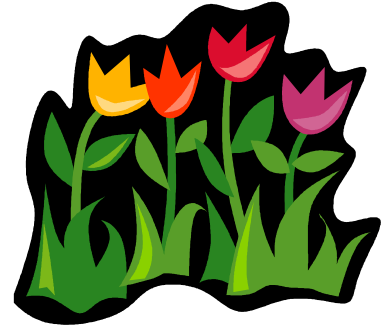
Respectfully submitted,
Meredith Burns, MSc, Registrar

Acknowledgements

Congratulations to Patty Rose

Patty Rose, M.Sc. has recently been appointed by Her Excellency the Governor General in Council to serve as a medical member of the Canada Pension Plan/Old Age Security Review Tribunal. Patty served as Chair of the Nova Scotia Board of Examiners in Psychology from March 2005 to March 2008. Patty is a strong advocate for the profession and NSBEP congratulates her on this appointment.

Meredith Burns, Registrar NSBEP



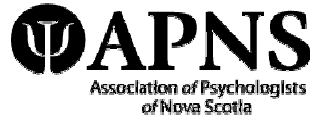
OBITUARY ~ APNS FELLOW ~ Maeann Stevens



Maeann Stevens (Cameron) -- 77, long-time resident of Wolfville, and more recently of Warner, N.H., passed away peacefully on Sunday, March 15, 2009, in Concord Hospital, New Hampshire. Mrs. Stevens was born on April 24, 1931, in Findlay, Ohio, a daughter of the late Oakland R. and Delight (Pepple) Cameron. She was raised and educated in Findlay, and after her graduation from Findlay High School was accepted into the Oberlin College music program and Oberlin Conservatory, where her instrument was the bassoon. After college, she married George Stevens and began to raise her family. They lived in Easton, Pa. for nine years, active in church, literary groups, and with music, and while there she was elected a Chapter President of the League of Women Voters.

The family moved to Nova Scotia in 1966, and she entered the Psychology Masters Degree Program at Acadia University, graduating in 1971. In the early 1970s the family also lived in Bergen, Norway for a sabbatical year, where they formed enduring personal bonds with their neighbours.

Maeann began her career with a private counseling firm in Halifax, and for many years was a Clinical Psychologist at Acadia University's Counseling Center until she retired from the university in 1992. She was a **Fellow** of the **Association of Psychologists of Nova Scotia**, and was elected as President. She was very active in the communities and churches where she lived. A professional and amateur bassoonist, she performed with philharmonics, orchestras, and chamber groups, both in Canada and in Norway. She moved to New Hampshire in 2001. She was responsible for establishing the Warner Shape Note Singers, a group dedicated to early-American spiritual singing styles, building on an interest she had acquired from a Nova Scotian shape note group. She was also an active participant with other New England shape note singing groups. A member of the Writers Association of New Hampshire, she was a gifted poet whose poetry is to be published. She also enjoyed playing the Celtic harp, traveling abroad, gourmet cooking, reading and discussion, and the outdoors. Maeann was an active member of Immanuel Lutheran Church, Manchester, N.H., after earlier memberships at the United Church of Warner, and Wesley United Methodist Church, Concord, where she developed and sustained deep and loving friendships with the people of those congregations. She was preceded in death by her parents. She is survived by her husband of 57 years, George Stevens, Warner, N.H.; children, Eric Stevens and his wife, Pauline, Switzerland; Laurel Ganley and her husband, Tom, Burlington, Mass; Kerri Brewster and her husband, Jim, Wolfville, and Astrid Stevens, Weare, N.H.; grandchildren, Janet Stevens, Allison Stevens, Kayte Brewster, Eryn and Olivia Daly; four great-grandchildren and brothers, Delbert Cameron, Montana and Orland Cameron, Ohio. A memorial service was held on Thursday, March 19, 2009 in Immanuel Lutheran Church, Manchester, N.H. Rev. Robert H. Piller officiated. Memorials may be made to The Lung Association, Heart and Stroke Foundation, or to the Cancer Society.



Welcomes its Latest Members as of April 15, 2009

**Sarah Angelopoulos MASP
Meggan Cooper MASP
Debra Jellicoe MA
Angela MacPhee MASP**

**Kara MacDougall MA
Susan McAfee PhD
Belinda Seagram PhD
Susan Squires MSc**

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*

**Cyndi Brannen Ph.D.
Patricia Ebert Ph.D.
Peyton Harris M.A.S.P.
Lisa Hayden M.A.**

**Shannon Johnson Ph.D.
Sara King Ph.D.
Amy MacGillivray M.A.S.P.
Crystal Sampson M.A.S.P.
Monique Simonse M.A.**

Congratulations to the following who have recently become Candidates*

**Sarah Angelopoulos M.A.S.P.
Tricia Beattie Ph.D.
Karen Cochrane M.A.
Jacqueline Cohen Ph.D.
Debra Jellicoe M.A.**

**Kara MacDougall M.A.S.P.
Paul D.J. Murphy M.Sc
Simon Sherry Ph.D.
Susan Squires M.Sc.
April Sullivan M.A.**

** Information provided by NSBEP*

High Conflict Personalities in Litigation, Negotiation & Mediation

Bill Eddy, LCSW, Attorney, Therapist, Mediator, Author
Saturday, October 24, 2009 - Halifax, Nova Scotia

An overview of the DSM-IV-TR diagnostic criteria of several personality disorders, traits of which most often drive high conflict cases, including: Borderline, Narcissistic, Histrionic, Antisocial, and Paranoid. An analysis will be presented of the general litigation and negotiating behavior of these personality types, with case examples.

Handling Personalities

Professionals dealing with high conflict people need to pay more attention to Bonding, Structure, Reality Testing and Consequences. In litigation, there are predictable problems and sources of useful evidence. In mediation, there are several skills to manage and move these clients to agreements. In Collaborative Law, everyone is more effective if they share a common understanding of high-conflict personalities and methods to manage them. Ethical problems are common in high-conflict cases, as people with high conflict personalities push normal boundaries, seek many favors, have a sense of entitlement, don't pay all their fees and are the clients most likely to sue professionals.

Custody & Divorce

Family Dynamics, Alienation and Professional "Splitting"
 Those with personality disorders "split" people into all good and all-bad. This unconscious defense mechanism drives much of their abusive behavior, false allegations and disputes with professionals trying to assist them. Family members often become "split" with pressure to take sides, including the children, which appears as alienation between some parents and children. Professionals may also become "split" with personal conflict arising between them. Ways to manage these families and prevent professional splitting will be presented.

Audience

This workshop is open to Lawyers, Judicial Officers, Mediators, Therapists, Psychologists, Social Workers, Collaborative Professionals, Family Court Counselors, Custody Evaluators, Parenting Coordinators, and Advocates

Bill Eddy is President of High Conflict Institute based in Scottsdale, Arizona. Bill is a Certified Family Law Specialist in California with 15 years experience representing clients in family court, and a Licensed Clinical Social Worker with 12 years experience providing therapy to children, adults, couples, and families in psychiatric hospitals and out patient clinics. He is Senior Family Mediator at the National Conflict Resolution Center in San Diego, California.

He provides seminars on mental health issues for judges, attorneys, and mediators, and seminars on law and ethics for mental health professionals. He has taught Negotiation and Mediation at the University of San Diego School of Law. His articles have appeared in national law and counseling journals. He is the author of several books, including *It's All Your Fault! 12 Tips for Handling People Who Blame Others for Everything*, *High Conflict People in Legal Disputes* and *SPLITTING: Protecting Yourself While Divorcing a Borderline or Narcissist*.

For more information or to register visit:
<http://www.apns.ca/events.html>
Or call: 902-422-9183

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Fax to 902-462-9801 or Mail: APNS, Ste 417 1657 Barrington St Halifax NS B3J 2A1

Deadline Thursday, October 22nd, 5 p.m.

Association of Psychologists of Nova Scotia
 Ste 417, 1657 Barrington St., NS B3J 2A1 P: 902-422-9183 F: 902-462-9801 apns@apns.ca www.apns.ca

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The existing telephone, facsimile, internet, copier and printer systems are available at an extra charge.

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**For more information contact:
454-0921 or email fford@ns.sympatico.ca**

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Inserts \$25.00 for single sheet paper, additional costs as per weight as relates to postage cost

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